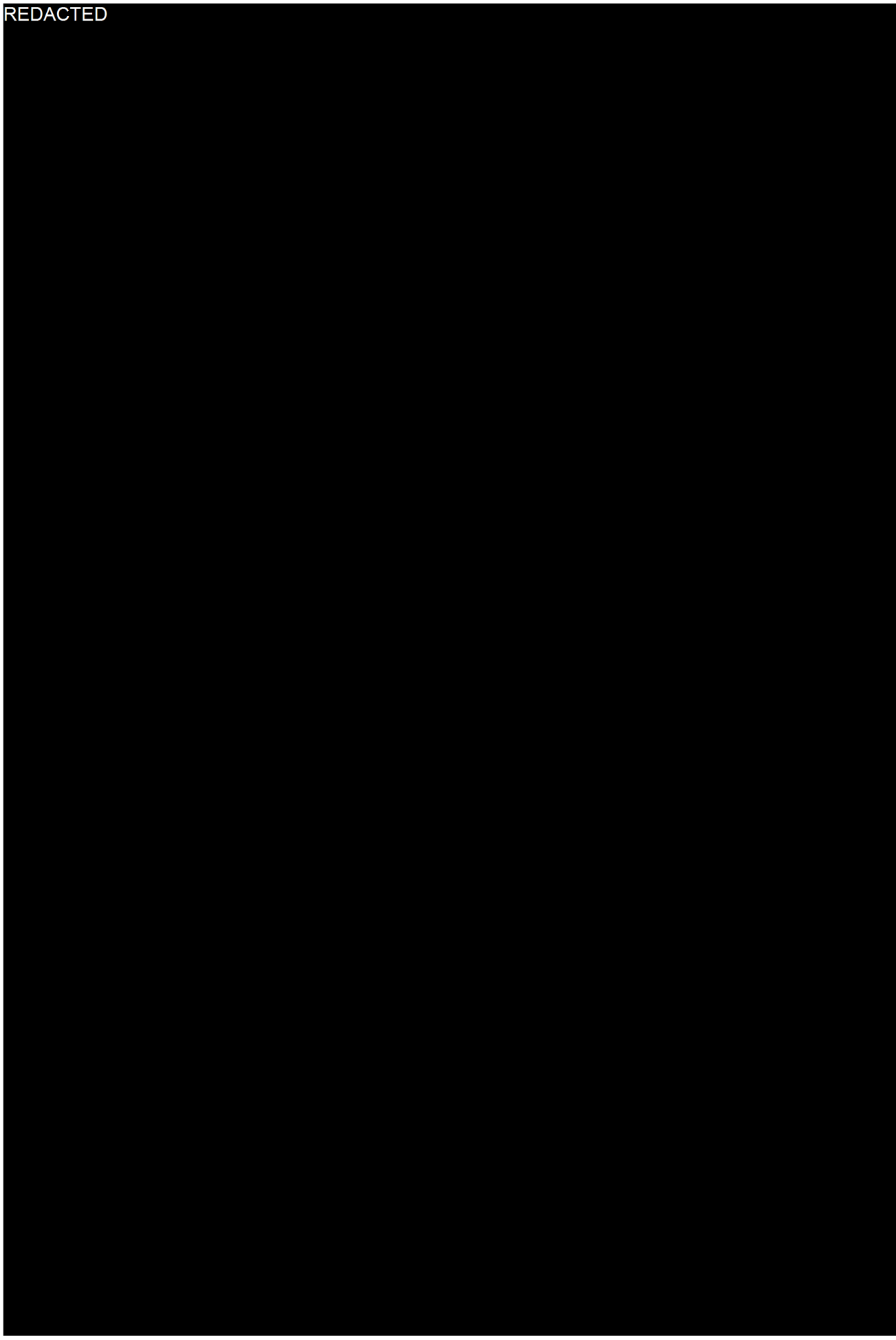


REDACTED

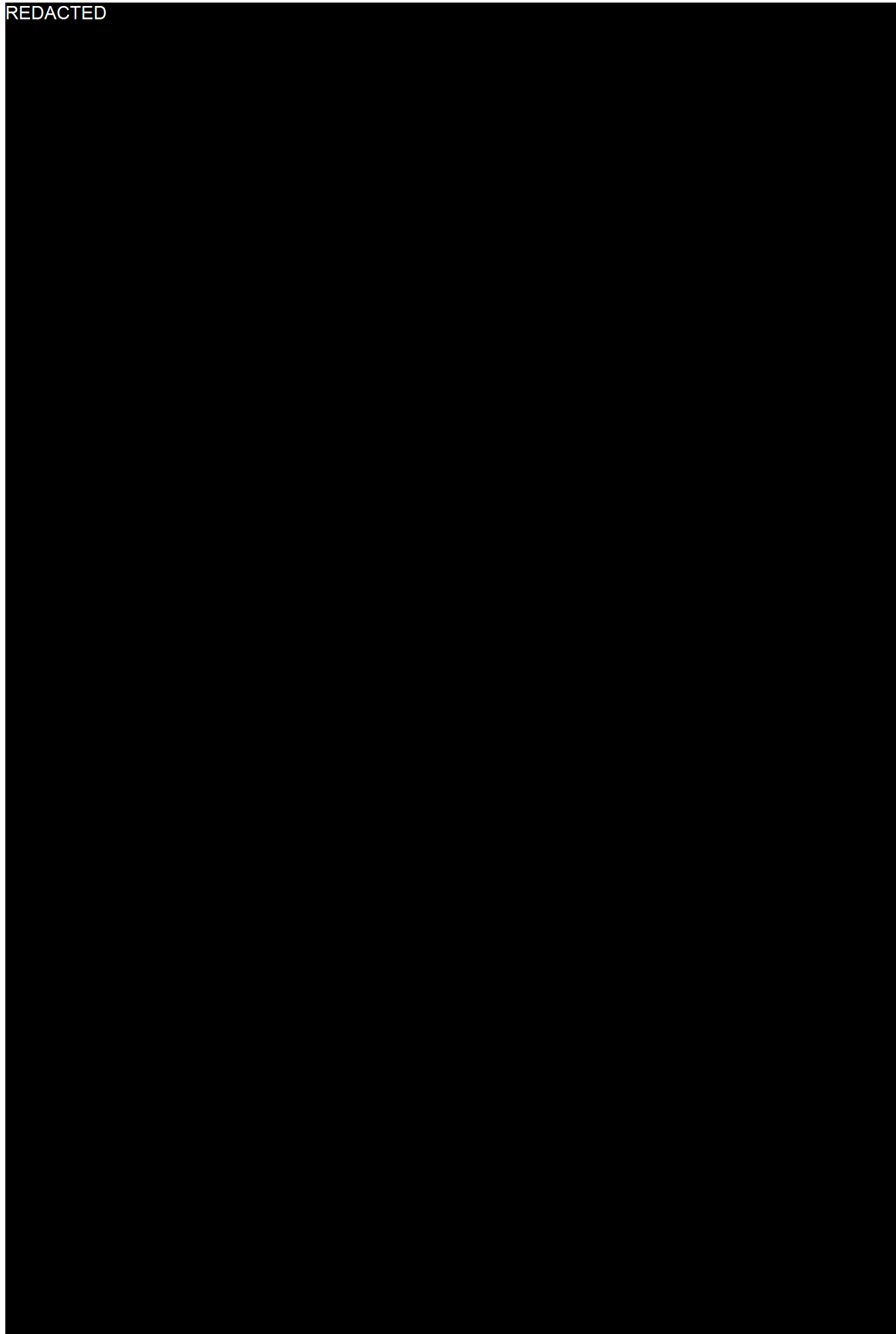
Murray Smith

REDACTED

REDACTED



REDACTED



Workforce plan:

Attraction, recruitment and onboarding of Authorising Officers into DHHS COVID-19 response- Compliance and Enforcement Cell

Background

All incoming travellers or passengers arriving in Australia for international destination are required to undergo 14 days of enforced quarantine in hotels to curb the spread of COVID19. The DHHS COVID19 response – Compliance and Enforcement Cell was established to help manage and execute this specific response effort.

Teams made up of Authorised Officers play a critical role in supporting compliance with Deputy Chief Health Officer (D/CHO) directions made under public health risk and emergency powers in the Public Health and Wellbeing Act 2008 (PHWA). More specifically, the role includes:

- administration of, and ensuring compliance with, the Direction and Detention Notices at airports and hotels
- if required, working with Victoria Police to undertake education and enforcement activities for alleged breaches of the D/CHO directions

Purpose and outcome

While there are currently enough numbers of experienced and qualified AO's to meet the needs of this specific workforce, contracts of these AOs are due to expire, and many are required to return to their substantive roles in or outside of DHHS. While a more permanent structure and workforce solution is being designed, a pipeline of suitable AOs are required to address impending workforce needs.

This workforce plan outlines:

1. Immediate to medium term attraction and recruitment strategies to secure resources with the right attributes and transferable skills that have the capacity to be educated in DHHS AO requirements to bridge knowledge and skills gaps and build an ongoing sustainable workforce.
2. Two options and a recommendation for the DHHS COVID19 response – Compliance and Enforcement Cell leadership to consider for the ongoing training of COVID19 Compliance and enforcement Authorised Officers.

Roles

TITLE	ROLES & RESPONSIBILITIES	SKILLS and ATTRIBUTES
<p>Authorised Officers (VPS 4.1)</p>	<p>The role of all Authorising Officers involves:</p> <ul style="list-style-type: none"> • Administration of, and ensuring compliance with, the Direction and Detention Notices at airports and hotels. • If required, working with Victoria Police to undertake education and enforcement activities for alleged breaches of the D/CHO directions <p>Mandatory Obligations as set out in Part 9 of the Public, health and Wellbeing Act (PHWA)</p> <p>In addition to these mandatory obligations, Authorised Officers must</p> <ul style="list-style-type: none"> • Act compatibly with, and consider, the Charter of Human Rights • Work collaboratively with managers, team members and other DHHS staff to support the shared objectives of DHHS and the Compliance and Enforcement Cell. • Facilitate any reasonable request for communication • Make every effort to assist a person to comply <p>Authorised Officers- Airport</p> <ul style="list-style-type: none"> • Issue person subject to detention a Direction and Detention Notice under the PHWA • Explain reason for detention and that refusal to comply is an offence • Facilitate any reasonable request for communication <p>Authorised Officers- Hotel (arrival, during and exit from detention)</p> <ul style="list-style-type: none"> • Contact hotel/duty manager and head of security when you start your shift, and if possible, give them a business card with your mobile number on it. • Obtain a handover from the previous Authorised Officer prior to commencing your shift • Promote and oversee compliance, which will involve: <ul style="list-style-type: none"> ○ Reiterating the reasons for detention to a person when they arrive and/or if permitted temporary release from quarantine ○ Answering questions from hotel staff, security contractors and police as to what people are allowed or not allowed to do ○ Issuing verbal direction to a person refusing or failing to comply ○ Contacting Victoria Police (VicPol) if compliance is not achieved, or if AO deems VicPol assistance is needed <p><i>Floating hotel AOS should also undertake the above tasks as required to support colleagues, attend to incidents or enable meal breaks to be taken.</i></p>	<p>Qualifications</p> <ul style="list-style-type: none"> • Education in regulation, compliance and/or enforcement desirable <p>Experience</p> <ul style="list-style-type: none"> • Experience and understanding of administering regulatory frameworks associated with education and enforcement activities <p>Skills and attributes</p> <ul style="list-style-type: none"> • Attention to detail • Ability to process and maintain records accurately • Excellent listening, negotiation and conflict management skills (persons detained are likely anxious, stressed and tired) • High level verbal communication and written skills to work effectively with colleagues and stakeholders <p>Other</p> <ul style="list-style-type: none"> • Able to work at various locations • Able to work shifts (7 days, 7am – 3pm; 3pm -11pm; 11pm-7am (stand up night shift) • 24/7 on call support from senior staff.

<p>Senior Authorised Officers (VPS 6.1)</p>	<p>The role of the Senior Authorised Officer is to</p> <ul style="list-style-type: none"> • Provide regulatory operational oversight of the AOs and supervision of the AO Team Leaders. • The Senior AOs report to the Deputy Commander and work with the AO Manager, AO Team Leaders and each other to ensure consistency in approach and advice • Senior AOs also support the AO Manager by escalating any staffing needs and matter as appropriate and in a timely manner • Ensure they, AO Team Leaders, and AOs understand and adhere to their powers and obligations as set out in Part 9 and s.200 of the PHWA • Maintain health, safety and wellbeing, operating within the government’s COVID-19 guidelines • Directly supervise four AO Team Leaders <p>In addition:</p> <ul style="list-style-type: none"> • Act compatibly with, and consider, the Charter of Human Rights • Work collaboratively with the manager, other Senior AOs, senior executives and other DHHS staff to support the shared objectives of DHHS and the Compliance and Enforcement Cell • Keep accurate records, including compliance issues • Approve accurate timesheets of direct reports <p>During shifts the Senior AOs are expected to:</p> <ul style="list-style-type: none"> • Lead, document and ensure access to policies, guidelines and processes to support AOs and AO Team Leaders in their role • Be available to provide advice, support and direction either over the phone or by attending the hotel/s or the airport hotels • Attend to hotels or the airport to meet with and provide formal supervision to their direct reports • Provide leadership to all AOs as required, regardless of whether they are a direct report or not • Attend to compliance and enforcement issues escalated to the Senior AO by Team Leaders (or others) • Escalate compliance and enforcement issues to the Deputy Commander as required • Escalate operational/logistical and staffing issues to the AO Manager 	<p>Qualifications</p> <ul style="list-style-type: none"> • Education in regulation, compliance and/or enforcement desirable <p>Experience</p> <ul style="list-style-type: none"> • People management or team leader experience • Experience in leading the administration of regulatory frameworks and associated education and enforcement activities is desired <p>Skills and attributes</p> <ul style="list-style-type: none"> • Attention to detail • Ability to process and maintain records accurately • Excellent listening, negotiation and conflict management skills (persons detained are likely anxious, stressed and tired) • High level verbal communication and written skills to work effectively with colleagues and stakeholders • Problem-solving skills <p>Other</p> <ul style="list-style-type: none"> • Able to work at various locations • Able to work shifts • Full, valid Victorian driver’s license
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Immediate attraction plan implementation

Target Industries/Occupations	Relevant skills/attributes	Medium	Method/Actions	Marketing Costs
<p>Current AOs employed in DHHS COVID19 response – Compliance and Enforcement Cell</p>	<p>Exiting AOs meet all requisite skills and attributes</p>	<ul style="list-style-type: none"> Contact internal contacts and external organisations to negotiate extension of current contracts Engage previously contacted target organisations for staffing 	<p>See Table 2 for contacts</p>	<p>NIL</p>
<p>Aviation</p> <ul style="list-style-type: none"> Cabin Crew Fight Operations Reporting & Analytics Officers Governance Officers Terminal Managers Security & Compliance Officers Safety Officers Customer Service 	<ul style="list-style-type: none"> Experience and understanding of administering regulatory and compliance frameworks Attention to detail Ability to process and maintain records accurately Listening, negotiation and conflict management skills High level verbal communication Some with People Manager skills 	<p>VIRGIN WORKPLACE Advertise on Virgin Workplace (dedicated site set up for aviation staff who have been stood down)</p> <p>QANTAS & JETSTAR TalentAcquisitionCampaign@qantas.com.au To secondary employment opportunities to employees across the Qantas Group</p>	<p>Provide details to Michael Beveridge, head of Customer Service, TigerAir.</p> <p>Contact and email details to: TalentAcquisitionCampaign@qantas.com.au</p> <p>Potential 1000+ staff</p>	<p>NIL</p>
<p>Government Investigations/ Defence/ Local Laws Staff / Security</p> <ul style="list-style-type: none"> Environmental Officer Officers Parking Officers Local laws officers Compliance officers Customs and boarder force Defence and ex defence Gambling and Wagering Regulation and Enforcement Unarmed Security Operations/Officers 		<p>ORGANISATIONS</p> <ul style="list-style-type: none"> Australian Defence Force Australian Financial and Security Authority (AFSA) Australian Security Industry Association (ASIA)- national peak body for security organisations and professionals in Australia. ASIAL members account for approximately 85% of the Australian security industry across all sectors of the industry. Department of Home Affairs G4S (unarmed security and Police Support Services) <p>RECRUITERS</p> <ul style="list-style-type: none"> Kernow- Environmental Health 	<p>Engage and send agencies job cards with instructions</p> <p>Reverse database searches</p> <p>We have licences to conduct proactive behind the scenes search on the Seek and LinkedIn databases. This involves searching the profiles of people registered on Seek and LinkedIn who meet the targeted profile.</p>	<p>HAYS- a 2 month fixed-term contract:</p> <ul style="list-style-type: none"> 1-10 candidates: \$3000 + GST per candidate 11-20: \$2500 + GST per candidate 21-30: \$2000 + GST per candidate 31-40: \$1,500 + GST per candidate

		<ul style="list-style-type: none"> • REDACTED • REDACTED <p>EdenFX HSE -Health and Safety Recruitment Specialists- Phone: REDACTED</p> <ul style="list-style-type: none"> • HAYS Defence • HAYS Local Government- REDACTED • REDACTED • Hudson (Risk and Compliance) • McArthur (strong relationships with local government) • Betting and Gambling Recruitment (Melb Office) <p>Reverse database searches</p> <ul style="list-style-type: none"> • Seek database search • LinkedIn database search 		
<p>Alumni and Graduates from the following disciplines</p> <ul style="list-style-type: none"> • Regulation and Compliance • Public and Environmental Health • Government investigations • Security Operations (unarmed) 		<p>Education institutions</p> <ul style="list-style-type: none"> • Monash Business School- Graduates of Regulation and Compliance- Sustainability and Environmental Regulation • International Security Training Academy (graduates unarmed security operations)- REDACTED • REDACTED • Swinburne University and Technology- Public and Environmental Health School • La Trobe University- Environmental Health School • The Royal Society for the Promotion of Health – Public Health Inspectors 	<p>We may need to advertise of their Careerhubs</p>	<p>NIL</p>

		<ul style="list-style-type: none"> • Torrens (Public Health) • Australian Security Academy 		
General Advertising		Online Job Boards <ul style="list-style-type: none"> • Seek • Indeed • Ethical Jobs • Carecareers • Nursing jobs Australia • ACNP- Australian College of Nurse Practitioners • Medihire • LinkedIn • Community Care Jobs • VIC GOV jobs 	Develop targeted ads promoting the two roles	TBC
Social Media		DHHS social media	Create ads to be placed on DHHS facebook page and DHHS LinkedIn page	

TABLE 2: Current Organisation

Previously targeted Organisations	New Organisations to target	New job roles to target
Agriculture Victoria	International Security Training Academy- REDACTED	Security Operations Staff
Cardinia Shire Council	Australian Financial and Security Authority (AFSA)	Regualtion and Enforcemeny

City of Casey		
City of Greater Bendigo		
City of Greater Geelong		
City of Kingston		
City of Melbourne (main provider)		
City of Monash		
City of Port Phillip		
City of Wyndham		
Consumer Affairs		
DELWP (main provider)		
DET (Early childcare)		
Development Victoria		
DJPR (Sheriffs)		
DOT - Maritime Safety Victoria (a branch of Transport Safety Victoria)		
DOT - Transport Safety at Transport Safety Victoria / CPVV (Taxis etc)		
Environmental Health Protection Authority		
EPA		
Geelong City Council		
Hays recruitment		
Hume City Council		
Kernow		
Maribyrnong City Council		
Moonee Valley City Council		
Municipal Association of Victoria (MAV)		
ODSC (Disability Services Commissioner)		
Parks Victoria		
TSV (Bus Safety Victoria)		
TSV (Maritime Safety Victoria)		
Victoria Commission for Gambling and Liquor Regulation (VCGLR)		
Victoria Police		
Victorian Fisheries		
Wodonga City Council		

Recruitment and Onboarding Process



Stage	Responsible	Actions
SCREENING	Corporate Services REDACTED	<ul style="list-style-type: none"> • REDACTED to screen applicants to ensure they meet minimum requirements (quals, working rights, education, experience etc.) • Initial phone call may be required • REDACTED to progress eligible applicants to the Enforcement and Compliance (E&C) area for phone interview.
PHONE INTERVIEW	Enforcement and Compliance (TBC by Program Area)	<ul style="list-style-type: none"> • Nominated resource from Enforcement and Compliance (E&C) to phone interview candidates put forward by REDACTED • E&C to notify REDACTED outcome of interview • REDACTED to progress candidates to next stage of the process

REFERENCE CHECKS	HR	<ul style="list-style-type: none"> • HR to conduct reference checks • Once reference checks have been completed HR to progress to the next stage
SAFETY SCREENING AND CONTRACT	HR	<p>HR to send candidate:</p> <ul style="list-style-type: none"> • DHHS Contract • Safety Screening (inc. interim stat dec, police check, WWCC) • Confidentiality agreement
SYSTEM ACCESS	HR	<p>Once documents are received by candidate and checked for completeness HR to complete New Starter and Extension Advice (NSEA) form to action the following:</p> <ul style="list-style-type: none"> • Onboarding into the SAP HR/Payroll System • Provisioning of IT requirements • Building passes (if required) <p>HR to progress candidate to Induction stage</p>
INDUCTION	L&D REDACTED	<ul style="list-style-type: none"> • Candidates will be booked into induction in this folder are to be booked in for induction

Induction and Commencement dates

COHORT	INDUCTION COMMENCEMENT	INDUCTION COMPLETED	EMPLOYMENT COMMENCEMENT

AO operations job cards

From: REDACTED (DHHS)" REDACTED
REDACTED

To: "Murray Smith (DHHS)" REDACTED

Cc: REDACTED (DHHS)" REDACTED
REDACTED (DHHS)"
REDACTED

Date: Thu, 11 Jun 2020 12:48:17 +1000

Attachments: 2020.05 Airport and Hotel Authorised Officers job cards - DRAFT.pptx (2.45 MB)

Hi Murray,

I understand you may be seeking job cards. Here are some I prepared earlier.

I haven't had chance to create the accompanying PDs yet, though it seems this may no longer be necessary?

Regards,

REDACTED

REDACTED

A/Assistant Director, Human Services Regulator

I am currently also redeployed to support the COVID-19 (compliance and enforcement) response

Manager, Strategic Projects

Human Services Regulator Unit | Health and Human Services Regulation and Reform Branch

Regulation, Health Protection and Emergency Management Division

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

REDACTED www.dhhs.vic.gov.au

I am sending this message now because this time works for me. I encourage you to read or action it at a time that best works for you.



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.



Culture, people and values

Part 1: Department of Health and Human Services Induction booklet

Contents

This induction booklet contains important information about:

- 1. The department's vision**
- 2. The department's values**
- 3. The VPS Code of Conduct**
- 4. Records management**
- 5. Cyber security**

This induction booklet should be read in conjunction with the VPS Code of Conduct and the Safety and Wellbeing guide.

Please ensure you read this document in full and are aware of your obligations as an employee of the Department of Health and Human Services and the Victorian Public Service. You are required to sign the Acknowledgement statement at the end of this document and return a signed copy to Learning and Development – see back page for further information.

Acknowledgment of Aboriginal peoples in Victoria

The Department of Health and Human Services proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.



OFFICIAL



Health
and Human
Services



Culture, people and values

Welcome to the department

The department exists to achieve the best health, wellbeing and safety of all Victorians so they can live a life they value. The department focuses on:

- Ensuring that client, patient and system outcomes drive all that we do
- Empowering individuals to make choices that promote good physical and mental health and help them stay connected to their culture and community
- Delivering the government's commitments, priorities and policy objectives as we begin a new term
- Strengthening the safety, quality, performance and design of our systems
- Contributing to a strong Victorian economy in our role as an employer by building the capabilities of the workforces that deliver our services, creating jobs through our service delivery and capital works, and through our economic output and support for research
- Deepening our engagement with patients, clients, victim survivors, staff, funded agencies and community members to design and improve our services
- Embracing our patients, clients and victim survivors as partners in their own care
- Strengthening our internal systems and equipping our staff to deliver better outcomes.

The COVID19 emergency is evolving very rapidly and DHHS is working to support Victoria's responses you have joined us today to take up new roles in the fast evolving response work.

As you can imagine because of the rapid nature of the emergency we are needing to build the response team quickly and there may be some teething issues along the way. Everyone is working there best to respond and keep the community healthy and safe.

The department is the lead agency in responding to the COVID19 Emergency. We are currently onboarding up to 1000 staff to assist with the emergency response, including call centre staff to take inbound calls related to potential coronavirus cases, understanding social distancing laws, and case tracing. We are also onboarding Authorised Officers to work in the hotels to support the new quarantine measures for Australians returning home from overseas.

We thank you for supporting this important work and we are delighted to have you join us.



1. Department of Health and Human Services' vision

Our vision is to achieve the best health, wellbeing and safety of all Victorians so that they can lead a life they value.

We seek to break disadvantage, not by reinforcing dependency, but by working to harness all of government's resources to build capability, opportunity and inclusion.

Most people want to be connected to their communities, and experience a good life. Their health, safety and wellbeing rely on being able to participate fully in the community and economy and access services they value. Our purpose is to help them to get there.

To do this successfully, the department's work is focused on four strategic directions:

1. Person-centred services and care
2. Local solutions
3. Earlier and more connected support
4. Advancing quality, safety and innovation





2. Department of Health and Human Services' values

Our values underpin everything we do as we work together to enhance the health and wellbeing of all Victorians. They guide our behaviour and work practices, and they influence how we interact with colleagues, partner organisations, clients, patients and other Victorians.

1. We are respectful

- We treat people with fairness, objectivity, and courtesy
- We listen and communicate honestly and clearly
- We seek to understand others' perspectives, experiences and contributions
- We recognise and value people's diversity, equality and human rights.

2. We have integrity

- We are trustworthy, and we do what we say we will do
- We are professional in all our dealings with others
- We stay true to our values when it's easy and when it's difficult.

3. We collaborate

- We help each other as colleagues
- We generously share our knowledge, expertise and skills
- We work in partnership with people and organisations to find the best approach
- We are inclusive and seek people's input and involvement.

4. We care for people, families and communities

- We involve people in decisions that affect their lives
- We value our colleagues, and we develop and support them to be resilient and effective
- We have empathy for people and seek to understand their perspectives
- We support and empower people through our work.

5. We are accountable

- We each take ownership of the quality and demonstrable impacts of our work
- We ensure that our decisions and actions are evidence-based and outcomes-focused
- We are careful about and transparent in how we use public resources.

6. We are innovative

- We are flexible, creative and responsive to changing needs
- We have the courage to take informed risks and try something new
- We are reflective and seek feedback to inform and shape our work.



3. Code of Conduct for Public Sector Employees

The VPS Code of Conduct describes how we are expected to behave towards the Victorian Government, community and colleagues. The Codes may be supplemented by information in:

- Legislation
- Industrial agreements
- Awards
- Policies
- Procedures

The Codes reinforce the Victorian public sector values by describing expected standards of behavior.

The behaviors are important to the relationship with Government, the community and colleagues.

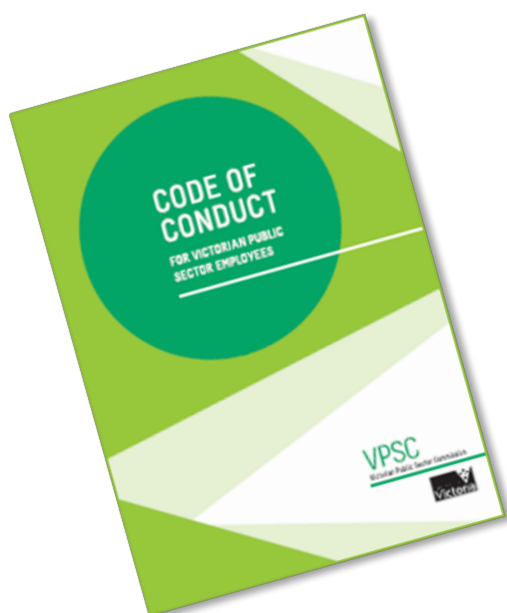
The Codes may be supplemented with policies and procedures within individual public sector organizations.

Employees must understand the requirements of the Code and use it to guide their decisions.

If unsure of what to do in a particular situation, employees should consult their manager.

A contravention of the Code may constitute misconduct.

Please read the Code of Conduct for Victorian Public Sector Employees attached as part of this induction pack and available for download at: <https://vpsc.vic.gov.au/resources/code-of-conduct-for-employees/>.





4. Health records management

Overview

The *Health Records Act 2001* (the Act) created a framework to protect the privacy of individuals' health information. It regulates the collection and handling of health information. The Act:

- gives individuals a legally enforceable right of access to health information about them that is contained in records held in Victoria by the private sector; and
- establishes Health Privacy Principles (HPPs) that will apply to health information collected and handled in Victoria by the Victorian public sector and the private sector.

The access regime and the HPPs are designed to protect privacy and promote patient autonomy, whilst also ensuring safe and effective service delivery, and the continued improvement of health services. The HPPs generally apply to:

- all personal information collected in providing a health, mental health, disability, aged care or palliative care service; and
- all health information held by other organisations.

The HPPs in the Act apply to health information that is handled in Victoria.

The Act will apply in two main ways.

1. Does the organisation provide a health, disability or aged care service?

When an organisation provides a health, disability or aged care service, the HPPs apply to all identifying personal information originally collected by the organisation in the course of providing that service.

2. Personal information collected in other situations (e.g. COVID19 contact and case management activities)

The HPPs will apply to the collection, use and handling of identifying personal information that is defined as "health information" under the Act. This will include:

- information or opinion about the physical or mental health, or disability, of an individual
- an individual's expressed preferences about the future provision of health, disability or aged care services to him or her
- the nature of health, disability or aged care services that have been, or are to be, provided to an individual
- information originally collected in the course of providing a health, disability or aged care service to an individual
- personal information collected in connection with the donation of human tissue
- genetic information that is or could be predictive of the health of an individual or their descendants.

The Act applies regardless of the size of the business or organisations. Organisations that are subject to the Act, when they handle health information, include:

- Victorian Government Departments and public bodies established under Victorian law.

Complaints about interferences with privacy (breaches of Part 5 of the Act or an HPP) are handled by the Health Services Commissioner.

Post induction online training

Please complete online training available via the Health Services Commissioner web site through this link: <https://ohsc.kineoportal.com.au/>

Follow the instructions to self-register to gain access to the training.



Culture, people and values

5. Information technology and cyber security

With COVID-19 disrupting business as usual and creating a surge in COVID-19 related cyber-attacks, it has become increasingly important for staff to have a greater level of Cyber Security Awareness.

By now, departmental staff are mostly working remotely or working from home and we want everyone to confidently work safely and securely at all times.

Please familiarise yourself with the following documents part of this pack:

- Cyber Security
- DHHS Acceptable use of technology policy.

Below is a link to a SANS information security online video with some tips for staying safe, including one of the many cyber security awareness topics relevant to working remotely. The video highlights some of the methods used in an attack, and the primary clues to look out for. Please click on the link to watch the video.

>>> [Video link](#)

If you require further information and support related to cyber security contact:
info.security@dhhs.vic.gov.au

If you require IT support please contact the IT Service Centre:
phone: 131 765 or email: it.servicecentre@dhhs.vic.gov.au



Department of Health and Human Services

Department of Health and Human Services Induction Acknowledgement

1. I have read and understand this induction booklet.
2. I have read and understand the department's vision.
3. I have read and understand my expectations to uphold the department's values.
4. I have read and understand the Code of Conduct for Public Sector Employees and I understand the public sector values and expected standards of behaviour.
5. I have completed the Health Records Act online training.
6. I understand my obligations under the Health Records Management Act.
7. I have read and I understand my obligations as per the Acceptable use of the department's technology policy.
8. I have read and understand the Cyber security tips document and I have viewed the SANS information security online video – tips for staying safe.

Name.....

Signature.....

Date...../...../.....

Please print your name, sign and date this page and return this document to:

Learning@dhhs.vic.gov.au



Part 2: Department of Health and Human Services Safety and Wellbeing

Contents

This Safety and Wellbeing booklet contains important information about:

- 1. Safety Advice: COVID-19 Induction**
- 2. Safe workstations**
- 3. Workplace wellbeing and shift work**

This Safety and Wellbeing guide should be read in conjunction with the VPS Code of Conduct and the department's Induction booklet. Please ensure you read this document in full and understand how stay safe and well at work. You are required to sign the Acknowledgement statement at the end of this document and return a signed copy to Learning and Development – see back page for further information.

Acknowledgment of Aboriginal peoples in Victoria

The Department of Health and Human Services proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.





Culture, people and values

1. Safety Advice: COVID-19 Induction

Supporting the supporters to go home safely everyday

Shift work, rosters and sleep

Shift work can take some getting used to. Irregular or long working hours can impact your health, safety and wellbeing. Rosters are in place to manage physical and mental fatigue and to support you to go home safely every day. There are significant cognitive deficits when we don't sleep. Any performance gains or benefits you think you're making due to not sleeping and/or working beyond roster requirements are non-existent.

You must follow the roster and get adequate rest and sleep between shifts.

Following protocols, procedures and reasonable directions

The information, protocols and procedures you have been provided with are provided not only to help to do the task - but to do it safely. These protective measures have been developed in consultation with our own internal health, safety and wellbeing expertise and the Chief Health Officer. These are in place to support and protect your health, safety and wellbeing and it is critical that you follow the instructions so you can go home safely every day and continue the important role you are playing in response to COVID-19 for the long term.

Plan to go home safely everyday

No matter what - your psychological and physical safety and wellbeing is the priority - so you can do the work you care about AND you can go home safely to your life outside of work. These things are not mutually exclusive.

Practicing good hygiene at work

In addition to ensuring you are following standard hygiene processes you must use hand sanitizer when entering workspaces. You should use wipes to wipe down your workstation at the beginning and end of each shift. Where possible, avoid eating at your desk. Stay 1.5 – 2m away from your colleagues by sitting and standing apart from each other.

Keep an eye on how you are feeling

Responding to calls from heightened and/or distressed people is hard, especially when it is repetitive and over an extended period. Keep an eye out for others and yourself for any changes to behaviour, signs of distress, or 'just a feeling' that something's not quite right. Raise any concerns you have with your supervisor

Have regular 'check ins' with your supervisor

We are very good at helping others, and this can sometimes mean we ignore our own emotional response to the environment we're working in – these feelings can accumulate and people respond to stressors at work in different ways. Talk to your supervisors about how you're are going, they are there to help and support you

Take regular breaks from the phones and your desk

Be aware of your own triggers and behaviours. Remind yourself and others to stretch and move around every 30 minutes or so. Every hour take a short break away from the desk and phone - look outside, grab some fresh air, stay hydrated and eat nutritious food. Try to eat away from the desk!

Make sure your workstation is set up correctly and that you use correct posture

It important that you set up your workstation in a way that supports you to work as safely as possible and avoid potential discomfort associated with poor working/awkward postures. Supplement this with regular stretching and standing up and away from your desk. If you need help with this – ask your supervisor.

You are not alone – wellbeing support is available – use it proactively

Dedicated, immediate telephone wellbeing support is available for all staff (including temps, agency, casual and volunteers) through the department’s Employee Wellbeing and Support program. The program is provided by Converge International. As part of the current coronavirus response, a dedicated job number has been created through this program for anyone directly or indirectly impacted by this response. Don’t wait for the ‘wheels to fall off’ or for something to ‘happen’ – proactively engage with the program to get a ‘check-up from the neck up’ to see how you’re travelling and get the support you need.

Support is available 24 hours a day, 7 days a week.

To access this immediate support:

Call: 1300 687 327

Quote job number: 499 420

Supervisors looking for ways and strategies on how they might best support their teams (and how to look after yourself whilst doing that) can access unlimited coaching sessions that under the ‘Manager Assist’ service by calling the same number.



Reporting Health and Safety Incidents Reporting and First Aid 50 Lonsdale Street

It’s important to notify your team leader/manager of any work-related injury or illness and that you report any health and safety hazards that exist in the workplace so that it can be addressed.

If you require first aid, please contact 9096 7726 during business hours Monday – Friday, DHHS concierge will attend and if required manage the ambulance response. For out of office hours and weekend, contact Cassleden Place control room on 8660 6402.

Emergency Management Procedure – 50 Lonsdale Street

Listen for any emergency tones and directions over the public address system. On the sounding of alert tone “beep, beep, beep” prepare for evacuation, collect your personal belongs and wait for further instructions. On sounding of the evacuation tone “woop, woop, woop”, move to fire exist, remain calm, evacuate building, follow your team leader and head to primary assembly point – Royal Australasian College of Surgeons.



Culture, people and values

2. Safe workstations

Supporting the supporters to go home safely every day

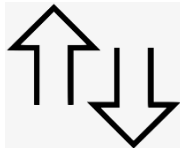
Take a couple of minutes at the beginning of your shift to set up your workstation.

Grab the Workstation checklist on your desk for guidance, when answering the following questions:

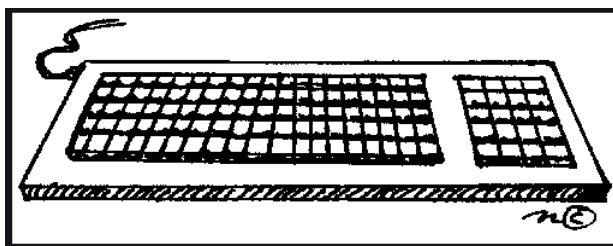
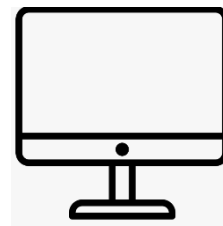
Have I adjusted my chair?



Do I need to adjust the height of the workstation to improve my working posture?

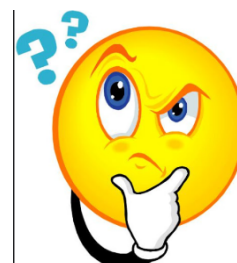


Have I adjusted the monitor height to improve my head position when working?



Are all frequently used items (keyboard, mouse and phone) within easy reach? No, then lets move them.

Questions? Ask your Team Leader





3. Workplace wellbeing and shift working

Supporting the supporters to go home safely every day

Managing shift work and odd hours¹

Take the time to talk with your Team Leader about working shift work, your safety and managing fatigue at work and when you go home. Your needs may change over time. To avoid a build-up of fatigue while you are on night shift or working odd hours, you must try and get as close to your average amount of sleep as possible (if you get less than 5 hours sleep this can seriously affect your abilities at work and should be reported to your Team Leader). If you are on any regular medication or have a chronic recurring illness see your doctor for advice before beginning shift work.

The following hints may help to manage getting sleep and rest:

- talk with your family ahead of time about problems that may result from shift work and look for solutions
- sleeping in cool, quiet, dark conditions helps in getting to, and staying, asleep
- maintain a regular sleep schedule, allow at least seven to nine hours in bed
- try different sleep times in the daytime to find which suits best – straight after work, before the next night shift or part of both; make time to relax between work and bed if you can
- don't get upset if you can't sleep straight away; remember any kind of rest is important so stay in bed if you can
- avoid coffee in the last few hours prior to sleeping
- social life should be organised so you still get adequate sleep
- adapting to shift work is easy for some; others may find adjustment difficult
- avoid alcohol, contrary to popular belief, it does not promote sleep and lowers the quality of sleep.

Other helpful hints

- plan to make the most of your time off and do the things you enjoy when coming off night shifts into days off; have a short sleep on reaching home, and go to bed earlier that night
- talk with your Team Leader about how you are getting to and from work, you may need to consider access to public transport, parking, and escort to/from your car
- when working nights try having two meals at the regular times and a light meal in the middle of the shift; consider having the largest meal of the day after the day-sleep. It's better to eat before you become fatigued
- avoid meals heavy in calories or with a high fat content because they take longer to digest and may make you feel drowsy; snack on fresh, unprocessed foods, and avoid spicy and fried foods
- a good sleep at night is the quickest way of getting back to normal
- be particularly careful when driving home after the night shift; avoid driving if you are feeling particularly fatigued following your shift.
- make an effort to increase your physical activity during leisure time
- using common sense rules for diet and physical fitness will help manage fatigue
- family understanding and cooperation can also reduce the upsets that seem to go with a shift worker's lifestyle

Questions, issues or any problems? Ask your Team Leader

¹ <https://www.betterhealth.vic.gov.au/health/healthyliving/shiftwork>; and <https://www.safeworkaustralia.gov.au/media-centre/managing-shift-work-and-workplace-fatigue>



Department of Health and Human Services

Department of Health and Human Services Safety and Wellbeing Acknowledgement

1. I have read and understand this this Safety and Wellbeing guide.
2. I have read and understand the Safety Advice: COVID-19 Induction.
3. I have read and understand the safe workstations instructions.
4. I have read and understand what is involved in managing shift work.

Name.....

Signature.....

Date...../...../.....

Please print your name, sign and date this page and return this document to:

Learning@dhhs.vic.gov.au

CODE OF CONDUCT

FOR VICTORIAN PUBLIC
SECTOR EMPLOYEES

VPSC

Victorian Public Sector Commission

CODE OF CONDUCT

FOR VICTORIAN PUBLIC
SECTOR EMPLOYEES

The Victorian Government has vested the Victorian Public Sector Commission with functions designed to enhance the performance of the public sector – fostering the development of an efficient, integrated and responsive public sector which is highly ethical, accountable and professional in the ways it delivers services to the Victorian community.

The key functions of the Commission are to:

- > strengthen the efficiency, effectiveness and capability of the public sector in order to meet existing and emerging needs and deliver high quality services; and
- > maintain and advocate for public sector professionalism and integrity.

Contact us at the Victorian Public Sector Commission:

Email: info@vpsc.vic.gov.au

Phone: (03) 9651 1321

www.vpsc.vic.gov.au

Postal Address:

3 Treasury Place

Melbourne 3002

ISBN 978-1-922222-48-0



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Code of Conduct for Victorian Public Sector Employees 2015

Public Administration Act 2004

Section 61

Code of Conduct Issued by the Victorian Public Sector Commissioner

I, Belinda Clark, Victorian Public Sector Commissioner, under section 61 of the *Public Administration Act 2004* (“the Act”), issue the Code of Conduct for Victorian Public Sector Employees 2015 (“2015 Code of Conduct”) as attached, in substitution of the Code of Conduct previously issued on 1 July 2007.

I determine that the 2015 Code of Conduct applies to and is binding on all public sector employees, as defined in section 4 of the Act, other than employees of a special body, or unless excluded by a specific declaration issued by the Victorian Public Sector Commissioner.

The 2015 Code of Conduct takes effect on 1 June 2015.



Belinda Clark QSO

Victorian Public Sector Commissioner

Date: 1 June 2015

Foreword

The Code of Conduct for Victorian Public Sector Employees describes the behaviours that exemplify the values contained in the *Public Administration Act 2004* (the Act). The values and this Code build on our public sector's long tradition of striving to meet the high standards the community rightly expects of it and provide the foundation of the integrity and accountability framework for all public sector employees.

Changes to the Act in 2014 provide for codes of conduct to be issued by the Victorian Public Sector Commission. In doing so, I am mindful that the public sector values on which the Code is based have not changed since first enacted in 2004 and that both the values and the previous Code are well established within the culture of many public sector organisations.

The fact that this Code is being re-issued with only minor changes shows the core behaviours it prescribes remain relevant for public sector employees in an ever changing sector. The changes are intended to clarify existing requirements, particularly in the key areas of conflicts of interest and gifts and benefits, rather than introduce new obligations.

As the public sector continues to adapt and evolve, it is essential that it retains the key attributes that have allowed it to play its critical role with the full confidence of Government and the wider community for over a century. Those key attributes are its apolitical nature, responsiveness, effectiveness and accountability; and it is precisely these things that the public sector values and this Code seek to reinforce and protect.

Victorian public sector employees work in a vast array of occupations and workplaces. It is important that the Code be expressed in a way that is relevant across this diverse environment and as a result, the Code will need to be supported by additional information and guidance at the local level. As it is not possible to provide a detailed rule for every conceivable situation, organisations ultimately must rely on the accountability of individuals for their own actions and behaviour.

I urge all public sector employees to take the opportunity to refresh their understanding of how the Code of Conduct guides their behaviour and to engage with their colleagues and managers about how they can best adhere to its requirements.

Public Sector Values

(Public Administration Act 2004, s. 7)

Responsiveness – public officials should demonstrate responsiveness by:

- (i) providing frank, impartial and timely advice to the Government; and
- (ii) providing high quality services to the Victorian community; and
- (iii) identifying and promoting best practice.

Integrity – public officials should demonstrate integrity by:

- (i) being honest, open and transparent in their dealings; and
- (ii) using powers responsibly; and
- (iii) reporting improper conduct; and
- (iv) avoiding any real or apparent conflicts of interest; and
- (v) striving to earn and sustain public trust of a high level.

Impartiality – public officials should demonstrate impartiality by:

- (i) making decisions and providing advice on merit and without bias, caprice, favouritism or self-interest; and
- (ii) acting fairly by objectively considering all relevant facts and fair criteria; and
- (iii) implementing Government policies and programs equitably.

Accountability – public officials should demonstrate accountability by:

- (i) working to clear objectives in a transparent manner; and
- (ii) accepting responsibility for their decisions and actions; and
- (iii) seeking to achieve best use of resources; and
- (iv) submitting themselves to appropriate scrutiny.

Respect – public officials should demonstrate respect for colleagues, other public officials and members of the Victorian community by:

- (i) treating them fairly and objectively; and
- (ii) ensuring freedom from discrimination, harassment and bullying; and
- (iii) using their views to improve outcomes on an ongoing basis.

Leadership – public officials should demonstrate leadership by actively implementing, promoting and supporting these values.

Human Rights – public officials should respect and promote the human rights set out in the *Charter of Human Rights and Responsibilities* by:

- (i) making decisions and providing advice consistent with human rights; and
- (ii) actively implementing, promoting and supporting human rights.

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Introduction

1

1.1 A Binding Code of Conduct

This Code of Conduct prescribes the behaviour expected of public sector employees.

Public sector employees are required to familiarise themselves and act in accord with the Code of Conduct. The Code of Conduct is binding on those employees to whom it applies and a contravention of it may constitute misconduct.

1.2 Purpose of the Code

The purpose of the Code of Conduct is to promote adherence to the public sector values prescribed in the *Public Administration Act 2004*. Given the broad and diverse nature of public sector organisations this Code prescribes standards of required behaviour rather than detailed policies and procedures.

The heads of individual public sector bodies are to develop and implement policies and procedures tailored to their own operating environment, to support the application of the Code. Public sector employees are required to comply with these policies and procedures.

The Code is designed to help public sector employees understand the responsibilities and obligations of working in the public sector. The behaviours described in the Code are essential in our relationships with the Government, community and other public sector employees.

1.3 Pre-employment

The Code of Conduct can only bind public sector employees from the commencement of their employment. Public sector bodies need to establish policies and procedures that include provisions for dealing with false, incorrect or misleading information provided in relation to applications for employment.

1.4 Contractors and Consultants

Public sector employers are to require contractors or consultants engaged in or by their public body (including contractors or consultants engaged through an employment agency) to comply with this Code of Conduct and relevant policies and procedures, where the contractors or consultants:

- > supervise public sector employees;
- > undertake work that is of a similar nature to the work undertaken by public sector employees at a premise or location generally regarded as a public sector workplace; or
- > use or have access to public sector resources or information that are not normally accessible or available to the public.

1.5 Other Available Guidance

In addition to conduct prescribed in this Code, there may be specific issues which are covered by other legislation, an industrial agreement or award, or a policy or procedure set down by the public sector employer, or by some other relevant authority. Public sector employees who are unsure of the appropriate action to take in a particular situation should seek advice from their employer.

The Victorian Public Sector Commission issues notes to provide additional guidance on obligations under the Code. These guidance notes can be accessed on the VPSC website (www.vpsc.vic.gov.au).

1.6 Professional Codes of Conduct

Certain professions have professional codes of conduct that establish specific behaviours relevant to that profession. This Code of Conduct specifies the behaviour expected of individuals as public sector employees and should be read

in conjunction with any professional code of conduct. Relevant employees need to be aware of their professional code of conduct as well as the provisions of this Code.

Professional codes set out a range of matters relating to the profession including dealing with breaches of the professional code. A breach of a professional code may affect the capacity of a relevant employee to continue to act in that profession and may also affect the ability of that employee to undertake their duties as a public sector employee. However a breach of the public sector Code and any sanctions arising can only be determined in accordance with procedures established for this Code.

1.7 Breach of this Code

This Code is based on the Victorian public sector values and therefore relates to both performance and conduct behaviours.

Failure to behave in the ways described in the Code of Conduct may lead to action under relevant performance management or misconduct processes. These processes need to be consistent with the public sector employment principles (*Public Administration Act 2004*, s. 8), standards issued by the Victorian Public Sector Commission and any relevant industrial instruments; and communicated to all employees.

Demonstrating Responsiveness

2

Responsiveness – public officials should demonstrate responsiveness by:

- (i) providing frank, impartial and timely advice to the Government; and
- (ii) providing high quality services to the Victorian community; and
- (iii) identifying and promoting best practice.

(Public Administration Act 2004, s. 7)

2.1 Advising Government

Public sector employees serve the Government of the day and provide the same high standard of advice regardless of the party in power. Advice is provided in a frank, impartial and timely manner, and with an understanding of its implications on the broader policy direction of the Government. Public sector employees do not withhold relevant information from the Government.

2.2 Remaining Apolitical

Public sector employees conduct themselves in an apolitical manner. They implement and administer the policies and programs of the elected government. They avoid in the course of their work, any participation in activities which support a political party or independent candidates including attendance at fund raising or similar events.

During caretaker periods (which are governed by caretaker conventions relating to the period of the election campaign and sometimes the period immediately after the election) public sector employees maintain the neutrality of the public sector and comply with relevant policies and protocols issued by their employer. They do not use their position to support particular issues, parties or candidates in an election campaign.

If standing as a candidate in a State or local government election, public sector employees ensure that they balance this right against their obligations under section 95 of the Victorian Constitution and this Code. They discuss with their manager how this may relate to their public sector duties.

Public sector employees provide briefings or information to members of parliament only when authorised by the relevant minister. When providing briefings or information to

members of parliament public sector employees respect the confidentiality of ministerial and government considerations leading to a decision, and decline to provide personal views or judgements on government policy or policy options of the Victorian or other governments.

Public sector employees provide support to ministers when information is required by parliamentary committees and may appear before such committees as a representative of the minister. Information sought by parliamentary committees should be provided unless the relevant minister certifies that disclosure would be prejudicial to the public interest. Official witnesses should be co-operative and frank when giving factual information. On matters of government business, public sector employees may appear before parliamentary committees as a representative of a minister. They are not therefore expected to answer questions:

- > seeking their personal views on government policy;
- > seeking details of matters considered in relation to a ministerial or government decision or possible decision, unless those details have already been made public or the giving of evidence on them has been approved; and
- > that would require a personal judgement on the policies or policy options of the Victorian or other governments.

Public sector employees who are directed to answer a question falling within the coverage of the categories listed above, seek a deferral until they can discuss the matter with the minister or chief executive as appropriate. Alternatively, they can request that the answer to the particular question be reserved for submission in writing.

2.3 Services to the Community

Public sector employees provide services to the community in an equitable, prompt and professional manner. They act within the level of their authority and in accordance with the relevant policies.

2.4 Contributing to Improvements

Public sector employees are committed to continuous improvement and adopt a best practice approach to the performance of their work. They identify and actively promote appropriate strategies, methods and processes that lead to improved performance.

Demonstrating Integrity

3

Integrity – public officials should demonstrate integrity by:

- (i) being honest, open and transparent in their dealings; and
- (ii) using powers responsibly; and
- (iii) reporting improper conduct; and
- (iv) avoiding any real or apparent conflicts of interest; and
- (v) striving to earn and sustain public trust of a high level.

(Public Administration Act 2004, s. 7)

3.1 Honesty at Work

Public sector employees act honestly in the performance of their duties. They are open and transparent when making decisions. They give honest advice based on available facts and data. They ensure their advice is up to date.

3.2 Using Powers at Work

Public sector employees use their power in a responsible way. They do not use their power to provide a private benefit to themselves, their family, friends or associates. They exercise power in a way that is fair and reasonable,

and family or other personal relationships do not improperly influence their decisions. They respect the rights and dignity of those affected by their decisions and actions.

3.3 Financial Probity

Public sector employees observe the highest standards of integrity in financial matters and comply with the requirements of relevant financial management legislation, policies and procedures. They maintain a strict separation between work-related and personal financial matters and only use or authorise the use of public financial resources or facilities for work-related purposes.

3.4 Official Information

Public sector employees with access to official information ensure it is only used for official purposes and in an approved manner. Official and personal information is handled according to relevant legislation and public sector body policies and procedures.

Public sector employees only disclose official information or documents acquired in the course of their public employment when required to do so by law, in the legitimate course of duty, when called to give evidence in court, or when proper authority has been given. In such cases comments are confined to factual information only.

3.5 Public Comment

Public sector employees only make public comment when specifically authorised to do so in relation to their duties, a public sector body, or government policies and programs. Such comment is restricted to factual information and avoids the expression of personal opinion. Public comment includes speaking engagements and providing information or comment through any media, including social media.

When making a comment in a private capacity, public sector employees ensure their comments are not related to any government activity that they are involved in or connected with as a public sector employee and make it clear they are expressing their own view. They ensure personal comments do not compromise their capacity to perform their public sector role in an unbiased manner, and that their comments are not seen or perceived to be an official comment.

3.6 Reporting Unethical Behaviour

Public sector employees comply with legislation, policies and lawful instructions in the performance of their work. Public sector employees report to an appropriate authority workplace behaviour that violates any law, rule or regulation, or represents corrupt conduct, mismanagement of public resources, or is a danger to public health or safety, or to the environment. Public sector employers inform their employees of their rights and responsibilities regarding the making of such reports.

3.7 Conflict of Interest

A conflict of interest occurs where there is conflict between the public duty and private interests of a public official.

A conflict can be actual, potential or perceived. It may relate to circumstances where the employee is or could be directly influenced, or where it is perceived the employee might be influenced.

Public sector employees avoid conflicts of interest (actual, potential or perceived) wherever possible. They ensure their personal or financial interests (including the interests of family members, friends, or associates) do not influence and could not be perceived to influence the performance of their role.

Public sector employees declare any conflicts of interest. They manage any conflicts of interest that cannot be avoided in accordance with their organisation's policies and procedures.

If unsure about a possible conflict of interest, public sector employees seek advice from their manager.

3.8 Other Employment

Public sector employees only engage in other employment where the activity does not conflict with their role as a public sector employee. Employment includes a second job, conducting a business, trade or profession, or active involvement with other organisations (paid employment or

voluntary work). Managers or supervisors can assist public sector employees to determine if such activities will cause an actual or perceived conflict of interest.

Victorian Public Service employees are required to seek approval to engage in any other paid employment.¹ Other public sector employees comply with any policies of their public sector employer in relation to engaging in other employment.

3.9 Public Trust

Public sector employees seek to build and maintain a high level of trust with the Government, community and other public sector employees. In the performance of their public duties and in their private life, public sector employees avoid conduct that may adversely affect their standing as a public official or which may bring their public sector employer or the public sector into disrepute.

3.10 Criminal Offences

Public sector employees advise their manager if they are charged with a criminal offence, which is punishable by imprisonment or, if found guilty, could reasonably be seen to affect their ability to meet the inherent requirements of the work they are engaged to perform.

1 *Public Administration Act 2004*, s. 32

3.11 Drugs and Alcohol

Public sector employees carry out their work safely and avoid conduct that puts themselves or others at risk. This includes the misuse of alcohol, drugs or other substances when at work or when engaged in work related activities.

The misuse of alcohol, prescribed drugs, illegal drugs and other substances is an issue for both employers and employees as it impacts on both work and personal life and in some cases the reputation of their public sector body.

Consistent with any relevant occupational health and safety requirements, public sector employees who are on medication that could affect their work performance or the safety of themselves or others inform their manager or supervisor to ensure any necessary precautions or adjustments to work can be put in place.

Demonstrating Impartiality

4

Impartiality – public officials should demonstrate impartiality by:

- (i) making decisions and providing advice on merit and without bias, caprice, favouritism or self-interest; and
- (ii) acting fairly by objectively considering all relevant facts and fair criteria; and
- (iii) implementing Government policies and programs equitably.

(Public Administration Act 2004, s. 7)

4.1 Decisions and Advice

Public sector employees make decisions and provide advice that is free of prejudice or favouritism and is based on sound judgement. Before making a decision or providing advice, public sector employees consider relevant information and the impact on the Government, community and other public sector employees. Their decisions are not affected by personal influences.

4.2 Gifts and Benefits

Public sector employees do not – for themselves or others – seek gifts and benefits (including hospitality). They refuse all offers of gifts and benefits that could reasonably be perceived as influencing them or undermining the integrity of their organisation or themselves.

Public sector employees comply with any policies of their employer in relation to accepting, declaring and recording the receipt of gifts or benefits.

If unsure about responding to an offer of a gift or benefit, public sector employees seek advice from their manager.

4.3 Acting Fairly

Public sector employees deal with issues consistently, fairly and in a timely manner. Public sector employees use fair criteria, and consider all relevant information in dealing with issues.

Being fair means being just and working within commonly accepted rules.

4.4 Implementing Government Policies and Programs

Public sector employees implement government policies and programs fairly and without bias. Their decisions and actions are consistent with relevant policies and are based on merit and careful consideration of the relevant facts. Public sector employees seek to achieve equitable outcomes within the extent of their authority.

Demonstrating Accountability

5

Accountability – public officials should demonstrate accountability by:

- (i) working to clear objectives in a transparent manner; and
- (ii) accepting responsibility for their decisions and actions; and
- (iii) seeking to achieve best use of resources; and
- (iv) submitting themselves to appropriate scrutiny.

(Public Administration Act 2004, s. 7)

5.1 Working to Clear Objectives

Public sector employees understand the objectives of their role. Public sector managers and supervisors provide encouragement, support and a clear sense of direction and purpose. Employees who are unclear about their goals discuss this with their manager or supervisor.

5.2 Being Responsible for Decisions and Actions

Public sector employees make decisions and take actions within the scope of their authority that are lawful and consistent with relevant legislation and government policy. They consider any impact of their decisions or actions on the Government, community and other public sector employees.

5.3 Work Resources

Public sector employees use work resources and equipment efficiently and only for appropriate purposes as authorised by the employer.

Public sector employees seek to achieve value for money and use resources in the most effective way possible. They identify opportunities for improvement to achieve best possible efficiency and responsiveness.

Work resources include physical, financial, technological and intellectual property. Intellectual property includes copyright, trademarks, registered designs, patents (including patented business systems), semiconductors, circuit layout rights, and trade, business or company names, and all other proprietary rights, and any rights to the registration of such rights, including proprietary rights developed or created by employees in the course of their employment.

The employer retains ownership of all these work resources.

5.4 Open to Scrutiny

Public sector employees implement government policy in an open and transparent manner. They maintain accurate and reliable records as required by relevant legislation, policies and procedures. Records are kept in such a way as to ensure their security and reliability and are made available to appropriate scrutiny when required.

5.5 Ability to Meet Essential Requirements

Public sector employees notify their employer of any loss, suspension of, or change to, a registration, accreditation, licence or other qualification that affects their ability to meet relevant essential requirements or to perform their duties.

5.6 Compliance with Legislation

Public sector employees ensure they are aware of and comply with all legislation relevant to the performance of their duties.

Demonstrating Respect

6

Respect – public officials should demonstrate respect for colleagues, other public officials and members of the Victorian community by:

- (i) treating them fairly and objectively; and
- (ii) ensuring freedom from discrimination, harassment and bullying; and
- (iii) using their views to improve outcomes on an ongoing basis.

(Public Administration Act 2004, s. 7)

6.1 Fair and Objective Treatment

Public sector employees promote an environment that encourages respect.

Public sector employees are fair, objective and courteous in their dealings with the Government, community and other public sector employees.

6.2 Privacy and Confidentiality

Public sector employees understand the importance of privacy and confidentiality. Confidential information requires special treatment and protection. Those people who provide confidential information to public sector employees have the right to expect this information will be treated as confidential. Public sector employees with access to confidential information ensure it remains confidential, and at all times act in accordance with legislation and policies relating to dealing with private information.

6.3 Maintaining Confidentiality

Public sector employees receive and manage information in such a manner that its confidentiality will be maintained and that it will not be used to advantage a prospective employer or business, or disadvantage the Victorian Government.

6.4 Equity and Diversity

Public sector employees follow the spirit as well as the letter of the law relating to discrimination, harassment, bullying and victimisation. Public sector employees create an environment that is free of discrimination, harassment and bullying.

Valuing and promoting diversity is an important element of demonstrating respect.

6.5 Improving Outcomes

Public sector employees are conscientious and efficient in their work. They use their knowledge and expertise to deliver a high quality service, as well as identifying opportunities to improve service outcomes.

Public sector employees contribute both individually and as part of a team and engage constructively with their colleagues on work related matters. They share information with team members to support delivery of the best and most appropriate service outcomes.

Demonstrating Leadership

7

Leadership – public officials should demonstrate leadership by actively implementing, promoting and supporting these values. (*Public Administration Act 2004*, s. 7)

7.1 Leading by Example

Public sector employees model the behaviours based on the public sector values and at all times act in an ethical manner. Leadership is about positive influence, inspiring and empowering others.

Providing sound advice, delivering high quality services and encouraging best practice **demonstrates responsiveness**.

Being honest, using powers correctly, identifying and dealing with inappropriate conduct, avoiding conflicts of interest and developing and maintaining public trust **demonstrates integrity**.

Making decisions that are free of bias, considering all relevant facts and ensuring policies and programs are implemented fairly **demonstrates impartiality.**

Being transparent, responsible, using resources efficiently and inviting scrutiny **demonstrates accountability.**

Treating others fairly, eliminating discrimination, harassment and bullying, and focusing on improving outcomes **demonstrates respect.**

7.2 Managing Staff

Public sector managers and supervisors apply the public sector employment principles. They provide a safe, encouraging and supportive work environment that recognises and values diversity, abilities and contributions. They give their employees a clear sense of direction and purpose.

They set realistic goals, timelines and workloads, and provide adequate resources and appropriate information to complete work. They trust their employees to manage their work autonomously but also provide them with support when needed. They address any performance issues promptly, directly and confidentially with the employee concerned.

They treat their employees fairly and consistently when making selection decisions and allocating work. They assess performance and provide constructive feedback and development opportunities. They consult genuinely with their employees, and adhere to industrial and legal obligations.

They understand and respond to legitimate concerns of their employees, and encourage work arrangements that enable their employees to achieve a work-life balance.

7.3 Supporting Others

Public sector employees work co-operatively with their colleagues and other public sector body employees. They support and learn from them and accept differences in personal style.

They respect, and seek when necessary, the professional opinions of colleagues in their area of competence, and acknowledge their contribution.

Public sector employees, managers and supervisors provide other public sector employees with support and guidance.

Demonstrating Commitment to Human Rights

8

Human Rights – public officials should respect and promote the human rights set out in the Charter of Human Rights and Responsibilities by:

- (i) making decisions and providing advice consistent with human rights; and
- (ii) actively implementing, promoting and supporting human rights.

(Public Administration Act 2004, s. 7)

8.1 Understanding Human Rights

Public sector employees understand human rights as these apply to their work.

8.2 Making Decisions and Providing Advice Consistent with Human Rights

Public sector employees ensure their own decisions, advice and policy development properly considers the human rights set out in the Charter, and respects the human rights of others.

8.3 Implementing Human Rights

Public sector employees deliver services and programs and act in a manner that is consistent with the Charter.

8.4 Protecting Human Rights

Public sector employees seek to protect the human rights of colleagues, other public officials and members of the Victorian community by raising concerns regarding circumstances that could breach those rights, and reporting any suspected breaches in accordance with procedures established by their public sector employer.

Acceptable use of the department's technology policy

Your responsibilities when using the technology resources and services provided by the department.

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Purpose

This document sets out the department's policy in relation to the acceptable use of technology provided by the department to employees or other persons. This policy is to be read in conjunction with the VPSC Common Policy and all other relevant departmental policies governing the use of the department's technology.

All users of the department's technology should be aware that their conduct is subject to the terms of this policy as well as applicable law.

Scope

This policy applies to the following categories of users:

- (a) all departmental employees
- (b) contractors engaged by the department
- (c) any other persons using technology provided by the department

and the following categories including

- (d) any other persons accessing departmental technology on non-departmental devices.
- (e) persons in (a) to (d) above using personally-owned devices, which must be done in accordance with the *Mobile Communications and Portable Storage Devices Policy*.

Interpretation

In this policy, terms have the meaning given to them in the table in Appendix 1.

Policy

Acceptable Use of the Department's Technology – General Conditions

- 1.1. All users must comply with this policy and may only use the department's technology in accordance with this policy and all other relevant department policies.
- 1.2. Failure to comply with this policy may result in disciplinary action, which may include termination of employment. Refer to your local human resources contact representative for further information.
- 1.3. The department's technology is provided to users for the conduct of the department's business as a government body. Departmental technology must not be used for any purpose that breaches any law, infringes the civil or human rights of any person, breaches department policies, or breaches the *Code of Conduct for Victorian Public Sector Employees*.
- 1.4. Departmental technology may be used for reasonable communication between users and their industrial representatives and for limited and occasional personal (that is, non-work-related) use as described in this policy.
- 1.5. Without limiting any other departmental policies, a user must not:
 - (a) access computer systems, applications, databases or files that the user is not authorised to access or use;

- (b) access material that is illegal or otherwise unacceptable (such as pornographic or otherwise sexually explicit material) except in the course of performing their functional role within the department. The department may investigate any conduct which in its opinion, is or may be illegal or unacceptable, and may refer a matter to a law enforcement agency for investigation;
 - (c) Use the department's information systems to engage in conduct, which is defamatory, obscene, indecent, offensive, discriminatory, harassing, racist, sexist, abusive, bullying, or threatening. The department may investigate any conduct which in its opinion, constitutes or may constitute any of these activities and behaviours, and may refer a matter to a law enforcement agency for investigation;
 - (d) distribute confidential, security classified, personal or private information, including via social media sites (refer to the *Social Media Policy*) except as specifically directed by the department;
 - (e) download or store unauthorised computer software (including games) or any material that breaches copyright law (e.g. pirated media, such as music/videos);
 - (f) interfere with or damage the technology of the department or any other person, including creating, downloading, opening or sending a virus or other malicious code;
 - (g) use or upload the department's information on any external services unless they are endorsed by the Cyber Security Management Team and approved by the CIO. External services include Cloud Service.
 - (h) use the department's technology for personal profit or gain, including the conduct of personal business or non-departmental business activity; and
 - (i) forward departmental information to unauthorised external parties or systems (e.g. personal email accounts).
 - (j) Engage in any of the above-mentioned behaviour on a BYO device while using department networks or applications.
- 1.6. Users are bound by the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic), and must ensure that they are familiar with their privacy obligations.
- 1.7. Storage of non-departmental information, data, and intellectual property on departmental devices and cloud services is not recommended. Storage on departmental devices is at the user's own risk. The department will not be responsible or liable for the loss of or damage to information, data, intellectual property, and any other personal property on departmental devices.
- 1.8. Only information, data, and intellectual property relevant to the business of the department is to be stored on the department's network drives. Personal work files (for example, pay slips and leave records) may be stored on the user's individual H: drive if necessary. Personal non-work-related files should not be stored on the department's systems. The department will not be responsible or liable for loss of or damage to information, data, intellectual property, and other personal property on departmental network drives.

Monitoring, Auditing and Reporting

- 2.1. Routine monitoring, auditing and reporting on the department's technology is conducted to identify security risks, including unauthorised access, accessing inappropriate material, misuse, viruses and prohibited or otherwise inappropriate activity. It is not necessary for the department to seek a user's permission or otherwise further notify the user before such

monitoring, auditing or reporting may occur. This will include departmental applications on BYO devices.

- 2.2. Where a user believes that a person has inappropriately used technology, the user must report the suspected misuse to their line manager or People & Culture.
- 2.3. Where in the course of monitoring, auditing and reporting a user has been found to be in breach of the acceptable use policy, the department may suspend the user's account(s) and secure any departmental technology or device given to that user for the duration of any investigation in respect of the suspected breach and thereafter.

Please note that charging your device (such as a mobile phone or iPad) by connecting it directly to your computer through the USB port may result in data from your device (such as images and documents) being saved and stored on your departmental computer.

Acceptable Use of the department's Internet Services

- 2.4. Only department endorsed web-based platforms must be used to share any departmental information.
- 2.5. Internet services must not be used to download any product (including music, images and software) that may place the user or the department in breach of intellectual property laws, including copyright law.
- 2.6. Internet services must not be used for any purpose that may bring the department into disrepute or that may convey a personal opinion as representing the views of the department. Refer to the *Social Media Policy* for further information.
- 2.7. People must not use a work email address to register for social media accounts. Use of work emails may breach the department's information security requirements as social media networks may access staff contact details and other information via email registration as part of their terms of use. Refer to the *Social Media Policy* for further information.
- 2.8. Reasonable personal (that is non-work-related) use of the internet is permitted but should be limited to occasional browsing and minor transactional activity, and:
 - a. should occur in the user's own time (for example during meal breaks) or at times acceptable to the person's line manager;
 - b. user must not use department's email address to subscribe to any personal web services;
 - c. must not be used for personal 'for profit' activity, including the conduct of personal business, and may not be used to advertise personal property for sale.
 - d. must not be used for any other non-department business activity including the conduct of not-for-profit business unless it is formally endorsed by department;
 - e. must not be used for online gambling; and
 - f. must not be used to download computer software (including plug-ins or updates), games, videos, TV shows, movies, streaming and music for personal use.¹
- 2.9. Use of social media tools when acting as an official representative of the Victorian Public Sector must adhere to the State Services Authority's *Guidance for use of social media in the*

¹ There is an exemption for iOS departmental devices (iPhone and iPad), which allows applications to be downloaded and installed on these devices while still complying with all other aspects of this policy.

Victorian Public Sector. This requirement is not intended to limit any other applicable departmental policy. Refer to the *Social Media Policy* for further information.

Please note – Browsing or accessing your personal web services on department's computer or mobile devices may save your previous personal browsing history and bookmarks on the department's computer or mobile devices. Your personal browsing history and bookmarks may contain your browsing information which you conducted on your personal computer or devices.

The Department encourages you to use private mode within a web browser when accessing personal web services on a department computer or mobile device. Web browsing in private mode may not provide you with full privacy.

All above mentioned conditions must be adhered to while accessing the department's internet on BYO devices.

Acceptable Use of Collaborative tools

When accessing the above-mentioned services on non-departmental devices, users must ensure they adhere to the acceptable use conditions listed above. The same conditions will apply to access on these non-departmental devices.

- 2.10. Services or tools must not be used for any purpose that may bring the department into disrepute.
- 2.11. Services must not be used to send departmental information to anyone, unless the information is secured as appropriate to the sensitivity of the information (refer to the *Information Security Classification Guidelines* for more information).
- 2.12. Services must not be used to access pyramid or chain mail or to knowingly distribute malicious emails.
- 2.13. Services must not be used to send offensive or inappropriate material but not limited to defamatory, obscene, indecent, offensive, discriminatory, harassing, bullying, threatening, pornographic or sexually explicit material.
- 2.14. Users may not set message-forwarding to an email account that is external to the department's network (that is, email accounts that do not end in '@DHHS.vic.gov.au'), unless they have obtained permission from the Assistant Director of Technical Service Delivery, and doing so is necessary for business continuity (for example, staff transfers due to a machinery of government change).
- 2.15. Unsolicited and inappropriate messages received must be reported through Outlook and sent through to the IT Service Centre as soon as practicable, and then deleted after the user receives confirmation of receipt by the IT Service Centre. Such material must not be retained or stored on the department's technology unless it involves a legal matter. Users should consult the department's Legal Services Branch for further advice in such circumstances.
- 2.16. Personal (that is, non-work-related) use of email, instant messaging, meeting and VoIP services should be limited to occasional use and:
 - a. Should only occur in the user's own time and at times acceptable to the user's line manager;
 - b. should be short
 - c. should only be addressed to a small number of recipients

- d. attachments must be small and not include items such as games, music, video or executable files; and
- e. must not otherwise breach the department's confidentiality and privacy requirements, including information security requirements.
- f. Please note that all content used on the tool or service is considered by the Department and may be retained according to the Department's record keeping policy.

Use of Software and Hardware

Use of inappropriate software and hardware poses serious risks to the department's network. Use of any inappropriate software including cloud service and hardware is prohibited unless formally endorsed by Cyber Security Management Team and approved by CIO.

- 2.17. Inappropriate hardware must not be connected to any department network or department network-connected device unless specifically approved by the Assistant Director of Technical Service Delivery
- 2.18. All department-approved software must be installed in accordance with a software licence agreement endorsed by the Business Technology and Information Management branch and the Legal Services Branch. Licences and agreements are to be kept by the Manager responsible for the installation. Software will be removed if these requirements are not complied with.

Information Security Practices

- 2.19. Users are required to take reasonable steps to protect the department's technology resources and departmental information. Departmental information may include information which is prohibited or otherwise restricted from being disclosed.
- 2.20. Passwords must not be shared. They must not be based on personal names or recognised words or recycled and they must be kept confidential. Refer to the *IDAM policy* for more information.
- 2.21. All users are required to use clear screen practices appropriate to the sensitivity of the information they handle, utilising screen savers and locks to prevent unauthorised viewing or access. Refer to the *Information and communication technology security guidelines V2*.
- 2.22. Sensitive or private departmental information must not be sent outside of DHHS network/service unless it is protected appropriately in accordance to the sensitivity of the information.
- 2.23. Sensitive or private departmental information must not be stored on the local drive of a PC, notebook or other device.
- 2.24. Users must take care to protect departmental technology, from theft or unauthorised access.
- 2.25. Users are expected to take reasonable care when disposing of portable storage devices, these must be sanitised or destroyed before disposal in accordance with all relevant policies, in particular the DHHS *Mobile Communications and Portable Storage Device Policy*. If you have any concerns about properly sanitising a PSD or destroying information stored on such devices, please contact the IT Service Centre on 13 17 65.

Note: This does not relate to the disposal of department records. For information about the retention and disposing of records, refer to the Records Service Centre ([Email Records Service Centre/DHHS](#)) or your local Records Management Unit.

2.26. Any incidents in relation to information security should be reported to the IT Service Centre at the earliest opportunity on (phone) 13 17 65.

2.27. Further information about the department's policies in relation to information security is available on the intranet.

APPENDIX 1

Definitions

The following definitions apply to terms used in this document:

Term	Definition
access	Includes creating, viewing, collecting, downloading, modifying, storing, transferring, processing and sending the whole or any part of information or software, as the context requires.
Acceptable instant messaging services	Department endorsed instant messaging services only include those provided in the O365 suite (e.g. Skype).
application	A specific software program, commonly referred to as a 'system'.
BYOD	The practice of allowing the employees of the organization to use their own computers, smartphones, or other devices for work purposes. BYOD is an abbreviation for ' bring your own device '
CIO	Chief Information Officer.
cloud-hosted systems	A system made available to users on demand via the Internet from a cloud computing provider's server.
collaboration	Intentional group processes plus the software to support them.
Collaborative tools	A collaboration tool helps people to collaborate . The purpose of a collaboration tool is to support a group of two or more individuals to accomplish a common goal or objective.
department	Refers to the Department of Health and Human Services, inclusive of all Divisions, Branches, Units and Teams.
departmental device	A device, including technology, that is provided by the department to a user on a temporary basis for the conduct of the business of the department as a government body.
departmental information	Any and all departmental intellectual property, information or data which: <ul style="list-style-type: none"> • has been or is created, acquired, collected, developed, modified, or stored at any time by, on behalf of, or for, the department; • may be in an electronic form or recorded in a tangible form; • may be confidential; • may be protected by intellectual property rights; and • may be accessed by using the device.
Inappropriate hardware	Hardware which has not been approved by BTIM (e.g. PC, Servers, external drives, Smart phones etc) for use connected directly to Cenitex / DHHS infrastructure technology including: <ul style="list-style-type: none"> • network (Cable or WiFi) • Servers

	<ul style="list-style-type: none"> • PC / Laptops
Inappropriate software	Software which has not been approved by BTIM to be used either accessing or storing DHHS information. This includes software on end point devices such as PC or Smart phone, servers, or cloud hosted software.
iOS	A mobile operating system developed and distributed by Apple Inc. It stands for i Operating System.
multi-function device (MFD)	<p>A single unit that provides two or more of the following functions:</p> <ul style="list-style-type: none"> • printing • scanning • facsimile • copying • the ability to email documents • the ability to access network storage devices.
MFD	See 'Multi-function device'.
personal digital assistant (PDA)	Hand held device which provides personal applications such as calendar, to-do lists, contacts, and note taking. If the PDA is also a smartphone it may include email and web browsing, navigation/GPS functions and the ability to synchronise contacts, appointments and e-mail with corporate servers and/or a personal computer.
network-connected devices	Devices connected to the department's network. For the purposes of this policy, this includes but is not limited to laptops/notebooks, tablet devices, smart phones/PDAs, USB drives, flash drives, external hard drives, digital audio players, digital cameras and removable media.
Non-work related	Reasonable personal, casual and occasional use which does not impact normal work duties or cause any departmental risk.
PDA	See 'Personal Digital Assistant'.
portable storage device (PSD)	Any portable device which contains department information, including USB drives, floppy disks, CDs/DVDs, digital audio players, mobile phones, smart phones, PDAs and laptop computers as well as removable media.
removable media	Digital portable media such as CDs and DVDs.
sanitised	Where information has been removed from a device or removable media to allow it to be reused elsewhere within the department or outside of it. It does not automatically change the classification of the media, nor does it involve the destruction of media.
smart Phone	A device with the capacities of a standard mobile phone with advanced capabilities including access to data services.
social media	Internet-based tools for sharing and discussing information among people. It refers to user-generated information, opinion and other content shared over open digital networks. Social media may include (although is not limited to) Facebook, Twitter, Wikipedia, instant messaging and online forums.

Document Control

Version	Date	Updated by	Summary of changes
1.0	09Nov10	REDACTED	Baseline document "DOH & DHS Acceptable Use of Computer Services Standard"
2.0	10Jun11	REDACTED	Revised document; converted to new template; title change to "Acceptable Use of Computer Services Policy"
2.1	22Aug11	REDACTED	Updated references
2.2	28Oct11	REDACTED	Addition of definitions, reference to Social Media Policy and document control; realigned content as appropriate; added info on inappropriate material categories
2.3	12Dec11	REDACTED	Updated post stakeholder review; added info on non-compliance; added appendix on categories of breaches
2.4	16Jan12	REDACTED	Updated post 2 nd stakeholder review;
2.5	31Jan12	REDACTED	Updated with feedback from DHS & DH HR teams; removed appendix; conversion from 'computer services' to 'technology' addition of VoIP.
2.6	03Feb12	REDACTED	Added info re MFDs; updated language as per HR feedback; updated title page imprint.
2.7	21May12	REDACTED	Addition of framework context; minor clarifications made after feedback from IM&T/ISMs, assigned owner.
2.8	06Dec2012	REDACTED	Update of feedback from Mobility project team and Legal Services. Mostly around the exemptions for the installation of apps on iOS devices.
2.9	11Feb2013	REDACTED	Updates with Legal Review
2.10	11Dec2017	REDACTED	Updated to reflect new departmental style template
2.11	03Dec2018	REDACTED	Updated to reflect new VPS Code of Conduct
3.0	23Oct2019	REDACTED	Comprehensive update of entire policy.
3.1	16Jan2020	REDACTED	Minor updates for VPDSF Compliance.

To receive this publication in an accessible format phone 9096 5594, using the National Relay Service 13 36 77 if required, or email [BTIM Directorate](mailto:BTIM.Director@dhhs.vic.gov.au) <BTIM.Director@dhhs.vic.gov.au>

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

See the [Acceptable use of technology](#) page on the Intranet

<https://intranet.dhhs.vic.gov.au/acceptable-use-technology>.

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Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

Available on the [Acceptable use of technology](#) page on the Intranet.

Cyber security tips

Fact sheet



Important cyber security tips when working remotely

How to keep you and your family cyber safe anywhere.

Passwords

Make sure you:

- set a password that doesn't include personal names such as your pet's name
- create a DHHS password that is more than 10 characters long and includes numbers and symbols
- keep your password confidential. Avoid sharing your password
- avoid recycling your password
- change your password if you think your password has been compromised.

Connecting to WIFI

When connecting to your home WIFI ensure:

- your home WIFI is patched and version is up to date. If you are unsure, please contact your provider for assistance
- you use a strong password on your WIFI
- you avoid connecting to a free WIFI or public WIFI.

Advice for corporate device users

For staff/contractors using a DHHS device, be sure to:

- take reasonable steps to protect your DHHS device. Always keep it safe
- lock your screen by pressing **Windows key and L** when you are not using your device
- log off your computer at the end of each day
- avoid downloading inappropriate content or unauthorised applications such as games
- avoid connecting foreign devices such as a printer, mobile phones or USB device
- deny access to the DHHS device to non-DHHS persons such as family and friends
- contact the IT Service Centre as soon as practicable if your device or its contents are compromised.

Beware of malicious / scam email, SMS and internet websites. Check the [Scamwatch](http://www.scamwatch.gov.au) website <www.scamwatch.gov.au> and [StaySmartOnline](https://www.staysmartonline.gov.au) <https://www.staysmartonline.gov.au>

Advice for personal device users

For staff/contractors using a personal device, be sure to:

- check that your device is patched and running the latest operating system (OS). In most devices, this information is found in **Settings**.
- have up-to-date malware protection installed on your device. Tips for devices running Windows 10 OS are available at <<https://www.microsoft.com/en-us/windows/comprehensive-security>>
- use standard user accounts with strong passwords to access DHHS IT Services on your personal device. Avoid using your local administration accounts
- avoid using a personal Virtual Private Network (VPN) service to access DHHS IT Services
- avoid downloading or copying work-related documents on to your device or personal cloud storage
- lock your screen when you are not using your device
- log off your computer when not in use for longer periods of time and at the end of each day
- take reasonable steps to protect DHHS information on your device. Always keep it safe
- delete any work-related documents from your device if it is sent for repair. Be sure to empty your recycle bin
- close work-related applications and documents if your computer is being serviced by your service provider remotely
- avoid installing software that are unknown or suspicious
- change your local computer's password if you think your password is compromised
- contact the IT Service Centre as soon as practicable if you suspect that DHHS content or systems are compromised.

Beware of malicious / scam email, SMS and internet websites. Check the [Scamwatch](https://www.scamwatch.gov.au) website <www.scamwatch.gov.au> and [StaySmartOnline](https://www.staysmartonline.gov.au) <<https://www.staysmartonline.gov.au>>

Additional resources

Links

- Office365 how-to guides on the [Connected Working with Office 365 site](https://dhhsvicgovau.sharepoint.com/sites/ConnectedO365) <<https://dhhsvicgovau.sharepoint.com/sites/ConnectedO365>>
- Getting started with [Teams](#) e.g. [managing Teams meetings](#) <<https://dhhsvicgovau.sharepoint.com/sites/ConnectedO365/SitePages/Getting-Started--Teams.aspx>>
- Information about [Go Connect](#) <<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/GoConnect.aspx>>

Working and socialising with social media

Protect yourself and your family when using social media by:

- being conscious of what you share about yourself on social media
- not using your work email address to sign up or register for your personal needs/interests
- not sharing DHHS information, unless authorised to do so by the department
- collaborating with your team by using **Virtual teams** and other communication means as agreed to with your team.

Refer to the department's [Social media policy](#) (Intranet required) <<https://intranet.dhhs.vic.gov.au/social-media-policy>>

Hotlines

- **If you experience any technical issues**, please contact the IT Service Centre on 131 765 or at it.servicecentre@dhhs.vic.gov.au
- For health issues and discussion about when to self-isolate, please phone 1800 675 398.
- For queries about working from home, leave and access to special leave, please phone 1300 344 727

To receive this publication in an accessible format phone **REDACTED** using the National Relay Service 13 36 77 if required, or email BTIM.Director@dhhs.vic.gov.au

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

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Available at <<https://dhhs.vic.gov.au/sites/Covid19/SitePages/Working-remotely.aspx>>

Operation Soteria

Mandatory Quarantine for all Victorian Arrivals

Approved for distribution

Emergency Management Commissioner	Signature	Date
Andrew Crisp		

Distribution

State Control Team	As per planning contacts list:
Strategic Planning Committee	DHHS
EMJPIC	DJPR
State Relief & Recovery Team / CAOG	DPC
	VicPol
	Department of Transport

Document Details

Version	Status	Author	Reviewer/s	Authorised for Release	Date/Time
0.1	Draft for initial discussion	Kaylene Jones / Angus Hindmarsh	-	Andrew Crisp	27 March 2020
0.2	Draft for release as version	Deb Abbott / Kaylene Jones	Operation Soteria Coordination meeting	Andrew Crisp	28 March 2020 -1815 hours
1.0	Final Version released	Deb Abbott / Kaylene Jones	-	Andrew Crisp	28 March 2020 -2000 hours
2.0	New version released	DHHS Deputy Commander	Public Health Commander DHHS Commanders State Controller - Health	Andrew Crisp	24 April 2020
2.1	Updated version	Respective DHHS leads	Public Health Commander State Controller - Health	Andrew Crisp	8 May 2020

3	Updated (overarching plan)	Respective DHHS leads	Public Health Commander DHHS Commanders State Controller - Health	Andrew Crisp	26 May 2020
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Abbreviations/Acronyms

ABF Australian Border Force

AFP Australian Federal Police

AO Authorised Officer

AV Ambulance Victoria

DFAT Department of Foreign Affairs and Trade

DHHS Department of Health and Human Services

DJPR Department of Jobs, Department of Jobs, Precincts and Regions

DoT Department of Transport Department of Transport

EOC Operations Soteria Emergency Operations Centre

EMV Emergency Management Victoria Emergency Management Victoria

VicPol Victoria Police Victoria Police

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1 Introduction

1.1 Purpose

The purpose of this plan is to document the arrangements in place under Operation Soteria, to achieve safe, authorised mandatory detention of returning travellers required to quarantine for 14 days on their arrival into Victoria.

1.2 Scope

This document addresses the legislative and operational requirements for maintaining returned travellers in mandatory detention.

1.3 Audience

This document is intended for use by DHHS staff, and staff from all other departments and organisations involved in Operation Soteria.

1.4 Background

Australian National Cabinet directed that all passengers returning from international destinations who arrive in Australia after midnight on Saturday 28 March 2020 are to undergo 14 days enforced quarantine in hotels to curb the spread of COVID-19. Passengers are to be quarantined in the city in which they land, irrespective of where they live.

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) 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 *Public Health and Wellbeing Act 2008* (PHWA). See <https://www.dhhs.vic.gov.au/state-emergency>.

The objectives 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 health 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.

1.5 Mission

To implement the safe and secure mandatory quarantine measures for all passengers entering Victoria through international air and sea points-of-entry to stop the spread of COVID-19.

1.6 Inter-agency cooperation

Agencies engaged to deliver Operation Soteria include:

- Department of Health and Human Services (DHHS)
- Department of Jobs, Precincts and Regions (DJPR)
- Department of Foreign Affairs and Trade (DFAT)
- Department of Transport (DoT)
- Ambulance Victoria (AV)
- Australian Border Force (ABF)
- Australian Federal Police (AFP)
- Victoria Police (VicPol)

1.7 Process Flow

The process flow for Operation is structured in five phases, including a preliminary phase.

These phases include the following:

Preliminary Phase (Plan & Prepare) – identify incoming passengers and required hotel selection, and prepare for passenger arrival

Phase 1 (On the Flight) – manage / process exemption requests and confirm passenger manifest

Phase 2 (Landed) – Passengers land and are issued Detention Notices and are triaged. Passengers (Detainees) are transferred to Quarantine Hotels (or hospital if required)

Phase 3 (Arrival at Hotel) – Passengers receive health checks, check in, provide completed questionnaires and specialist needs managed

Phase 4 (Quarantined) – Passengers are quarantined in their hotel rooms and are provided with case management where health, welfare, FV, MH, etc issues arise. Quarantine compliance is also managed

Phase 5 (Exit) – Managed release from quarantine, exit transfer and specialist case management. This also includes specialist hotel cleaning and refurbishment

See **Appendix 1** for an expanded description of the phases.

2 Governance

2.1 Governance

Operation Soteria is led by the DHHS Commander COVID-19 Accommodation working to the State Controller – Health, to give effect to the decisions and directions of the Public Health Commander and Enforcement and Compliance Commander. Support agencies, including Department of Transport, Victoria Police, Department of Premier and Cabinet support the Department of Health and Human Services as the control agency for COVID-19 pandemic class 2 public health emergency, as outlined in section 2.3.

Operational leads will meet three times per week (or more frequently as required) for the duration of the operation to ensure combined oversight of the operation. Meetings will be coordinated by SCC support and chaired by the DHHS Commander COVID-19 Accommodation. Membership includes:

- State Controller - Health
- Public Health Commander
- DHHS Enforcement and Compliance Commander
- DHHS COVID-19 Accommodation Commander
- DHHS Agency Commander
- DJPR Agency Commander
- SCC Strategic Communications
- Department of Premier and Cabinet representative
- Department of Transport representative
- Senior Police Liaison Officer – Victoria Police

2.2 Legislative powers

The *Public Health and Wellbeing Act 2008* (Vic) (the **Act**) contains the legislative powers that Operation Soteria gives effect to under the state of emergency has been declared under section 198 of the Act, because of the serious risk to public health posed by COVID-19.

Operation Soteria seeks to mitigate the 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.

In accordance with section 200(1)(a) of the Act, all people travelling to Victoria from overseas will be detained at a hotel specified in the relevant clause in their detention notice, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health.

Having regard to the medical advice, 14 days is the period reasonably required to ensure that returned travellers have not contracted COVID-19 as a result of their overseas travel.

Returned travellers 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.

Under sections 200(7) and (9) of the Act, the Chief Health Officer is notified of the detention of returned travellers and must advise the Minister for Health.

2.2 Organisational Structure

A diagram indicating the governance of strategy / policy and operation of the mandatory quarantine program is shown in Figure 2 below.

Appendix 2 provides an overview of the Enforcement and Compliance Command structure and **Appendix 3** the COVID-19 Accommodations Command Emergency Operations Centre structures.

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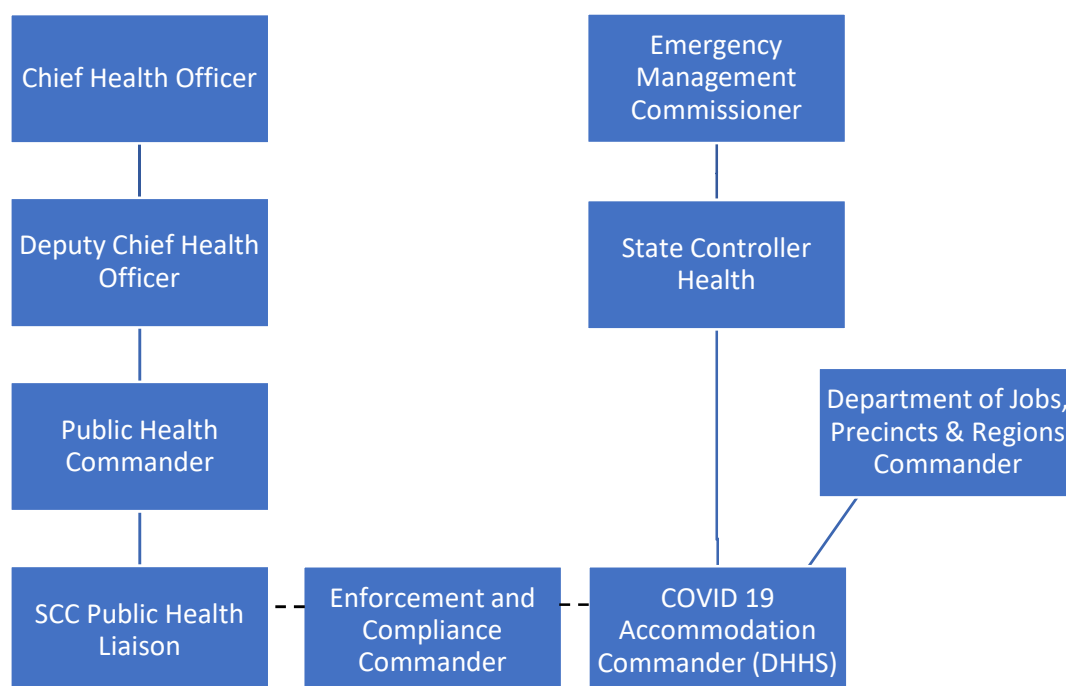


Figure 1: Operation Soteria governance structure

2.3 Roles and Responsibilities

The Emergency Management Commissioner is responsible for approving this plan for distribution.

The Public Health Commander (through the Deputy Public Health Commander / delegate) is responsible for approving this plan, in consultation with the Enforcement and Compliance Commander, DHHS Commander COVID-19 Accommodation, the State Health Coordinator and the State Controller – Health.

The State Controller - Health operating through the DHHS Commander COVID-19 Accommodation has operational accountability for the quarantine accommodation of returned travellers.

The DHHS Commander COVID-19 Accommodation is responsible for:

- provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff;
- ensuring a safe detention environment at all times.
- provision of healthcare to individuals in mandatory quarantine.

2.4 Department of Health and Human Services (DHHS)

DHHS, as the control agency for the COVID-19 pandemic Class 2 public health emergency, has responsibility for the oversight and coordination of Operation Soteria.

2.4.1 Airside operations - biosecurity

Oversee as instructed by the Human Biosecurity Officer - **Ports of Operation lead, Public Health Incident Management Team**

2.4.2 Airport Operations - reception

- Detention notice issued by Authorised Officers (see Appendix 1) – **DHHS Compliance (AOs)**
- Provision of and conduct of health screening and other well-being services (including psycho-social support) – **DHHS Ports of Entry – Reception (EOC)**
- Arrangement of patient transport services – **DHHS Ports of Entry - Reception (EOC)**
- Provision of personal protective equipment for passengers – **DHHS Port of Entry - Reception (EOC)**
- Registration and initial needs identification of passengers for State-side use/application – **DHHS Ports of Entry - Reception (EOC)**
- Provision of information pack and food/water to passengers - **joint contributions: DHHS Ports of Entry - Reception (EOC)/Department Jobs, Precincts and Regions (DJPR)/VicPol**

2.4.3 Public Health Directions

- Assessment of inquiries and requests relating to directions – **DHHS Directions**
- Enforcement of mandatory detention directions – **DHHS Compliance (AOs)**
- Policy and processes relating to public health including use of Personal Protective Equipment and quarantine requirements for positive and non-positive passengers from the repatriation flight and provide health advice to key stakeholders involved in their care - **DHHS Public Health Command**

2.4.4 Health Coordination

Maintenance of overall situational awareness of impacts to health services and support for the appropriate implementation of the model of care for those in isolation - **DHHS Health Coordination**

2.4.5 Health and Wellbeing of passengers at accommodation

- Prepare for incoming passenger accommodation registration – **DHHS Detention Hotels (EOC) with DJPR**
- Reception parties established to coordinate movement of passengers from transport into accommodation - **DHHS Ports of Entry – Reception (EOC) with DJPR**
- Detailed identification of, capture and management of welfare needs – **DHHS Detention Hotels (EOC) with DJPR**
- Reception parties established and coordinated at identified accommodation – **DHHS Detention Hotels (EOC) with DJPR**
- Detailed identification of, capture and management of welfare needs at hotels – **DHHS Detention Hotels (EOC) with DJPR**
- Detailed identification of, capture and management of special/social needs - **DHHS Detention Hotels (EOC) with DJPR**
- Establish access to 24/7 medical and nursing support at accommodation points to support passengers with medical and pharmaceutical needs - **DHHS Health Coordination (EOC)**
- Provision of regular welfare calls to all quarantined passengers and support to meet identified needs, such as psychosocial, mental health, family violence - **DHHS Welfare (EOC)**
- Arrangements for any health and welfare needs including ongoing psychosocial support – **DHHS Detention Hotels (EOC)**
- Permissions for temporary leave from place of detention – **DHHS Compliance (AOs)**

- Conduct of voluntary health reviews to allow release back into the community – **DHHS Detention Hotels**
- Advise DoT and VicPol on numbers of passengers scheduled to exit quarantine – **DHHS Detention Hotels**
- Issuing of release documents and legal release of detainees from detention **DHHS Compliance (AOs)**.

2.4.6 Communications including public communications

DHHS will manage communications according to the Operation Soteria Communication Plan.

2.5 Australian Federal Police (AFP)/Australian Border Force (ABF)

REDACTED

2.5.1 Airside operations

- Melbourne airport security and customs liaison
- Provide passengers with required information about Direction/requirements
- Collection of entry data (manifest)
- Marshall passengers in an area that is secure and be able to facilitate health screening
- Establish arrivals area for transport
- Marshall Passengers for boarding
- Assist boarding of passengers onto bus transport airside
- Escort bus transports to accommodation

2.6 AFP

- Escort bus transports to assigned accommodation
- Transfer manifest to VicPol on arrival at accommodation

2.7 Department of Foreign Affairs and Trade

The Department of Home Affairs (DFAT) assesses and approves all applications for returning Australians.

2.8 Department of Transport (DoT)

- The transport provider Skybus has been engaged to transport passengers (who do not have any immediate health needs requiring hospitalisation) to quarantine accommodation.
- Provision of transport to passengers to airport or approved transit location.
- Skybus and other DoT solutions tasked in accordance with projected arrivals and exits from quarantine accommodation
- Ensure transport of passengers (who do not have any immediate health needs requiring hospitalisation) between point of entry, to quarantine accommodation and returning to approved transit location following exit from quarantine accommodation

2.9 Ambulance Victoria

AV has responsibility for pre-hospital care and transport of passengers where required.

2.10 Victoria Police (VicPol)

Victoria Police provide support to AFP, DHHS and DJPR for enforcement and compliance issues.

- Provision of support to private security as required

REDACTED

- Security and management of passenger disembarkation from transport to accommodation
- Marshalling and security of incoming passengers
- Receive manifest and passengers from AFP on arrival at accommodation

2.11 Department of Jobs, Precincts & Regions (DJPR)

DJPR has responsibility for sourcing appropriate accommodation contracts (including food, concierge and security) to support mandatory passenger isolation and providing ongoing support to passengers for these needs.

- Manage accommodation contracts
- Manage transport arrangements/contracts for deliveries (ie: Commercial Passenger Vehicles)
- Manage private security contracts to enforce quarantine requirements at accommodation
- Reception parties established to coordinate movement of passengers from transport into accommodation- with DHHS Accommodation
- Reception parties established and coordinated at identified accommodation –with DHHS Accommodation
- Prepare for incoming passenger accommodation registration –with DHHS Accommodation
- Passenger data reconciled with airside entry data
- Detailed identification of, capture and management of welfare needs- with DHHS Accommodation
- Detailed identification of, capture and management of special/social needs (with DHHS)
- Management of services for all passengers including food, amenities and transport for deliveries.

3 Detention Authorisation

Section approver: Enforcement and Compliance Commander.

Last review date: 8 May 2020

3.1 Purpose

The purpose of this Detention Authorisation section is to:

- assist and guide departmental Authorised Officers (AOs) to undertake compliance and enforcement functions and procedures for the direction and detention notice issued under the *Public Health and Wellbeing Act 2008* (PHWA).
- provide clarity about the role and function of AOs.

3.2 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.

3.3 Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

Enforcement and Compliance Command 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.

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.

3.4 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>

3.5 Exemptions and exceptional circumstances

Detainees may seek to be exempt from detention or have alternative arrangements for detention. The ECC will consider these where exceptional circumstances exist and where the health and wellbeing of the individual is unable to be met within the hotel environment. These are approved under the authorised approvals outlined in the policy in **Annex 1**.

3.6 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. This is outlined in the [Charter of Human Rights obligations](#) document.

3.7 Processes and Procedures

To assist the delivery of operations a set of Standard Operating Procedures (SOP) has been developed which outlines the powers, authority and responsibilities of the Authorised officer to provide safe, efficient and effective activities at Ports of Entry and Quarantine Hotels. This set of SOPs is designed to be a 'one stop shop' for Authorised Officers for the provision of duties and activities and services.

The document containing the SOPs will also contain hyperlinks to more detailed procedures and processes. The document is contained at:

Annex 1: Operation Soteria – Authorised Officer Standard Operating Procedures

4 Operations

Section approver: DHHS Commander COVID-19 Accommodation

Last review date: 1 June 2020

4.1 Purpose

This set of guidelines outlines the activities and actions required to provide safe, efficient and effective hotel operations for those persons arriving in Australia via Victoria requiring mandatory quarantine, in accordance with the Standards contained in Annex 2. These guidelines are also designed as a one stop shop for the Team Leaders at ports of entry (both air and sea) and hotel operations as well as the broader team members. This will enable the efficient and effective provision of day to day services and activities required to operationally deliver Operation Soteria.

4.2 Method

This plan will outline the operational (including basic health and welfare) arrangements for people in mandatory quarantine as part of Operation Soteria, in the following phases:

- **Preliminary planning** to identify and develop the organisational structures, physical resources and systems required to enact the operation efficiently and effectively.
- **Reception** of passengers entering Australia via Victorian international air or marine ports. Passengers transit customs, are issued a Detention Order, are medically assessed and are transferred via bus from their port of entry to a quarantine hotel.
- **Accommodation** begins when the passengers disembark from the bus at their allotted quarantine hotel to begin their 14-day isolation period. Passenger data is reconciled with air/sea-port arrival data, and they are screened for special/social/welfare/medical/pharmaceutical/food needs. Passengers are allocated accommodation and checked in to the hotel. Passengers are provided with daily health checks and regular welfare calls to identify special needs. Mandatory detention is enforced by DHHS via Authorised Officers.
- **Return to the Community** begins when the guest is reviewed for exit (14 days is elapsed), and involves assessment of whether passengers are safe to enter the Victorian community. Passengers released are briefed, exit quarantine and are transported to an approved transit location, which can include transferring passengers back to the airport for onward air movement.

To oversee these operations, an Emergency Control Centre (EOC) has been established. The role of the is to ensure appropriate and timely coordination and resourcing of the international Ports of Entry into Victoria, and the Mandatory Quarantine Hotels.

An organisational structure of the EOC and hotels on-site structure is attached at **Appendix 3**. The EOC is located at 145 Smith Street Fitzroy.

The EOC will also coordinate the de-escalation of Operation Soteria.

4.3 Processes and Procedures

To assist the delivery of operations a set of Operational Guidelines has been developed which outlines the activities, actions and forms required to provide safe, efficient and effective Port of Entry and quarantine hotel operations.

The document containing the guidelines will also contain hyperlinks to more detailed procedures and processes. The document is contained at:

Annex 3: Operation Soteria – Operational Guidelines for Mandatory Quarantine

5 Health and Welfare

Section approver: Public Health Commander.

Last review date: 1 June 2020

5.1 Purpose

The health and welfare of persons in detention is the highest priority under Operation Soteria.

The Health and Welfare arrangements are based on a set of Public Health Standards for care of returned travellers in mandatory quarantine and a Policy for managing COVID-19 in this setting.

Clinical governance framework

The clinical governance framework for Operation Soteria will ensure that returned passengers in mandatory quarantine receive safe, effective and high-quality care that is consistent with best practice.

This framework integrates existing public health and operational oversight of the nursing, welfare, medical and mental health care provided to people in mandatory quarantine.

The framework ensures that risk from quarantine for individuals, families and the entirety of the passenger group in mandatory quarantine is proactively identified and managed. Information from welfare, nursing, mental health and medical providers will be provided in a secure digital tool which protects passengers' confidentiality and privacy.

This information will be available in real-time to Public Health Command and to Operational Command. Additionally, a daily clinical governance report will identify compliance with Health and Welfare Standards. The daily clinical governance report will also identify and address individual health and welfare issues to ensure that passengers are receiving the right care in the right place at the right time, and that health and welfare staff are able to work safely and effectively to deliver care.

5.2 Standards

The Public Health Standards for care of returned travellers in mandatory quarantine have been developed to ensure that ADEQUATE, APPROPRIATE and TIMELY measures are established and delivered to care for the health and welfare of quarantined persons.

Each standard is composed of a series of criteria to underpin the care of quarantined persons and a suite of indicators to monitor and evaluate the delivery of services. These standards, in **Annex 2**, include:

Standard 1. Rights of people in mandatory quarantine

[Criterion 1.1 Charter of Human Rights and Responsibilities](#)

[Criterion 1.2 Diverse groups](#)

[Criterion 1.3 Use of interpreters](#)

[Criterion 1.4 Feedback and complaints process](#)

Standard 2. Screening and follow up of health and welfare risk factors

[Criterion 2.1 Health and welfare risk factors](#)

[Criterion 2.2 Schedule for screening](#)

[Criterion 2.3 Methods of screening](#)

[Criterion 2.4 Staff undertaking screening](#)

[Criterion 2.5 Risk assessment and follow up of persons 'at risk'](#)

[Standard 3. Provision of health and welfare services](#)

[Criterion 3.1 Meeting the needs of people in mandatory quarantine](#)

[Criterion 3.2 Provision of on-site clinical services](#)

[Criterion 3.3 Provision of welfare services](#)

[Criterion 3.4 Provision of pharmacy and pathology services](#)

[Criterion 3.5 Public Health Policy for COVID-19 in mandatory quarantine](#)

[Standard 4. Health promotion and preventive care](#)

[Criterion 4.1 Smoking](#)

[Criterion 4.2 Fresh air](#)

[Criterion 4.3 Exercise](#)

[Criterion 4.4 Alcohol and drugs](#)

[Standard 5. Infection control](#)

[Criterion 5.1 Personal protective equipment \(PPE\)](#)

[Criterion 5.2 Cleaning and waste disposal](#)

[Criterion 5.3 Laundry](#)

[Criterion 5.4 Isolation protocols](#)

[Standard 6. Allergies and dietary requirements](#)

[Standard 7. Information and data management \(including medical records\)](#)

[Criterion 7.1 Confidentiality and privacy of personal information \(including medical records\)](#)

[Criterion 7.2 Information security \(including medical records\)](#)

[Criterion 7.3 Transfer of personal information \(including medical records\)](#)

[Criterion 7.4 Retention of personal information \(including medical records\)](#)

[Standard 8. Health and welfare reporting to the Public Health Commander](#)

[5.3 Public Health Policy for COVID-19 in Mandatory Quarantine](#)

This document outlines the Department of Health and Human Services (DHHS) public health policy for COVID-19 in mandatory quarantine (Operation Soteria).

Identification and management of COVID-19 is undertaken in two scenarios – diagnostic testing of symptomatic individuals and routine testing by invitation to all persons in mandatory quarantine on Day 3 and Day 11 of the quarantine period.

[Summary](#)

[Policy quick reference guide](#)

[COVID-19 testing](#)

- [Indications for testing](#)
- [General testing process](#)
- [Diagnostic testing for symptomatic individuals](#)
- [Routine testing on Day 3 and Day 11](#)
- [Provision of results](#)
- [Repeat swabbing](#)

[Case and contact management](#)

- [Confirmed cases](#)
- [Close contacts](#)

[Isolation and exit arrangements](#)

- [Isolation arrangements](#)
- [Release from isolation](#)
- [Process for release from isolation](#)
- [Exit arrangements](#)
- [Transport arrangements](#)

[5.4 Operational Guidelines](#)

The **Operational Guidelines for mandatory quarantine**, see **Annex 3**, have been developed to ensure that public health management principles and processes, and appropriate procedures are applied for each stage of the mandatory quarantine process to ensure the health, wellbeing and safety of detainees. They have been written to follow the path of a returned traveller entering mandatory quarantine.

They are intended for use by DHHS staff, healthcare workers and other departments involved in the care of individuals detained in mandatory quarantine. They will be updated as internal processes change.

Annex 3 contains the Operational Guidelines for managing mandatory quarantine, as per the following heading links.

[At the airport](#)

[Airport health screening](#)

[Management of an unwell person at the airport](#)

[Refusal of testing](#)

[At the airport](#)

[At the hotel](#)

[At the hotel](#)

[Quarantine and isolation arrangements](#)

[Accommodation options to promote effective quarantine](#)

[Room sharing](#)

[COVID floors and hotels](#)

[Confirmed cases entering detention](#)

[Current infectious cases](#)

[Recovered cases](#)

Throughout detention.

Clinical assessment and testing for COVID-19

Timing of testing.

Pathology arrangements.

Communication of results.

Case management

Management of suspected cases.

Management of confirmed cases.

Hospital transfer plan.

Transfer from hospital to hotel.

Exiting detention

Release from isolation.

Criteria for release from isolation.

Process for release from isolation.

Release from detention of a confirmed case.

Exit arrangements.

Suspected cases.

Confirmed cases.

Quarantine domestic travel checklist.

Care after release from mandatory quarantine.

Operational guidance for mandatory quarantine.

Process for mandatory hotel quarantine.

Quarantined individual becomes a confirmed case.

Quarantined individual becomes a close contact.

Infection control and hygiene.

Cleaning.

Laundry.

Personal protective equipment.

6 Information and Data Management

6.1 Information management systems

The number of secure databases used for the storage and handling of confidential data on people in detention is minimised 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 operation:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software (see 3.3);
- Paper records (where necessary).

6.2 Data access, storage and security

The State Controller - Health, DHHS Commander COVID-19 Accommodation (or delegate) and Public Health Commander (or delegate) are authorised to access any record within these systems to enable oversight of the health and welfare of people in detention.

Information on people arriving internationally is shared with DHHS by DJPR to enable the operational functions under sections 3-5. While multiple applications/systems may be used during the operation, all information will be uploaded to PHESS, which will then hold the complete medical and compliance records for a person who was in detention in Victoria as part of this operation.

6.2.1 Privacy

Respecting the privacy of individuals who are detained under this operation is an important consideration, as information collected contains personal details and other sensitive information.

DHHS staff must comply with the Department of Health and Human Services privacy policy whenever personal and/or health information about passengers/detainees, staff or others is collected, stored, transmitted, shared, used or disclosed.

The privacy policy is an integrated policy, which supports the sensitive protection and management of personal information and seeks to meet the legislative requirements of the *Privacy and Data Protection Act 2014* and *Health Records Act 2001*. Information relating to privacy is available at intranet.dhhs.vic.gov.au/privacy.

6.2.2 Sending information by email

For communication within the department, there are risks to privacy in sending information by email. These include misdirection due to errors in typing the address and the ease of copying, forwarding, amending or disclosing emailed information to others. Care should be taken with the list of addressees, and the title of the email should not contain any identifying information.

6.2.3 Electronic security of passenger/detainee information

In addition to email, passenger/detainee information is stored, accessed and transmitted using systems and devices such as computers, laptops, and smartphones. These systems and devices must be as carefully protected as the passenger/detainee information itself.

An 'information security incident' occurs when the security of the information, system or device is compromised. Some examples of these incidents are:

- the details of a passenger is accidentally sent to the wrong email address
- a case worker's smartphone is lost or stolen and there was information about a passenger/detainee stored on it
- a virus infects a computer that stores or accesses passenger/detainee information.

Information security incidents must be reported to the Emergency Operations Centre who, in turn, will report it to the IT Service Centre.

6.3 Medical records

Medi7 is currently implementing a Best Practice medical record system for record-keeping. This will be uploaded to the DHHS Dynamic CRM Database.

6.3.1 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 captures 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.

6.3.2 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. The records will belong to DHHS and can be required to be provided at any time by the medical service contractor to DHHS for review, from the Best Practice software.

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, State Controller - Health, DHHS Commander COVID-19 Accommodation 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-19 (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

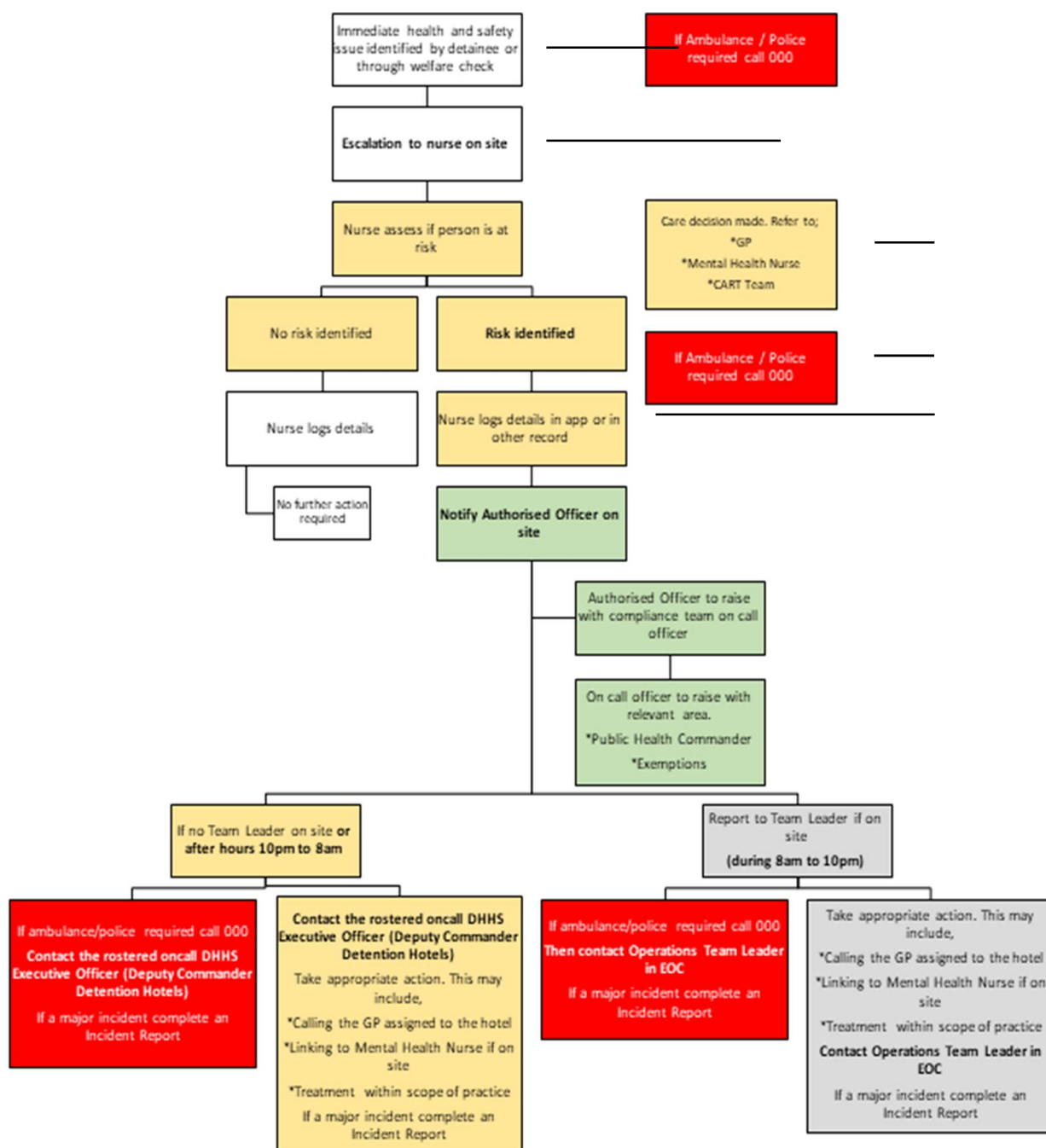
7 Issues escalation and incident reporting

The safety of staff, passengers/detainees and the Victorian community is a key priority of this operation.

All staff undertaking roles under Operation Soteria are responsible for timely and appropriate management and escalation of issues arising under the operation. All risks and incidents must be reported to the Department of Health and Human Services, via the on site Authorised Officer or relevant Commander.

7.1 Hotel escalation process

The escalation process in Figure 2 below must be followed for all health and medical risks arising in quarantine hotels.



7.2 Incident reporting

The incident reporting process in **Appendix 4** outlines the Department of Health and Human Services management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other users or staff during provision of accommodation services during the COVID-19 emergency. Examples include injury, death, sustaining/diagnosis of a life threatening or serious illness, and assault/crime.

Appendix 1 - Operation Soteria process phases

Compulsory quarantine service architecture Activity and responsibility details

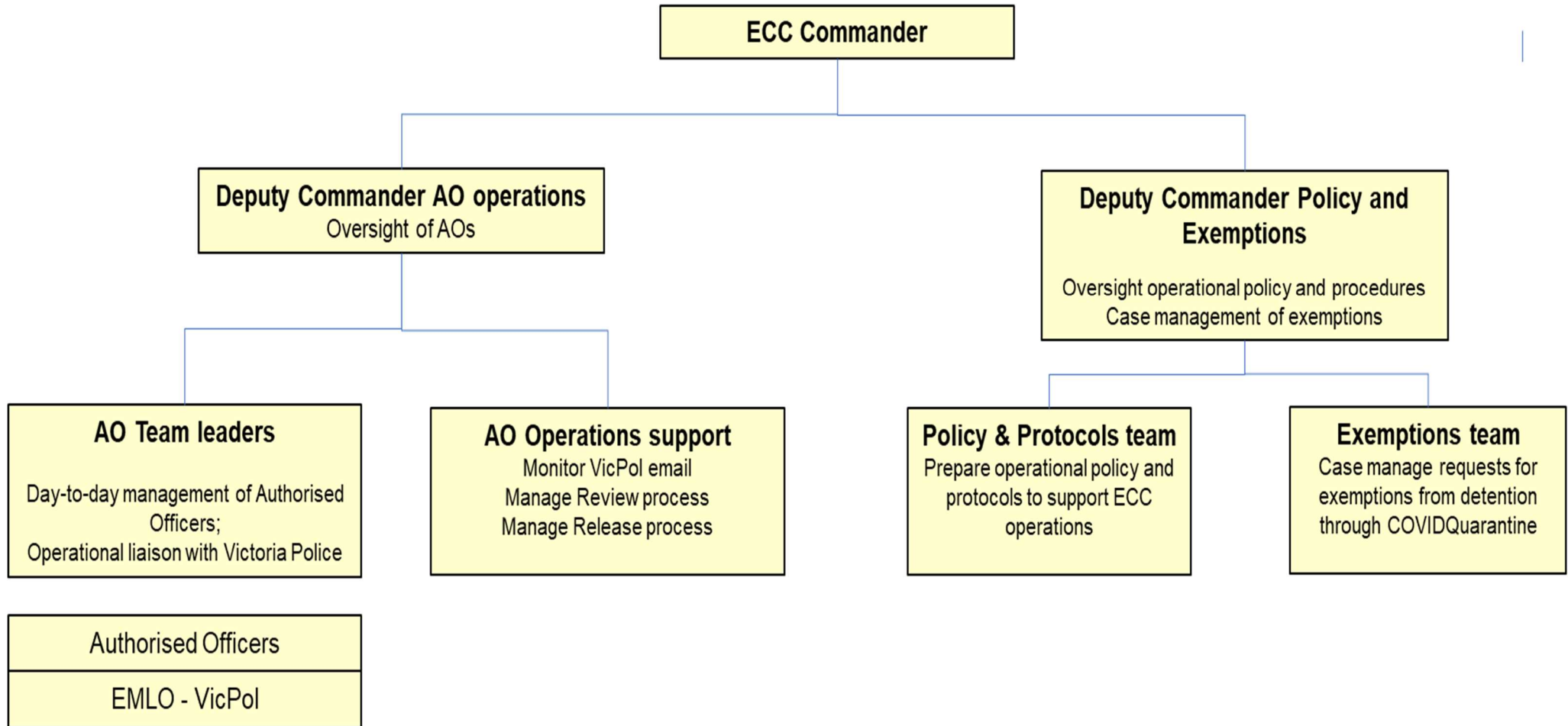
Objectives of service:

1. Legally detain people
2. Protect their health & wellbeing and those around them
3. Provide as comfortable an experience as reasonable
4. Mitigate flow-on demand to health system



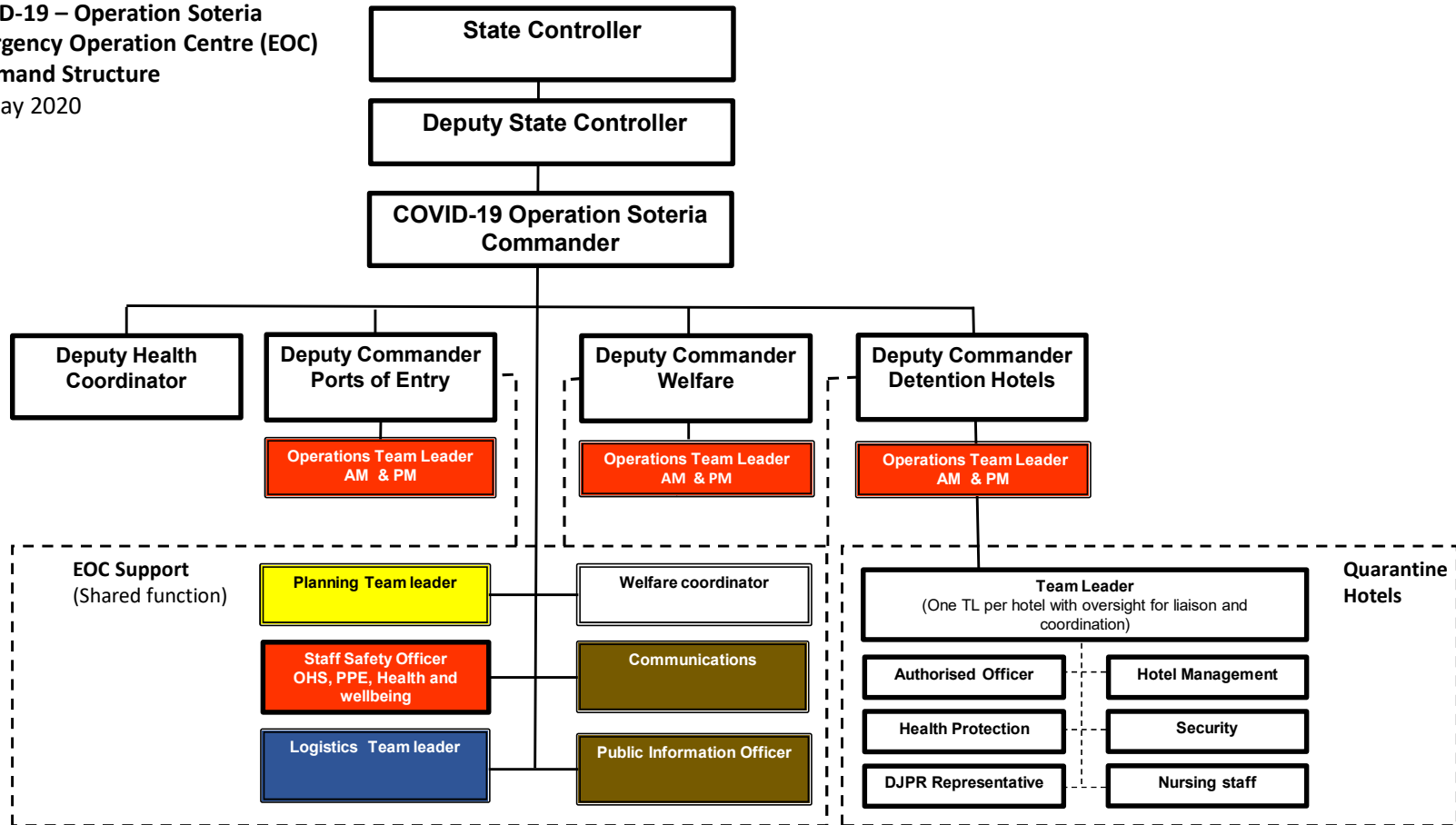
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Appendix 2 - Enforcement and Compliance Command structure

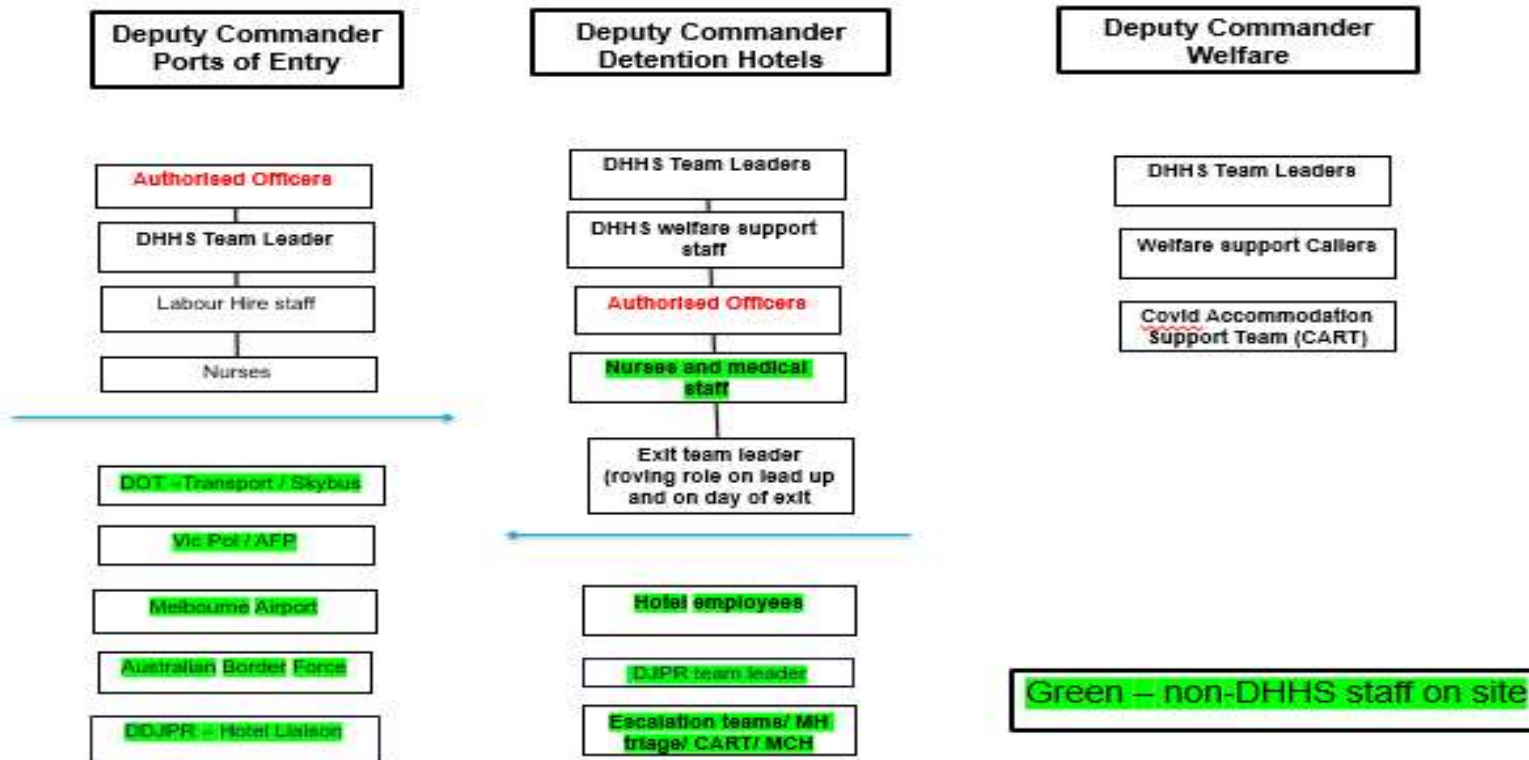


Appendix 3 Emergency Operations Centre Structure

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



Operation Soteria – on site teams



Appendix 4 - DHHS COVID-19 Quarantine – incident reporting

1. Introduction

This document outlines the Department of Health and Human Services 'the department' management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other users or staff during provision of accommodation services during the COVID-19 emergency. Examples include injury, death, sustaining/diagnosis of a life threatening or serious illness, and assault/crime.

The primary audience for this document is departmental staff on site and senior officers who are involved in reviewing, endorsing, processing, recording and analysing incident reports after Parts 1–6 of the incident report have been completed at the service delivery level supported by the appropriate Deputy Commander.

This document was last reviewed on 29 April 2020.

2. Reviewing and endorsing incident reports

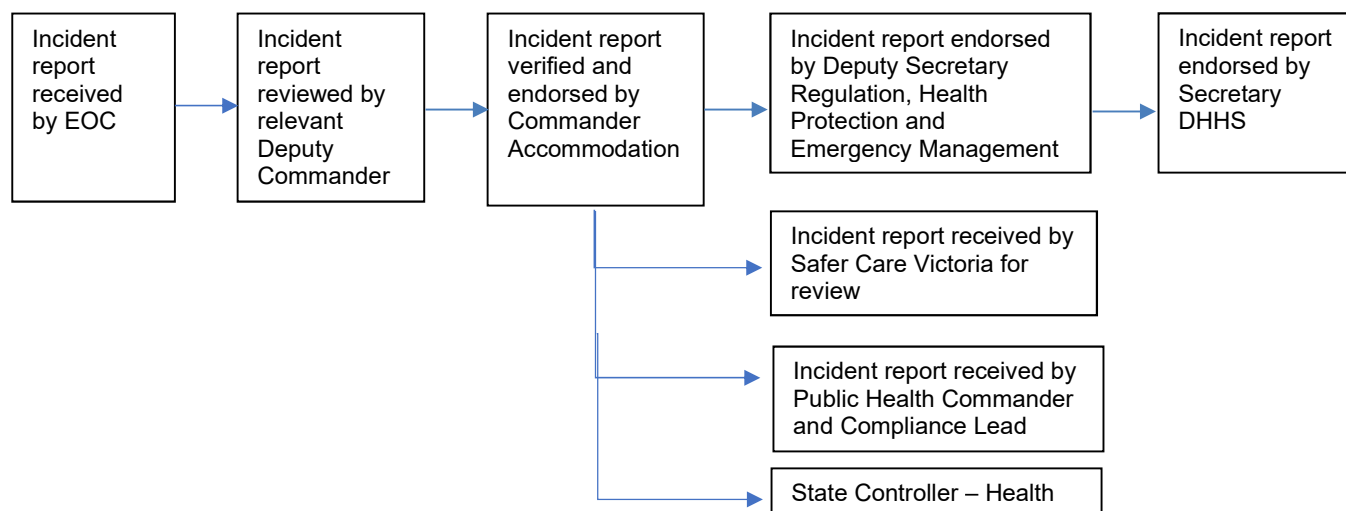
This section outlines the steps required for reviewing and endorsing incident reports, once provided to the DHHS Commander Accommodation via dhhsopsoteriaec@dhhs.vic.gov.au following verbal report from the relevant Deputy Commander. Figure 1 below provides an overview of the process.

2.1. Overview

Incident reports (Parts 1–6) are completed by the most senior departmental staff immediately involved in the management of the incident onsite, with support of the relevant Deputy Commander. In the case of any incident, the first priority is making sure passengers/detainees and staff are safe, and in hotels, appropriate care provided (see escalation process for hotel detention). After that, an incident report must be completed and sent to the Commander COVID-19 Accommodation via dhhsopsoteriaec@dhhs.vic.gov.au following verbal report. The report includes immediate actions that have been taken and planned follow-up actions.

The specified department officers review the incident report, and complete parts 7-9. The Commander Accommodation is also responsible for sending the report to Safer Care Victoria, the Public Health Commander, State Controller – Health and the Compliance Lead.

Figure 1: High Level flowchart for reviewing and endorsing an incident report



The incident report form is available from the Operation Soteria Emergency Operations Centre (EOC), dhhsopsoteriaeoc@dhhs.vic.gov.au or relevant Deputy Commander. All reports must be legible and presented in the specified report format.

2.2. Deputy Commander receives an incident report

When an incident report is forwarded to the DHHS EOC, the report is registered in the EOC's electronic file system, TRIM, and allocated a reference number. It is then forwarded to the relevant Deputy Commander as soon as possible (within 1 hour). The staff completing the report will contact the relevant Deputy Commander to advise of the incident.

2.2.1. Reports about passengers/detainees who are also clients

If a passenger/detainee is a client of other service types, service providers or government departments, information regarding a major incident may be disclosed to other agencies or departments to lessen or prevent a serious or imminent threat to a client's life, health, safety or welfare; and/or with the intent of preventing similar incidents from occurring in the future. The Commander Accommodation is responsible for notifying within the department and/or other organisations where the passenger/detainee is known to be a client, with the lead division will inform any community service organisations involved in providing services if applicable.

2.3. Review of the incident report

The relevant Deputy Commander endorses the incident report by completing Part 6 of the incident report (refer to attachment 1).

They must review the incident report and:

- check that the immediate needs of the passenger/detainee(s) have been addressed
- check that appropriate immediate actions have been taken in response to the incident and that any planned further actions are appropriate
- if a particular requirement has not been undertaken, the reasons why are documented
- ensure that the passenger/detainee and location details have been recorded and are accurate
- ensure all sections of the incident report are completed
- record any additional or required follow-up action (if any).

2.4. Verify and endorse the incident category

The Commander Accommodation verifies and endorses the incident report.

The Commander Accommodation is responsible for escalating an incident report to the Deputy Secretary Regulation, Health Protection and Emergency Management to endorse, and sending the report to the Public Health Commander, the Compliance Lead and Safer Care Victoria via irtreviews@safercare.vic.gov.au for review.

The Deputy Secretary Regulation, Health Protection and Emergency Management is responsible to escalate the incident report to the Secretary Department of Health and Human Services for endorsement.

2.5. File the completed incident report

After Parts 7-9 have been completed and endorsed, the incident report is returned to the Emergency Operations Centre for records management. This constitutes the final completed report.

The final completed report must be placed in a TRIM record must be updated in accordance with the department's record management policy.

Where allegations are made against a staff member, the incident report and any subsequent reports are to be retained in the staff file.

2.6. Incident report records management and privacy

Incident reports (paper versions and related electronic data) must be stored securely and only accessed by staff that have a business purpose for doing so. Paper reports are discouraged, and if required, should be stored in locked filing cabinets. Access to electronic data should be limited to appropriate staff only.

2.7. Local investigation and causal analysis

The Commander Accommodation will ensure that the incident is subject to an appropriate level of local investigation and causal analysis and that, where relevant, an improvement strategy is prepared.

Incident investigations should:

- identify reasons for the incident occurring
- identify opportunities for improvement in management systems or service delivery practice
- make local recommendations and implement improvement strategies in order to prevent or minimise recurrences. These strategies should be actionable and measurable and include an assessment of their effectiveness in delivering improvement
- satisfy mandatory reporting or review requirements (for example, notifying the Coroner or WorkSafe).

3. Privacy

Respecting the privacy of individuals who are involved in or witness to an incident is an important consideration in dealing with incident reports, which often contain personal details and other sensitive information.

Departmental staff must comply with the Department of Health and Human Services privacy policy whenever personal and/or health information about passengers/detainees, staff or others is collected, stored, transmitted, shared, used or disclosed.

The privacy policy is an integrated policy, which supports the sensitive protection and management of personal information and seeks to meet the legislative requirements of the *Privacy and Data Protection Act 2014* and *Health Records Act 2001*. Information relating to privacy is available at intranet.dhhs.vic.gov.au/privacy.

3.1. Sending information by email

For communication within the department, there are risks to privacy in sending information by email. These include misdirection due to errors in typing the address and the ease of copying, forwarding, amending or disclosing emailed information to others. Care should be taken with the list of addressees, and the subject line of the email should not contain any identifying information.

3.2. Electronic security of passenger/detainee information

In addition to email, passenger/detainee information is stored, accessed and transmitted using emergency management systems and devices (including computers, laptops, and smartphones). These systems and devices must be as carefully protected as the passenger/detainee information itself.

An 'information security incident' occurs when the security of the information, system or device is compromised. Some examples of these incidents are:

- the details of a passenger is accidentally sent to the wrong email address
- a case worker's smartphone is lost or stolen and there was information about a passenger/detainee stored on it
- a virus infects a computer that stores or accesses passenger/detainee information.

Information security incidents must be reported to the Emergency Operations Centre who, in turn, will report it to the IT Service Centre.

DHHS Quarantine – incident reporting template

Reference number	
Impact (Major only) <i>e.g. injury, death, sustaining/diagnosing life threatening condition, assault/crime</i>	

1. Service provider details

Reporting organisation	
Address of service delivery	
DHHS Service Area (<i>e.g. Emergency Management</i>)	
Service type	

2. Incident dates

Date of incident	
Date accuracy (exact/approximate)	
Time of incident	
Time accuracy (exact/approximate)	
Date incident disclosed	
Time incident disclosed	

3. Incident description

Location of incident	
Detailed incident description	

4. Individual details – Passenger/detainee 1 [duplicate for each person involved]

Passenger/detainee's full name	
Passenger/detainee incident impact	
Sex	
Indigenous status	
Date of birth	
Passenger/detainee address	
Passenger/detainee unique identifier number <i>(if applicable)</i>	
Incident type	
Involvement in the incident (victim, witness, subject of abuse allegation, participant)	
Passenger/detainee's immediate safety needs met (Yes/No)	
Medical attention provided (Yes/No)	
Passenger/detainee debriefing or counselling (Yes/No)	
Referral to support services (Yes/No)	
Change passenger/detainee care (support plan) (Yes/No)	
Notified next of kin, guardian or key support person (Yes/No)	

5. Other/s involved in incident [duplicate for each other person involved]

Person's full name	
Date of birth	
Person's job title or relationship to passenger/detainee (carer, paid staff, other)	
Person's involvement in the incident (victim, witness, subject of abuse allegation, participant)	

6. Service provider response details

Brief summary of incident	
Reported to police (Yes/No)	
Name of officer and date reported to police	
Police investigation initiated (Yes/No)	
Staff member stood down/removed (Yes/No)	
Manager's full name	
Manager's job title	

Date incident report reviewed	
Manager telephone number	
Manager email	
Immediate actions taken by the organisation in response to the incident	
Deputy Commander full name and signature	
Deputy Commander job title	
Date incident report approved	
Comments	

7. Incident report authorisation – EOC Command

Delegated authority full name and signature	
Delegated authority job title	Commander COVID-19 Accommodation
Date incident report approved	
Delegated authority phone number	
Delegated authority email address	
Comments	

8. Incident report authorisation – Deputy Secretary

Delegated authority full name and signature	
Delegated authority job title	
Date incident report endorsed	
Delegated authority phone number	
Delegated authority email address	
Comments (optional)	

9. Incident report authorisation - Secretary

Delegated authority full name	
Delegated authority job title	
Date incident report endorsed	

Annex 1 – Detention Compliance and Enforcement

Annex approver: DHHS Commander Enforcement and Compliance

Last version date: v2.0 1 June 2020

1. Purpose and background

1.1 Purpose

The purpose of this annex is to outline the compliance and enforcement policy and procedures to ensure compliance and enforcement functions and procedures for the direction and detention direction issued under the *Public Health and Wellbeing Act 2008* (PHWA).

1.2 Background

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.

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 policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008*. 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:

- The objectives of the approach 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 a 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 holistic approach involving Authorised Officers (AOs), DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

2. Authorised officers and powers

2.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice.
- AOs must undertake several obligations before exercising powers.

2.2 Authorisation under the PHWA for the purposes of the emergency order

Only VPS employees and council environmental health officers that are AOs under the PHWA and also authorised by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise public health risk and emergency powers.

This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date.

Note: Any AO who is unsure as to whether they have been authorised under s. 199 should contact the AO Operations support team prior to enforcing compliance with the Direction and Detention Notices.

While exercising their powers and monitoring compliance, AOs should be cognisant that persons subject to detention may be tired and stressed. AOs may need to use conflict negotiation, mediation skills and compassion to help persons settle into the new environment.

2.3 Authorised officer¹ 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.

.1.1.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when carrying out functions. The table below summarises mandatory obligations.

Table 1: Mandatory obligations of AOs

Legislation	Obligations
Emergency powers and general powers in the <i>Public Health and Wellbeing Act 2008</i>	• 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
	• AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by AO Deputy Command with support from Operations Support Team)
	• AO must give written notice to the Chief Health Officer that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health. ¹
In addition, AOs must comply with the Charter of Human Rights	• AO must act compatibly with human rights
	• AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.

Note:

The notice to the Chief Health Officer 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 Chief Health Officer must inform the Minister as soon as reasonably practicable.

¹ And Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order

General powers and obligations under the PHWA

The general powers of Authorised Officers 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 from the Deputy Commander AO Operations if they are unsure about the administration of their powers.

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.

3 AO responsibilities at airport

AOs are responsible for issuing Direction and Detention notices to people arriving in Victoria (airports and seaports)² from overseas and for advising them they must go into immediate compulsory quarantine for 14 days. This is because international arrivals present a high-risk of further transmission of the COVID-19 and detention is necessary to reduce or eliminate the serious risks to public health associated with the virus.

All passengers will be transported free of charge to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period.

The airport is the first point of contact for an AO, who must undertake several obligations to administer the direction and detention notice issued under the PHWA.

3.1 Key points

- AO must fulfil mandatory obligations (e.g. show ID card and explain reason for detention, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

3.2 Key responsibilities

Below provides an overview of the key authorised officer responsibilities at the airport, with further detail provided in **Table 2**.

Table 2: Key steps and AO roles and responsibilities at the airport

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Note exemptions	<ol style="list-style-type: none"> 1. Exemptions for flights will be provided by the Exemptions Team Leader to the AO rostered at the airport as well as Airport Operations Command prior to passenger disembarkation 2. Any queries in relation to the exemption should be directed to the Exemption team leader 3. AO to check exemption paperwork and identify passenger on manifest sheet 'exemption' 		
Flight arrival	<ol style="list-style-type: none"> 4. Inform flight crew of AO action and request translation of script³. 5. Declare you are an Authorised officer and show your identification card. 6. Read script, which: <ol style="list-style-type: none"> i. explains the reasons for detention ii. warns returning passengers that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply iii. reminds passengers they must keep their detention notice. 7. Repeat twice. 8. Request flight crew read script in all relevant 	Yes	Sections 166, 200(2),200(4) and 202(1)

² Noting some exemptions apply for maritime crew – see exemptions section

	languages.		
Issue notice immediately after disembarkation	<p>9. Serve the approved 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). The approved notice is the general notice or the approved exemption notice.</p> <p>10. 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.</p>		
Facilitate request for communication	11. Facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising an interpreter to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955; PIN code is REDACTED)	Yes	Section 200(5)
Confirm details	<p>12. Ensure each direction and detention notice:</p> <ul style="list-style-type: none"> i. states the full name of the person being detained, date of birth and mobile phone number (if applicable) ii. contains the signature of the person being detained or their guardian as receipt of the notice iii. states the name and signature of the AO iv. contains the hotel name at which the person will be detained v. contains the date of commencement of detention. 		
Record issue of receipt	<p>13. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application. You may be assisted by a non-AO in this task.</p> <p>14. Request person subject to detention present to AO at hotel</p>		
Check with welfare team	<p>15. Liaise with AO Team Leader and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>16. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital Refer to Section 6 (Permissions) for further detail.</p> <p>17. Ensure the detainee understands they must return to the hospital listed on the detention notice immediately after medical release in the transport organised by DHHS.</p> <p>18. See hospital information sheet developed to assist the hospital on required and contact details.</p>		
Record	19. Record any actions taken in the COVID-19 Compliance and Welfare App, including the above mandatory obligations, use of an		

	interpreter and any associated issues.		
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For noting - transfer of uncooperative person to be detained

There may be circumstances where a person refuses to be cooperative. DHHS Operations staff at the airport may elect to organise a separate mode of transport for in such circumstances, noting Victoria Police may be requested to escort such individuals.

4 AO responsibilities at hotels

As part of meeting mandatory detention requirements in the direction and detention notice, the Victorian Government has arranged accommodation in numerous locations, primarily in the Melbourne CBD area. The purpose of this is to restrict the movement of international arrivals to limit the spread of COVID-19.

4.1 Key points

- AO reiterates detention requirements, explains reasons for detention and the penalties for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, and medical and other staff.
- AOs are responsible for detention release following the mandatory 14 day detention

4.2 Shift change over

This section outlines the process for changing shift.

Table 3: Key steps and AO roles and responsibilities during shift change over

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Introduction	1. Introduce yourself to: <ul style="list-style-type: none"> • hotel/duty manager • head of security • DHHS Team Leader • DJPR site manager (if on site) • clinical staff. 		
Handover	2. Obtain a handover from the previous AO (verbal and high-level information) to: <ul style="list-style-type: none"> • understand detainee issues, early releases, exemptions and permissions • ascertain location of records and forms • Any hotel operational issues (e.g. physical exercise space unavailable, changes to operational policies like food delivery) • ensure COVID-19 Compliance Application has been updated • exits list provided to Release AOs 		

4.3 Hotel check-in

The purpose of hotel check-in is to:

- enable hotel staff to provide people being detained with a room number and key
- reiterate obligations for those being detained.

Table 4: Key steps and AO roles and responsibilities – hotel check-in

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Check-in	1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice: <ol style="list-style-type: none"> i. room number ii. the date that the person will be detained until (14 days after arrival at place of detention). 		
Check and reiterate Direction and detention notice	2. Show identification and introduce yourself 3. Check completed Direction and Detention Notice to confirm that the following details have been correctly recorded on the notice and in the compliance app: <ul style="list-style-type: none"> • the hotel name • hotel room number and arrival date and time • the date that the person will be detained until (14 days after arrival at place of detention). 4. Return the notice to the person being detained (note that this must occur). AO's should reiterate: <ul style="list-style-type: none"> • the reason for detention • warn the person that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply • facilitate any reasonable request for communication. 		Sections 166, 200(2), 200(4) and 203(1)
Liaise with medical and welfare staff	5. Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).		

4.4 Monitoring compliance

The AO will provide oversight and ensure compliance with the direction and detention notice

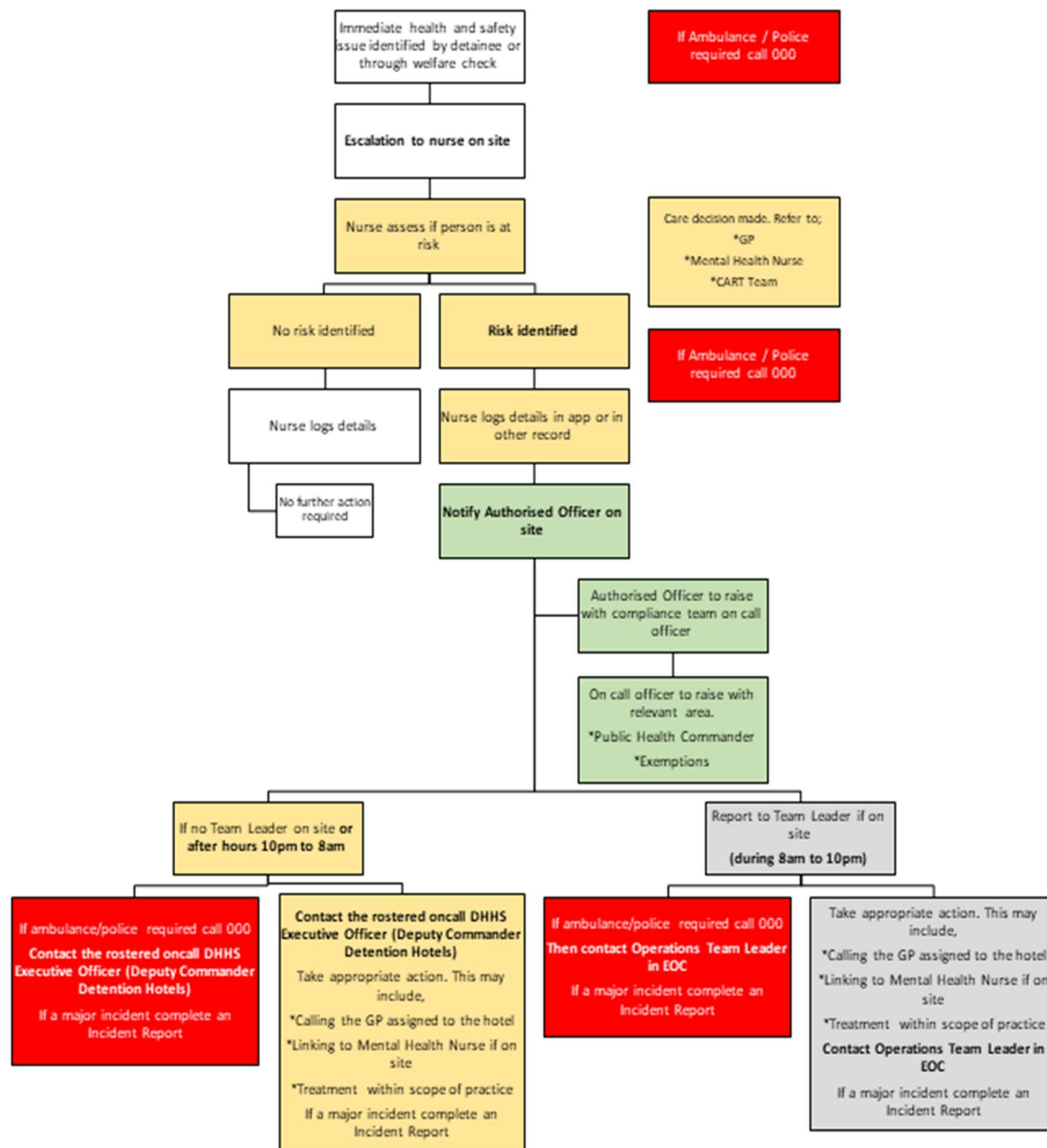
Table 5: Key steps and AO roles and responsibilities – monitoring compliance

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security personnel are undertaking floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: none"> a person refusing to comply and a person demanding to be removed from detention reminding a person of the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply responding to requests from security to address compliance answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do seeking assistance from security or Victoria police to support compliance efforts facilitating any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is [REDACTED] 		203(1)
Permissions	3. See Section 6 (Permissions). 4. Raise requests for permission to leave with AO Team Leader if there is not an authorised area for the detainee to exercise the permission or there is complexity in applying the transition (e.g. requires leaving the hotel site). All requests by detainees to leave the hotel site must be escalated to Deputy Command AO operations if not already approved. 5. Administer permission to leave and monitor compliance.		203(1)
Exemptions	6. See Section 5 (Exemptions). 7. Raise any exemption requests with AO Team Leader in the first instance. The AO Team Leader may then refer exemption requests to covidquarantine@dhhs.vic.gov.au,[or may request the AO to do so] for decision. 8. Issue Direction and Detention Notices for detention in alternate locations if ECC Commander approves an exemption request. In this case, a case manager from the Exemptions Team will contact the AO with details.		200(2),200(4) and 202(1)
Records	9. Make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of		

	<p>technology and could include the COVID Compliance Application.</p> <p>10. Record all permissions in the permissions register and COVID-19 Compliance App</p> <p>11. Upload photos of all amended direction notices issued while at the hotel to the COVID-19 Compliance Application.</p>		
Other issues	12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.		

4.5 Emergency health and welfare incidents

Where there is an immediate health and welfare issue identified at the hotel, the following process is to be followed.



4.6 Clarity about role of AO

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. Activities outside the scope of the role of the AO include:

- transport - this is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email "Referral to organise transport"
- physically moving COVID-19 patients. Please see procedure under 'Occupational Health and safety'
- retrieving luggage
- food quality

- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats
- monitoring or ordering PPE or other supplies.

If an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer them to the DHHS Team Leader on-site for follow up. For medical and welfare issues, the AO should inform on-site medical and nursing staff in accordance with section 4.5 above.

4.7 Daily review and reporting by the AO Review Team

The daily review is a mandatory obligation to determine whether continued detention of a person is reasonably necessary to eliminate or reduce a serious risk to health. There are mandatory obligations for the AO to inform the Chief Health Officer (CHO) and the CHO to inform the Minister. This is the responsibility of the Deputy Commander AO Operations who will be aided by the AO operations support team in fulfilling this task.

Table 6: Key steps and AO Review Team roles and responsibilities – daily review

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> ○ reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours) ○ reviewing the number of detainees present at the hotel ○ reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to ○ noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention 3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health 4. Consider the human rights being impacted – refer to ‘Charter of Human Rights’ obligations in Appendix 11 5. Consider any other issues that have arisen.		
Review considerations	6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment. 7. 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. 8. Consider any other relevant compliance and welfare issues, such as:		

	<ul style="list-style-type: none"> ○ The 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 ○ a person having been tested and cleared of COVID-19 while in detention ○ any other material risks to the person. 		
Possible release from detention	9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Commander Policy and Exemptions for further consideration.		
Record	10. Record the outcomes of their review (high level notes) (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.		
Prepare brief (Minister)	<p>11. Prepare brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> ○ 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. <p>12. The notice to the CHO must include:</p> <ul style="list-style-type: none"> ○ the name of the person being detained ○ statement as to the reason why the person is being, or continues to be, subject to detention. <p>13. Deputy Commander AO operations to review and approve the Review and Brief</p> <p>14. Report to be sent to Public Health Commander, cc to ECC Commander and Deputy Commander Policy and Exemptions</p>		Sections 200(7) and (8) Section 200(9)

4.8 Departure – release from mandatory detention

The purpose is to ensure and confirm the person being detained:

- i. has completed their period of detention under the Direction and Detention notice
- ii. is released in a timely and orderly manner.

Pre-check out

Prior to release of a person being detained, DHHS (with the help of hotel security) will provide each person being detained with either:

1. an End of Detention Notice, **Appendix 7**;
2. an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 8** or
3. an End of Detention Notice for close contacts (to be supplied).

The notice provides information about the discharge process and the obligations of the detainees until they are discharged.

Health check

Health checks will be undertaken by clinical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained 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 will be required to self-isolate (as is required as of all members of the community).

Day of release

Security will provide detainees approximately 1 hour notice of their exit time. Security will then bring detainees down at their scheduled exit time.

Check-out process overview (compliance check-out)

The release process will consist of an organised check-out procedure (the compliance check-out). This means people being detained will be released in stages throughout a set time period on the day of release.

Security will bring travelling parties 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.

Table 7: Key steps, roles and responsibilities at check-out (AO role unless specified)

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> 1. ECC Operations Support Team, to inform AO of those who are confirmed cases of COVID-19 (cleared or not yet cleared, suspected cases of COVID-19 or close contacts. Public health will have contacted each detainee in these categories to discuss arrangements post detention. 2. AO to note and to inform security that COVID-19 cases will need separate check-out time and implement extra precautionary measures. 		
Check-out	<ol style="list-style-type: none"> 3. Request to see identification (passport) and the End of Detention notice from each person 4. Cross check the person's identification details and room number with information on exit sheet 5. Sign the End of Detention notice and provide back to the person 6. Confirm the period of detention and explain detention period has ceased 7. Confirm self-isolation requirements for all confirmed COVID cases. 8. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged 		
Record	<ol style="list-style-type: none"> 9. Provide exit list to a translator team member on site for updating in the COVID-19 Compliance Application (note this may be a data entry update after the process has been completed). 10. All exit sheets are to be returned to the Operational Support team as soon as possible 		

Where a person has been COVID-19 cleared, their detention release must be accompanied with a COVID-19 Clearance letter provided by Public Health Command. This will be included in the release pack prepared by the AO Operations Support team.

5 Exemption requests

5.1 Key points

- AOs must be aware of how requests for exemption from detention are escalated.
- DHHS case manager from the Exemptions Team will liaise with AO Team Leader regarding approved exemption request.

5.2 Exemption requests – overview

In limited circumstances, approval may be sought to undertake detention in another location, transit to another state/country or for early release. **Generally, exemptions are not granted.**

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. The Public Health Commander is responsible for approving and granting approvals to alter the way in which mandatory quarantine applies. The Public Health Commander may delegate approvals to the ECC Commander in accordance with *Guidance Note — Exceptions to the General Quarantine Policy*, see **Appendix 9**.

While each exemption request must be considered on its own merits, the following circumstances have been identified as open for consideration of early release or change of detention location. These include:

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

Any approval must consider the public health risk and must ensure the individual is not showing symptoms of COVID-19 or may be released into an environment where a highly vulnerable person may be a close contact.

There is no blanket exemption approval.

Table 8: Key steps, roles and responsibilities for exemptions prior to commencing, and during, detention

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request	<ol style="list-style-type: none"> 1. covidquarantine@dhhs.vic.gov.au receives a request for exemption⁴ 2. Person confirms flight details and arrival information before the matter is assessed. 		
Assessment and decisions	<ol style="list-style-type: none"> 3. Exemptions Team will consider the request and refer to the ECC Commander for decision 4. Exemptions case manager to: <ul style="list-style-type: none"> • inform the Deputy Commander AO operations if an exemption is granted so that relevant AO Airport Team Leader and AOs are informed (including correspondence) • Inform the EOC to arrange transport • Inform the CART team if required • arrange for compliance oversight with Victoria police • contact other jurisdictions (if transiting through Victoria) • Record all actions and supporting paperwork in the case management tool 		
AO to issue Notice of Direction and Detention	<ol style="list-style-type: none"> 5. The exemption team will provide guidance to the AO about issuing the exemption paperwork 6. AO will: <ul style="list-style-type: none"> • issue a Notice of Direction and Detention for those permitted to undertake detention at an alternative location • permit international transit for those issued a letter • record details in COVID-19 Compliance Application 		200(2) and (4) 202(1)
International transit passenger process	<ol style="list-style-type: none"> 7. To facilitate an exemption given to a person for international transit, the AO Team Leader will notify Airport AO and Australian Border Force (ABF) prior to their arrival at the airport via a specific email with a specific subject title to: <ul style="list-style-type: none"> • “map.border.clearance@abf.gov.au” with a cc to “NorthandWest.EOC@dhhs.vic.gov.au”. A template email is below. • Email to be titled <i>Transit Passenger from Quarantine Hotel (DHHS)</i> and request assistance to collect released detainee for connecting transit flight to XXX. Email should include: 		

⁴ An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<ul style="list-style-type: none"> ○ full name (as per passport) ○ passport number ○ flight departure time ○ flight number ○ arrival time at T2 international departure. 		
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5.3 Unaccompanied minors

Unaccompanied minors will be considered on a case-by-case basis. If an unaccompanied minor is detained in a hotel without a parent or guardian, a specific process must apply.

There are three options:

- i. Unaccompanied minor to undertake detention at an alternate location with parent or guardian
- ii. Unaccompanied minor to undertake detention in hotel with parent. The parent or guardian will be required to agree to the mandatory detention arrangements
- iii. Unaccompanied minor to undertake detention in hotel with welfare support provided by DHHS.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues associated with mandatory quarantine of unaccompanied minors include:

1. where this occurs, and
2. with what adult supervision.

The State can 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. However, this is not preferred because of the intensive obligations imposed.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 5.

Table 9: Key steps, roles and responsibilities for managing unaccompanied minors

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
When an unaccompanied minor normally resides outside Victoria			
AO to request approval if not already sought	1. If Exemptions team has not granted approval, AO to escalate to the Deputy Commander Policy and Exemptions and cc covidquarantine		
Assessment and decision	2. Exemptions case manager to: <ul style="list-style-type: none"> ○ inform the AO Operation Lead and AO Airport Team Leader of approval or rejection ○ contact other jurisdictions (if transiting to a location outside Victoria) ○ Advise requesting party of the risk management obligations on a domestic flight out of Victoria and seek confirmation it can be achieved. 		
AO to issue Notice of Direction and Detention	3. AO will: <ul style="list-style-type: none"> ○ issue a Notice of Direction and Detention to undertake detention at an alternative location in Victoria in accordance with the instructions and templates provided by the Exemptions case manager 		200(2),(4) and 202(1)

	<ul style="list-style-type: none"> ○ permit transit to another state if minor normally resides outside Victoria ○ record details in COVID-19 Compliance Application. 		
When minor resides in Victoria			
AO to request approval if not already sought	4. If Exemptions team has not granted approval, AO to escalate to Deputy Commander Policy and Exemptions and cc covidquarantine		
Assessment and decision	5. Exemptions case manager to: <ul style="list-style-type: none"> ○ inform the AO Operation Lead and AO Airport Team Leader of approval ○ arrange transport ○ arrange for compliance oversight with Victoria Police. 		
AO to issue Notice of Direction and Detention	6. AO to issue direction and detention notice to child through their guardian for: <ul style="list-style-type: none"> ○ alternate location (home and / or parts of the home); or ○ Provide advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice provided to close contacts in quarantine). 		200(2), (4) and 202(1)

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 are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: **REDACTED**
- if it is after hours, contact the after-hours child protection team on 13 12 78 if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

6 Permissions

6.1 Key points

- AOs can make decisions in consultation with their AO Team Leader or Deputy Commander AO Operations for simple requests.
- AO must complete a permission for temporary leave form and enter details in COVID-19 Compliance Application.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

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

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 3**.

6.2 AO to make decisions on certain permission requests on case-by-case basis

An AO in consultation with their AO Team Leader or Deputy Commander AO Operations can make certain straightforward decisions about the following scenarios on a case-by-case basis:

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective
- exercise breaks where it is safe to do so.

Not all leave requests can be accommodated and may be site and resource dependent. Any arrangement for leave would need to meet public health and human rights requirements and balance the needs of the person.

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 10 for further details).

If medical care is deemed urgent by an on-site nurse or medical practitioner or attending AV paramedic, the AO should prioritise and approve leave immediately.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to EOC – DHHSOPSoteriaEOC@dhss.vic.gov.au and title the email "Referral to organise transport".

Table 10: Key steps, roles and responsibilities for temporary leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> 1. AO Team Leader to assess site for suitability of exercise and fresh air breaks 2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site 3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Commander AO Operations 		

	approval.		
Request for temporary leave	4. Person may seek permission directly from the AO or may email covidquarantine@dhhs.vic.gov.au and explain the grounds for leave		
Referral to AO	5. Exemptions team to triage and forward to AO for decision 6. Exemptions team to assess complex cases and inform AO		
AO assessment and decision	7. AO to make decision and consider: <ul style="list-style-type: none"> • those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks) • willingness and availability of security to oversee and facilitate exercise or other fresh air break (the number security will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly) • site layout, safety and capability to ensure persons are in a cordoned off area • maintaining infection control, such as ensuring persons do not touch door handles or lift buttons • adherence to exercise and smoking procedures 8. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person.		
Issue permission for temporary leave	9. AOs to: <ul style="list-style-type: none"> • instruct security on the dates and times permitted for leave • provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not accessed by members of the public • request the medical facility or hospital inform the AO prior to return (for medical temporary leave) • prepare a Permission for Temporary Leave from Detention form (see Appendix 2), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> - a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes - an exercise break is for a certain time and the person must return to their room following exercise or fresh air break • warn the person that failure to comply with these 		s.203(1)

	<p>directions is an offence</p> <ul style="list-style-type: none"> ensure the person checks back into the hotel at specified time seek feedback on implementation of temporary leave and note any issued raised 		
Record	<p>10. If AO approves leave, the AO:</p> <ul style="list-style-type: none"> must keep original copies of the Permission for Temporary Leave from Detention form for the person, Appendix 2 and the Register of permissions granted under 4(1) of the Directions and Detention Notice, Appendix 12, and enter details in COVID-19 Compliance Application. 		

6.3 Emergency situations

Table : Key steps, roles and responsibilities for emergency leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	<ol style="list-style-type: none"> 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. 		
Evacuation	<ol style="list-style-type: none"> Assist with immediate evacuation to common assembly point Contact Victoria police, emergency services and Deputy Commander AO Operations to support Promote infection prevention and control and physical distancing principles if possible Account for all persons being detained at the assembly point by way of the register of persons in detention 		

6.4 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. Only well residents from the same room should be able to go out to exercise at the same time.

6.5 Guidance for safe movement associated with permissions

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 hand rub 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.
- Return immediately to their hotel room following the break.

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 hand rub or wash hands in soapy water before each break;
- 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 or greater) from the person;
- Perform hand hygiene with an alcohol-based hand rub or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

Infection control 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 snugly 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.

7 Compliance

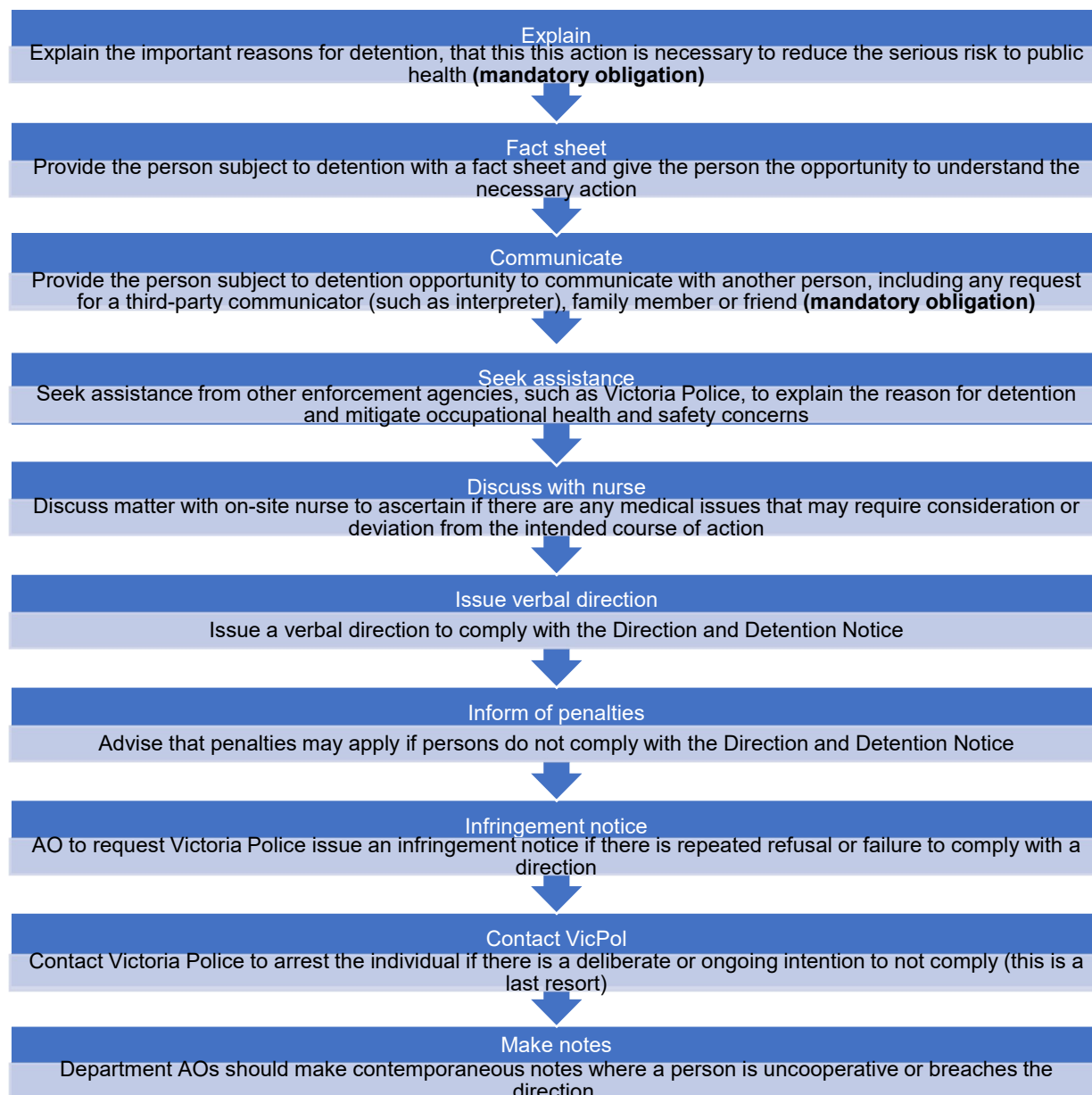
7.1 Key points

- AOs to apply a graduated approach to compliance.

7.2 Options to facilitate compliance

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:



7.2 Unauthorised departure from accommodation

Table 12: Key steps, roles and responsibilities for managing unauthorised departure from accommodation

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify AO Team Leader, on-site security and hotel management and request search.		
Contact Victoria police	2. AO to seek police assistance and notify the Deputy Commander AO operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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. 		s.203(1)

7.3 Infringements

There are four infringement offences applicable to detention arrangements. These are:

Table 13: 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 penalty units for a natural person and 30 penalty units for a body corporate 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

8 Occupational health and safety (OHS) for Authorised Officers

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

8.1 Key points

OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the AO Team Leader of the Deputy Commander AO Operations.

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

8.2 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 COVID-19 can cause death.

8.3 OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with the rostered AO Team Leader.

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.

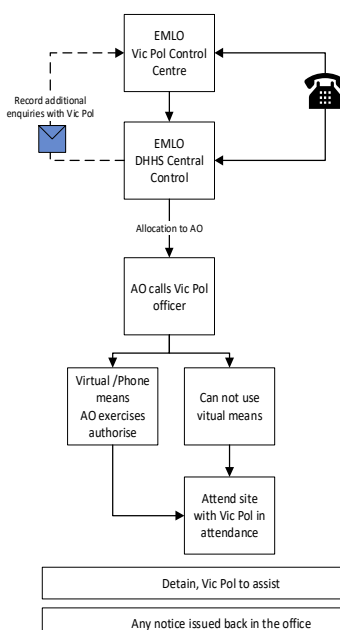
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

8.4 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 AO Team Leader.

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.



8.5 Risk assessment before attendance | Personal Protection

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 measures 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.

8.6 Personal measures to reduce the risk of exposure to COVID-19

General

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible. For example,:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- 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?

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 floors of hotel

AOs going onto hotel floors with persons subject to detention must wear a surgical mask. There will be surgical masks for AO's at the hotels.

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

While this process is led by the nurses/medical staff it must be authorised by the AO.

Before the person is moved, the AO must issue a new detention notice with the amended details. This must be served by the AO in PPE as advised by the health staff. The detention notice must clearly state it replaces the previous detention notice dated XXX. The AO is then to very briefly state that the patient was in room(x) and will be 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 room or location change must be recorded in the COVID-19 compliance app by the AO

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 – Script for plane/arrival

Required script before issuing a direction and detention notice

My Name is XXXX, I work for the Department of Health and Human Services Victoria and I am an Authorised Officer under the Public Health and Wellbeing Act. I am also authorised for the purposes of the emergency and public health risk powers in Victoria's current State of Emergency.

Because you have arrived in Victoria from overseas, when you disembark off this plane you will be issued with a direction and detention notice, which requires you to quarantine for a 14-day period at the hotel nominated on the notice.

Many of Victoria's cases of covid-19 originate from overseas and international travellers so this action is necessary to ensure we reduce the serious risk to public health posed by COVID 19.

Refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.

Once you have been issued with the notice, please keep it with you at all times.

We greatly appreciate your co-operation and assistance in these challenging times. Thank you again.

Appendix 2 - 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 3 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 the person's 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 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, and:

- 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 a 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 4 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 (08/04/2020)
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 known 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 5 - 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:

1. **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
2. **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;
3. **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
4. **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 from 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 6 Direction and Detention Notice – Solo Children

DIRECTION AND DETENTION NOTICE

SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)

Section 200

Reason for this Notice

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

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.

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.

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.

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.

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.

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.

Place and time of detention

You will be detained at:

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

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

You will be detained until: _____ on ____ of _____ 2020.

Directions — transport to hotel

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.

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.

Conditions of your detention

You must not leave the room in any circumstances, unless:

you have been granted permission to do so:

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; or

there is an emergency situation.

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).

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

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.

(18) 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.

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.

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:

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

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

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

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

We will communicate with your parents once a day.

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, unless you have a reasonable excuse for refusing or failing to comply.

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 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.

9 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**).

10 Details of Detention Notice

Name of Detainee: <<FIRST NAME>> <<LAST NAME>>

Date of Detainment and Detention Notice: <<DETENTION START DATE>>

Place of Detention: <<HOTEL>> <<ROOM>>

11 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 <<DETENTION END 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 <<DETENTION END DATE>> at _____ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

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 4) (**Direction**), as amended from time to time. Pursuant to the Direction, if you live in Victoria you are required to travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

If you are a resident of another state arrangements will be 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.

12 End of Detention Instructions

You must not leave your hotel room until you have been collected by Security at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you.**

Your detention **does not end** until the time stated in paragraph 0 of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

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.

2 Offence and penalty

- (1) 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.
- (2) 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: _____ coughing

[insert date of test]

fever or temperature in excess of 37.5 degrees sore 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 (4) 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 (4); 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 (4). 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 – End of Detention

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:

- a) 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
- b) 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 each person
- c) 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.
- d) complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- e) 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:

- a) explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- b) 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)
- c) 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
- d) 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)

- e) if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

Appendix 10 - Guidance Note — Exceptions to the General Quarantine Policy

Summary

You are [an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) (**PHW Act**) to exercise certain powers under that Act] [or a delegate of the Chief Health Officer under section 22 of the PHW Act] [**Note: however, only registered medical practitioners can be delegates under s 22**]. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

This guidance note has been prepared to assist you to carry out your functions in determining whether individual persons arriving in Victoria from overseas should be exempt from being made subject to a detention notice 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**) (the **general quarantine policy**). This policy is in place because people returning from overseas are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return and because the earlier requirement to isolate at home was not uniformly complied with.

As part of your functions, you are required to make decisions as to whether an exception to the general quarantine policy is warranted in particular cases that have been escalated to you by authorised officers. If you decide that an exception applies, you must subsequently decide whether the person in question should be:

released from quarantine in Victoria (because they are medically cleared or will be subject to another jurisdiction's regime); or

required to complete their quarantine in another location in Victoria (at home or in another facility), in which case they would be subject to the same conditions that apply to other international arrivals under the standard direction and detention notice, including monitoring and penalties for non-compliance.

This guidance note sets out the following **six categories of exceptions** to the general quarantine policy and provides a checklist of relevant factors to be considered when determining whether each exception applies:

1. International transit (for example, transit in Victoria from New Zealand en route to Europe or vice versa).

Interstate transit (with the approval of the receiving jurisdiction, usually for compassionate reasons or as an unaccompanied minor).

Unaccompanied minors whose legal guardians are unable to reside with them at the hotel (for example, due to other caring responsibilities).

Compassionate or medical grounds (for example, if the person suffers from anaphylaxis).

Previous confirmed cases with medical clearance who no longer require quarantine.

Key workers.

It also provides guidance on how to fulfil your obligations under the Charter for each exception. Those obligations are to act compatibly with human rights and to give 'proper consideration' to the relevant human rights of any person(s) affected by your decisions. The relevant factors and human rights considerations will differ depending on the applicable exception.

We note that, although it is important that the exceptions are reasonably transparent and communicated clearly to people arriving in Victoria from overseas, this must be balanced against the need to ensure that the categories of exceptions are appropriately circumscribed so as not to undermine the general quarantine policy. Further, although this guidance note has been developed in the interests of ensuring consistency and clarity in the application of the exceptions, you must determine each request on a case-by-case basis.

Your obligations under the Charter

You are a public officer under the Charter. This means that, in deciding whether an exception to the general quarantine policy is warranted in any particular case, you must give 'proper consideration' to the human rights of *any person* affected by the decision, including the person who would otherwise be subject to the detention notice, the person(s) who they may quarantine with if they were to quarantine at home, and members of the community.

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (these rights are set out below and differ depending on the exception);
- **second**, seriously turn your mind to the possible impact of your decision 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 is justified in the circumstances.

Exceptions [Ensure consistency with Australian Government policy re exceptions to mandatory quarantine]

1. International transit

Description of category

Ref page 65

Relevant factors

[DHHS to please provide]

Relevant human rights

Ref page 67

2. Interstate transit

Description of category

[Refer to letter to diplomat re exception to travel to Canberra]

Relevant factors

[DHHS to please provide]

Relevant human rights

3. Unaccompanied minors whose legal guardians are unable to reside with them at the hotel

Description of category

Ref page 71

Relevant factors

[DHHS to please provide]

Relevant human rights

4. Compassionate or medical grounds

Description of category

[Refer to previous assessments for REDACTED]

Relevant factors

[DHHS to please provide]

Relevant human rights

5. Previous confirmed cases with medical clearance who no longer require quarantine

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

6. Key workers

Description of category

[Refer to letter from Minister Hunt re exception for key workers]

Relevant factors

[DHHS to please provide]

Relevant human rights

[Note: do we possibly need a 'miscellaneous' / catch-all category, to capture cases that may warrant an exception but do not fall squarely into one of the above categories?]

Appendix 11: Charter of Human Rights obligations

Key points

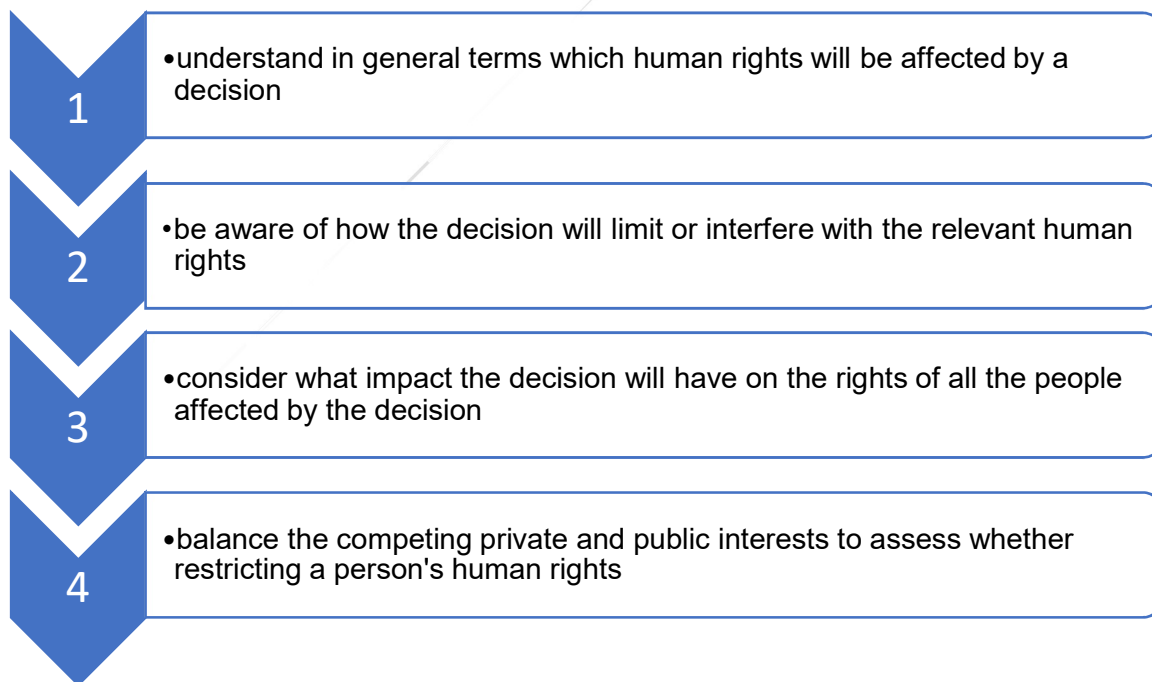
- AO must act compatibly with human rights.
- AO must give 'proper consideration' to the human rights of any person(s) affected by an AO's decision.

Department of Human Health and Services 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:

Charter Right

Obligation

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 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.

Appendix 12 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

Appendix 13 - Enforcement and Compliance roles and responsibilities

Enforcement and Compliance Command

Role	Responsibilities
Enforcement and Compliance Commander	<ul style="list-style-type: none"> • Lead and provide oversight to compliance matters under all Public Health Directions • Provide advice and input into complex compliance matters. • Provide advice and support to the Chief Health Officer and their delegate on compliance • Approves exemptions
Deputy Command – AO Operations	<ul style="list-style-type: none"> • Executive oversight of Authorised officer operations in the hotels. Ensures planning arrangements allow for safe operations of AO decisions and escalation point for complex AO decisions across all AO operations across the airport and hotel environments. Ensure AOs understand protocols and follow protocols to ensure detention arrangements are legal • Ensure VicPol have appropriate AO guidance and support.
AO Operation support	<ul style="list-style-type: none"> • Undertake rostering, recruiting and onboarding of AOs. (rostering transitioning to EOC) • Manage the release process for detention and 24 hour legal review process
AO Team Leader*	<ul style="list-style-type: none"> • Provide management oversight of AOs • First point of escalation of permissions • Report on daily review of people being detained. (Transition to Review and release team)
AO	<ul style="list-style-type: none"> • Primary responsible for: <ul style="list-style-type: none"> ○ administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020) ○ meeting obligations under the PHWA
Deputy Command Policy and Exemptions	<ul style="list-style-type: none"> • Executive oversight of development of operational protocols, exemptions and review process. Ensures connections with other relevant areas to ensure processes are connected and complex issues resolved.
Operational Policy and Protocols Leader	<ul style="list-style-type: none"> • Develop operational policy and protocols to support Directions • Coordinates the training of AOs

Exemptions Leader	<ul style="list-style-type: none"> • Manage the COVID Quarantine inbox⁵.and case management process – ensure cases are allocated and resolved in a timely manner
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Contacts for each role are as per daily roster.

Other non-ECC roles involved in compliance

Role	Responsibility
DHHS Hotel site lead	<ul style="list-style-type: none"> • 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.
DJPR	<ul style="list-style-type: none"> • Manage contracts with accommodation providers
Medical, Nursing and welfare staff	<ul style="list-style-type: none"> • Provide 24 hour on-call medical support subject to demand • Provide welfare to detainees through a daily welfare check — welfare officers email COVIDQuarantine@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues • Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs • Provide a satisfaction survey for residents to complete each week.
Department and hotel staff	<ul style="list-style-type: none"> • Deliver hyper-care (concierge) services onsite • Manage transport arrangements from the airport and other locations detainees may be permissioned to go • Manage material needs including food and drink.
Security	<ul style="list-style-type: none"> • To assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release

⁵ COVIDquarantine@dhhs.vic.gov.au

Annex 2 – Health & Wellbeing

Annex approver: Public Health Commander

Last version date: v2.0 1 June 2020

Standards for healthcare and welfare provision

Standard 1. Rights of people in mandatory quarantine

Criterion 1.1 Charter of Human Rights and Responsibilities

Policies and practices guiding decisions made about people in mandatory quarantine under Operation Soteria must consider the Victorian Charter of Human Rights and Responsibilities.

The Victorian Charter of Human Rights and Responsibilities Act 2006 (the Charter) contains twenty basic rights that promote and protect the values of freedom, respect, equality and dignity. The Charter requires the Victorian Government (state and local) to consider human rights when they make decisions about people. While some of these rights may be restricted for quarantined people, consideration of these rights must underlie all decisions made by Operation Soteria staff in relation to people in mandatory detention.

- Relevant Charter of Human Rights that must be considered by Operation Soteria staff when making decisions in relation to people in mandatory detention include:
 - Right to life
 - Right to protection from torture and cruel, inhumane or degrading treatment
 - Freedom from forced work
 - Right to freedom of movement
 - Right to privacy and reputation
 - Freedom of thought, conscience, religion and belief
 - Freedom of expression
 - Right to protection of families and children
 - Cultural rights
 - Property rights
 - Right to liberty and security of the person
 - Right to humane treatment when deprived of liberty

Noting section 19(2) outlines the distinct cultural rights of Aboriginal persons.

- Quarantined persons should be provided with a notice of detention, information on the terms and nature of the mandatory quarantine period and opportunity to seek exemption or review of the current detention order

Criterion 1.2 Diverse groups

- All persons in mandatory quarantine should be treated with dignity and respect.
- Providers of health and welfare services must meet the care needs of quarantined persons on an individual basis.
- Consideration should be given to the special needs of Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse (CALD) backgrounds; lesbian, gay, bisexual, trans, gender diverse and intersex people; people with disabilities, and others.
- Quarantined persons should be screened on arrival to identify those persons who are of Aboriginal or Torres Strait Islander heritage

- The care provided to Aboriginal and Torres Strait Islander peoples should fulfil the six actions of the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people (for further details see <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf>).
- Quarantined persons should be screened on arrival to identify those with physical, sensory, psychosocial or intellectual disabilities.
- Quarantined persons with a disability should be provided with the services and supports they require. Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities, which sets out human rights for people with disabilities which include accessibility, personal mobility and access to healthcare.

Criterion 1.3 Use of interpreters

- Quarantined persons should be screened on arrival to identify those who require interpreters
- Interpreters must be used for quarantined persons where English is not their first language and translation would normally be required for interaction with the health or welfare systems
- Language requirements should be recorded in the quarantined person's record and hotel staff advised.

Criterion 1.4 Feedback and complaints process

A feedback and complaints process can provide unique information about quarantined persons needs and the quality of care provided by Operation Soteria. Openly discussing feedback and concerns helps staff to understand strengths in their service, potential problems, and how to make improvements.

- Processes for assessing satisfaction and receiving and addressing complaints should be established.

Potential indicators

Program delivery

- Number of people seeking exemptions from mandatory quarantine
- Number of Aboriginal and Torres Strait Islander peoples in quarantine
- Number of people with a disability in quarantine
- Number of people in quarantine requiring interpreter services
- Number of adverse events arising from failure to address the needs of a person with disability
- Nature of adverse events (de-identified) arising from failure to address the needs of a person with disability
- Number of adverse events arising from failure to use an interpreter
- Nature of adverse events (de-identified) arising from failure to use an interpreter
- Number of complaints related to detention, health and welfare services
- Nature of complaints (de-identified) related to detention, health and welfare services

Outcomes

- Number of people receiving exemptions from mandatory quarantine
- Reasons for exemptions granted (de-identified)
- Outcomes of adverse events (de-identified) arising from failure to use an interpreter
- Outcomes of adverse events (de-identified) arising from failure to address the needs of a person with disability
- Resolution of complaints related to on-site staff, mandatory detention processes and health and welfare services

Reporting frequency

- Significant adverse events (major incidents): as soon as possible after occurrence
- All other adverse events: daily
- Formal complaints: weekly

Standard 2. Screening and follow up of health and welfare risk factors

As part of the duty of care towards people in mandatory detention under Operation Soteria, it is essential that appropriately qualified staff screen quarantined individuals for health and welfare risk factors, so that appropriate services are made available to those who require them.

Criterion 2.1 Health and welfare risk factors

Returned travellers will be screened for risk factors related to the following:

- current or potential infection with COVID-19 including:
 - temperature
 - symptoms including fever, cough, shortness of breath, chills, body aches, sore throat, headache, runny nose, muscle pain or diarrhoea
- potential complications or adverse events arising from
 - current or previous physical health conditions
 - current or previous mental health conditions
 - current or previous disabilities
- allergies and food sensitivities, with particular note of anaphylaxis
- need for ongoing medication, contact with usual treating health professionals, and other support services
- family violence or child abuse
- drug and alcohol use and/or dependence
- current stressors or factors that will make quarantine particularly difficult, such as small children, bereavement, etc
- needs or fears expressed by the quarantined person
- vulnerability due to age (children or people over 65) or pregnancy

Criterion 2.2 Schedule for screening

- Returned travellers should be screened for COVID-19 at the following times:
 - On arrival at airport: screening to include temperature and symptoms of COVID-19
 - Day 3 and Day 11: voluntary routine testing
- Returned travellers will be screened for other health and welfare concerns at the following times:
 - On day of arrival using the initial welfare self-reported survey [XXX hyperlink to document](#)
 - Nurse health assessment within the first 24 hours, documented in the nurse health record
 - Regularly throughout detention as determined by risk factors (Criterion 2.5), including welfare checks and checks by nurses or other appropriate staff.

Criterion 2.3 Methods of screening

- Screening tools (online or paper-based surveys, interview questions and prompts) that have been validated to assess health and welfare risk factors should be used where available.
- If appropriate validated tools are unavailable, any tools created for this purpose should be developed by professionals with expertise in survey development.
- It is essential that the initial screening assessment includes identification of Aboriginal and/or Torres Strait Islander status.

Criterion 2.4 Staff undertaking screening

- Staff undertaking health screening should have appropriate qualifications to conduct the tasks they are allocated, including understanding of Aboriginal cultural safety.
- Assessment of current or potential infection with COVID-19 should be undertaken by medical or nursing staff

- Assessment of all other risk factors should be undertaken by staff who have:
- an understanding of the issues likely to be raised and their implications
- knowledge of the circumstances that would require escalation or referral to health or mental health professionals
- training and experience in handling conversations:
 - on sensitive topics, such as family violence
 - with disturbed or fearful people
- It should be noted that health, education and other professional groups have mandatory requirements to report suspected child abuse. CART should be notified, and the individual practitioners are required to make a notification through child protection intake.
- Health or welfare phone calls to Aboriginal or Torres Strait Islander people should be undertaken by people who have undertaken Aboriginal cultural safety training.

Criterion 2.5 Risk assessment and follow up of persons 'at risk'

The self-screening survey and health assessment needs to identify any of the following risk factors to allocate an appropriate risk Tier. This must be completed in the first 24 hours and documented in the nurse health record and/or welfare application. Each quarantined person could be triaged into three tiers of risk based on identified risk factors as per the example table below.

Risk Tier	Risk factors	Follow up by appropriate health or welfare professionals
Tier 1	<ul style="list-style-type: none"> • Persons with suspected or confirmed COVID-19 • Families with children < 18 years • Persons aged > 65 years • Aboriginal and Torres Strait Islander peoples • Persons with underlying physical comorbidities (e.g. respiratory or cardiac conditions) • Persons with a disability • Persons with a history of mental illness • Allergies and food sensitivities, with particular note of anaphylaxis • History of family violence or child abuse • Drug and alcohol use and/or dependence • Current stressors or factors that will make quarantine particularly difficult, such as small children, bereavement, etc. • Those with needs or fears expressed by the quarantined person • Pregnant women 	Phone call daily
Tier 2	<ul style="list-style-type: none"> • Persons who indicate they require a phone call but do not have any other risk factors. • Persons who are by themselves. 	Phone call every second day
Tier 3	<ul style="list-style-type: none"> • Persons with none of the factors above 	Tailored contact

- Relevant plans for follow up of identified risks should be developed

- Protocols for communicating follow up plans to relevant health and welfare staff should be documented
- At the discretion of the on-site clinical staff, quarantined persons with currently active physical or mental health issues should be:
 - managed on-site if within the capacity, capability and credentialing of attending medical and nursing staff
 - referred to the appropriate health services (e.g. mental health services, specialist medical services, hospital, etc) or other support services as required.
- Notification to the DHHS team leader and escalation to Emergency Operation Centre as appropriate.

Potential indicators

Program delivery

- Number of returning passengers arriving in Victoria
- Number and percentage of returning passengers screened for COVID-19 at the airport
- Reasons for COVID-19 screening not completed at the airport (e.g. passenger refused screening, insufficient staff, etc)
- Number and percentage of quarantined persons receiving health assessment (including risk assessment) in the first 24 hours of arrival
- Reasons for initial health assessment not completed on day of arrival (passenger refused screening, insufficient staff, etc)
- Number and percentage of quarantined persons receiving initial health assessment (including risk factors) after the first 24 hours (e.g. 20% on Day 2)
- Number and percentage of quarantined persons receiving subsequent screen for risk factors during detention period (i.e. screening survey or interview, follow up of identified risk factors)

Outcomes

- Number and percentage of screened passengers with known COVID-19 based on documentary evidence
- Number and percentage of screened passengers with known COVID-19 based on self-report
- Number and percentage of screened passengers with suspected COVID-19 based on signs and symptoms
- Number and percentage of quarantined persons with identified risk factors at initial health assessment
- Number and percentage of quarantined persons with identified risk factors at subsequent health assessment
- Nature of risk factors (de-identified)
- Number and percentage of quarantined persons referred to Operation Soteria health or support services by service (e.g. 10 [2%] referred to on-site doctor, 5 [1%] referred to NorthWestern Mental Health Services)
- Number and percentage of quarantined persons with identified risk factors referred to external services (e.g. one referred to Aboriginal community-controlled health services)

Reporting frequency

- All: Daily
- A daily report will be collated from the AO database, nurse health record and welfare application.

Standard 3. Provision of health and welfare services

The needs of quarantined individuals vary widely and Operation Soteria must have a flexible on-site system for the provision of health and welfare services that can accommodate urgent, non-urgent, complex, planned chronic care and preventive health needs.

Criterion 3.1 Meeting the needs of people in mandatory quarantine

The following principles should be followed in meeting the health and welfare needs of quarantined persons:

- All reasonable requests for medical care from quarantined persons should be facilitated within an appropriate timeframe depending on the acuity of the issue or request, and in a culturally appropriate manner.
- Provision of health or welfare services should not be deferred or delayed because a person is in quarantine.
- Any request for medical review should be carefully considered to determine whether telemedicine or in-person consultation is the most appropriate approach. Telemedicine should not be used if an in-person review or physical examination is clinically indicated. However, if an in-person review is not required, telemedicine is appropriate to reduce risk of infection to health providers and quarantined persons.
- Quarantined persons should be supported in accessing care through their usual general practitioner (GP), medical specialist, Aboriginal community-controlled health organisation, or other health professional via telehealth arrangements where possible. They should also be asked to request that the health professional consulted provides information regarding any ongoing health or welfare issues to the on-site clinical team if appropriate.

Criterion 3.2 Provision of on-site clinical services

- Safeguarding of the health and welfare of quarantined persons is paramount.
- Medical, nursing and other clinical services should be engaged at each hotel/facility to enable ADEQUATE, APPROPRIATE and TIMELY and culturally safe delivery of regular health assessment, acute clinical and support services. This should be determined by those commissioning/operating the health and welfare services in consultation with the Clinical Lead. It should correspond to the workload and burden of illness/needs of the population in mandatory quarantine at any time.
- Given the risk of mental health issues for people in isolation, mental health primary care services should also be available at a ratio proportionate to the burden of disease emerging from the quarantined cohort. Linking Aboriginal and Torres Strait Islander clients to culturally safe and trauma informed mental health and wellbeing services is essential.
- Medical, nursing and other clinical staff should practice within the requirements of their professional registrations, level of experience, codes of conduct and professional standards.
- Medical and nursing clinical practices, record-keeping and correspondence with other health professionals should meet the expectations and usual standards of high-quality primary care.
- Medical and nursing staff should have appropriate training, experience and credentials to:
 - identify physical and mental health emergencies
 - manage acute physical and mental health conditions by providing treatment or arranging appropriate referrals/ escalate care appropriately
 - provide support to quarantined persons who are distressed.
- Clinical governance arrangements should be in place to ensure that:
 - staff have appropriate training, experience and credentials
 - clinical practice is consistent with the best available evidence and follows applicable professional standards
 - clear and consistent escalation pathways are clearly communicated to all clinical staff
 - adequate, appropriate, well-maintained and calibrated clinical equipment is available to deliver primary care services
 - suitable arrangements are in place to enable comprehensive and secure medical record keeping.
- Provision should be made for both on-site in-person clinical consultations and telehealth consultations
- On-site clinical staff should be provided with mobile phones to facilitate rapid access by quarantined persons, operational and administrative staff, and external healthcare providers
- Processes for ensuring continuity of care through accurate and comprehensive medical record keeping and communication of medical information between providers engaged to provide on-site health care should be established.
- 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.

- Requests for medical care must be actioned in keeping with the acuity of the issue. Where staffing allows, the doctor may see patients before the nurse, particularly if the request is deemed urgent. An example of appropriate response times is included below.

Acuity of issue	Time frame for response
Emergency/life-threatening issue	Immediate – any person present to call 000 ASAP without waiting for nurse or doctor to attend
Urgent physical health concerns	Nurse to review ASAP (within 30 minutes) Doctor to review within 1 hour
Urgent mental health issue	Doctor or nurse to review within 1 hour
Urgent mental health issue accompanied by suicidal intent	Doctor to review ASAP (within 30 minutes)
Minor health issue (physical or mental) requiring review, non-urgent	Nurse to review within 4 hours Doctor to review (if required) within 12 hours
Prescription requests (urgent)	Doctor to action within 8 hours
Prescription requests (non-urgent)	Doctor to action within 24 hours

- At the discretion of the on-site clinical staff, quarantined persons with currently active physical or mental health issues should be:
 - managed on-site if within the capacity, capability and credentialing of attending medical and nursing staff
 - referred to the appropriate health services (e.g. mental health services, specialist medical services, hospital, Aboriginal community-controlled health organisation, etc.) or other support services as required.
- In the case of a physical health emergency in a quarantined person (e.g. heart attack, stroke, anaphylaxis, etc.) an ambulance should be called immediately by any person in attendance. There is no need to wait for attendance of medical or nursing staff in this situation, but they should be called for review as soon as practical after an ambulance has been called.
- In the case of a mental health emergency in a quarantined person (e.g. acute suicidal ideation, thoughts of self-harm, psychosis, etc.) the quarantined individual should be reviewed by the doctor on call as a matter of urgency, particularly if suicidal intent is present. The doctor should then determine if transfer to hospital via ambulance is required for urgent psychiatric assessment or if psychiatric advice or assessment can be appropriately 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.
- Documented protocols related to provision of on-site health services should include:

Processes for follow up of physical and mental health risk factors identified through screening

Clear instructions for:

- quarantined persons on how to contact medical and nursing staff
- clinical staff on responsibilities for first point of contact, triage, escalation and referral pathways
- clinical staff on actions to be taken in response to acute physical and mental health emergencies
- clinical staff on continuity of care and handover of outstanding tasks and concerns
- agreed method of documentation of outstanding tasks/ physical or mental health issues needing follow up.
- Documentation should also include contact numbers for:
 - Hotels and other facilities being used for quarantine
 - Medical and nursing contacts at each facility

- Health service emergency departments, mental health services, Aboriginal community-controlled health services, liaison officers related to this operation (including Aboriginal hospital liaison officers)
- Other resources including, but not limited to, local health and welfare services, psychiatric triage team (1300 TRIAGE), Crisis Assessment and Treatment Teams (CATT), DHHS Complex Assessment and Referral Team (CART), telephone advice lines, online services, etc.
- Emergency operations centre and DHHS teams.

Prescribing benzodiazepines/anxiolytics

When considering initiating prescription of benzodiazepines for short term management of anxiety or other mental health issues (such as claustrophobia, panic attacks, PTSD etc) in mandatory detention, doctors should exercise a high degree of caution, and implement other strategies to manage these conditions where possible. Doctors initiating prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics should only do so after a careful history and risk assessment has been conducted. Psychiatric input should be sought where necessary. 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. Prescriptions should also be limited to small quantities of tablets at a time, with appropriate follow up review arranged to assess response and re-evaluate need for medication.

Initiation of sleeping tablets (including benzodiazepines, zolpidem, zopiclone etc.) in mandatory quarantine should only be considered after a thorough assessment by a healthcare professional. Those on sleeping tablets regularly should have their dose confirmed with their usual GP prior to prescriptions being provided in mandatory quarantine. Care should be taken to ensure sleeping tablets are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications.

Further information on the safe keeping of prescription medications such as Benzodiazepines can be found at Annex 3, section 10 and through the Commander COVID-19 Accommodation.

- On-site doctors should be informed of these specific considerations for prescribing benzodiazepines and anxiolytics to quarantined persons.

Criterion 3.3 Provision of welfare services

- Safeguarding of the health and welfare of quarantined persons is paramount
- All quarantined persons should have access to communication services such as phone (local calls) internet and wi-fi so that they can stay in regular contact with family and friends.
- All quarantined persons should have access to entertainment and news services such as television and radio.
- Arrangements for quarantined persons to receive care packages of personal items from family and friends should be established.
- Appropriate professionals should be engaged at a ratio proportionate to the number of quarantined persons at each hotel/facility to enable ADEQUATE, APPROPRIATE, culturally safe and TIMELY delivery of welfare services. This should be determined by those commissioning/operating the health and welfare services. It should correspond to the workload and burden of illness/needs of the population in mandatory quarantine at any time.
- Welfare professionals should practice within the requirements of their professional registrations, level of experience, codes of conduct and professional standards.
- Welfare practices, record-keeping and correspondence with other health and welfare professionals should meet the expectations of high-quality welfare services.
- Welfare staff should have appropriate training, experience and credentials (including Aboriginal cultural safety) to:
 - identify and deal with significant welfare issues by providing advice or arranging appropriate referrals
 - provide support to quarantined persons who are distressed.
- Governance arrangements should be in place to ensure that welfare staff have appropriate training, experience and credentials.
- Provision should be made for both on-site in-person welfare consultations and telehealth consultations.

- Welfare staff should be provided with mobile phones to facilitate rapid access by quarantined persons, operational and administrative staff, and external healthcare providers.
- Regular welfare checks should be conducted, at a minimum, based on the three risk tiers noted above or more frequently to meet the needs of quarantined individuals as determined by clinical or welfare staff.
- Requests for welfare assistance from quarantined persons or clinical staff should be actioned in keeping with the urgency and significance of the issue (usually within 24 hours).
- Processes for managing, escalating and referring incidents of family violence or child abuse should be established, including provision of safe accommodation and referral to Victoria Police where appropriate.
- Processes for assessing satisfaction and receiving and addressing complaints should be established
- Documented protocols related to provision of welfare services should include, but not be limited to:

Processes for follow up of risk factors related to welfare issues identified through screening

Clear instructions for:

- quarantined persons on how to contact welfare staff
 - quarantined persons on the arrangements for care packages
 - on-site clinical staff on how to contact welfare staff
 - welfare staff on responsibilities for first point of contact, triage, escalation and referral pathways
 - welfare staff on continuity of care and handover of outstanding tasks and concerns
 - welfare staff on management, escalation and referral of reports of family violence or child abuse
- Documentation should also include, but not be limited to contact numbers for:
 - Welfare staff
 - Welfare agencies for referral
 - Family violence and child abuse services
 - Services and programs for Aboriginal and/or Torres Strait Islander people
 - Appropriate Victoria Police departments

Criterion 3.4 Provision of pharmacy and pathology services

- Pharmacy services should be provided to allow for
 - prompt procurement of necessary medications (prescriptions or over-the-counter products) and equipment for quarantined persons
 - delivery to the relevant hotel/facility
 - prescriptions to be emailed to the pharmacy by the quarantined person's usual doctor or the on-site doctor
- Processes for COVID-19 swabs should follow the COVID 19 instructions for testing. (hyperlink) Pathology tests required by the treating clinician (on-site doctor or person's own GP) should be undertaken by the on-site medical or nursing staff. Equipment for taking bloods should be available at (or available to be transported to) the hotel/facility. These specimens should be labelled as per the protocol for labelling COVID-19 swabs (same requirement for identifiers)
- Routine pathology tests should be deferred until after the quarantine period if possible.

Criterion 3.5 Public health policy for COVID-19 in mandatory quarantine

- All staff should follow the COVID-19 policy for mandatory quarantine detailed in Annex 3 (hyperlink).

Potential indicators

Program delivery

- Number of quarantined persons followed up as per their risk screening follow up plan
- Number of Aboriginal and Torres Strait Islander people followed up as per their risk screening follow-up plan
- Number of referrals to external health and welfare providers
- Number of adverse events arising from absent or inadequate protocols for health and welfare or failure to follow relevant protocols
- Nature of adverse events (de-identified) arising from absent or inadequate protocols for health and welfare or failure to follow relevant protocols
- Number of serious physical or mental health incidents not related to protocols for health and welfare
- Nature of serious physical or mental health incidents (de-identified) not related to protocols for health and welfare
- Number of COVID-19 swabs
- Number of calls related to family violence or child abuse
- Number of emergencies requiring 000 calls
- Number of emergency transfers to hospital
- Number of non-emergency transfers to hospital
- Nature of emergency and non-emergency transfers to hospital (de-identified)

Outcomes

- Outcomes of adverse events (de-identified) arising from absent or inadequate protocols for health and welfare or failure to follow relevant protocols
- Outcomes of serious physical or mental health incidents (de-identified) not related to protocols for health and welfare
- Outcomes of emergency transfers to hospital
- Outcomes of non-emergency transfers to hospital
- Number of COVID-19 swabs with positive results
- Action taken as a result of positive COVID-19 swab
- Action taken as a result of response to calls related to family violence or child abuse

Reporting frequency

- Adverse events, serious incidents and COVID-19 positive swabs: as soon as possible after occurrence
- All others: daily

Standard 4. Health promotion and preventive care

While in mandatory quarantine, health promotion and preventative care should be made available to all quarantined individuals. This includes access to fresh air and promotion of exercise where possible.

Criterion 4.1 Smoking

- Smoking is not permitted in most hotels
- Quarantined persons who are smokers should be provided with information and actively encouraged to quit using validated methods such as:
 - Nicotine Replacement Therapy
 - Quitline telephone counselling (phone 13 78 48)
 - Contacting their regular GP via telehealth

- Where feasible, smoking breaks may be permitted in some circumstances for individuals who do not have access to a smoking area or balcony, where it can be safely and practically implemented at the hotel (weather permitting), taking into account infection control and physical distancing precautions.

Criterion 4.2 Fresh air

- Individuals in mandatory quarantine should have access to fresh air where possible.
- If the room has a balcony or windows that open, quarantined persons should be advised to use them for fresh air and ventilation.
- Individuals in mandatory quarantine should be allowed one hour of suitable exercise (or leisure time) in open air daily, where it can be safely and practically implemented at the hotel (weather permitting), taking into account infection control and physical distancing precautions.
- Only people who are well, and who are staying in the same room, should go outside to exercise at the same time.

Criterion 4.3 Exercise

- Exercise is important for physical and mental health, particularly in the mandatory quarantine environment
- In-room exercises should be encouraged and resources to support this should be facilitated if possible

Criterion 4.4 Alcohol and drugs

- Alcohol is permitted within hotels
- Excessive alcohol consumption should be discouraged.
- Alcohol should not be provided to persons under 18 years of age (including in the hotel room minibar)
- If there are concerns about potential alcohol or other substance abuse or withdrawal:
 - Request nurse or medical review.
 - Provide numbers for support services.
- If there are concerns about acute alcohol withdrawal, confusion, deteriorating mental state, or mental illness:

Escalate for urgent medical review

Consider calling 000

Potential indicators

- Number of incidents related to nicotine, alcohol or other drugs (withdrawal or intoxication)
- Number of people taking fresh air breaks

Standard 5. Infection control

Infection control procedures in the mandatory quarantine hotels are essential to protect on-site staff and quarantined individuals from COVID-19 and other pathogens. The foundation of good infection control is to assume everyone is potentially infectious, and therefore proper procedures have to be followed at all times.

Criterion 5.1 Personal protective equipment (PPE)

- Appropriate personal protective equipment (single-use face masks, P2/N95 masks, gowns and eye protection) should be available to all staff and quarantined individuals for use when indicated
- PPE stocks should be maintained at each hotel/facility, monitored through regular stocktake and a mechanism to rapidly obtain additional stock in place. Hotels should not run out of stock
- Biohazard bags for waste disposal, hand sanitizer, paper towels, and other necessities for hand hygiene stations should also be available in hotels
- PPE, hand hygiene stations, and waste disposal facilities should be situated at the donning/doffing areas in each hotel

- Appropriate PPE protocols (for droplet and contact precautions) should be available to all staff working in the hotels with clear instruction on what type of PPE to wear in what circumstances, how to don and doff it, and how to dispose of it (see the department's website for further information on PPE usage: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19#personal>)
- Additional training and educational resources should be made available to staff who require it.

Criterion 5.2 Cleaning and waste disposal

- Quarantined individuals should have safe and clean rooms
- Housekeeping services should not be provided routinely in the interest of infection control
- Fresh linen, towels and additional amenities should be left outside rooms for quarantined individuals to collect
- Terminal cleaning is required on vacating of each room. This should follow the processes outlined in the DHHS document 'Cleaning and disinfecting to reduce COVID-19 transmission'
- Rooms that have been vacated should not be repurposed during the quarantine period
- Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. Efforts should be made to assist a quarantined person with cleaning their room if they are 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.

Criterion 5.3 Laundry

- Quarantined individuals should place dirty linen in biohazard bags which are left outside rooms for collection
- Hotel staff should wear appropriate PPE when handling dirty laundry
- Handling of dirty linen should be minimised; it should be put straight into the washing machines if possible
- Laundry should be washed on the highest possible temperature setting and thoroughly dried before use
- Staff should follow hand hygiene protocols after handling dirty linen.

Criterion 5.4 Isolation protocols

- All staff should follow the 'Public health policy for COVID-19 in mandatory quarantine' (bearing in mind a trauma informed approach is essential for Aboriginal people in isolation).
- Suspected cases of COVID-19 should be separated/isolated from people they share a room with as soon as they become symptomatic if consent is given.
- If this has not already occurred, confirmed cases should be isolated from people they share a room with as soon as the positive result is known. All people who are COVID-19 positive are to be moved to the designated COVID-19 hotel unless due to exit mandatory quarantine within 24 hours in which the need for transfer may be assessed on a case by case basis. 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-19 hotel is a more appropriate arrangement. Where the infrastructure allows, suspected cases should also be moved to an area of the hotel away from well individuals.

Potential indicators

Program delivery

- Number of adverse events arising from absent or inadequate protocols for infection control or failure to follow relevant protocols
- Nature of adverse events (de-identified) arising from absent or inadequate protocols for infection control or failure to follow relevant protocols.

Outcomes

- Outcomes of adverse events (de-identified) arising from absent or inadequate protocols for infection control or failure to follow relevant protocols

Reporting frequency

- Significant adverse events: as soon as possible after occurrence
- All others: daily

Standard 6. Allergies and dietary requirements

As part of the duty of care towards people in mandatory detention, it is essential that appropriately qualified staff document and have processes for managing quarantined individuals' allergy and dietary requirements, as failure to do this can have life-threatening consequences.

- Information on allergies should be collected from all quarantined individuals.

Allergen (e.g. name of medication, type of food, etc)

Allergic reaction (e.g. rash, gastrointestinal disturbance, etc)

History of severe allergic reactions or anaphylaxis

Use of antihistamines, corticosteroids or EpiPens

Clinical staff should ensure that quarantined persons have adequate supplies of allergy medications. If required, urgent prescriptions should be filled and delivered to the hotel/facility

- Mechanisms should be put in place to avoid/limit quarantined individual's contact with allergens
- Dietary requirements should be collected from all quarantined individuals

Food allergy (as above, e.g. cow's milk allergy)

Food intolerance (e.g. lactose intolerance)

Clinical diet (e.g. low salt diet for kidney disease)

- Screening tools that have been validated to collect details of allergies and dietary requirements should be used. If appropriate validated tools are unavailable, any tools created for this purpose should be developed by professionals with methodological expertise in survey development and content knowledge of allergy and dietary requirements
- Clinical staff identifying allergies and dietary requirements should escalate this information to appropriate operations staff to ensure that details are provided to catering providers:
- An ambulance should be called for anyone who develops a severe allergy whilst in mandatory quarantine, without needing approval from clinical staff, authorised officers or hotel staff etc. On arrival, paramedics should be given clear access to the person for whom the ambulance was called
- Documented protocols related to provision of appropriate services to meet allergy and dietary requirements should include, but not be limited to:

Processes for dealing with food allergies, intolerances and other requirements

Clear instructions for:

- clinical and operations staff on how to communicate allergy and dietary requirements to catering providers
- catering providers on how to address allergy and dietary requirements
- quarantined persons on how their allergy and dietary requirements will be met
- Documentation should also include, but not be limited to contact numbers for next of kin of the person with an allergy
- As a safeguard, some form of door marking or sign should be used to indicate that a person in the hotel room has a significant allergy or specific dietary requirements.

Potential indicators

Program delivery

- Number of adverse events arising from absent or inadequate protocols for allergies and dietary requirements or failure to follow relevant protocols

- Nature of adverse events (de-identified) arising from absent or inadequate protocols for allergies and dietary requirements or failure to follow relevant protocols.

Outcomes

- Outcomes of adverse events (de-identified) arising from absent or inadequate protocols for allergies and dietary requirements or failure to follow relevant protocols

Reporting frequency

- Significant adverse events: as soon as possible after occurrence
- All others: daily

Standard 7. Information and data management (including medical records)

Criterion 7.1 Confidentiality and privacy of personal information (including medical records)

Operation Soteria has a systematic approach to maintaining the confidentiality and privacy of a quarantined person's personal and health information.

The *Privacy Act 2001 (Cth)* states that a patient's personal health information includes a person's name, address, account details and any health information (including medical or personal opinion) about the person.

Medical, nursing, clinical and allied health staff have requirements relating to confidentiality in their professional registration and codes of conduct.

- Quarantined persons should be informed that their health information will be treated as private and confidential and will only be released to third parties with their consent or in compelling circumstances (e.g. concern for the patient's safety or the safety of others) as required by law
- Mechanisms should be in place to ensure that information is shared between on-site staff when necessary but within the bounds of the law. Any transfer of information to a third party without the consent of the quarantined person needs to be documented in their medical record
- Patient information in hotels/facilities should not be stored or left visible in areas where non-health services staff have unrestricted access, or where constant staff supervision is not easily provided
- Devices used to access the information management systems are only accessible to authorised clinical staff
- Screensavers or other automated privacy protection devices are enabled
- Documented protocols related to the confidentiality and privacy of personal and health information of quarantined persons should include, but not be limited to:

Informing newly quarantined people about the information collected about them, the use of that information, the range of people (e.g. doctors, nurses, psychologists) who may have access to their medical records and the scope of that access, privacy arrangements and how they can gain access to their personal and health information

Gaining consent from quarantined people before disclosing personal and health information to third parties

Providing health information to another health professional if requested by the quarantined person

Maintaining the security of information held at the hotel/facility, on private external servers or on government servers

Retaining medical records as required by law.

- Documentation should also include, but not be limited to:

the type of personal health information that may need to be relayed to DHHS when assessing special needs of a quarantined person

how confidentiality can be maximised if a third party is present in the consultation without the consent of on-site clinical staff or patient.

Criterion 7.2 Information security (including medical records)

It is paramount that the security of confidential data on quarantined persons is maintained.

- The security of patient information (including medical records) in electronic or paper formats should be maintained through the use of secure-access information management systems
- A minimum number of secure databases should be used to prevent fragmentation of records management and reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of quarantined persons
- Different staff members should have different levels of access to quarantined person's information (for example, administrative staff should not have access to the patient's medical records). In relation to medical records, the principles of patient confidentiality should be maintained unless required by law
- These records 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.
- On-site staff have personal passwords to authorise appropriate levels of access to health or other personal information.
- 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 an on-site doctor completes an assessment, they must provide a written record of this to the on-site nursing staff, either on paper or via email, if an electronic medical record system is not available. This must be securely stored as soon as possible
- Inactive records must also be kept and stored securely. An inactive record is generally considered to be a record of a person who is no longer detained in mandatory detention
- An information disaster recovery plan for use in an emergency such as device failure or power failure should be established.

Back-ups of electronic information are performed at an appropriate frequency

Back-ups of electronic information are stored in a secure offsite environment

Antivirus software is installed and updated

- All internet connected devices have firewalls installed
- Documented protocols related to information security should include, but not be limited to processes for:

Collection, storage and transfer to electronic storage

Back-up and recovery of digital information

- Documentation should also include, but not be limited to:

Record of which staff are authorised to access different levels of information about a quarantined person (e.g. Personal details, contact details, medical record, COVID-19 status, etc).

Criterion 7.3 Transfer of personal information (including medical records)

On request from a quarantined individual, in an emergency, or to support a referral for health or welfare reasons, a summary or a copy of personal information (including the patient health record) may be transferred to the patient, another medical practitioner, health service provider or health service.

- Transfer of patient information in these situations should be facilitated

- Consent of the quarantined person should be obtained before transferring information, except in an emergency when they are unable to give consent and failure to transfer the information will prevent optimal care. Consent may be given for the release of some information beyond an individual consultation
- On-site staff record any requests by quarantined individuals or other reasons for transfer of health information in the medical record. This note should include details of where the information was sent and who authorised the transfer
- Any electronic data transmission of patient information over a public network must be encrypted.

Criterion 7.4 Retention of personal information (including medical records)

The *Privacy Act 1988 (Cth)* requires personal health information to be destroyed or permanently de-identified once it is no longer needed for any authorised use or for disclosure under the legislation.

The *Health Records Act 2001 (Vic)* recommends that individual patient health records be retained for a minimum of 7 years from the date of last contact, or until the patient has reached the age of 25 years, whichever is the longer. In the case of patient health information collected for the purpose of providing medical advice or treatment, it may be appropriate to retain this information indefinitely so that it is available, if necessary, to assist with the patient's future diagnosis and treatment.

- A protocol for the retention and destruction of personal health information for people in mandatory quarantine consistent with the *Privacy Act 1988 (Cth)* and *Health Records Act 2001 (Vic)* should be established and communicated to all relevant staff

Potential indicators

Program delivery

- Incidents of breach of privacy related to medical information
- Incidents related to failure to maintain adequate medical records

Outcomes

- Adverse events arising from breach of privacy or failure to maintain adequate medical records

Reporting frequency

- Significant adverse events: as soon as possible after occurrence
- All others: daily

Standard 8. Health and welfare reporting to the Public Health Commander

A series of potential indicators to measure program delivery and outcomes are presented for each Standard and a suggested reporting frequency is provided. These indicators were developed systematically to address all the issues contained within these Standards. However, it may not be feasible, or even desirable, to collect and report on them all. They remain as a comprehensive list in this document to inform current decision-making for Operation Soteria and potential measures that may be taken to address future public health emergencies.

- Final decisions on the reporting structure; content, format and frequency of reports; and methods of data collection and analysis should be determined through deliberations with all stakeholders including, but not limited to, Public Health, Compliance, Intelligence and Operations.
- Decision-making criteria should include, but not be limited to:
 - information priorities of each stakeholder group
 - risk assessment and mitigation strategies
 - program monitoring and evaluation questions

- feasibility of, and resources required for, data collection, analysis and reporting
- Data should be assessed for accuracy (reliability and validity) and completeness. Appropriate measures should be instigated to enable and facilitate easy and accurate capture, entry and transmission of data.
- Minimum datasets for urgent, daily and weekly reporting should be established.

Public Health Policy for COVID-19 in Mandatory Quarantine

Summary

This document outlines the Department of Health and Human Services (DHHS) public health policy for COVID-19 in mandatory quarantine (Operation Soteria).

Identification and management of COVID-19 is undertaken in two scenarios – diagnostic testing of symptomatic individuals and routine testing by invitation to all persons in mandatory quarantine on Day 3 and Day 11 of the quarantine period.

Policy quick reference guide

Table 1. Management based on outcomes of diagnostic testing or Day 3 routine testing

Negative result	Asymptomatic	<ul style="list-style-type: none"> • Must complete 14 days of mandatory quarantine • Should still be offered testing on Day 11 and if they become symptomatic
	Symptomatic	<ul style="list-style-type: none"> • Remain in current location to complete 14 days of mandatory quarantine • May require repeat testing if symptoms do not improve (repeat testing should be directed by the on-site GP) • If requiring transport, they should go by Non-Emergency Patient Transport (NEPT) and should wear personal protective equipment (PPE) while in transit
Positive result	All cases	<ul style="list-style-type: none"> • Transfer to the COVID-19 hotel for the remainder of the quarantine period • Transport of positive cases (to home or to the COVID-19 hotel) should be by NEPT and cases should wear PPE while in transit • Close contacts sharing a room with positive cases should be encouraged to move to a separate room • When the 14-day mandatory quarantine period is complete individuals who have not yet met the department's criteria for release from isolation of a confirmed case should be managed as per confirmed cases from Day 11 testing (see box below)
	Asymptomatic	<ul style="list-style-type: none"> • If a person is currently asymptomatic and has no history of symptoms in the past 14 days, 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
	Symptomatic	<ul style="list-style-type: none"> • If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case • Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> – the person has been afebrile for the previous 72 hours, AND – at least 10 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
Not tested	Asymptomatic	<ul style="list-style-type: none"> • Must complete 14 days of mandatory quarantine • Should still be offered testing on Day 11 and if they become symptomatic

(declined testing or other reason)	Symptomatic	<ul style="list-style-type: none"> • Remain in current location to complete 14 days of mandatory quarantine • Strongly advise to be tested • Document that they are symptomatic, and that they have been offered and refused testing • If requiring transport, they should go by NEPT and should wear PPE while in transit
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Table 2. Management based on outcomes of Day 11 routine testing

		Staying in Victoria on exit	Leaving Victoria on exit (interstate or international)
Negative result	Asymptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (standard) • Allow to exit detention
	Symptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention • Advise to stay at home until symptoms have resolved for 72 hours 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Allow to exit detention • Issue End of Detention Notice (standard) • Allow to travel interstate • Advise to stay at home until symptoms have resolved for 72 hours
Positive result	All cases	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (confirmed case) • If the person has more than 24 hours left in mandatory quarantine before they are due to exit, they should be transferred to the COVID-19 hotel for the remainder of the quarantine period • If the person is due to exit to home within 24 hours of receiving the positive test result, the decision to transfer to the COVID-19 hotel should be made on a case-by-case basis, and exiting from their current hotel to home on Day 14 may be the more appropriate arrangement. • When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> – Victorians who are still infectious (who have not yet met the department's criteria for release from isolation of a confirmed case) are permitted to isolate at home, if they 	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (confirmed case) • Must not travel interstate • When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> – Individuals from interstate who are still infectious (who have not yet met the department's criteria for release from isolation of a confirmed case) are permitted to isolate at an identified residence in Victoria, if they can do so safely and appropriately – Individuals from interstate who cannot safely isolate at an alternative residence in Victoria may continue to isolate at the COVID-19 hotel until they meet the department's criteria for release from isolation of a

		<p>can do so safely and appropriately</p> <ul style="list-style-type: none"> - Victorians who cannot safely isolate at home may continue to isolate at the COVID-19 hotel until they meet the department’s criteria for release from isolation of a confirmed case • Transport of positive cases (to home or to the COVID-19 hotel) should be by Non-Emergency Patient Transport (NEPT) • Positive cases should wear PPE while in transit 	<p>confirmed case</p> <ul style="list-style-type: none"> • Transport of positive cases (to the COVID-19 hotel or to other appropriate accommodation in Victoria) should be by NEPT • Positive cases should wear PPE while in transit • If there are concerns that the person will not safely isolate in Victoria, a further Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal
	Asymptomatic	<ul style="list-style-type: none"> • If a person is currently asymptomatic and has no history of symptoms in the past 14 days, 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. 	<ul style="list-style-type: none"> • If a person is currently asymptomatic and has no history of symptoms in the past 14 days, 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.
	Symptomatic	<ul style="list-style-type: none"> • If a person is symptomatic, the isolation period will be determined as per the department’s criteria for release from isolation of a confirmed case • Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> • If a person is symptomatic, the isolation period will be determined as per the department’s criteria for release from isolation of a confirmed case • Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> - 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
Results pending	Asymptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention • All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known • DHHS should ensure the test result, positive or negative, is provided to the person 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (standard) • Allow to exit detention • All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known • DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant

			state/territory public health department
	Symptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (respiratory symptoms) • Allow to exit detention • Victorians who can safely isolate at home must do so until the test result is known • Transport by NEPT, should wear PPE while in transit • Victorians who cannot safely isolate at home or other appropriate accommodation may continue to isolate at the quarantine hotel until the test result is known • DHHS should ensure the test result, positive or negative, is provided to the person 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (respiratory symptoms) • Must not travel interstate, must stay in Victoria until test result is known • If there is concern that they will not follow this advice, a further Direction and Detention Notice may be issued in consultation with the Public Health Commander and DHHS Legal • DHHS will accommodate in quarantine hotel until test result is known, if they have no other appropriate/safe accommodation to isolate in Victoria • If required, transport by NEPT and wear PPE while in transit • DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department
Newly symptomatic after Day 11 test		<ul style="list-style-type: none"> • Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken • Management should be as per the relevant category described above 	<ul style="list-style-type: none"> • Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken • Management should be as per the relevant category described above
Not tested (declined testing or other reason)	Asymptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (standard) • Allow to exit detention
	Symptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (respiratory symptoms) • Allow to exit detention • Strongly advise to be tested • Document that they are symptomatic, and that they have been offered and refused testing • If requiring transport, they should go by NEPT and should wear PPE while in transit 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (respiratory symptoms) • Strongly advise to be tested • Document that they are symptomatic, and that they have been offered and refused testing • Each instance must be discussed with the Deputy Public Health Commander for a risk assessment, a further

			<p>Direction and Detention Notice may be considered, in consultation with the Public Health Commander and DHHS Legal</p> <ul style="list-style-type: none"> • DHHS will accommodate in quarantine hotel until test is agreed and result known, if they have no other appropriate/safe accommodation to isolate in in Victoria • If required, transport by NEPT and wear PPE while in transit
Close contact (not tested)	All close contacts	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (standard) • Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period • All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence • Close contacts from Victoria are permitted to isolate at home, if they can do so safely and appropriately • DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • If required, transport by NEPT and wear PPE while in transit 	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (standard) • Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period • All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence • Must not travel interstate • If there is a concern that they will not follow this advice (i.e. if refusing to isolate in Victoria and planning to travel interstate), a new Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal • DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • If required, transport by NEPT and wear PPE while in transit

COVID-19 testing

Indications for testing

Symptomatic testing should occur whenever clinically indicated (i.e. if the person is symptomatic).

If a person screens positive for symptoms or a temperature at the airport, the on-call Human Biosecurity Officer (HBO) should be contacted. The HBO should arrange for ambulance transfer to the Royal Melbourne Hospital for clinical assessment and testing. Please see the current *Border Health Measures Protocol* for further information.

Routine testing for COVID-19 is recommended for all individuals in mandatory quarantine on Day 3 and Day 11 of the quarantine period.

General testing process

COVID-19 testing is voluntary. Quarantined individuals cannot be forcibly tested.

Testing should be carried out as early as possible on the day of testing (unless otherwise indicated), to ensure tests are processed and results reported in a timely manner.

Informed consent

- Information on the testing process must be provided to individuals at the beginning of the quarantine period and again before testing is carried out.
- Consideration must be given to persons from non-English speaking backgrounds who may require interpreters to give their consent.
- Informed consent must be sought and documented in the nursing health record; if a test is declined, this should also be documented.
- Refusal of testing by symptomatic persons should be escalated to the appropriate lead and included in the daily report to the Public Health Commander.

Temperature and symptom check

- A temperature and symptom check should be performed and documented each time COVID-19 testing is offered.
- If a temperature or symptoms are present, the person should be treated as a suspected case, and advised to isolate separate from other persons until the test result is known.

Personal protective equipment

Personal protective equipment (PPE) should be used as per current department recommendations (available here: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>).

Diagnostic testing for symptomatic individuals

Individuals who are symptomatic should be tested for COVID-19 as soon as is practicable.

A returned traveller who has signs or symptoms consistent with COVID-19 should be considered a **suspected case**. Suspected cases should be given the option to isolate separate from their travel companions until the test result is known.

Of note, persons may happen to develop symptoms on Day 3 or Day 11. They should still be tested as part of the Day 3 and Day 11 testing process, but it should be clearly marked on the pathology request that they are symptomatic.

Diagnostic testing for symptomatic individuals should be coordinated by the doctors and nurses working in the hotels. In this instance, the requesting medical practitioner should be the doctor looking after that particular hotel on that date. The requesting medical practitioner is responsible for provision of the result to the quarantined individual, in addition to notifying the department if there is a confirmed case.

Routine testing on Day 3 and Day 11

The purpose of Day 3 testing is to detect cases of COVID-19 early in the quarantine period, so that appropriate isolation arrangements can be made both for the case and their close contacts, but also to reduce the possibility of an extended quarantine (and possibly detention) period.

The purpose of Day 11 testing is to detect cases of COVID-19 before they are due to exit mandatory quarantine, so that appropriate isolation arrangements can be put in place, and to reduce the risk of transmission in the community.

Tailored information on the Day 3 and Day 11 testing process must be provided to individuals at the beginning of the quarantine period and again before testing is carried out. Consent should be sought and documented as per the above procedure.

Day 3 and Day 11 testing will **NOT** be requested of the following groups:

- persons who are confirmed cases of COVID-19 (unless specifically indicated (e.g. if there is a specific clinical or public health indication, as determined by the treating medical practitioner and the department's CCOM)).
- persons who already have a COVID-19 test result pending.
- approved transit passengers who are generally in transit for less than 72 hours.

It should be noted that close contacts of confirmed cases who are residing at the COVID-19 designated hotel **should** be offered Day 3 and Day 11 testing, as per standard practice.

Where it is identified in advance that individuals are observing Ramadan and are unable to have a swab taken on the morning of Day 11, the test may be conducted on the evening of Day 10.

Confirmed cases should not be tested again unless specifically indicated (e.g. if there is a specific clinical or public health indication, as determined by the treating medical practitioner and the department).

Provision of results

Results should be provided by the medical practitioner who requested the test (currently Dr Garrow of Medi7 or a delegate general practitioner from Medi7).

Results of routine COVID-19 tests should be provided to individuals as soon as is practicable, with priority given to the communication of positive results before negative results, and Day 11 results before Day 3 results.

For positive results:

- Notification to be made personally via phone to explain the results.
- Interpreters to be used as required.
- Consultation to be documented in the medical record.
- On site nurses should be notified when guests have been informed of their positive results to facilitate timely relocation arrangement, where required.
- Positive cases should be notified of their result before they are contacted by the Case and Contact team.

All results:

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Nurses on site at each hotel are responsible for delivering written test results to all guests.

- Nurses receive printed copies of results (positive and negative) from VIDRL by VCS.
- On-site nurses deliver printed copy of results to each individual in their hotel room along with either:
 - ‘Information for people with positive results from routine testing’ letter
 - ‘Information for people with negative results from routine testing’ letter
- Translation and interpreters to be used as required.

Notifications to DHHS

Notification of confirmed cases to the department must be carried out by the nominated medical practitioner described above, in addition to the testing laboratory.

Repeat swabbing

Repeat testing should not be carried out for confirmed cases, unless recommended by the department or required for a specific purpose (e.g. to return to work in high risk settings, to enable visitor access to hospital, etc).

Clearance testing is not currently required for release from isolation, nor for release from mandatory quarantine.

Case and contact management

Confirmed cases

Nurses should temperature check and review symptoms of confirmed cases daily. This should be documented in the nursing record, along with the date of the acute illness onset.

Diagnosed in mandatory quarantine

Confirmed case management is provided by a Case and Contact Officer (CCO) from the department.

Positive cases (regardless of symptom status) should be transferred to the COVID-19 hotel for the remainder of the mandatory quarantine period.

Isolation periods will be determined as follows:

- If a person is currently asymptomatic and has no history of symptoms in the last 14 days, 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, their isolation period will be determined as per the department's release from isolation criteria.

When the 14-day mandatory quarantine period is complete:

- Individuals from Victoria who are still infectious (who have not yet met the department's criteria for release from isolation of a confirmed case) may return home to complete their isolation, 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-19 hotel until they meet the department's criteria for release from isolation of a confirmed case.

Positive cases requiring transport should be transported by Non-Emergency Patient Transport (NEPT) and should wear PPE whilst in transit.

Entering mandatory quarantine

Confirmed cases (currently infectious or recovered) entering mandatory quarantine should be accommodated in the COVID-19 hotel.

The required isolation period will be determined by the Case and Contact team on a case-by-case basis.

COVID-19 hotel

If a confirmed case is due to exit mandatory quarantine within 24 hours to isolate at home in Victoria, the need for transfer to the COVID-19 hotel can be assessed on a case by case basis (taking into account the duration of time the person will need to stay at the COVID-19 hotel, and the risks associated with transfer between sites).

If a confirmed case (and potentially their family members or close contacts) are being transferred to the COVID-19 hotel, these transfers should take place during the day where possible.

Close contacts

Close contact management is provided by a Case and Contact Officer (CCO) from the department.

Close contacts of confirmed cases (whether symptomatic or asymptomatic):

- Must isolate for 14 days since last contact with the confirmed case.
- Should be encouraged to separate from the confirmed case so that their new quarantine period can commence.

Close contacts from Victoria who have completed the mandatory quarantine period but not the close contact quarantine period will be permitted to isolate at home (if safe and appropriate isolation arrangements can be made), otherwise they will be accommodated by DHHS in appropriate accommodation.

Isolation and exit arrangements

Isolation arrangements

Persons sharing a room must be informed that this may have implications for the amount of time they are required to quarantine (although not their mandatory detention period) should one of them become a confirmed case.

Where one person in a room becomes symptomatic or a confirmed case, the persons in the room should be advised to isolate in separate rooms.

Release from isolation

Symptomatic cases

Confirmed cases of COVID-19 will be considered for release from isolation and early release from mandatory quarantine, once they meet **ALL** 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.

Asymptomatic cases

Asymptomatic cases of COVID-19 will be considered for release from isolation and early release from mandatory quarantine once they have been asymptomatic for 10 days since the test result.

Process for release from isolation

As per the DHHS guidelines for health services and general practitioners (see <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>), the department will determine when a confirmed case no longer requires to be isolated in mandatory quarantine, hospital or in their own home.

- 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 COVIDquarantine@dhhs.vic.gov.au for the case when they meet the criteria for release from isolation.

Exit arrangements

Appropriate transport, accommodation and isolation/quarantine arrangements should be planned and in place for close contacts, confirmed and suspected cases about to exit mandatory quarantine. These arrangements should be in keeping with DHHS policy as per Table 2 above.

Any deviations from the agreed policy must be escalated to and approved by the Compliance and Enforcement Lead, and the Deputy Public Health Commander for Physical Distancing.

Transport arrangements

All quarantined individuals requiring transport during the mandatory quarantine period should wear PPE whilst in transit. Non-emergency transfers of individuals where relevant (e.g. to the COVID-19 hotel) should be by Non-Emergency Patient Transport (NEPT). In the case of an emergency, transfer should be by emergency ambulance by calling 000.

Annex 3 – COVID–19 Operational guidelines for mandatory quarantine

Annex approver: DHHS Commander COVID-19 Accommodation

Last version date: v2.0 1 June 2020

Purpose

The purpose of this Annex is to provide operational guidance in order to manage each stage of the mandatory quarantine process. This Annex outlines the activities required to provide safe, efficient and effective hotel operations for the management of passengers arriving at Victorian ports who are subject to mandatory quarantine within Victoria.

Permission to access this document or any links contained, can be requested by emailing DHHSOpSoteriaEOC@dhhs.vic.gov.au.

Scope

This document addresses the public health operational requirements for managing mandatory quarantine.

Audience

This document is intended for use by DHHS staff, other agencies, health care workers and other people involved in the care of individuals in mandatory quarantine (detention).

Standard Operating Procedures (SOPs) have been developed for all cells of operation and outline the roles and responsibilities of staff in transitioning new arriving passengers through the [Ports of Entry \(in draft\)](#), [Mandatory Quarantine Hotels](#) and the [Emergency Operations Centre](#).

1. Emergency Operations Centre (EOC)

The Operation Soteria Emergency Operations Centre is located in Fitzroy. The EOC is organised around an AIIMS structure with four leadership roles (Commander, and three Deputy Commanders) and three core functional sections, Operations, Planning and Logistics. The Standard Operating Procedures for the EOC are currently under development.

2. Ports of Entry (airports and maritime).

Priorities for DHHS operation staff include:

- Supporting the health and wellbeing of incoming passengers, DHHS staff, and staff from other agencies contracted for airport and maritime operations.
- Liaison with ports command (including both airport and maritime) and staff from all agencies to ensure the safe and appropriate movement of arriving passengers, deemed by compliance for transfer to the mandatory quarantine hotels, or for those passengers requiring immediate health and wellbeing attention to appropriate hospitals care. This includes transport and accommodation needs.
- Providing situational awareness and intelligence to inform transport providers, hotel operations and State – level emergency management of the current number and requirements for newly arriving passengers and/or crew as required.
- Provide a point of reference to all site and virtual staff to resolve issues for resolution, including logistics, compliance and escalation to command.
- Ensure appropriate records management processes adhered to.

- Conduct operational priorities in a manner that align to Standard 1: *Rights of people in mandatory quarantine* as outlined in Annex 2 of this document.
- Provision of welcome pack to all arriving passengers, assess, liaise and coordinate the immediate needs of arriving passengers and provide advice as required. EOC command will be provided intelligence on the high-risk immediate needs of arriving passengers.

2.1 Airport screening and assessment of immediate health and wellbeing risk factors

In accordance with Annex 2, Standard 2; *Screening and follow up of health and welfare risk factors* 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. This symptom check includes questions about cough, sore throat, breathing difficulties, headaches and other symptoms of unwellness (as per the health screening protocol for Melbourne airport). Nurses will perform a temperature check on each passenger. If a person screens positive on the symptom check, or on the temperature check (temperature >37.8 °C), the Human Biosecurity Officer (HBO) will be contacted by the DAWE biosecurity officer to arrange for testing as outlined in Section 2.3 of this document.

2.2 Airport arrival and hotel documentation

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

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

Annex 1 *COVID-19 Compliance Policy and procedures – Detention authorisation* outlines the responsibilities of Authorised Officers at ports of arrival and hotels.

2.3 Management of an unwell person (Suspected or positive COVID-19)

2.3.1 Airports

The lead for this situation is the HBO on behalf of the Deputy Chief Health Officer (Communicable Diseases). Any passengers who screen positive on the airport health check will trigger the DAWE biosecurity officer to contact the HBO on-call for the department via 1300 651 160. 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 be taken.

The HBO should organise an ambulance transfer to the appropriate health service Royal Melbourne Hospital (or Royal Children's Hospital) for testing and assessment.

The DHHS authorised officer (AO) at the airport should:

- Issue the person their detention notice.
- Log the person as requiring mandatory quarantine at a specified hotel.
- Provide an information sheet to travel with the person to provide to the hospital advising that the person is being detained in mandatory quarantine. This includes the phone number for the hospital to call when the person is ready for discharge so that transport can be organised by the hotel team leader (patient transfer/ambulance/maxi taxi etc.) to return the person to the hotel.

Provide a permission to enable the person to be transported to the hospital and, following medical release, be transported back to the hotel.

- Follow-up with the hospital to update on the person's situation.

The person must remain at the hospital until the result of their COVID-19 test is known if they are showing symptoms of COVID-19.

After the test result is known, if they are well enough to be discharged from the hospital, transfer (by patient transfer/ambulance/maxi taxi etc.) can be organised to bring the person to the assigned hotel.

- If the person has a positive test result (i.e. they are a confirmed case), they should be transported to the COVID-19 hotel.
- If the person has a negative test result, they can be situated in a general part of the hotel.
- The AO must ensure the room number is included on the detention notice.

If the person is unwell and requires admission to hospital, the Compliance / AO Lead should be informed and the EOC.

2.3.2 Seaports

All international vessels and goods become subject to biosecurity control on entering Australian territorial seas. Vessels subject to biosecurity control must only enter Australia at ports that have been determined as first points of entry under *The Biosecurity Act 2015 (C'th)*, unless permission has been granted to enter a [non-first point of entry](#).

All aircraft and maritime vessels are required to obtain permission (pratique) before docking or landing at Victorian ports and complete a pre-arrival-report (PAR). The PAR for maritime vessels is submitted through the Maritime Arrivals Reporting System and is sent through 12-96 hours in advance of arrival. This information goes to the Maritime National Coordination Centre (MNCC).

If conditions change after the issue of a PAR, the operator of the vessel must notify the port or the MNCC as it may change whether pratique is automatically granted or if the vessel needs to obtain negative pratique from a Biosecurity Officer (BO).

All travellers arriving at seaports who are subject to mandatory quarantine will undergo health screening on arrival at the port of entry (NOTE: individual arrangements may be put in place at seaports depending on the circumstances).

2.3.2.1 Advanced notification of an unwell crew member on a maritime vessel

If there has been advanced notice of a passenger or crew member with COVID-19 symptoms

If a passenger or crew member meets the current criteria for COVID-19 testing in Victoria (<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>), the passenger or crew member will be required to be tested. The BO (or the MPL on behalf of the BO) notifies the HBO and the HBO will either:

- Arrange for testing to be done by the vessel's doctor or a DHHS contracted nurse at the port; OR
- Where testing cannot be done by the vessel's doctor or DHHS contracted nurse, the HBO will arrange ambulance transfer to hospital for testing.

If an onshore healthcare worker is required to board the vessel e.g. to conduct testing, they will not board a vessel at anchorage, it must be berthed.

No one will be allowed on or off the vessel until the results are known except at the discretion of the BO or HBO.

If all testing for COVID-19 is negative, and there are no concerns about other Listed Human Diseases, the HBO will contact the BO and grant pratique.

If any test for COVID-19 is positive, the HBO in conjunction with the DPHC: Physical Distancing will determine appropriate management of cases, and handover to the Case and Contact Management Team (DHHS) for ongoing public health management.

Classification of contacts with confirmed cases of COVID-19 will be made on a case-by-case basis via a risk assessment coordinated by the DPHC: Physical Distancing, with appropriate management of contacts and other people on the vessel depending on the outcome of the assessment.

If the crew member needs non-urgent medical attention and the Biosecurity Officer deems the complaint is not related to one of the Listed Human Diseases (i.e. they do not need to activate the HBO), they may allow the crew member to disembark the vessel to seek medical attention without HBO approval.

2.3.2.2 No previous notification of an unwell crew member on a maritime vessel

If the BO is alerted to an **unwell crew member** (and there has been no previous notification), they will meet and board the vessel to administer a TIC.

- If a person is identified as positive on the TIC form, the BO will contact the HBO, who will undertake further assessment as detailed above

Additional information is outlined in [Border Health Measures at Victorian International Ports \(Air and Sea\)](#) (currently in draft and is awaiting approval).

2.4 Refusal of testing

2.4.1 At the airport

If a person refuses to be transported from the airport to hospital for COVID-19 testing, and they are only mildly symptomatic (as per assessment made by the DHHS nurse and the HBO):

- They should be transported to the hotel
- They should be treated as a suspected case of COVID-19 and offered testing again at the hotel
- If they refuse testing at the hotel they should be treated as if they are COVID-19 – they must be situated at the COVID-19 hotel
- They should be encouraged to comply with testing, but they cannot be forcibly tested.

2.4.2 At the hospital

If a person refuses testing for COVID-19 at a hospital and they are well enough to return to the hotel:

- Every effort should be made to encourage them to get tested before leaving hospital to allow for the most appropriate quarantine location at the COVID-19 hotel, they cannot be forcibly tested.
- If they continue to refuse testing, they should be transported back to the hotel and treated as if they are COVID-19 positive - they must be situated the COVID-19 hotel.

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.

2.5 Management of an unwell person (not COVID-19) related

Incoming passengers may present to the ports of entry with non-COVID-19 related health or wellbeing concerns. These passengers must be reviewed by the nursing staff and assessment and management facilitated through the most appropriate hospital as per the [hospital transfer plan](#).

3. Quarantine and isolation arrangements

3.1 Accommodation options to promote effective quarantine

There are a number of accommodation options for people – such a couple or family – to promote effective quarantine. Request for accommodation preference is requested at the airport by DHHS contracted staff to allow rooms to be allocated on arrival to the hotel. If a person at this time is known to be positive for COVID –19 the companions should be advised of the risk of the options of staying together.

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 should be facilitated. However, they should be informed that sharing a room may have implications for the amount of time they are required to quarantine (although not their mandatory detention period) should their roommate become a confirmed case.

When a person within a party or group is identified as positive for COVID-19 in the hotel, the Doctor is responsible for the notification to the person and the Departments Case and Contact Management team. The case and contact management team will contact the positive person and do a review to identify close contacts, including other family members or friends who have been cohabiting. They will provide advice to the close contact regarding their need to commence a further 14 days of quarantine from the date of last contact with the infectious person (explained further below), including recommendation of the 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 arrival at the hotel

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.

It should be noted that returning passengers who reside in states other than Victoria may be unable to travel home to their home state if they become positive or a close contact of an infected individual.

3.2 Communication of these options to people in mandatory quarantine

The DHHS Team Leader will coordinate the movement of guest and their companions to the COVID –19 hotel and the Authorised Officer will manage the change in detention notice. Once movements have occurred the EOC and Public Health will be notified of the locations of affected people.

4. Mandatory Quarantine Hotels

4.1 Team Leaders

Team Leaders are employed by DHHS to provide a safe environment for people who are required to enter a period of compulsory quarantine at a hotel after returning from overseas. They are also responsible for managing all aspects of the passengers stay in accordance with all extant policies and procedures. The [Team Leaders' Pack](#) has been developed to provide a summary of all policy and procedures and contains hyperlinks to source documents. The Team Leaders' Pack is a live document and all updates are communicated from the EOC to Team Leaders in daily briefs.

4.2 On arrival

Upon arrival at the quarantine hotels, passengers receive information packs. Current information provided to passengers can be accessed via [Current information for hotel guests](#). Passengers will also receive additional [Newsletters](#) to provide information that supports them during their stay.

The process for passengers arriving at hotels and the documentation they are required to provide is detailed in the [Team Leaders' Pack](#).

4.3 COVID-19 positive hotels

Any person who is confirmed as having COVID-19 as a result of a positive test, should be relocated to the COVID-19 hotel. Appropriate signage, PPE and other consumables should be available at the entrance to this hotel. Further information regarding procedures for managing accommodation for COVID-19 positive guests and their close contacts can be found in [Positive Hotels Guidance](#) (draft awaiting approval).

5. Confirmed cases entering detention

5.1 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 placed in mandatory quarantine.
- They will be given a single-use face mask to wear and will be kept separated 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 will be offered additional testing.

5.2 Recovered cases

In the situation where an individual self-reports they were 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 is on the individual to provide the evidence that they had 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.

6. Provision of health and welfare services

As per Annex 2, Standard 3 *Provision of health and welfare services*, Operation Soteria has a flexible on-site system for the provision of health and welfare services that can accommodate urgent, non-urgent, complex, planned chronic care and preventive health needs. The excerpts below outline these practical procedures.

6.1 Clinical assessment and testing for COVID-19

The objective of this testing program is to identify potential cases of COVID-19 amongst returned travellers who have a higher likelihood of being positive than the Australian population. The SOP for COVID-19 testing containing information on required schedules, PPE, and procedures is found in [Enhanced Testing Programme for COVID-19 In Mandatory Quarantine](#).

6.1.1 Indications for testing

If a quarantined individual has any signs or symptoms consistent with COVID-19 infection at any time during the mandatory quarantine period, they must be offered testing that day (or the following morning if overnight).

Indications for testing include:

- Signs of symptoms of COVID-19 (e.g. fever, chills, cough, shortness of breath, sore throat, fatigue, runny nose, anosmia).
- A nurse or doctor recommends testing.
 - The person had a positive test result overseas and the overseas laboratory result does not meet the required reporting standards in Victoria.
- It is requested by Public Health (DHHS) as part of a specific testing initiative.

Nurses and doctors working across the hotels must familiarise themselves with the clinical presentation of COVID-19 and should be familiar with the department's guidance which is [available in Health services and general practice - coronavirus disease](#) (COVID-19).

It should be noted that a lower clinical threshold for COVID-19 testing should apply in mandatory quarantine due to the high-risk nature of the setting and the population.

6.1.2 Timing of testing

Individuals in mandatory quarantine should be tested for COVID-19 at the following times:

- If they screen positive on the health screen (temperature and symptom check) at the airport.
- If they report symptoms during a nurse check or welfare check or at any other time during quarantine.
- On day 3 and/or day of 11 of the mandatory quarantine period, regardless of symptoms, persons in quarantine will be offered a voluntary testing.

When testing is indicated, it should be performed that day so that results are returned as soon as possible (which will inform quarantine arrangements). If symptoms occur over night, the testing should occur no later than the following morning.

Failure to offer COVID-19 testing to an individual in mandatory quarantine who is symptomatic should be considered a risk which needs to be reported to the EOC and investigated accordingly.

6.1.3 Refusal of testing

If a quarantined individual has signs or symptoms consistent with COVID-19 (i.e. testing is indicated) is offered testing, but refuses to be tested, this should be documented in detail in the nursing record. The importance of testing should be explained to the person. Any refusal of testing by symptomatic persons should be escalated to the team leader and command at EOC and should be included in the daily report to the Public Health Commander.

6.1.4 Communication of results

It is the responsibility of the medical practitioner who ordered the test to follow-up the result of the test and ensure arrangements are in place to advise the patient of the result, whether negative or positive. 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. If the result is positive, the requesting medical practitioner must notify the department on **REDACTED**.

6.2 Case management

6.2.1 Management of suspected cases

The following actions should be taken once a quarantined individual is a suspected case:

- Suspected cases should be isolated in a separate room away from other quarantined individuals if feasible.
- If this is not possible and they are sharing a room with another person or persons, they should be given a single use face mask and advised to physically distance themselves (> 1.5m) from other persons in the room, practise hand hygiene and cough and sneeze etiquette, open a window(if possible), and clean/sanitise surfaces and common areas.
- If they have been isolated in a separate room, when the result of the test is known they can either return to their original room, sharing with other quarantined individuals (if negative), or relocated to the COVID-19 hotel (if positive).

6.2.2 Management of confirmed cases

The following actions should be taken once a quarantined individual is a confirmed case:

They should be accommodated / cohorted at the COVID 19 hotel

- The medical practitioner who requests the COVID-19 test is responsible for notifying the department of a positive result and notifying the patient (or handing this over to the doctor on call)
- A case and contact officer (CCO) from the department will then contact the case and perform a case interview
- The case's roommates will be listed as close contacts and will also be contacted and monitored by the department. They will be given the opportunity to isolate in separate rooms for the remainder of their time at the hotel. They will be required to quarantine 14 days post the last contact with the positive roommate.
- The CCO will have daily contact with the case until they are ready to be released from isolation (and therefore detention)
- Appropriate PPE (droplet and contact precautions) should be worn by all persons having contact with the confirmed case.

Further guidance relating to passengers who receive a confirmed diagnosis of COVID-19 during the 14-day detention period can be found [here](#).

6.2.2.1 Quarantined individual becomes a confirmed case

If a hotel detainee becomes a confirmed case, they are followed up by the New Cases team.

An interview is conducted to identify possible acquisition and close contacts. The difference between the 14-day mandatory hotel quarantine period and the isolation requirements during their infectious period are explicitly explained. The case will have been told this information on arrival and relocated to the COVID-19 hotel.

The EOC is informed via email of the confirmed case. If it is identified that people wish to separate, an additional room is requested in the email.

A confirmed case is contacted daily by the Existing Cases team for a risk assessment of symptoms. Nurses should review confirmed cases daily for symptoms and take their temperature. This should be recorded in the nursing record, and may be used to inform clinical decision-making regarding release from isolation.

If a confirmed case meets the release from isolation criteria within the 14-day mandatory quarantine period, the PH Ops emails COVID quarantine and the EOC and provides a standardised letter informing the case they have met their release from isolation criteria.

The case is informed of the release process, and to expect contact by the Hotel Team Leader.

If a confirmed case meets the release from isolation criteria after the 14-day mandatory quarantine period is completed and is not a Victorian resident or is a Victorian resident and cannot return to an appropriate location, PH Ops emails the EOC and requests extended accommodation to be arranged. The outcome must be provided back to PH Ops.

If a confirmed case meets the release from isolation criteria after the 14-day mandatory quarantine period is completed and is a Victorian resident that can continue to quarantine within their home, the PH Ops emails the EOC to request arrangement of transport. The outcome must be provided back to PH Ops.

6.2.2.2 Quarantined individual becomes a close contact

Close contacts are followed up by the New Close Contact team:

The difference between 14-day mandatory hotel quarantine period and the 14-day quarantine period from last contact with a confirmed case is explicitly explained. If currently sharing a room, they are advised that their quarantine period will be extended and are advised to separate.

If they wish to separate, the PH Ops emails EOC and request an additional room be organised for the close contact at the COVID-19 hotel.

A close contact is contacted daily by the Existing Contacts team to assess if they have developed symptoms and assess if they are still sharing a room. If still sharing, the Existing Contacts team again recommend separating and explicitly explain that their 14-day quarantine period will be extended. If it is identified that people wish to separate, the PH Ops will email the EOC and request an additional room be organised.

If a close contact develops symptoms and requires testing, the Existing Contacts team emails the EOC to arrange testing.

If a close contact (Victorian resident) has completed their 14-day mandatory quarantine period but is still within their 14-day quarantine period, the PH Ops emails EOC to request transport be arranged for them to return home for the remainder of their quarantine period. The outcome must be provided back to PH Ops.

If a close contact (non-Victorian resident or Victorian resident that cannot return to an appropriate location) has completed their 14-day mandatory quarantine period but is still within their 14-day quarantine period, the PH Ops emails EOC and requests extended accommodation to be arranged. The **outcome must be provided back to PH Ops**.

If an interstate resident wishes to return to their home state for the remainder of their quarantine period, this may be considered on a case by case basis

Appropriate hygiene precautions must be taken if travelling by air (i.e. face masks) and people must return straight home. The home jurisdiction must be informed so they can be followed up as close contacts by their home jurisdiction.

The *Operation Soteria Clinical Governance Framework* is currently in draft and awaiting approval from *SaferCare Victoria*.

7. Transport of COVID-19 positive, close contact and other guests

A SOP has been developed to provide guidance on transporting confirmed COVID-19 cases and their close contacts in a way that minimises the risk of further spread of the disease. This document can be found in [Transport Guideline, COVID-19 Cases and Close Contacts](#). It also sets out transport arrangements for presenting to hospital for medical care, and transport arrangements at the end of quarantine. This guide applies to hospitals, health services, mandatory quarantine sites, transport providers, and others needing to coordinate the movement of individuals.

For all medical emergencies call Ambulance Victoria '000'. If 000 is called, the reference number is to be recorded in the Incident Report.

For all non-emergency patient transport (NEPT).

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

Complete the Operation Soteria Patient [Transport Request Form](#)

Contact the AEOC on 1300 851 121 between 8:00 am – 8:00 pm.

Commercial taxis

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

Refer to the current 'Guidelines for health services and general practitioners' (see <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>).

8. Welfare Check Team and Complex Assessment and Response Team

8.1 Welfare Check team

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

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

The team will seek to understand if there is anything that makes the guest feel unsafe, such as family violence and drug and alcohol dependencies and refer for escalation of risks as required. Identify what wellbeing strategies they can utilise to help them cope with hotel quarantine such as exercise, keeping in

contact with loved ones etc. In addition, guests will also be asked to think about their exit strategy, in preparation for their exit from hotel quarantine.

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

8.2 Complex Assessment and Response Team

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

For more information on the specific roles and responsibilities of each team, please refer to [Welfare Cell at a glance](#).

9. Exercise area implementation plan

Quarantined guests will be provided with access to fresh air in line with the endorsed [Exercise and Fresh Air Implementation Plan](#). Team leaders are to ensure that PPE is available, and procedures are followed in accordance with the PPE guidelines pertaining to [healthcare workers](#) and [hotel security and AOs](#).

10. Food ordering information

Operation Soteria will endeavour to ensure all passengers dietary requirements will be met. Specific guidance concerning processes for people with food allergies or dietary requirement, including information on reimbursements of meal from external suppliers, is found [here](#).

Passengers that don't have dietary requirements are able to order from any food delivery platform however it will be at their own expense.

Further details on ordering food is located in sections three and four of the [Food Management Policy](#).

11. Hotel delivery policy and acceptance

11.1 Care package delivery

Passengers can arrange to have items picked up from your family and friends in Victoria and delivered to the hotel through the Government Support Service. This service is provided at no charge and can be used twice during their 14-day quarantine. If passengers live interstate, they will need to arrange a Melbourne collection point for their care parcel.

11.2 Supermarket Delivery

Supermarket delivery is available to all passengers. As with home delivery perishable and cooked food, alcohol, and cigarettes will be destroyed if delivered in any care parcel. Illicit drugs will be handed to Victorian Police.

Further information on hotel deliveries are located in sections 4.3 of the [Food Management Policy](#).

12. Medication Policy

All medicines and poisons located and utilised in hotels where passengers are undertaking mandatory quarantine, shall be stored in accordance with the [Operation Soteria Medicines and Poisons Storage Policy](#). The doctor / general practitioner on-duty will determine what pharmaceuticals need to be ordered.

Pharmaceuticals can include:

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

Additional information on ordering pharmaceuticals can be found in the [Team Leader Pack](#).

13. Infection control and hygiene

Information on infection control and use of PPE can be found of the Department of health and Human Services Website via the following links:

Information for healthcare Workers can be found at:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-guide-conventional-use-personal-protective-equipment-ppe>

Information for Community Service Providers can be found:

<https://www.dhhs.vic.gov.au/ppe-community-service-providers-prevention-covid-19>

14. Escalation Process

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

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

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

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

Further information with regard to the management of major incidents or alleged major incidents is contained within [Quarantine incident Reporting](#) (draft, awaiting approval).

15. Interpreter booking process

For all interpreter requirements 'Language Loop' is the provider that is used. The contact number for this service is 03 9280 1955 (For calls greater than 90 minutes use 03 9280 1900 to make a booking). The detailed process for interpreter bookings is located in the [Team Leader Pack](#).

16. Other Logistics

16.1 PPE

Hotels are required to hold a minimum supply of PPE to last three business days. All PPE requests are processed by the EOC logistics team using the [PPE Request Form](#). The completed PPE request form with subject line **PPE Order <hotel name>** is sent from the hotel to the EOC via email to: dhhsopssteriaeoc@dhhs.vic.gov.au

16.2 Ordering other stores

Hotels have a limited capacity to order stores directly. All other stores requests (medical, stationary etc) are emailed directly to dhhsopssteriaeoc@dhhs.vic.gov.au and processed through the appropriate channels.

Additional information on ordering stores, and minimum requirement of logistical stores to operate. can be found in the [Team Leader Pack](#).

16.3 Clinical waste

The collection of clinical waste and sharps containers is undertaken by external contractors. The complete process can be found in the [Team Leader Pack](#).

17. Departure – release from mandatory detention

17.1. Departure - Criteria for release from detention

Further information with regard to the criteria for release from detention can be found in Annex 1 *Chapter 5.8 Departure - Release from mandatory detention*.

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

Prior to release, health checks will, be undertaken by nursing staff on the second last day prior to the 14-day period ending, this is not mandatory.

If people being detained have a temperature or other symptoms of COVID-19 before leaving or at the health check in, this will not affect the completion of their detention. They will not be detained longer than their 14-day detention period. The policy for exiting processes can be found here [Exit of accommodation arrangements](#).

17.2 Process for release from detention of a confirmed case

The department will determine when a confirmed case no longer requires to be isolated in mandatory quarantine, hospital or in their own home.

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 COVID.quarantine@dhhs.vic.gov.au for 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.

Everyone is to be offered a voluntary temperature and symptom check by a nurse 24 hours before release.

17.2.1 Release from detention of a confirmed case

Confirmed cases who leave detention but have not yet met the department's criteria for release from isolation are subject to the *End of Detention Notice (confirmed case not cleared infection)*.

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 subject to an *End of Detention Notice (confirmed case not cleared infection)*.

They should be assisted to self-isolate at home or in another suitable premises in Victoria until they meet the required criteria.

A premises is considered suitable if it has a facility/room where the person can be isolated so as not to cause undue a risk for another householder (i.e. not a hostel or dormitory accommodation).

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.

Further information with regard to this process can be found in Annex 1 *Chapter 5.8 Departure - Release from mandatory detention*.

Should a guest not have an appropriate location to travel to or is unable to return to their home state alternative directions may be used on a case by case basis as directed by the Compliance team.

17.2.1.1 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 and is nearing the end of the 14-day quarantine period, Ambulance Victoria (AV) will be requested by the DHHS Team Leader to provide non-emergency patient transport (NEPT) 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 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.

17.2.2 Suspected cases

Any suspected case of COVID-19 who is in mandatory quarantine who has reached 14 days from the start of their mandatory quarantine period (midnight) may leave and should be assisted to safely isolate in an appropriate environment until COVID-19 is excluded. Any suspected case of COVID-19 who is in mandatory quarantine who has NOT reached 14 days from the start of their mandatory quarantine period (midnight) needs to remain in mandatory quarantine.

Any suspected case who has reached the end of their 14-days mandatory quarantine will be issued with an *End of Detention Notice (symptoms of respiratory illness)*

Further information with regard to this process can be found in Annex 1 *Chapter 5.8 Departure - Release from mandatory detention*.

17.2.3 Care after release from mandatory quarantine

It is important that when a quarantined person has health concerns that need ongoing medical care, transfer of care to another healthcare practitioner, including appropriate documentation and/or copy of the medical record, is arranged when the person is released from mandatory detention.

17.3 Quarantine domestic travel checklist

The following is a checklist of what is required for a person to travel domestically whilst they should still be in quarantine (i.e. if they have been released from mandatory quarantine (detention)):

- The requirements for onward travel (e.g. funeral, sick relative).
- Reassessment that the person remains well (afebrile, asymptomatic).
- Person has a supply of single use face masks and hand sanitiser.
- The two rows around the person on the flight are kept empty.

17.4 Other measures

To ensure all parties are kept informed of current residents and cases/contacts:

- Accommodation team to provide daily updates of all residents arriving in detention to PH Ops.
- PH Ops to provide daily updates of all cases and contacts currently in detention.

To ensure all returned travellers seeking assistance on the grounds of hardship are able to access support in accordance with the [Returned Traveller Hardship Policy](#).

These processes will be reviewed as operational needs dictate.

FW: OFFICIAL - Sensitive: Seeking information about the training program for Authorised Officers deployed to hotel quarantine

From: "Michael Robinson (DHHS)" [REDACTED]
To: [REDACTED] (DHHS)" [REDACTED] (DHHS)"
 [REDACTED] (DHHS)"
 [REDACTED] (DHHS)"
 [REDACTED]
Cc: [REDACTED] (DHHS)" [REDACTED] (DHHS)"
 <[REDACTED] (DHHS)"
 <[REDACTED] (DHHS)"
 <[REDACTED]
Date: Wed, 29 Jul 2020 15:32:14 +1000
Attachments: Cyber Security tips.docx (367.21 kB); DHHS Acceptable use of technology policy.docx (83.93 kB); Part 1_DHHS Induction booklet.docx (2.46 MB); Part 2_DHHS Safety and Wellbeing guide.docx (2.24 MB); VPSC_Code_of_Conduct.pdf (264.85 kB)

Hi [REDACTED]

- * Prior to June induction/orientation training was provided to incoming AO's via teleconference.
- * This delivery method was chosen due to the pace and volume of the training sessions required, participants geographic location and lack of time available to bring them into 50 Lonsdale street for face to face training, lack on a simple eLearning solution available at that time, varying levels of digital literacy across the audience.
- * The training was delivered in two parts
 - * PART A - General DHHS induction, delivered by my team ([REDACTED] [REDACTED]) and a member of the Safety and Wellbeing team (usually [REDACTED])
 - * PART B – Workplace orientation, delivered by the program area (usually [REDACTED] [REDACTED] and Anthony Kolmus)
- * PART A – General DHHS Induction included the following topics:
 - * Welcome to DHHS
 - * DHHS values and code of conduct
 - * DHHS role in the emergency
 - * Intro to cyber security
 - * Intro to health records management
 - * Safety and Wellbeing
- * Post the session participants were sent copies of the content via email for additional review and reference - docs attached
- * PART B – Workplace Orientation delivered by the program area included information such as
 - * The AO team and Role
 - * Working conditions
 - * Provision of PPE
 - * Rostering

There was also a chunk of time spend in Q&A spend between participants and the program area presenters/SME's. Further information about this chunk of training and any supporting documentation should be sort directly from the program area ([REDACTED])

Hope this helps, if there is anything else you need please let us know.

Regards

Michael Robinson

Assistant Director: Learning, Capability and Culture
People and Culture Branch | Corporate Services

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

REDACTED

w. www.dhhs.vic.gov.au | [eLearning Portal \(staff only\)](#) | [Learning and Development \(staff only\)](#)

OFFICIAL: Sensitive

From: REDACTED (DHHS) REDACTED

Sent: Tuesday, 28 July 2020 12:44 PM

To: REDACTED (DHHS) REDACTED

Cc: Michael Robinson (DHHS) REDACTED

Subject: RE: OFFICIAL - Sensitive: Seeking information about the training program for Authorised Officers deployed to hotel quarantine

Thanks REDACTED I will check with Michael tomorrow.

Just re the AO training budget/contract you mentioned this morning, was this for the general induction training for AOS?

Regards

REDACTED
ED

REDACTED

Acting Assistant Director, Learning, Capability and Culture | People and Culture Branch
Project Director, COVID-19 Workforce Data | Performance and Governance Branch
Project Director, Capability | Organisational Learning and Capability | People and Culture Branch
Department of Health and Human Services

REDACTED

50 Lonsdale Street, Melbourne Victoria 3000

**Organisational Learning
and Capability**



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At this stage, recipients outside of the department and staff who are not protective markings users do not need to do anything further. Continue to protect your information as usual.

OFFICIAL: Sensitive

From: REDACTED (DHHS) <REDACTED>
Sent: Tuesday, 28 July 2020 12:30 PM
To: REDACTED (DHHS) <REDACTED>
Cc: REDACTED (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>
Subject: RE: OFFICIAL - Sensitive: Seeking information about the training program for Authorised Officers deployed to hotel quarantine

Thanks REDACTED with regards to onboarding process, this is managed by REDACTED and REDACTED REDACTED. The induction consists of three elements, General, Cell and Skills Training, our team is responsible for the General Induction only and includes online training via the COVID19 eLearning portal in the following:

To be completed within 2 days of commencement:

- * Welcome to DHHS
- * Safety and Well Being
- * Introduction to COVID19

To be completed within 2 weeks of commencement:

- * Privacy Awareness
- * Prevention of Sexual Harassment
- * Information Security Awareness
- * Record Keeping at DHHS

AO are enrolled into general induction via the HR spreadsheet that is sent to Learning Technologies and Design via the COVID19 HR Master spreadsheet that is managed by REDACTED and REDACTED

Please note that this process has been in place only as of 24 June, 2020. Anything prior to this date you will need to check with Micheal as it was done face to face and delivered by RE and REDACTED

If there is a request to provide access to the eLearning material, we can arrange access to the COVID19 eLearning portal.

Micheal may want to review this before you send to REDACTED as he was the lead on the COVID19 induction.

Many thanks

REDACTED

Manager Learning Technologies and Design
 Organisational Learning and Capability
 People and Culture Branch | Corporate Services Division
 Department of Health & Human Services
 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

w. www.dhhs.vic.gov.au | [eLearning Portal \(staff only\)](#) | [Learning Opportunities \(staff only\)](#)
[LinkedIn Learning](#)

**Organisational Learning
and Capability**





I am a Peer Supporter
a problem shared is a problem halved
 search 'Peer Support Network'
 on the Intranet

**EMPLOYEE WELLBEING
 AND SUPPORT PROGRAM**

Face to Face Via Phone Via Zoom Live Chat

1300 687 327

Converge
 international

OFFICIAL: Sensitive

From: REDACTED (DHHS) <REDACTED>
Sent: Tuesday, 28 July 2020 12:10 PM
To: REDACTED (DHHS) <REDACTED>
Cc: REDACTED (DHHS) REDACTED (DHHS)
 <REDACTED>

Subject: FW: OFFICIAL - Sensitive: Seeking information about the training program for Authorised Officers deployed to hotel quarantine

Hi REDACTED

Can you please let me know what you think is appropriate to send to RED? You will see RED has asked for this by today or tomorrow.

I would lean towards treating this like we would an FOI request – ie anything relevant that has no mitigating reason for not being in the public domain.

Thanks
 REDA

REDACTED

Acting Assistant Director, Learning, Capability and Culture | People and Culture Branch
 Project Director, COVID-19 Workforce Data | Performance and Governance Branch
 Project Director, Capability | Organisational Learning and Capability | People and Culture Branch
 Department of Health and Human Services

REDACTED

50 Lonsdale Street, Melbourne Victoria 3000



**Organisational Learning
 and Capability**



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At this stage, recipients outside of the department and staff who are not protective markings users do not need to do anything further. Continue to protect your information as usual.

OFFICIAL: Sensitive

From: REDACTED (DHHS) <REDACTED>
Sent: Tuesday, 28 July 2020 10:56 AM
To: REDACTED (DHHS); REDACTED
Cc: REDACTED (DHHS); REDACTED
Subject: OFFICIAL - Sensitive: Seeking information about the training program for Authorised Officers deployed to hotel quarantine

Hi RED,

I am currently working with REDACTE as part of a team to help the department and its witnesses prepare for the inquiry into hotel quarantine.

One of the areas that may now become a focus for the Inquiry, given the report in today's Age, is the sourcing, onboarding, and training of Authorised Officers who worked in the hotels.

In your capacity as REDACT for-the-week, are you able to send me any documents that provide insight about either the onboarding process and/or induction/training program offered to Authorised Officers who joined us from other departments and/or local government.

These documents will be used to inform the preparation of background briefings. Any key final (ie. authorised) documents may also be provided to the inquiry if they are considered material to their lines of inquiry.

If you are able to send me any documents you have today or tomorrow, that will be very much appreciated.

Many thanks in anticipation.

Regards

REDACT
 EN
 REDACTED

Departmental Engagement Team – Inquiry into the COVID-19 Hotel Quarantine Program

Department of Health and Human Services
 REDACTED

Privileged and confidential for the purposes of responding to the Judicial Inquiry into the COVID-19

Hotel Quarantine Program

OFFICIAL: Sensitive

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

Confidential and internal draft plan

4 April 2020 – 17:00

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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, 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.

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 no 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 $1/R_0$, 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 **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 2020, 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 of, 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 through 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 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 AO¹ 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 **REDACTED**

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.

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 to 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

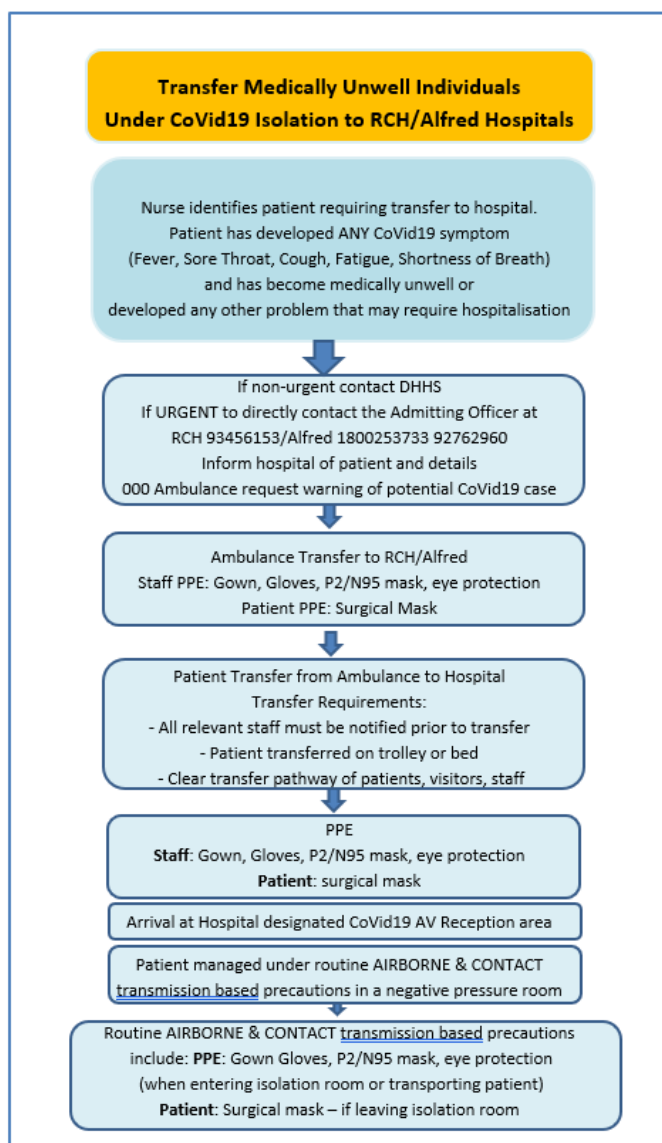
The following are the actions to enact this:

- 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:

- Apply standard infection prevention and control precautions at all times:
 - maintain 1.5 metre distance
 - wash your hands or use anti-bacterial agents frequently
 - avoid touching your face.
- 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 14 days; 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 or 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 hundred (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 be 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 (R_t) 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 R_0 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 $\leq 25\%$. (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 $\approx 24\%$ (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 $R_0 \leq 1.9$, 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 R_0 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 REDACTED / REDACTED in due course.

Appendix 4 – Hotel Isolation Medical Screening Form

DHHS Hotel Isolation Medical Screening Form	
Registration Number:	
Full Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address:	Indigenous <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
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

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

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

Name	Relationship	Age (children/dependents)

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

Health questions

4. 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?

--

Empty rectangular box

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:

Large empty rectangular box for 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 from 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 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** | **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.

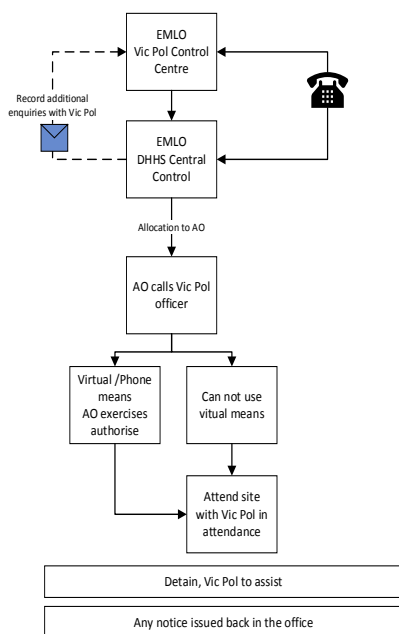
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

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 agent		Follow personal protective measures

Confidential Draft - COVID-19 Policy and procedures - Mandatory Quarantine (Direction and Detention Notice for Authorised Officers under the PHWB Act 2008)

From: REDACTED REDACTED

To: REDACTED (DHHS)
 REDACTED REDACTED >, "Anthony J Kolmus (DHHS)"
 REDACTED REDACTED (DHHS)"
 REDACTED REDACTED >, "Meena Naidu (DHHS)"
 REDACTED

Cc: REDACTED

Date: Fri, 10 Apr 2020 16:19:12 +1000

Attachments: Protocol for AO - Direction and Detention notice.DOCX (1.12 MB); Protocol for AO - Direction and Detention notice.tr5 (311 bytes)

Dear All

Please find attached a confidential draft to go to all AOs – but not for further distribution.

It is a working draft and we are keep for operational feedback do assist in further refining this document.

It has not been approved by Executive or Public Health Command.

Sophie – could you please send this to all AOs as they are all looking for guidance.

Kind Regards

REDACTED

A/Principal Regulatory Policy Advisor
 Strategic Projects & Regulatory Policy Team | Health Protection
 Regulation, Health Protection & Emergency Management Division, Department of Health and Human Services |
 15/50 Lonsdale Street, Melbourne Victoria 3000

REDACTED REDACTED

Please note that I work remotely on Mondays.

COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and
Wellbeing Act 2008*

Working draft not for wider distribution @ 8/4/20

For URGENT operational advice contact

REDACTED

or

REDACTED

Working draft not for wider distribution @ 8/4/20

For URGENT operational advice contact

REDACTED

or

REDACTED

COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

DRAFT

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

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ISBN/ISSN **number (online/print)**

Available at **insert web site or web page name and make this the live link <web page address>**

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Purpose

This policy and procedure intends to:

- provide clarity to all parts of the Department of Health and Human Services' (the department's) quarantine (mandatory detention) intervention as part of the response to coronavirus disease 2019 (COVID-19)
- describe the strategy and protocols for the quarantine (mandatory detention) intervention
- describe the compliance and enforcement policy and procedures for the mandatory detention directions for departmental authorised officers (AOs).

Direction and detention notice issued 27 March 2020

This notice 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 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>

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Background

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. 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 a department AO during the period of detention
 - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

The Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) 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.

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.

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: **REDACTED**

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 PHWA 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.

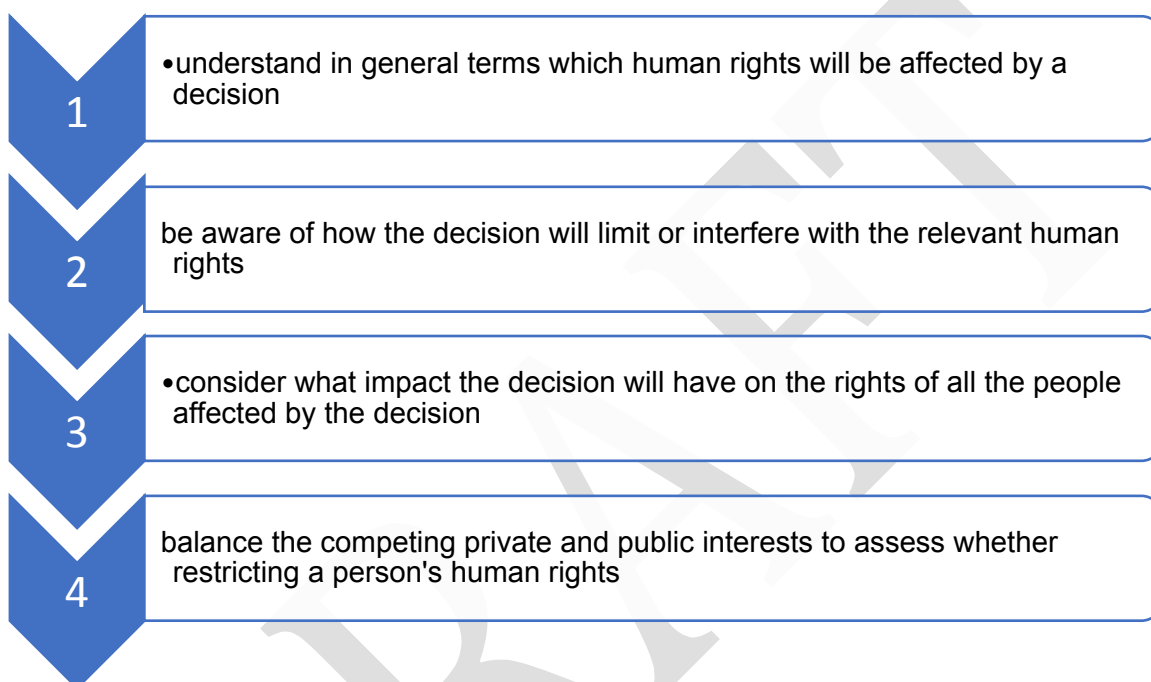
But you must first advise the person that they may refuse to provide the information requested.

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.






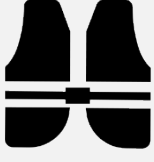
Airport

Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers*:

Responsibility		Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> • must declare they are an Authorised Officer and show AO card 	Yes	Section 166
	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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 	<p>Yes.</p> <p>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.</p> <p>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).</p>	Section 200(2) and 200(4)
	<ul style="list-style-type: none"> • ensure the Direction and Detention Notice: <ul style="list-style-type: none"> – 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 (14 days). 		

Responsibility	Mandatory obligation	Section (PHWA)
 <ul style="list-style-type: none"> record issue and receipt of the notice through a scanned photograph and enter into business system¹ request person subject to detention present to AO at hotel 		
 <ul style="list-style-type: none"> 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)
 <ul style="list-style-type: none"> provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information) 		
 <ul style="list-style-type: none"> record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues. 		
 <ul style="list-style-type: none"> 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. 		
 <ul style="list-style-type: none"> 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

¹ 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
- 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?) TBC
- 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 Quarantine and Welfare System COVID-19 Compliance Application.
- 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

- A lead AO 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**).
- The AO will undertake an electronic review of detainment arrangements by viewing Quarantine and Welfare System 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 lead 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 and specialist areas within the department. This is also available on the Quarantine and Welfare System COVID-19 Compliance Application.

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)].

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

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.

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 2**.

- 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 AO may need to seek specialist advise within the department
- 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 / enter in Quarantine and Welfare System COVID-19 Compliance Application**, **Appendix 1**
- 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 2**.

- 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 / enter in Quarantine and Welfare System COVID-19 Compliance Application**, **Permission for Temporary Leave from detention form and enter into business system**, **Appendix 1**
- 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 to²
- 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 2**.

- 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 /** enter in Quarantine and Welfare System COVID-19 Compliance Application, **Appendix 1**

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 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 in Quarantine and Welfare System COVID-19 Compliance Application

Procedure for a person in detention / resident to leave their room for exercise or smoking

Infection prevention and control measures TBC

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 entered into** Quarantine and Welfare System COVID-19 Compliance Application

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

The procedure for the security escort is:

² See also Exercise and smoking procedure

- 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.

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

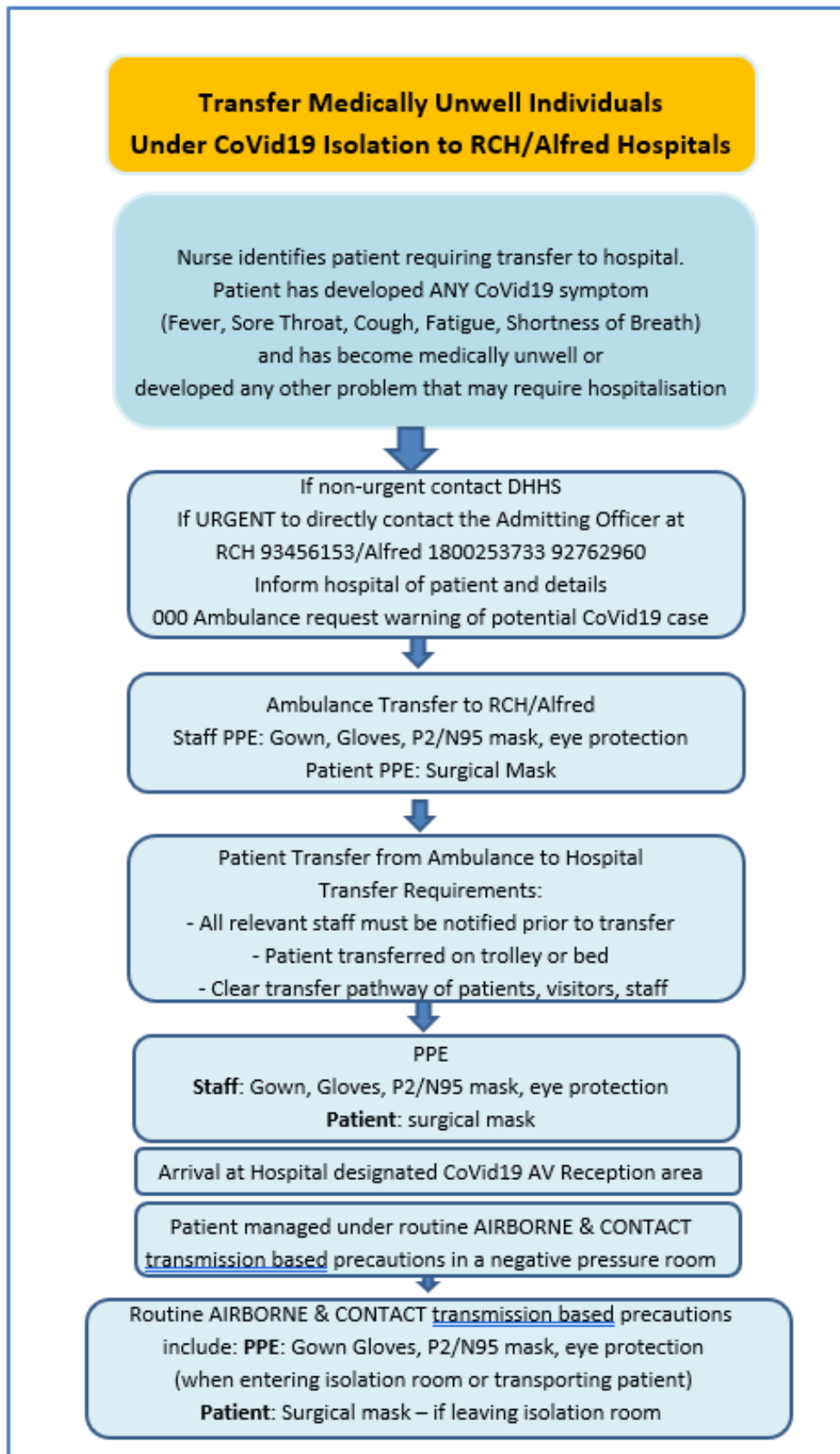
Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. 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 2 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.

DHHS is endeavouring to organise patient transport arrangements.

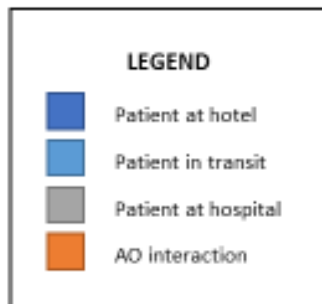


Process to transfer passengers to hospital (planned)

WHEN PASSENGER ARRIVES AT HOTEL



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



WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT



AO provides medical sheet that stays with patient throughout journey

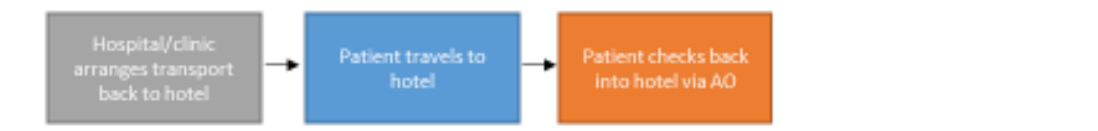
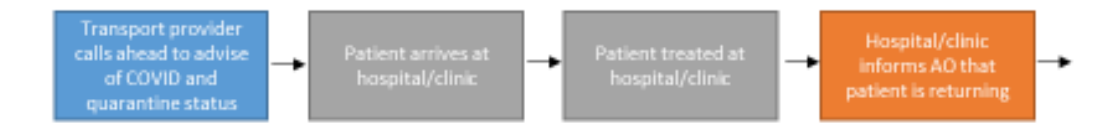
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

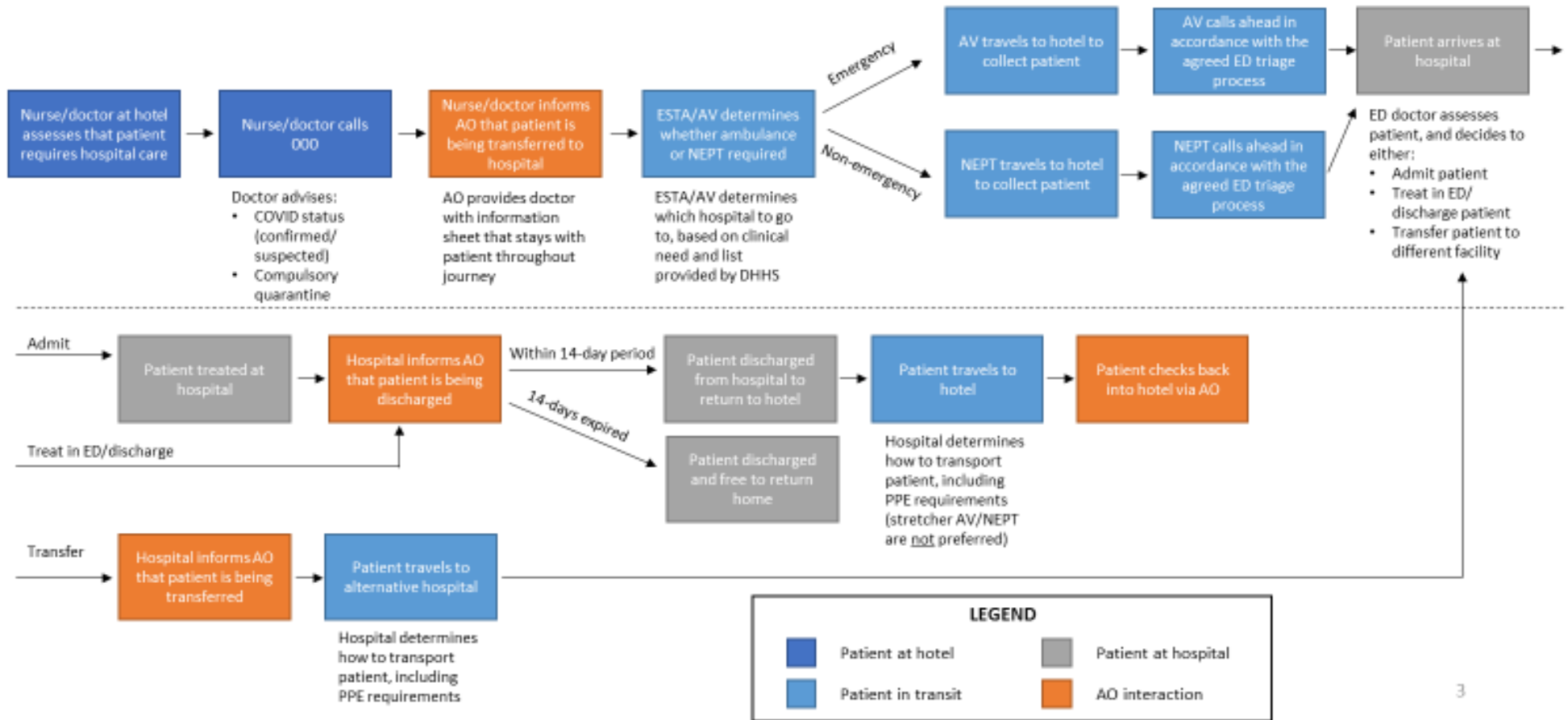


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

Process to transfer passengers to hospital (unplanned)

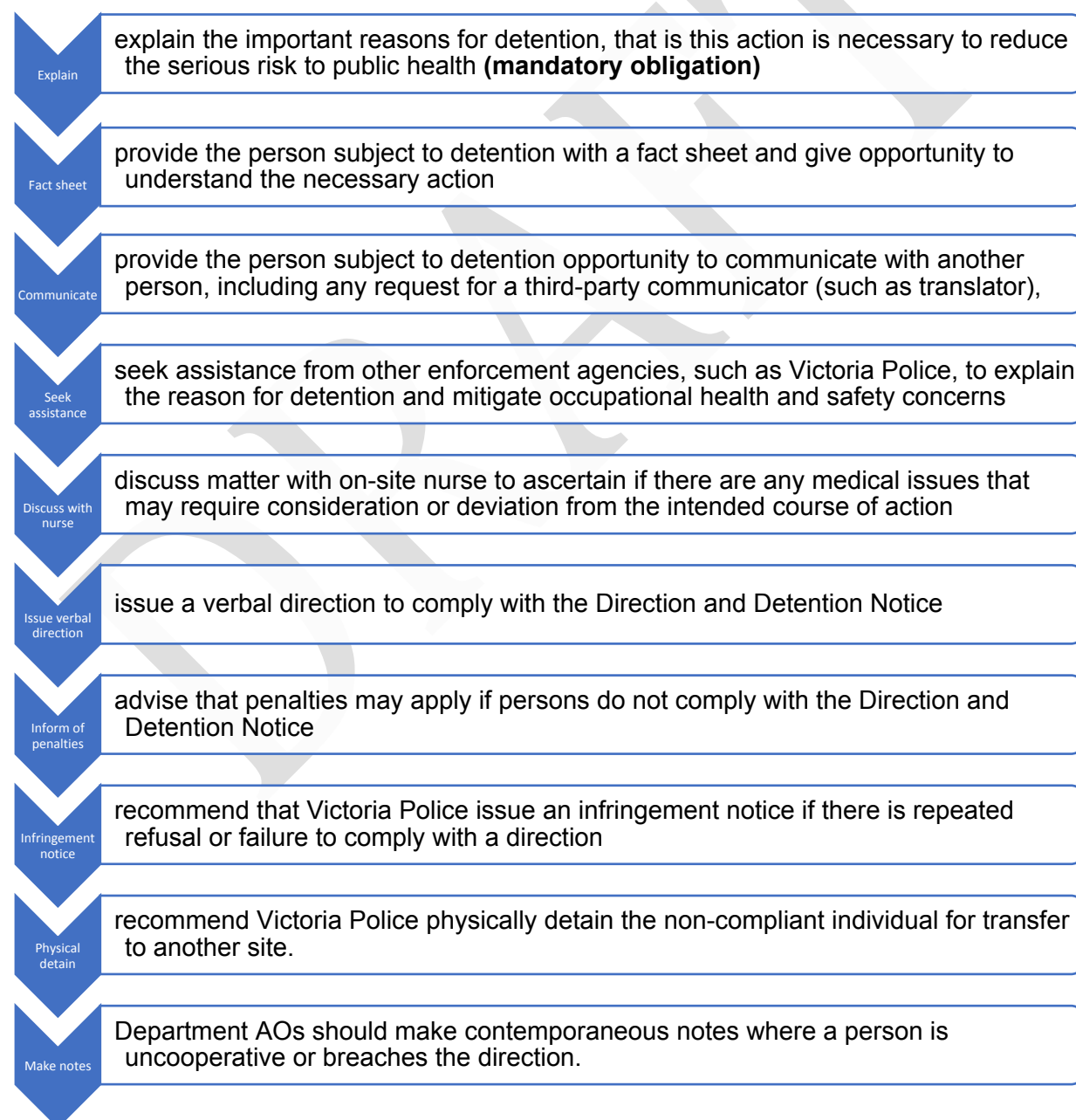


Compliance

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

Policy and procedure 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 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.

Working with Children Checks and Child Safe Standards

The department 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 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.

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 Appendix 7: End of Detention Notice or **Appendix 8: 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 they can leave.
- Transportation will be organised for you.
- Further information is available in **Appendix 9: Guidance Note**

Occupational health and safety (OHS) 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 detention 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.

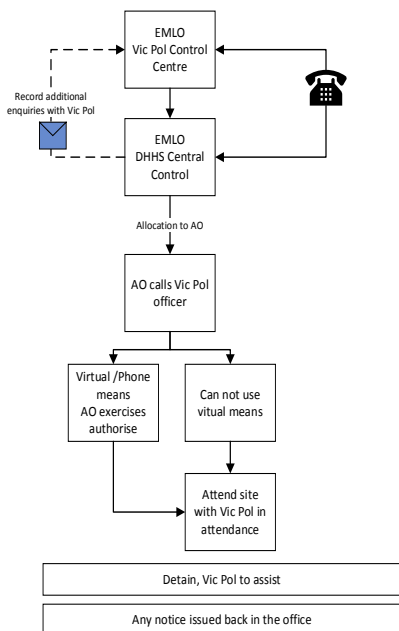
Fatigue

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 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 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 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

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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.

- 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 known 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 from 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.

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Appendix 5 Direction and Detention Notice – Solo Children

To be added

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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 **REDACTED** 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.

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.

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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.

Detention Notice

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**).

Details of Detention Notice

Name of Detainee: _____

Date of Detainment and Detention Notice: _____

Place of Detention: _____

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.

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.

2 Offence and penalty

- (1) 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.
- (2) 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]*.

Detention Notice

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**).

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: _____ coughing

[insert date of test]

fever or temperature in excess of 37.5 degrees sore throat

congestion, in either the nasal sinuses or lungs body aches

runny nose fatigue

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.
- (3) 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]*.
- (4) The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

3 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.

4 Offence and penalty

- (1) 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.
- (2) 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.

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Appendix 9: Guidance Note

How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detention, 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 detention 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 Detainment Notice
- update all the registers and relevant records about the person's detention 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 detention 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 detention 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.

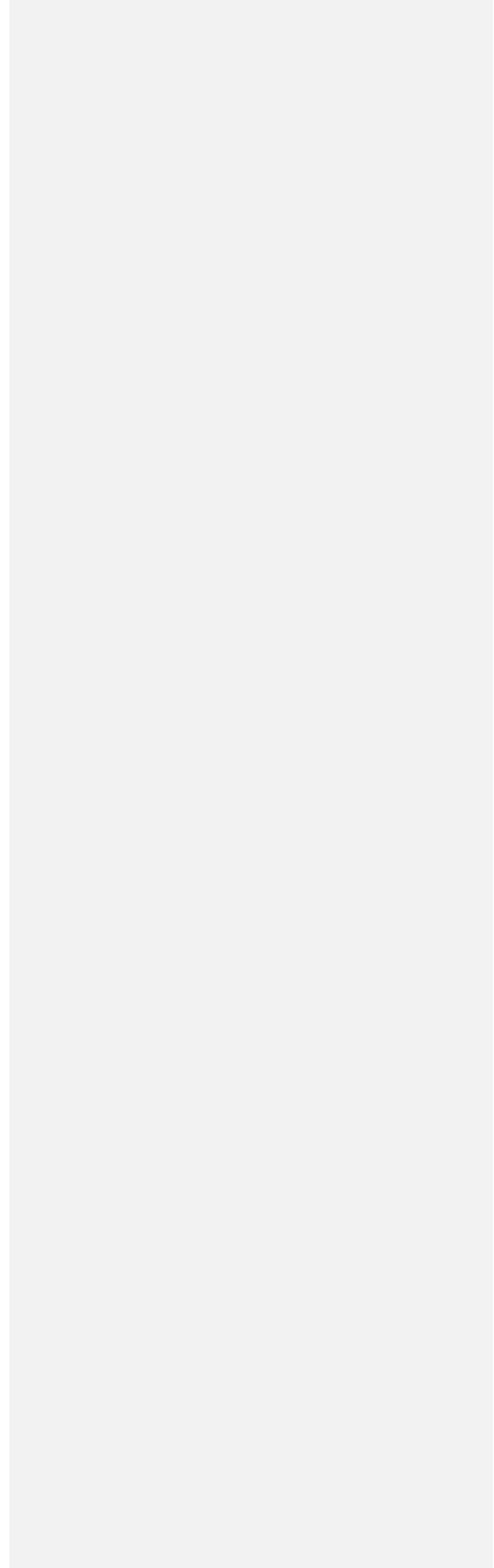
ANNEX 1

COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	REDACT	Angie Bone	Meena Naidu	29/4/2020



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1 Purpose and background

1.1 Purpose

This purpose of this annex is to outline the compliance and enforcement functions and procedures for the direction and detention direction issued under the *Public Health and Wellbeing Act 2008* (PHWA).

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

1.2 Background

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.

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 policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008*. 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:

1.2.1 Objectives

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.

2 Enforcement and Compliance command / roles and responsibilities / Business system

2.1 Enforcement and Compliance command structure

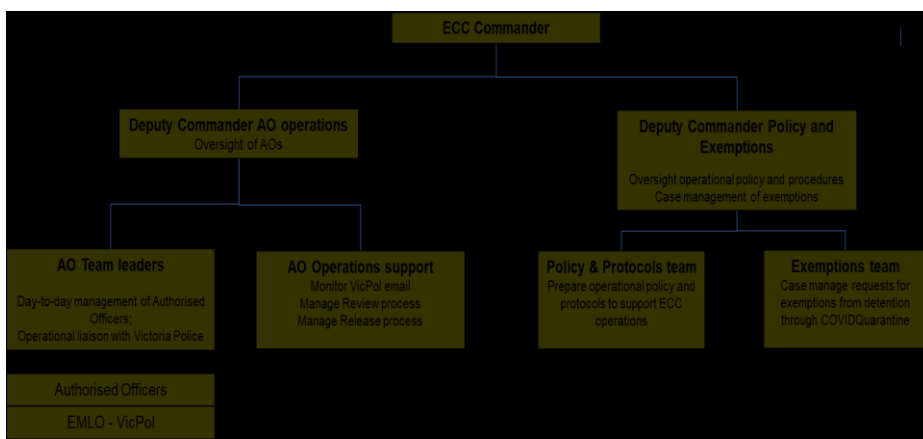


Figure { SEQ Figure * ARABIC }: Compliance command structure

2.2 Compliance cell roles and responsibilities

Table 1 Compliance cell roles

Role	Responsibilities
Enforcement and Compliance Commander	<ul style="list-style-type: none"> • Lead and provide oversight to compliance matters under all Public Health Directions. • Provide advice and input into complex compliance matters. • Provide advice and support to the Chief Health Officer and their delegate on compliance. • Daily review of those subject to detention
Deputy Commander AO operations	<ul style="list-style-type: none"> • Provide oversight to Authorised officers • Lead the provision of guidance to the AO Team Leaders. • Report on daily review of people being detained.
AO Operations support	<ul style="list-style-type: none"> • Undertake rostering, recruiting and onboarding of AOs • Monitor VicPol email address • Manage Review and Release Process
Senior AO	<ul style="list-style-type: none"> • Provide leadership to AOs. • First point of call for approving permissions.
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> • administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020) • meeting obligations under the Public Health and Wellbeing Act
EMLO VicPol	<ul style="list-style-type: none"> • Liaise with Victoria Police
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> • Oversight of operational policy and procedures • Case management of exemptions
Policy and Protocols team	<ul style="list-style-type: none"> • Prepare operational policy and protocols to support enforcement and compliance
Exemptions team	<ul style="list-style-type: none"> • Case manage requests for exemptions from detention • Manage COVID Quarantine inbox.

2.3 Roles and responsibilities for other non-compliance cell staff involved in compliance

Table 2 Non-compliance cell staff at hotel

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> • Supports the health and well-being of staff. • Liaises with airport command and staff from the Department of Jobs Precincts and Regions 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.
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> • 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 and other locations detainees as permissioned by AOs. • Manage material needs including food and drink.
Nursing staff	<ul style="list-style-type: none"> • Provide 24 hour on-call medical support subject to demand. • Provide welfare to detainees through a daily welfare check — DHHS welfare officers email \COVIDQuarantine@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.
Security	<ul style="list-style-type: none"> • Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.

2.4 COVID-19 Quarantine and Welfare System Compliance Application

The COVID-19 Quarantine and Welfare System is currently comprised of two elements:

- COVID-19 Compliance Application - This application supports AOs to maintain Direction and Detention notice and permissions records.
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities and will partially accessible to certain senior team members).

A third element is under development for nursing staff to be able to enter health assessment data (partially accessible certain senior team members).

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.

3 Authorised officers and powers

3.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice.
- AOs must undertake several obligations before exercising powers.

3.2 Authorisation under the Public Health and Wellbeing Act for the purposes of the emergency order

Only VPS employees and council environmental health officers that are AOs under the PHWA and also authorised by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise public health risk and emergency powers.

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.

Note: Any AO that is unsure as to whether they have been authorised under s. 199 should contact the AO Operations support team prior to enforcing compliance with the Direction and Detention Notices.

While exercising their powers and monitoring compliance, AOs should be cognisant that persons subject to detention may be tired, emotional and stressed. AOs may need to use conflict negotiation, mediation skills and compassion to help persons settle into the new environment.

3.2.1 Emergency Powers and Offences

The Direction and detention notice is issued under s 200 of the PHW Act (emergency powers).

It is an offence under s 203 of the HPW Act if a person refuses or fails to comply with the direction in the direction and detention notice (unless there is a reasonable excuse for failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate.

3.3 Authorised officer¹ and Chief Health Officer obligations

Sections 200(1) and 200(2) – (8) of the PHWA set out several emergency powers and obligations 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.

3.3.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when carrying out functions. The table below summarises mandatory obligations.

Table { SEQ Table * ARABIC } : Mandatory obligations of AOs

Legislation	Obligations
Emergency powers and general powers in the Public Health and Wellbeing Act 2008	<ul style="list-style-type: none"> • 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 • AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team) • AO must give written notice to the Chief Health Officer (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.¹
In addition, AOs must comply with the Charter of Human Rights (see also appendix 10)	<ul style="list-style-type: none"> • AO must act compatibly with human rights • AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.

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.

¹ And Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order

3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers 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 from the Deputy Commander AO Operations if they are unsure about the administration of their powers.

3.3.3 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.

4 AO responsibilities at airport

AOs issue Direction and Detention notices to people arriving in Victoria (airports and seaports)² from overseas and then they must go into immediate compulsory quarantine for 14 days. This is because international arrivals present a high-risk of further transmission of the COVID-19 virus and detention is necessary to reduce or eliminate the serious risks to public health associated with the virus.

All passengers will be transported free of charge to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period.

The airport is the first point of contact for an AO, who must undertake several obligations to administer the direction and detention notice issued under the PHWA.

4.1 Key points

- AO must fulfil mandatory obligations (e.g. show ID card and explain reason for detention, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

4.2 Key responsibilities

Table 4 – AO responsibilities at the airport

Step	AO responsibilities	Mandatory obligation	Section (PHWA)
Identify pre-approved exemptions	<ol style="list-style-type: none"> 1. Exemptions for flights will be provided to the by the Exemptions Team Lead to the AO rostered at the airport as well as Airport Operations Command prior to passenger disembarkation 2. Any queries in relation to the exemption should be directed to the Exemption team lead 3. AO to check exemption paperwork and identify on passenger manifest sheet 'exemption' 		
Flight arrival	<ol style="list-style-type: none"> 4. Inform flight crew of AO action and request translation of script³. 5. Declare you are an Authorised officer and show your identification card. 6. Read script (attachment 1), which: <ol style="list-style-type: none"> i. explains the reasons for detention ii. warns returning passengers that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply iii. reminds passengers they must keep their detention notice. 7. Repeat twice. 8. Flight crew read script in all relevant languages. 	Yes	Sections 166, 200(2),200(4) and 202(1)

² Noting some exemptions apply for maritime crew – see exemptions section

⁴ The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application. Compliance policy and procedures – Detention and Direction notice

Issue notice immediately after disembarkation	<p>9. Serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (attachment xx). Unaccompanied children who are detained must be served the solo child notice (attachment XX). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>10. 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.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>11. 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 REDAC; PIN code REDA).</p>	Yes	Section 200(5)
Confirm details	<p>12. Ensure each direction and detention notice:</p> <ul style="list-style-type: none"> i. states the full name of the person being detained, date of birth and mobile phone number (if applicable) ii. contains the signature of the person being detained or their guardian as receipt of the notice iii. states the name and signature of the AO iv. contains the hotel name at which the person will be detained v. contains the date of commencement of detention. 		
Record issue of receipt	<p>13. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application⁴. You may be assisted by a non-AO in this task.</p> <p>14. Request person subject to detention present to AO at hotel</p>		
Check with welfare team	<p>15. Liaise with AO Team Leader and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>16. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section XX (Permissions) for further detail.</p> <p>17. Ensure the detainee understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p>		

⁴ The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application.
Compliance policy and procedures – Detention and Direction notice

	18. (Note: a hospital information sheet is currently being developed to assist the hospital on required and contact details.)		
	<ul style="list-style-type: none"> • provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information) 		
Record	<p>19. Record any actions in the COVID Compliance and Welfare App, including the above mandatory obligations, use of translator and any associated issues.</p> <p>20.</p>		

4.2.1 Transfer of uncooperative person to be detained

There may be circumstances where a person refuses to be cooperative. DHHS Operations staff at the airport may elect to organise a separate mode of transport for in such circumstances, noting Victoria Police may be requested to escort such individuals.

5 AO responsibilities at hotels

As part of meeting mandatory detention requirements in the direction and detention notice, the Victorian Government has arranged accommodation in numerous locations, primarily in the Melbourne CBD area. The purpose of this is to restrict the movement of international arrivals to limit the spread of COVID-19.

5.1 Key points

- AO reiterates detention requirements, explains reasons for detention and the penalties for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, and medical and other staff.
- AOs are responsible for detention release following the mandatory 14 day detention

5.2 Shift change over

Table { SEQ Table * ARABIC } : Key steps and AO roles and responsibilities during shift change over

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Introduction	1. Introduce yourself to: <ul style="list-style-type: none"> • hotel/duty manager • head of security • DHHS Team Leader • DJPR site manager (if on site) • medical staff. 		
Handover	2. Obtain a handover from the previous AO (verbal and high-level information) to: <ul style="list-style-type: none"> • understand detainee issues, early releases, exemptions and permissions • ascertain location of records and template forms • Any hotel operational issues (eg physical exercise space unavailable, changes to operational policies like food delivery) • ensure COVID-19 Compliance Application has been updated • if exits from detention expected, ensure AO team and release team aware of plans and location of documentation. 		

5.3 Hotel check-in

The purpose of hotel check-in is to:

- enable hotel staff to provide people being detained with a room number and key
- reiterate obligations for those being detained.

Table { SEQ Table * ARABIC } : Key steps and AO roles and responsibilities – hotel check-in

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Check-in	<ol style="list-style-type: none"> 1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice: <ol style="list-style-type: none"> i. room number ii. the date that the person will be detained until (14 days after arrival at place of detention). 		
Check and reiterate Direction and detention notice	<ol style="list-style-type: none"> 2. Show identification and introduce yourself 3. Check completed Direction and Detention Notice to confirm that the following details have been correctly recorded on the notice and in the compliance app: <ul style="list-style-type: none"> • the hotel name • hotel room number and arrival date and time • the date that the person will be detained until (14 days after arrival at place of detention). 4. Return the notice to the person being detained (note that this must occur). AO's should reiterate: <ul style="list-style-type: none"> • the reason for detention • warn the person that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply • facilitate any reasonable request for communication. 		Sections 166, 200(2), 200(4) and 203(1)
Liaise with medical and welfare staff	<ol style="list-style-type: none"> 5. Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments). 		

5.4 Monitoring compliance

The AO will provide oversight and ensure compliance with the direction and detention notice

Table { SEQ Table * ARABIC } : Key steps and AO roles and responsibilities – monitoring compliance

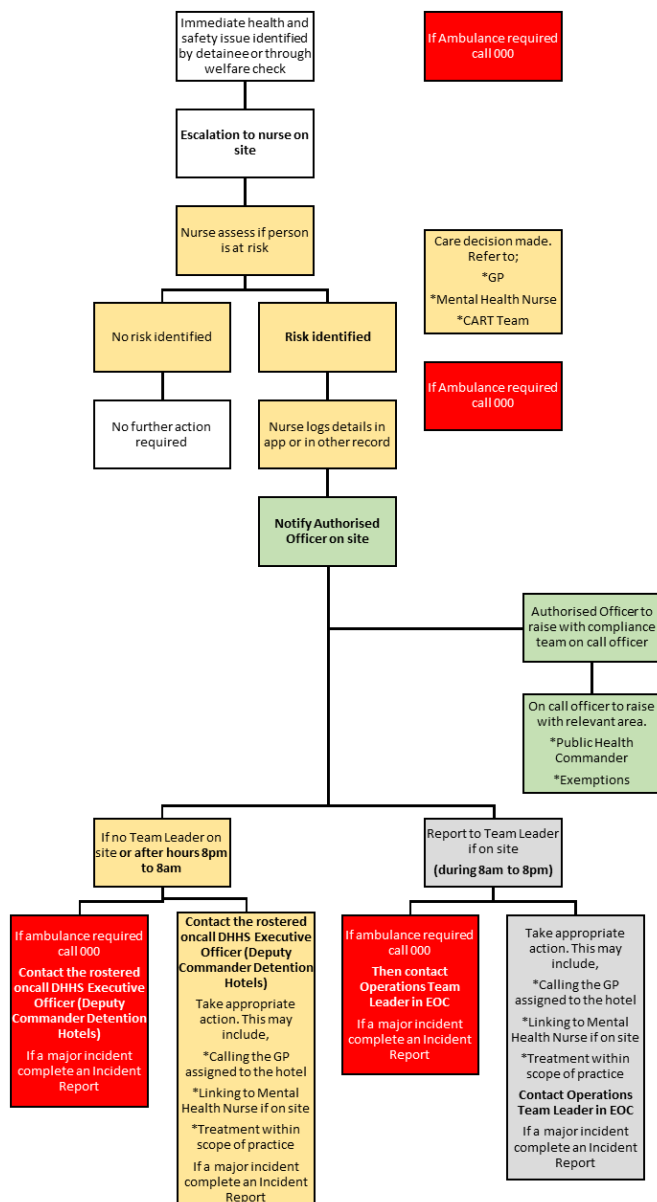
Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security are undertaking floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: none"> a person refusing to comply and a person demanding to be removed from detention reminding a person the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply responding to requests from security to address compliance answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do seeking assistance from security or Victoria police to support compliance efforts facilitating any reasonable requests for communication. For translation, call Victorian Interpretation and translation service d[REDACT] PIN code is [REDACT] 		203(1)
Permissions	3. See Section 7 (Permissions). 4. Raise requests for permission to leave with AO Team Leader if there is not an authorised area for the detainee to exercise the permission or there is complexity in applying the transition (eg requires leaving the hotel site). All requests by detainees to leave the hotel site must be escalated to Deputy Command AO operations if not already approved. 5. Administer permission to leave and monitor compliance.		203(1)
Exemptions	6. See Section 7 (Exemptions). 7. Raise any exemption requests with AO Team Leader in the first instance. The AO Team Leader may then refer exemption requests to covidquarantine@dhhs.vic.gov.au,[or may request the AO to do so] for decision. 8. Issue Direction and Detention Notices for detention in alternate locations if ECC Commander approves an exemption request. In this case, a case manager from the Exemptions Team will contact the AO with details.		200(2),200(4) and 203(1)

Records	<p>9. 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 COVID Compliance Application.</p> <p>10. Record all permissions in the permissions register and Covid Compliance App</p> <p>11. Upload photos of all amended direction notices issued while at the hotel to the COVID Compliance Application.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p>		

DRAFT

5.5 Emergency health and welfare incidents

Where there is an immediate health and welfare issue identified at the hotel, the following process is to be followed.



5.6 Clarity about role of AO

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. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email "Referral to organise transport"
- physically moving COVID 19 patients. Please see procedure under 'Occupational Health and safety'
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats
- monitoring or ordering PPE or other supplies

If an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer them to the DHHS Team Leader on-site for follow up. For medical and welfare issues, the AO should inform on-site medical and nursing staff in accordance with section 4.5 above.

5.7 Daily review and reporting by the AO Review Team

The daily review is a mandatory obligation to determine whether continued detention of a person is reasonably necessary to eliminate or reduce a serious risk to health. There are mandatory obligations for the AO to inform the Chief Health Officer (CHO) and the CHO to inform the Minister. This is the responsibility of the Deputy Command AO Operations who will be aided by the AO operations support team in fulfilling this task.

Table { SEQ Table 1* ARABIC }: Key steps and AO Review Team roles and responsibilities – daily review

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> • reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours) • reviewing the number of detainees present at the hotel • reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to • noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention 		

	<p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health</p> <p>4. Consider the human rights being impacted – refer to 'Charter of Human Rights' obligations in Appendix XX</p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment.</p> <p>7. 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.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> • 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 • a person having been tested and cleared of COVID-19 while in detention • any other material risks to the person. 		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Record	<p>10. Record the outcomes of their review (high level notes) (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.</p>		
Prepare brief (Minister)	<p>11. Prepare brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> • 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. <p>12. The notice to the CHO must include:</p> <ul style="list-style-type: none"> • the name of the person being detained • statement as to the reason why the person is being, or continues to be, subject to detention. 		Sections 200(7) and (8) Section 200(9)

	13. Deputy Command AO operations to review and approve the Review and Brief		
	14. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions		

5.8 Departure – release from mandatory detention

The purpose is to ensure and confirm the person being detained:

- i. has completed their period of detention under the Direction and Detention notice
- ii. is released in a timely and orderly manner.

5.8.1 Pre-check out

Prior to release of a person being detained, DHHS (with the help of hotel security) will provide each person being detained with either:

1. an End of Detention Notice, **Appendix 8;**
2. an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9**
3. **(to be supplied)**

The notice provides information about the discharge process and the obligations of the detainees until they are discharged.

5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained 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 detention 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 will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to COVIDquarantine@dhhs.vic.gov.au for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form (appendix 9).
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

5.8.3 Day of release

Security will provide detainees approximately 1 hour notice of their exit time. Security will then bring detainees down at their scheduled exit time.

5.8.4 Check-out process overview (compliance check-out)

The release process will consist of an organised check-out procedure (the compliance check-out). This means people being detained will be released in stages throughout a set time period on the day of release.

Security will bring travelling parties 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.

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Table { SEQ Table ١* ARABIC } : Key steps, roles and responsibilities at check-out (AO role unless specified)

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> 1. ECC Operations Support Team, to inform AO of those with 2. confirmed COVID-19, suspects Covid cleared or close contacts. Public health will have contact each detainee in these categories to discuss arrangements post detention. 3. AO to note and to inform security that COVID-19 cases will need separate check-out time and implement extra precautionary measures. 		
Check-out	<ol style="list-style-type: none"> 4. Request to see identification (passport) and the End of Detention notice from each person 5. Cross check the person's identification details and room number with information on exit sheet 6. Sign the End of Detention notice and provide back to the person 7. Confirm the period of detention and explain detention period has ceased 8. Confirm self-isolation requirements for all confirmed COVID cases. 9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged 		
Record	<ol style="list-style-type: none"> 10. Provide exit list to a Release and Review team member on site for updating in the COVID-19 Compliance Application (note this may be a data entry update after the process has been completed). 11. All exit sheets are to be returned to the Operational Support team as soon as possible 		

Where a person has been COVID-19 cleared, their detention release must be accompanied with a COVID-19 Clearance letter provided by Public Health Command. This will be included in the release pack prepared by the AO Operations Support team.

6 Exemption requests

6.1 Key points

- AOs must be aware of how requests for exemption from detention are escalated.
- DHHS case manager from Exemptions and Permission Team will liaise with AO Team Leader regarding approved exemption request.

6.2 5.2 Exemption requests – overview

In limited circumstances, approval may be sought to undertake detention in another location, transit to another state/country or early release. **Generally, exemptions are not granted.**

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. Public Health Commander is responsible for approving and granting approvals to alter the way in which mandatory quarantine applies. The PH Commander may delegate approvals to the ECC Commander in accordance with *Guidance Note — Exceptions to the General Quarantine Policy*

While each exemption request must be considered on its own merits, the following circumstances have been identified as open for consideration of early release or change of detention location. These include:

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

Any approval must consider the public health risk and must ensure the individual is not showing symptoms of covid or may be release into an environment where a highly vulnerable person may be a close contact.

There is no blanket exemption approval

Table { SEQ Table 1* ARABIC }: Key steps, roles and responsibilities for exemptions prior to commencing, and during, detention

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request	<ol style="list-style-type: none"> 1. covidquarantine@dhhs.vic.gov.au receives a request for exemption⁵. 2. Person confirms flight details and arrival information before the matter is assessed. 		
Assessment and decisions	<ol style="list-style-type: none"> 3. Exemptions Team will consider the request and refer to the ECC Commander for decision 4. Exemptions case manager to: <ul style="list-style-type: none"> • inform the AO Operation Lead if an exemption is granted so that relevant AO Airport Team Leader and AOs are informed (including correspondence) • Inform the EOC to arrange transport • Inform the CART team if required • arrange for compliance oversight with Victoria police • contact other jurisdictions (if transiting through Victoria). • Record all actions and supporting paperwork in the case management tool 		
AO to issue Notice of Direction and Detention	<ol style="list-style-type: none"> 5. The exemption team will provide guidance to the AO about issuing the exemption paperwork 6. AO will: <ul style="list-style-type: none"> • issue a Notice of Direction and Detention for those permitted to undertake detention at an alternative location in accordance with x.x • permit international transit for those issued a letter • record details in COVID-19 Compliance Application 		200(2) and (4) 203(1)
International transit passenger process	<ol style="list-style-type: none"> 7. To facilitate an exemption given to a person for international transit, the AO Team Leader will notify Airport AO and Australian Border Forces (ABF) prior to their arrival at the airport via a specific email with a specific subject title to: <ul style="list-style-type: none"> • "map.border.clearance@abf.gov.au" with a cc to "NorthandWest.EOC@dhhs.vic.gov.au. A template email is below. 		

⁵ An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<ul style="list-style-type: none"> • Email to be titled <i>Transit Passenger from Quarantine Hotel (DHHS)</i> and request assistance to collect released detainee for connecting transit flight to XXX. Email should include: <ul style="list-style-type: none"> • full name (as per passport) • passport number • flight departure time • flight number • arrival time at T2 international departure. 		
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6.3 Unaccompanied minors

Unaccompanied minors will be considered on a case-by-case basis. If an unaccompanied minor is detained in a hotel without a parent or guardian, a specific process must apply.

There are three options:

- Unaccompanied minor to undertake detention at an alternate location with parent or guardian
- Unaccompanied minor to undertake detention in hotel with parent. The parent or guardian will be required to agree to the mandatory detention arrangements
- Unaccompanied minor to undertake detention in hotel with welfare support provided by DHHS

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues associated with mandatory quarantine of unaccompanied minors include:

- where this occurs, and
- with what adult supervision.

The State can 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. However, this is not preferred because of the welfare obligations imposed.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at [Appendix 4](#).

Table (SEQ Table * ARABIC): Key steps, roles and responsibilities for managing unaccompanied minors

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
When an unaccompanied minor normally resides outside Victoria			
AO to request approval if not already sought	1. If Exemptions team has not granted approval, AO to escalate to the Deputy Command Policy and Exemptions and cc covidquarantine		
Assessment and decision	2. Exemptions case manager to: <ul style="list-style-type: none"> • inform the AO Operation Lead and AO Airport Team Leader of approval or rejection • contact other jurisdictions (if transiting to a location outside Victoria) 		

	<ul style="list-style-type: none"> Advise requesting party of the risk management obligations on a domestic flight out of Victoria and seek confirmation it can be achieved. 		
AO to issue Notice of Direction and Detention	<p>3. AO will:</p> <ul style="list-style-type: none"> issue a Notice of Direction and Detention to undertake detention at an alternative location in Victoria in accordance with the instructions and templates provided by the Exemptions case manager permit transit to another state if minor normally resides outside Victoria record details in COVID-19 Compliance Application. 	Yes	200(2),(4) and 203(1)
When minor resides in Victoria			
AO to request approval if not already sought	<p>4. If Exemptions team has not granted approval, AO to escalate to Deputy Command Policy and Exemptions and cc covidquarantine</p>		
Assessment and decision	<p>5. Exemptions case manager to:</p> <ul style="list-style-type: none"> inform the AO Operation Lead and AO Airport Team Leader of approval alert the EOC to arrange transport arrange for compliance oversight with Victoria police. 		
AO to issue Notice of Direction and Detention	<p>6. AO to issue direction and detention notice to child through their guardian for:</p> <ul style="list-style-type: none"> alternate location (home and / or parts of the home); or Provide advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice provided to close contacts in quarantine), 	Yes	200(2), (4) and 203(1)

6.3.1 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 are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: REDACT.
- if it is after hours, contact the after-hours child protection team or REDACT if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

7 Permissions

7.1 Key points

- AOs can make decisions in consultation with their AO Team Leader or Deputy Commander AO Operations for simple requests.
- AO must complete a permission for temporary leave form and enter details in COVID-19 Compliance Application.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

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

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

7.2 AO to make decisions on certain permission requests on case-by-case basis

An AO in consultation with their AO Team Leader or Deputy Commander AO operations can make certain straightforward decisions about the following scenarios on a case-by-case basis:

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

Not all leave requests can be accommodated and may be site and resource dependent. Any arrangement for leave would need to meet public health, human rights requirements and balance the needs of the person.

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 12 for further details).

If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email "Referral to organise transport".

Table { SEQ Table 1* ARABIC }: Key steps, roles and responsibilities for temporary leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> 1. AO Team Leader to assess site for suitability of exercise and fresh air breaks. 2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site 3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval. 		
Request for temporary leave	<ol style="list-style-type: none"> 4. Person may seek permission directly from the AO or may email covidquarantine@dhhs.vic.gov.au and explain the grounds for temporary leave 		
Referral to AO	<ol style="list-style-type: none"> 5. Permission and Exemptions team to triage and forward to AO for decision 6. Permission and Exemptions team to assess complex cases and inform AO 		
AO assessment and decision	<ol style="list-style-type: none"> 7. AO to make decision and consider: <ul style="list-style-type: none"> • those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks) • willingness and availability of security to oversee and facilitate exercise or other fresh air break (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly) • site layout, safety and capability to ensure persons are in a cordoned off area • maintaining infection control, such as ensuring persons do not touch door handles or lift buttons • adherence to exercise and smoking procedures 8. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction. 		
Issue permission for temporary leave	<ol style="list-style-type: none"> 9. AOs to: <ul style="list-style-type: none"> • instruct security on the dates and times permitted for leave • provide procedural guidance to security and the person in detention, such as exercising in a 		s.203(1)

	<p>cordoned off area not accessed by members of the public</p> <ul style="list-style-type: none"> • request the medical facility or hospital inform the AO prior to return (for medical temporary leave) • prepare a Permission for Temporary Leave from Detention form (see Appendix 2), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> - a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes - an exercise break is for a certain time and the person must return to their room following exercise or fresh air break • warn the person that failure to comply with these directions is an offence • ensure the person checks back into the hotel at specified time • seek feedback on implementation of temporary leave and note any issues raised 		
Record	<p>10. If AO approves leave be granted, the AO:</p> <ul style="list-style-type: none"> • must keep records of the Permission for Temporary Leave from Detention form for the person, Appendix 2 and the Register of permissions granted under 4(1) of the Directions and Detention Notice, Appendix 11, and • enter details in COVID-19 Compliance Application. 		

7.3 Emergency situations

Table { SEQ Table 1* ARABIC } : Key steps, roles and responsibilities for emergency leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	<p>1. 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.</p>		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p>		

	5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application		
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7.4 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. Only well residents from the same room should be able to go out to exercise at the same time.

7.5 Guidance for safe movement associated with permissions

7.5.1 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 hand sanitiser as they leave, this will require hand sanitiser 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.
- Return immediately to their hotel room following the break.

7.5.2 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 hand sanitiser or wash hands in soapy water before each break;
- 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 (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

7.5.3 Infection control 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 snugly 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.

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8 Compliance

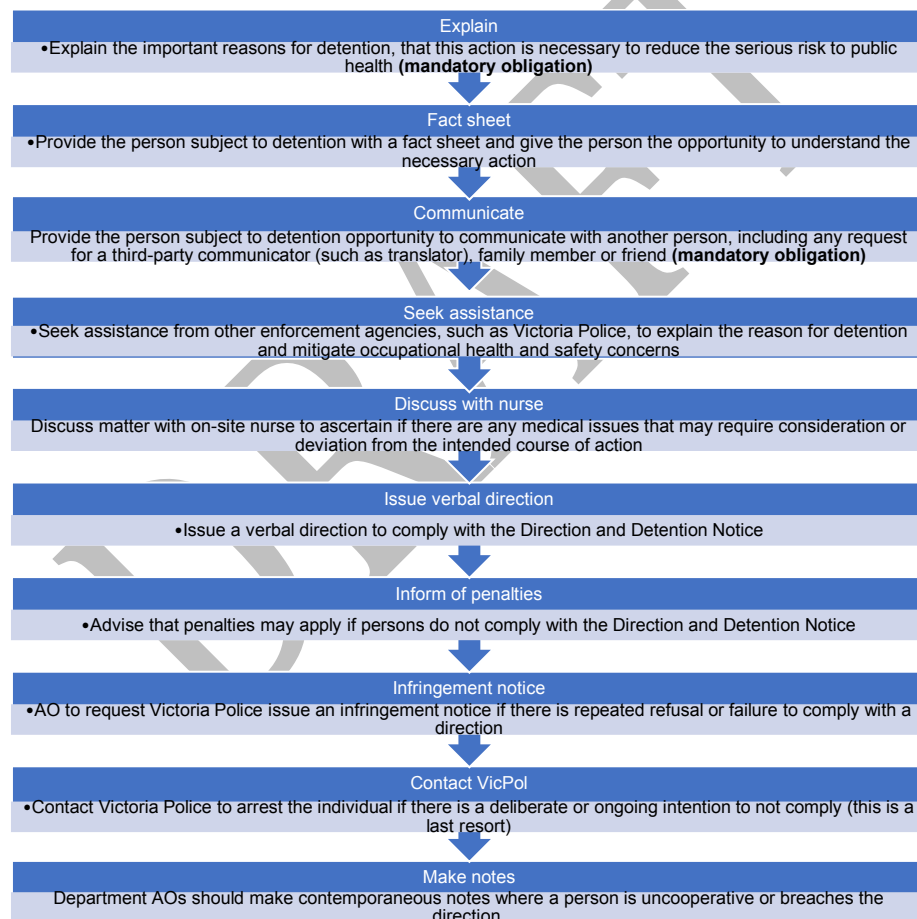
8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

8.2 Options to facilitate compliance

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:



8.3 Unauthorised departure from accommodation

Table { SEQ Table * ARABIC } : Key steps, roles and responsibilities for managing unauthorised departure from accommodation

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify AO Team Leader, on-site security and hotel management and request search.		
Contact Victoria police	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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. 		s.203(1)

8.4 Infringements

There are four infringement offences applicable to detention arrangements. 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 penalty units for a natural person and 30 penalty units for a body corporate 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
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9 Occupational health and safety (OHS) for Authorised Officers

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

9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the AO Team Leader or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

9.2 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.

9.3 OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with the rostered AO Team Leader.

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.

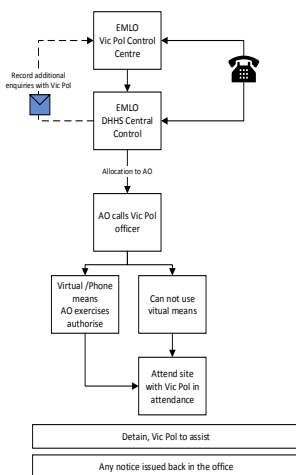
9.4 Fatigue

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 AO Team Leader or Deputy Commander AO operations.

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.



9.5 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 and a AO Team leader or the Deputy Commander AO operations 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 measures 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.

9.6 Personal measures to reduce risk the risk of exposure to COVID

9.6.1 General

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible. For example,:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- 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 AO team leader 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 suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed 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 Sanitiser.

9.6.2 AOs going onto floors of hotel

AOs going onto hotel floors with persons subject to detention must wear a surgical mask. There will be surgical masks for AO's at the hotels.

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

9.6.3 Relocating a confirmed case of COVID-19

All COVID confirmed cases will be transferred to a Covid hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed covid case may wish to remain with the confirmed covid detainee and transfer to the covid hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

The room or location change must be recorded in the compliance app by the AO

9.7 Measures and guides to enhance occupational health and safety

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is suspected or confirmed 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

9.8 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

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Appendix 1 – Script for plane/arrival

Required script before issuing a direction and detention notice

My Name is XXXX, I work for the Department of Health and Human Services Victoria and I am an Authorised Officer under the Public Health and Wellbeing Act. I am also authorised for the purposes of the emergency and public health risk powers in Victoria's current State of Emergency.

Because you have arrived in Victoria from overseas, when you disembark off this plane you will be issued with a direction and detention notice, which requires you to quarantine for a 14-day period at the hotel nominated on the notice.

Many of Victoria's cases of covid-19 originate from overseas and international travellers so this action is necessary to ensure we reduce the serious risk to public health posed by COVID 19.

Refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.

Once you have been issued with the notice, please keep it with you at all times.

We greatly appreciate your co-operation and assistance in these challenging times. Thank you again.

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Appendix 2 - 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 3 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 the person's 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 4 Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



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 known 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 **REDAC**. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call **REDI**.

Appendix 5 - 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 from 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.

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Appendix 6 Direction and Detention Notice – Solo Children

DIRECTION AND DETENTION NOTICE

SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)

Section 200

Reason for this Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020..

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.

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.

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.

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.

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.

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.

Place and time of detention

You will be detained at:

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

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

You will be detained until: _____ on ____ of _____ 2020.

Directions — transport to hotel

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.

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.

Conditions of your detention

You must not leave the room in any circumstances, unless:

you have been granted permission to do so:

- 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; or

there is an emergency situation.

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).

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

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.

(18) 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.

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.

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:

- We will check on your welfare throughout the day and overnight.
- We will ensure you get adequate food, either from your parents or elsewhere.
- We will make sure you can communicate with your parents regularly.
- We will try to facilitate remote education where it is being provided by your school.
- We will communicate with your parents once a day.

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, unless you have a reasonable excuse for refusing or failing to comply.

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.

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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.

Detention Notice

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**).

Details of Detention Notice

Name of Detainee: <<FIRST NAME>> <<LAST NAME>>

Date of Detainment and Detention Notice: <<DETENTION START DATE>>

Place of Detention: <<HOTEL>> <<ROOM>>

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 <<DETENTION END 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 <<DETENTION END DATE>> at _____ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

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 3) (**Direction**), as amended from time to time. Pursuant to the Direction, if you live in Victoria you are required to travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

If you are a resident of another state arrangements will be 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.

End of Detention Instructions

You must not leave your hotel room until you have been collected by Security at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you.**

Your detention **does not end** until the time stated in paragraph 0 of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

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.

2 Offence and penalty

- (1) 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.
- (2) 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: _____ coughing

[insert date of test]

fever or temperature in excess of 37.5 degrees sore 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: End of detention guidance note

How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detention, 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 each person
- if a person's detention 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 Detainment 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 detention 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 the 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

Appendix 10: Charter of Human Rights obligations

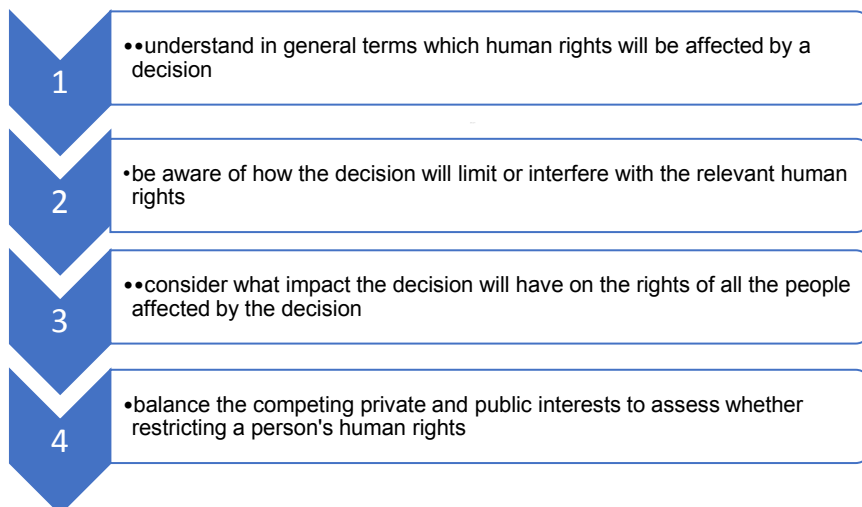
Key points

- 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



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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> this includes protecting the personal information of persons in detention and storing it securely
Right to protection of families and children	<ul style="list-style-type: none"> this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
Property Rights	<ul style="list-style-type: none"> 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.

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

Appendix 12 Guidance Note — Exceptions to the General Quarantine Policy

Summary

You are [an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) (**PHW Act**) to exercise certain powers under that Act] [or a delegate of the Chief Health Officer under section 22 of the PHW Act] [**Note: however, only registered medical practitioners can be delegates under s 22**]. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

This guidance note has been prepared to assist you to carry out your functions in determining whether individual persons arriving in Victoria from overseas should be exempt from being made subject to a detention notice 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**) (the **general quarantine policy**). This policy is in place because people returning from overseas are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return and because the earlier requirement to isolate at home was not uniformly complied with.

As part of your functions, you are required to make decisions as to whether an exception to the general quarantine policy is warranted in particular cases that have been escalated to you by authorised officers. If you decide that an exception applies, you must subsequently decide whether the person in question should be:

1. released from quarantine in Victoria (because they are medically cleared or will be subject to another jurisdiction's regime); or
2. required to complete their quarantine in another location in Victoria (at home or in another facility), in which case they would be subject to the same conditions that apply to other international arrivals under the standard direction and detention notice, including monitoring and penalties for non-compliance.

This guidance note sets out the following **six categories of exceptions** to the general quarantine policy and provides a checklist of relevant factors to be considered when determining whether each exception applies:

1. International transit (for example, transit in Victoria from New Zealand en route to Europe or vice versa).
2. Interstate transit (with the approval of the receiving jurisdiction, usually for compassionate reasons or as an unaccompanied minor).
3. Unaccompanied minors whose legal guardians are unable to reside with them at the hotel (for example, due to other caring responsibilities).
4. Compassionate or medical grounds (for example, if the person suffers from anaphylaxis).
5. Previous confirmed cases with medical clearance who no longer require quarantine.
6. Key workers.

It also provides guidance on how to fulfil your obligations under the Charter for each exception. Those obligations are to act compatibly with human rights and to give 'proper consideration' to the relevant human rights of any person(s) affected by your decisions. The relevant factors and human rights considerations will differ depending on the applicable exception.

We note that, although it is important that the exceptions are reasonably transparent and communicated clearly to people arriving in Victoria from overseas, this must be balanced against the need to ensure that the categories of exceptions are appropriately circumscribed so as not to undermine the general quarantine policy. Further, although this guidance note has been developed in the interests of ensuring consistency and clarity in the application of the exceptions, you must determine each request on a case-by-case basis.

Your obligations under the Charter

You are a public officer under the Charter. This means that, in deciding whether an exception to the general quarantine policy is warranted in any particular case, you must give 'proper consideration' to the human rights of *any person* affected by the decision, including the person who would otherwise be subject to the detention notice, the person(s) who they may quarantine with if they were to quarantine at home, and members of the community.

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (these rights are set out below and differ depending on the exception);
- **second**, seriously turn your mind to the possible impact of your decision 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 is justified in the circumstances.

Exceptions **[Ensure consistency with Aus Government policy re exceptions to mandatory quarantine]**

1. International transit

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

2. Interstate transit

Description of category

[Refer to letter to diplomat re exception to travel to Canberra]

Relevant factors

[DHHS to please provide]

Relevant human rights

3. Unaccompanied minors whose legal guardians are unable to reside with them at the hotel

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

4. Compassionate or medical grounds

Description of category

[Refer to previous assessments for ██████████]

Relevant factors

[DHHS to please provide]

Relevant human rights

5. Previous confirmed cases with medical clearance who no longer require quarantine

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

6. Key workers

Description of category

[Refer to letter from Minister Hunt re exception for key workers]

Relevant factors

[DHHS to please provide]

Relevant human rights

[Note: do we possibly need a 'miscellaneous' / catch-all category, to capture cases that may warrant an exception but do not fall squarely into one of the above categories?]

ANNEX 1

COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	REDACTED	Angie Bone	Meena Naidu	29/4/2020
2.0	Approved	REDACTED	Meena Naidu	Murray Smith	24/05202020

This document is not for public release and is classified as 'sensitive'.

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1 Purpose and background

1.1 Purpose

This purpose of this annex is to outline the compliance and enforcement functions and procedures for the Direction and Detention notice under the *Public Health and Wellbeing Act 2008* (PHWA).

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

1.2 Background

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.

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. A third notice (No 3) was issued on 11 May 2020, that requires the detention of all persons arriving in Victoria from overseas to be detained in a quarantine hotel for a period of 14 days (Appendix 1).

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:

1.2.1 Objectives

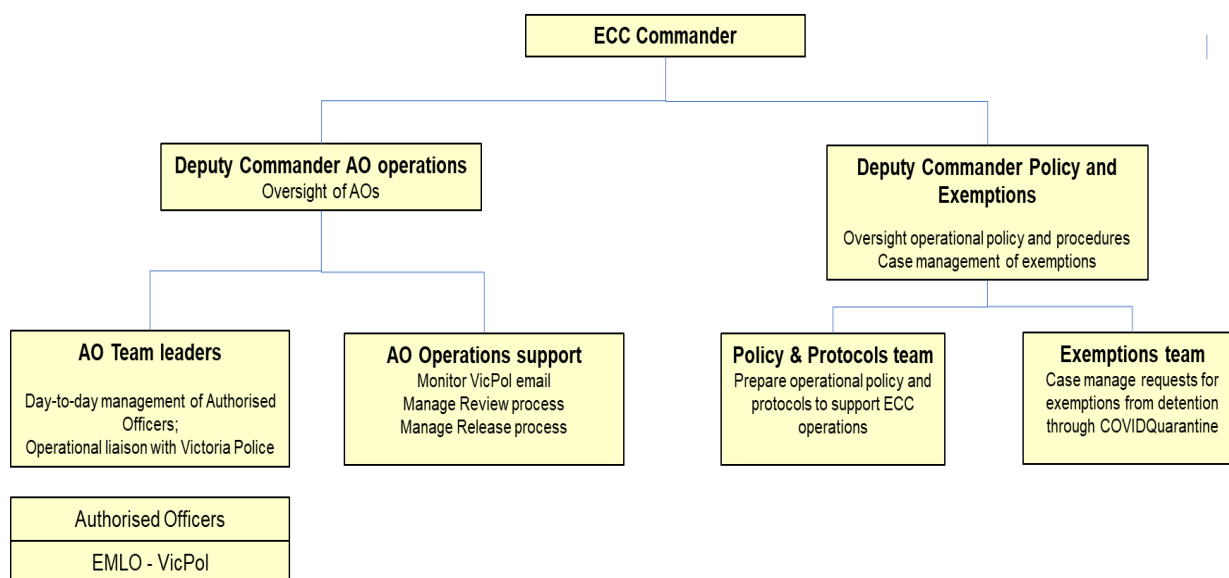
The objectives of the plan for people returning from overseas to Victoria are:

- 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.

2 Enforcement and Compliance Command governance

2.1 Enforcement and Compliance Command structure

Figure 1. Enforcement and Compliance Command structure



2.2 ECC roles and responsibilities

Table 1. ECC cell roles

Role	Responsibilities
Enforcement and Compliance Commander	<ul style="list-style-type: none"> Lead and provide oversight to compliance matters under all Public Health Directions. Provide advice and input into complex compliance matters. Provide advice and support to the Chief Health Officer and their delegate on compliance. Address interagency issues Approve requests for changes to alternative detention arrangements Daily review of those subject to detention
Deputy Commander AO operations	<ul style="list-style-type: none"> Provide oversight to Authorised officers Ensure effective communication between AO operations, Command and Policy and Exemptions

	<ul style="list-style-type: none"> • Ensure operations are compliant with protocols • Engage with EOC as required around hotel operations and compliance • Lead the provision of guidance to the AO Team Leaders. • Report on daily review of people being detained.
AO Operations support	<ul style="list-style-type: none"> • Undertake rostering, recruiting and onboarding of ECC resources • Monitor VicPol email address • Manage daily review of detention process • Manage release from detention process.
Senior AO	<ul style="list-style-type: none"> • Provide leadership to AOs. • Monitor the approval of permissions • Support AOs through complex matters • Make exemption request where appropriate • Ensure appropriate parties are aware of complex matters
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> • Issuing detention notices • Ensuring compliance with the notices • Issuing and managing permissions • Actioning approved exemptions • Actioning the release of detainees from hotels • Provide support to VicPol as required
EMLO VicPol	<ul style="list-style-type: none"> • Liaise with Victoria Police.
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> • Oversight of operational policy and procedures. • Key liaison point with legal • Case management of exemptions.
Exemptions Managers	<ul style="list-style-type: none"> • Approve cases declined at Triage • Review cases to be approved by the Commander
Exemptions Team Leaders	<ul style="list-style-type: none"> • Support team members through complex cases • Ensure cases are appropriately closed out
Exemptions team	<ul style="list-style-type: none"> • Triage cases as they are received • Manage COVIDQuarantine inbox • Case manage requests for exemptions from detention. • Liaise with other parties as required to manage cases
Policy and Protocols team	<ul style="list-style-type: none"> • Prepare operational policy and protocols to support enforcement and compliance. • Prepare briefs, PPQs and other documents and reports as required

2.3 Roles and responsibilities for other staff

Table 2. Non-compliance cell staff at hotel

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> • Supports the health and well-being of staff. • Liaises with airport command and staff from the Department of Jobs Precincts and Regions 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.
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> • 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 and other locations detainees as permitted by AOs. • Manage material needs including food and drink.
Nursing staff	<ul style="list-style-type: none"> • Provide 24 hour on-call medical support subject to demand. • Provide welfare to detainees through a daily welfare check — DHHS welfare officers email COVIDQuarantine@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.
Security	<ul style="list-style-type: none"> • Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.

2.4 COVID-19 Quarantine Compliance and Welfare System

The COVID-19 Quarantine and Welfare System is the key recording and reporting system supporting the ECC. It supports quarantine arrangements by providing a common database for compliance health and welfare activities. The systems is protected for privacy reasons with different cohorts having access to specific part of the database through either an app or directly through the Customer Relationship Management (CRM) interface. The ECC has access to

- [COVID-19 Compliance Application](#) (Compliance App)- This application supports AOs to issue, maintain and record Direction and Detention notices and permissions as well as issue and record certain exemptions. .
- COVID-19 Exemptions – This tool enables the exemptions team to triage; case manage and close requests for exemptions. It is linked to the Compliance App so AOs are able to see the status of, request and action exemptions.

A Smart form for applications for exemptions is on the DHHS website for travellers or their representatives to request a change to the mandatory detention arrangements. The SMART form feeds directly into the CRM.

A **User Guide** is available to guide ECC team members.

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.

3 Authorised officers and powers

3.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice
- AOs must meet legislative obligations around identification, warnings, communication and human rights when exercising powers.

3.2 Authorisation under the PHWA to exercise emergency powers

Only VPS employees and council environmental health officers that are AOs under the PHWA and also authorised by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise public health risk and emergency powers.

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.

Note: Any AO that is unsure as to whether they have been authorised under s. 199 should contact the AO Operations support team prior to enforcing compliance with the Direction and Detention Notices.

While exercising their powers and monitoring compliance, AOs should be cognisant that persons subject to detention may be tired, emotional and stressed. AOs may need to use conflict negotiation, mediation skills and compassion to help persons settle into the new environment.

3.2.1 Emergency powers and offences

Section 200(1) of the PHWA sets out the 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.

The Direction and Detention notice is made pursuant to section 200 of the PHWA (emergency powers), Attachment 1.

It is an offence under section 203 of the PHWA if a person refuses or fails to comply with the directions and requirements set out in the Direction and Detention notice (unless there is a reasonable excuse for refusing or failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate. There are infringement penalties of 10 penalty units for a natural person and 60 penalty units for a body corporate.

3.3 Authorised officer and Chief Health Officer obligations

Sections 200(2) – (8) of the PHWA set out several AO obligations in relation to 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.

3.3.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when exercising powers. Table 3 below summarises mandatory obligations.

Table 3. Mandatory obligations of AOs

Legislation	Obligations
Emergency powers and general powers in the <i>Public Health and Wellbeing Act 2008</i>	<ul style="list-style-type: none"> AO must show ID card before carrying out actions/exercising powers
	<ul style="list-style-type: none"> Before any person is detained, AO must briefly explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
	<ul style="list-style-type: none"> Before any person is detained, AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence.
	<ul style="list-style-type: none"> AO must facilitate any reasonable request for communication
	<ul style="list-style-type: none"> AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team)
	<ul style="list-style-type: none"> AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health¹.
In addition, AOs must comply with the Charter of Human Rights (see also Appendix 16)	<ul style="list-style-type: none"> AO must act compatibly with human rights
	<ul style="list-style-type: none"> AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.

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.

¹ An Authorised Officer under the PHWA that has been authorised to exercise public health risk and emergency powers

3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers 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 from the Deputy Commander AO Operations if they are unsure about the administration of their powers.

3.3.3 Authorised officer obligations:

Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA (unless impractical to do so):
- 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 (s.167).
- 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.

4 AO responsibilities at port of arrival

AOs issue Direction and Detention notices to people arriving in Victoria (airports and seaports)² from overseas who must go into immediate compulsory quarantine for 14 days. This is because international arrivals present a high-risk of further transmission of the COVID-19 virus and detention is necessary to reduce or eliminate the serious risks to public health associated with the virus.

All passengers will be transported to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period with the **day of arrival counted as day 0**.

The airport is the first point of contact for an AO, who must undertake several obligations to administer the direction and detention notice issued under the PHWA.

4.1 Key points

- AO must fulfil mandatory obligations (e.g. show ID card and explain reason for detention,).
- AO must check that a direction and detention notice is filled in properly and recorded.
- AO to provide factsheet and privacy collection notice to person.

4.2 Key responsibilities

Table 4. AO responsibilities at the airport



Step	AO responsibilities	Mandatory obligation	Section (PHWA)
Identify pre-approved exemptions	<ol style="list-style-type: none"> 1. Prior to flight arrival the rostered Airport AO should check for any preapproved exemptions which may need to be actioned at the airport 2. Exemptions will be provided by the Exemptions Team Manager to the AO rostered at the airport as well as Airport Operations Command prior to passenger disembarkation. 3. Any queries in relation to the exemption should be directed to the Exemption team lead. 4. AO to check exemption paperwork and identify on passenger manifest sheet 'exemption'. 		
Flight arrival	<ol style="list-style-type: none"> 5. Inform flight crew of AO action and request translation of script³. 6. Declare you are an Authorised officer and show your identification card. 7. Read script (Appendix 2), which: <ol style="list-style-type: none"> i. explains the reasons for detention ii. warns returning passengers that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply iii. reminds passengers they must keep their detention notice. 	Yes	Sections 166, 200(2),200(4) and 202(1)

² See exemptions section that describes circumstances and policies for maritime environment

³ See suggested script at Attachment 1

	<p>8. Repeat twice.</p> <p>9. Flight crew read script in all relevant languages.</p>		
Issue notice immediately after disembarkation	<p>10. Show identification.</p> <p>11. If the traveller is not a foreign diplomat or immediately transferring to an international flight leaving within 8 hours of arrival, serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (Appendix 1). Unaccompanied children who are detained must be served the solo child notice (Appendix 3). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>12. Ask passenger/s if they understand the notice. If not, explain reasons for detention again, warn them that it is an offence to not comply and answer questions.</p> <p>13. 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.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>14. 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 REDACT ; PIN code is REDACT)</p>	Yes	Section 200(5)
Confirm details	<p>15. Ensure each direction and detention notice:</p> <ol style="list-style-type: none"> i. states the full name of the person being detained, date of birth and mobile phone number (if applicable) ii. contains the signature of the person being detained or their guardian as receipt of the notice iii. states the name and signature of the AO iv. contains the hotel name at which the person will be detained v. contains the date of commencement of detention. 		
Record issue of receipt	<p>16. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application⁴. You may be assisted by a non-AO in this task.</p>		

⁴ The Business system referred to here is the Quarantine Compliance and Welfare System COVID-19 Compliance Application

	<p>17. Request person subject to detention present to AO at hotel. Direct person to area for transport to hotel.</p> <p>18.</p> <p> Provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</p>		
Arrangements for diplomats and immediate transits	<p>19. Foreign diplomats cannot be served a detention notice. The Exemptions team will provide a letter to give to the diplomat and will provide instruction. This will normally be done in advance of the flight arrival</p> <p>20. Take a photo of the letter issued</p>		
Arrangements for immediate transits (less than 8 hours between international flights)	<p>21. Check onward ticket and that the traveller is not showing symptoms of covid.</p> <p>22. Record the individual as a transit in the Compliance app. No document is required to be issued.</p> <p>23. Advise traveller they are required to stay airside between flights at the designated transit area</p>		
Check with welfare team	<p>24. Liaise with Senior AO and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>25. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section 7 (Permissions) for further detail.</p> <p>26. Ensure the person subject to detention understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p> <p>27. Make a note in the Compliance app and ensure the AO at the relevant hotel and Deputy Command AO operations is aware a permission has been granted.</p> <p>28.</p> <p> Complete the hospital fact sheet and provide a copy to the driver to be given to the hospital on detainee arrival.</p>		
Record	<p>29. Record any actions in the COVID Compliance Application, including the above mandatory obligations, use of translator and any associated issues.</p>		

4.2.1 Transfer of uncooperative person to be detained

There may be circumstances where a person refuses to be cooperative. DHHS Operations staff at the airport may elect to organise a separate mode of transport for in such circumstances, noting Victoria Police may be requested to escort such individuals.

5 AO responsibilities at hotels

As part of meeting mandatory detention requirements in the Direction and Detention notice, the Victorian Government has arranged accommodation in numerous locations, primarily in the Melbourne CBD area. The purpose of this is to restrict the movement of international arrivals to limit the spread of COVID-19.

5.1 Key points

- AO oversees and provides advice on compliance and works with security, hotel staff, and medical and other staff.
- AOs are responsible for detention release following the mandatory 14 day detention

5.2 Shift change over

Table 5: Key steps and AO roles and responsibilities during shift change over

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Introduction	1. Introduce yourself to: <ul style="list-style-type: none"> • hotel/duty manager • head of security • DHHS Team Leader • DJPR site manager (if on site) • medical staff. 		
Handover	2. Obtain a handover from the previous AO (verbal and high-level information) to: <ul style="list-style-type: none"> • understand detainee issues, early releases, exemptions (including status) and permissions • ascertain location of records and template forms • any hotel operational issues (e.g. physical exercise space unavailable, changes to operational policies like food delivery) • ensure COVID-19 Compliance Application has been updated • if exits from detention expected, ensure AO team and release team aware of plans and location of documentation. 		

5.3 Hotel check-in

The purpose of hotel check-in is to:

- enable hotel staff to provide people being detained with a room number and key
- reiterate obligations for those being detained.

Table 5. Key steps and AO roles and responsibilities – hotel check-in

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Check-in	<ol style="list-style-type: none"> 1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice: <ol style="list-style-type: none"> i. room number ii. the date that the person will be detained until (14 days after arrival at place of detention). 2. AO to initial the room number on the notice, record in the Compliance App and take a photo of the page with the room number before returning to the detainee. 	Yes	
Check and reiterate Direction and detention notice	<ol style="list-style-type: none"> 3. AO answers compliance-related questions and deals with compliance issues, including reiterating aspects relating to the notice. 		Sections 166, and 203(1)
Liaise with medical and welfare staff	<ol style="list-style-type: none"> 4. Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments). 		

5.4 Monitoring compliance

The AO will provide oversight and ensure compliance with the direction and detention notice

Table 6. Key steps and AO roles and responsibilities – monitoring compliance

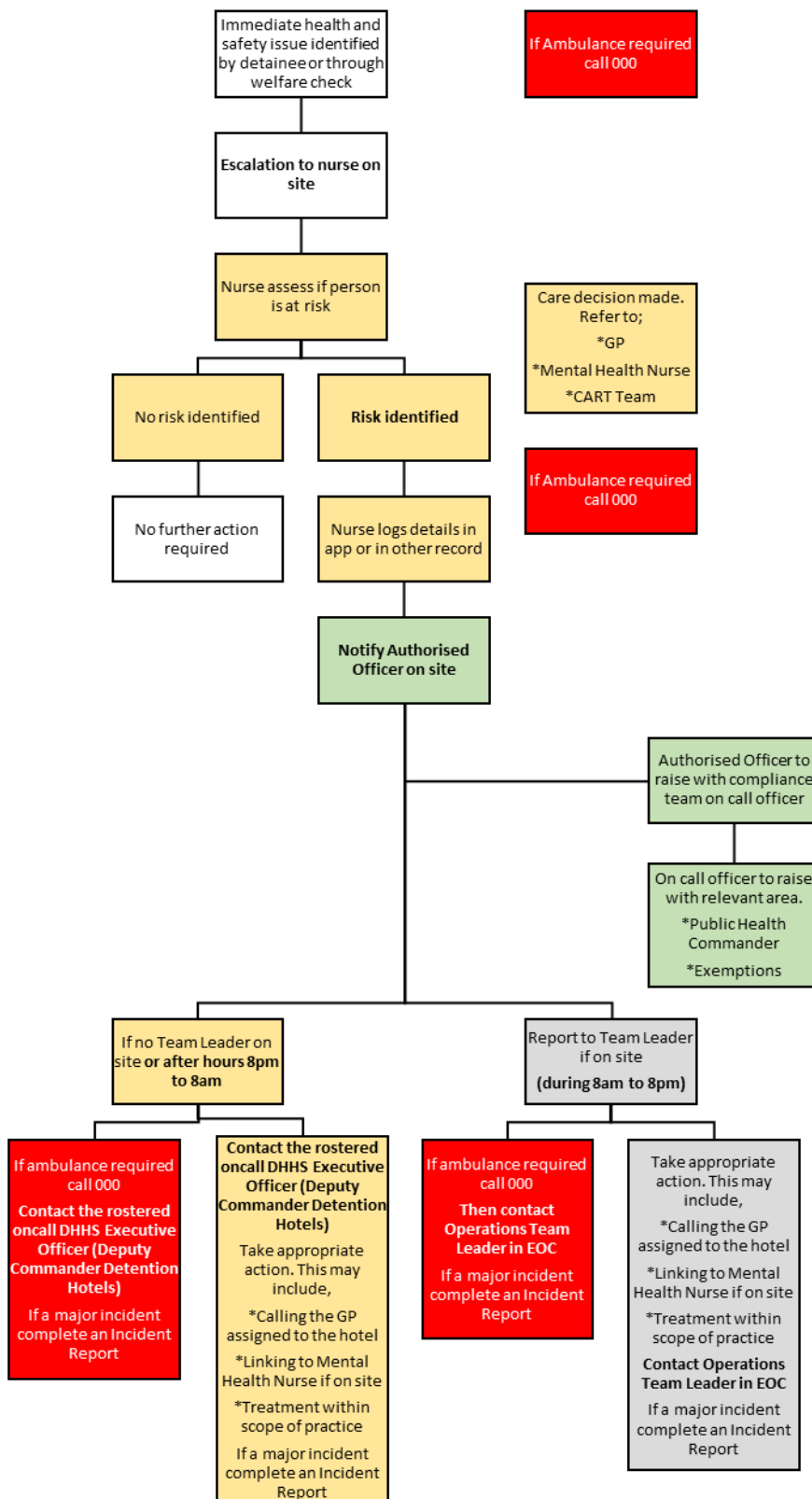
Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security undertake floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: none"> a person refusing to comply and a person demanding to be removed from detention reminding a person the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply responding to requests from security to address compliance issues answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do seeking assistance from security or Victoria police to support compliance efforts facilitating any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on REDACTED PIN code is REDACTED 		202, 203(1)
Permissions	3. See Section 0 (Permissions). 4. Raise requests for permission to leave with the Senior AO if there is not an authorised area for the detainee to exercise the permission or there is complexity in applying the transition (e.g. requires leaving the hotel site). All requests by detainees to leave the hotel site must be escalated to Deputy Command AO operations if not already approved. 5. Administer permission to leave and monitor compliance.		203(1)
Exemptions	6. See Section 6 (Exemptions). 7. Raise any exemption requests with Senior AO in the first instance. The Senior AO may make an exemption request through the Compliance App [or may request the AO to do so] for consideration. Criteria for consideration is: i) detainee may be unsafe in the hotel environment		200(2),200(4) and 203(1)

	<p>ii) cannot accommodate detainees needs in the hotel</p> <p>8. Issue Direction and Detention Notices for detention in alternate locations if ECC Commander approves an exemption request. In this case, a case manager from the Exemptions Team will contact the AO with details. Before issuing notice, explain reasons for detention and warn that refusal to comply is an offence.</p>		
Records	<p>9. Notes of any communication or engagement with the detainee should be made in the contact log section of the Compliance app</p> <p>10. Record all permissions in the permissions section of the COVID Compliance App.</p> <p>11. Take photos of all amended or reissued direction notices issued while at the hotel using the Compliance App.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p> <p>13. If an emergency occurs with a detainee, follows the emergency procedure and alert the Team Leader and the Senior AO.</p> <p>14. The Senior AO is to ensure the Deputy Commander AO operations and the ECC Commander is alerted to all emergencies. Where a matter may lead to an exemption being required, they should also alert the Exemptions team</p>		

5.5 Emergency health and welfare incidents

Where there is an immediate health and welfare issue identified at the hotel, the following process is to be followed.

Figure 2. Emergency Workflow



5.6 Clarity about role of AO

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. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email “Referral to organise transport”
- physically moving COVID-19 patients. Please see procedure under ‘Occupational Health and safety’
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats. This includes providing any advice in relation to these inspections
- arranging accommodation for any detainee leaving the hotels
- monitoring or ordering PPE or other supplies.

If an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer them to the DHHS Team Leader on-site for follow up. For medical and welfare issues, the AO should inform on-site medical and nursing staff in accordance with section 5.5 above.

5.7 Daily review and reporting by the AO Review Team

The daily review is a mandatory obligation to determine whether continued detention of a person is reasonably necessary to eliminate or reduce a serious risk to health. There are mandatory obligations for the AO to inform the Chief Health Officer (CHO) and the CHO to inform the Minister. This is the responsibility of the Deputy Command AO Operations who will be aided by the AO operations support team in fulfilling this task.

Table 7. Key steps and AO Review Team roles and responsibilities – daily review

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> • reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours) • reviewing the number of detainees present at the hotel • reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to • noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention. 		

	<ul style="list-style-type: none"> • Noting any exemptions issued or concerns raised with any detainee <p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health.</p> <p>4. Consider the human rights being impacted – refer to ‘Charter of Human Rights’ obligations in Appendix 16</p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detention.</p> <p>7. Consider that detention 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.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> • 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 • a person having been tested and cleared of COVID-19 while in detention • any other material risks to the person. 		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Prepare brief (Minister)	<p>10. Complete template brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> • 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. <p>11. The notice to the CHO must include:</p> <ul style="list-style-type: none"> • the name of the person being detained • statement as to the reason why the person is being, or continues to be, subject to detention. 	Yes	Sections 200(7) and (8) Section 200(9)

	<p>12. Deputy Command AO operations to review and approve the Review and Brief</p> <p>13. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions.</p>		
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5.8 Departure – release from mandatory detention

The purpose is to ensure and confirm the person being detained:

- i. has completed their period of detention under the Direction and Detention notice
- ii. is released in a timely and orderly manner.

5.8.1 Pre-check out

In the days leading up to release the AO Operations support team will work with DJPR, the EOC and Public Health Command to identify the detainees to be released, the exit times for the detainees and whether any detainees are required to be issued a non-general end of detention notice as a result of any COVID-19 testing completed during the quarantine period. The release notices are to be prepared in accordance with the policy in Appendix 9

The Operations Support team will print out release notices for all detainees as well as an exist sheet and will arrange for these to be delivered to the relevant hotels.

Prior to release of a person being detained, DHHS (with the help of hotel security) will provide each person being detained with either:

1. An End of Detention Notice, Appendix 10;
2. An End of Detention Notice (confirmed case not cleared infection), Appendix 11
3. An End of Detention Notice (close contact), Appendix 12
4. An End of Detention Notice (symptoms of respiratory illness), Appendix 13
5. An End of Detention Notice (continued detention) Appendix 14

These notices provide information about the discharge process and the obligations of the detainees.

Continued detention will only be applied where a detainee who normally reside interstate is symptomatic and a close case or confirmed and refuses to remain in Victoria. The decision to continue to detain an individual will be made by the EC Commander in consultation with legal and the PH Commander

5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained 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 detention 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 will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to COVIDquarantine@dhhs.vic.gov.au for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form.
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

5.8.3 Day of release

Security will provide detainees approximately 1 hour notice of their exit time. Security will then bring detainees down at their scheduled exit time.

5.8.4 Check-out process overview (compliance check-out)

The release process will consist of an organised check-out procedure (the compliance check-out). This means people being detained will be released in stages throughout a set time period on the day of release.

COVID-19 cases and suspects require a separate check-out time. Extra infection control measures such as PPE will need to be implemented.

Security will bring travelling parties 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.

Table 8. Key steps, roles and responsibilities at check-out (AO role unless specified)

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> 1. ECC Operations Support Team, to inform AO of cases and close contacts confirmed COVID-19 case, suspects, COVID-19 cleared or close contacts. Public health will have contacted each detainee in these categories to discuss arrangements post detention. 2. AO to note and to inform security that COVID-19 cases and suspects will need separate check-out time and implement extra precautionary measures. 		
Check-out	<ol style="list-style-type: none"> 3. Request to see identification (passport) and the End of Detention notice from each person 4. Cross check the person's identification details and room number with information on exit sheet 5. Sign the End of Detention notice, take photo through the COVID-19 Compliance Application which will automatically note the detainee as released. 6. Provide End of Detention notice back to the person. 7. Confirm the period of detention and explain detention period has ceased. 8. Confirm self-isolation requirements for all confirmed COVID cases. 9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged. 		
Record	<ol style="list-style-type: none"> 10. All exit sheets are to be returned to the Operational Support team as soon as possible 		

Where a person has been COVID-19 cleared, their detention release must be accompanied with a COVID-19 Clearance letter provided by Public Health Command. This will be included in the release pack prepared by the AO Operations Support team.

6 Exemption requests

6.1 Key points

- AOs must be aware of how requests for exemption from detention are escalated.
- DHHS case manager from Exemptions Team will liaise with Senior AO regarding approved exemption request.

6.2 Exemption requests – overview

In limited circumstances, approval may be sought to undertake detention in another location, transit to another state/country or early release. **Generally, exemptions are not granted.**

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. **The Enforcement and Compliance Commander** is responsible for approving and granting approvals to alter the way in which mandatory quarantine applies in accordance with Appendix 23 *Guidance Note – Exceptions to the General Quarantine Policy*.

While each exemption request must be considered on its own merits, the following circumstances have been identified as open for consideration of early release or change of detention location. These include:

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country – The diplomatic status that Australian citizens have in other countries does not apply in Australia, so Australians with diplomatic status must undertake mandatory detention for 14 days in a designated hotel
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew including medevac crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

Supporting evidence, such as report from a medical practitioner, may need to be provided before an exemption request is considered.

Any approval must consider the public health risk and ensure the individual is not showing symptoms of COVID consider if the person may be released into an environment where a highly vulnerable person may be a close contact.

6.3 Exemption requests – general approach

Exemptions for medical, welfare and compassionate grounds will be considered in exceptional and case-by-case circumstances where:

- the needs of the individual are unlikely to be able to be met within the hotel
- the public health risks are outweighed by the risks of continuing to detain the individual in hotel detention.

For an individual seeking exemption prior to entering the hotels, there must be supporting evidence from a suitable expert or treating practitioner regarding the illness, welfare or compassionate concerns. It also must be clear that the needs of the individual cannot be met in hotel detention.

For an individual seeking exemption while already within a hotel, welfare staff, nurses or the Complex Assessment and Response Team (CART) should assess the individual. This assessment along with any recommendation from a treating practitioner will inform consideration of an exemption.

Table 9 outlines the key steps for processes requests for exemptions based on medical, welfare and compassionate grounds.

Table 9. Exemptions case management process

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request and triage	<ol style="list-style-type: none"> 1. Exemption Team receives a request for exemption through CRM system⁵ 2. If request come through another channel, triage officer must enter information into the CRM 3. The triage officer should review the available information as assess if the case should be considered based on <ul style="list-style-type: none"> • If the detainee would be unsafe in the hotel environment or • Their needs can't be accommodated in the hotel • permissions are sufficient. 4. If the triage officer believes the case should be considered they will allocate a case manager. The case manager should contact the requestor to advise them their request is being considered. 5. Recommendations to not consider the case will need to be approved by the Exemptions manager. 		

⁵ An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<p>6. If the manager agrees the request should not be considered the triage officer should advise the requestor within 12 hours in writing.</p> <p>7. If the Manager is of the view the case should be considered, they will allocate to a case manager.</p>		
Case management (Assessment and decisions)	<p>8. Case manager will need to consider the nature of the request to determine whether it should be approved. The case manager should first and foremost consider the public health risk and how the need of the detainee may be met within the hotel environment through permissions, health and welfare support a carer joining the individual or providing addition supplies. The case manager should have regard to the</p> <ul style="list-style-type: none"> • Current policy • Precedent • Medical information provided • Position of other jurisdictions if interstate travel is required <p>9. In some cases further validation of a detainees condition and needs will be required. This may be achieved by:</p> <ul style="list-style-type: none"> • Discussions with the treating practitioner or health team • Assessments by the CART team • Consultation with Mental Health Branch <p>10. Complex cases should be discussed early at the daily complex case meeting with the EC Commander.</p> <p>11. Should a case be considered for detention in an alternative location, the case manager should identify if there is a suitable alternative location that would enable the detainee to meet the required conditions. In particular the location should not house any vulnerable individuals or a large number of people.</p> <p>12. A recommendation should be reviewed by the manager and then submitted to the EC Commander for approval.</p> <p>13. In particularly complex cases the EC Commander may seek further approval from the Public Health Commander.</p>		

	14. Once approve the case manager will be required to complete the required documentation to action the decision.		
Case closure (Exemptions team)	15. Depending on the nature of the request, the exemptions case manager may need to alert the following of the outcome: <ul style="list-style-type: none"> • inform requestor • inform the Senior AO at airport or hotel, Deputy Command AO operations, OpSoteria EOC, hotel Team Leader and CART team if required • Airport operations at Northandwest.eoc@dhhs.vic.gov.au • inform Victoria Police arrange for compliance oversight • contact other jurisdictions (if transiting through Victoria) • upload release or exemption letter in COVID-19 Compliance Application. 		
AO to issue Notice of Direction and Detention	16. Following confirmation with the Hotel Team Leader of any arrangements, the AO will: <ul style="list-style-type: none"> • Issue the required documentation • Provide any information required associated with the documentation • Take a photo of the signed documentation under the release section of the compliance app. 	Yes	200(2) and (4) 203(1)

6.4 Unaccompanied minors

Unaccompanied minors will be considered on a case-by-case basis. If an unaccompanied minor is detained in a hotel without a parent or guardian, a specific process must apply.

In general, there is a presumption that there are no exemptions granted to mandatory detention. The issues associated with mandatory detention of unaccompanied minors include:

1. where this occurs, and
2. with what adult supervision.

The State can 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. However, this is not preferred because of the welfare obligations imposed.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 8.

Table 10 outlines four options and corresponding policy principles.

Table 10. Options for unaccompanied minors and policy principles

Options	Guiding principles
Detention at hotel with parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. In this case, an exemption is not granted. The carer is provided with a copy of the letter found in Appendix 4 in order to detain them.
Detention in another state or territory	For minors who reside interstate, parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if a parent or guardian cannot join the minor, an exemption can be granted to allow an unaccompanied minor to transit interstate.
Detention at an alternate location with a parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if parent or guardian cannot join the minor, an exemption can be granted to allow the unaccompanied minor to undertake detention at an alternate location with parent or guardian.
Detention in hotel with DHHS welfare support (overnight stay for international transit)	Parent or guardians are encouraged to book flights without overnight layover in Victoria. If not possible, unaccompanied minor are permitted one overnight stay before transitioning to an international flight.

6.4.1 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 are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- if it is after hours, contact the after-hours child protection team on 13 12 78 if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

6.5 International transit

6.5.1 Immediate transits within 8 hours

Individuals who are on a connecting international flight that leaves within 8 hours of arrival are not to be detained. The AO should check they are not displaying any symptoms of COVID and have a ticket for an onward flight within 8 hours. The AO should record the traveller as being in transit in the Compliance app and direct them to the appropriate waiting areas airside. Transit passengers should not go landside at the airport. They do not require any documentation.

6.5.2 Transits longer than 8 hours

If travellers are on the ground for more than 8 hours they will be detained.

Prior to release the AO will be required to check that the detainee is not showing symptoms of COVID and confirm they have a ticket for an international flight. This should be recorded in the Compliance App along with a copy of the release notice (Appendix 18).

Following release, the detainee must be escorted to the airport by Airport operations to ensure they minimise any potential contamination.

Travellers not be allowed to travel domestically to catch an onward international flight.

6.6 Compassionate interstate travel

Interstate travel is not permitted except in exceptional health and compassionate circumstances. These are generally limited to:

- Receiving specific health treatment in another state that cannot be provided in Victoria
- Visiting a terminal family member
- Attending a funeral of a close family member

In each of these circumstances the receiving jurisdiction must approve the transit and the detainee will be subject to any quarantine arrangements required by the receiving jurisdiction.

The letter in Appendix 19 is used.

6.7 Foreign diplomats

Foreign diplomats are exempt from mandatory 14-day detention. Australian diplomats must undertake mandatory detention upon arriving in Victoria from an international location.

Foreign diplomats (and any family members) should travel immediately to their place of residence via private or rental vehicle and self-isolate for 14 days. The exemptions team will prepare a letter for the foreign diplomat and their family confirming they are not required to complete 14-day mandatory detention (Appendix 20).

Where a foreign diplomat needs to defer travelling to their usual place of residence, the diplomat (and any family members) should stay in a designated quarantine hotel. They should be transported to and from the airport via organised transport, or via a private or rental vehicle and are issued a letter regarding staying in a quarantine hotel (Appendix 21)

6.8 Maritime Crew

The DHHS *Border health measures policy summary* of 18 May 2020 summarises a broad range of circumstances and corresponding risk-based policies regarding travellers and crew arriving at airports and seaports. A summary of the circumstances and policies relating to maritime crew is Appendix 17.

As a guiding principle, maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to a Direction and Detention Notice and must be detained in a designated hotel for a 14-day period (unless an exemption applies).

- Where a vessel is leaving the country, crew may leave the hotel to board the vessel no earlier than 48 hours before the vessel is due to leave to enable handovers.
- Where a vessel is remaining in Australian waters its crew must do 14 days quarantine
- Where disembarking crew are leaving the country, they may leave the vessel and travel immediately to the airport to depart. They may shelter on land for 24 hours before a flight. If they are required to be on land for longer, they must go to a quarantine hotel until they are ready to leave the country.

- Disembarking crew that live in Australia must go into hotel quarantine unless they did 14 days quarantine prior to boarding the vessel and no other international crew joined the vessel.
- Crew may leave a vessel to seek medical treatment.

7 Permissions

7.1 Key points

- AOs can make decisions in consultation with their Senior AO or Deputy Commander AO Operations for simple requests.
- AO must complete a permission for temporary leave form and enter details in COVID-19 Compliance Application.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

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

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at Appendix 6.

7.2 AO to make decisions on certain permission requests on case-by-case basis

An AO in consultation with their Senior AO or Deputy Commander AO operations can make certain straightforward decisions about the following scenarios on a case-by-case basis:

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

Not all leave requests can be accommodated and may be site and resource dependent. Any arrangement for leave would need to meet public health, human rights requirements and balance the needs of the person.

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 11 for further details).

If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately. The emergency escalation process should be followed (see section 5.5). The Hospital information sheet should be provided to the driver of the vehicle to hand to the medical facility.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email "Referral to organise transport".

Table 11. Key steps, roles and responsibilities for temporary leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> 1. Senior AO to assess site for suitability of exercise and fresh air breaks. 2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site 3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval. 		
Request for temporary leave	<ol style="list-style-type: none"> 4. Person may seek permission directly from the AO and explain the grounds for temporary leave 		
AO assessment and decision	<ol style="list-style-type: none"> 5. AO to make decision and consider: <ul style="list-style-type: none"> • those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks) • willingness and availability of security to oversee and facilitate exercise or other fresh air breaks (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly) • site layout, safety and capability to ensure persons are in a cordoned off area • maintaining infection control, such as ensuring persons do not touch door handles or lift buttons • adherence to exercise and smoking procedures. 6. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction. 		
Issue permission for temporary leave	<ol style="list-style-type: none"> 7. AOs to: <ul style="list-style-type: none"> • instruct security on the dates and times permitted for leave • provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not accessed by members of the public 		s.203(1)

	<ul style="list-style-type: none"> • request the medical facility or hospital inform the AO prior to return (for medical temporary leave) • prepare a Permission for Temporary Leave from Detention form (see Appendix 5), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> - a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes - an exercise break is for a certain time and the person must return to their room following exercise or fresh air break. • warn the person that failure to comply with these directions is an offence • ensure the person checks back into the hotel at specified time • seek feedback on implementation of temporary leave and note any issues raised. 		
Permissions for hospital treatment	<p>8. AO should facilitate any permissions required for medical treatment. Where possible and end time should be recorded on the notice and app. Where an end time is not clear, the permission should note the detainee can only return on medical release.</p> <p>9. A permission for medical treatment should not extend beyond 24 hours. Should a detainee be required to be admitted to the facility, a change of location detention notice should be issued following approval by the Deputy Command AO Operations. If the detainee returns to the hotel a new detention notice should be issued for the remainder of the 14 days. The AO should actively monitor that a detainee has returned within the 24 hour period.</p> <p>10. When issuing a permission, the AO should also provide the hospital information sheet with contact details for Hotel team leader and Deputy Command AO operations.</p> <p>11. If a medical facility wishes to release the detainee to a location outside of the hotel, the Deputy Command AO operations must obtain approval from EC Command.</p>		
Compliance	<p>12. If the AO is of the view the detainee may not comply with conditions of the permission, an escort must be arranged to travel with the individual. This is a particular consideration where a person may be visiting a home</p>		

	<p>environment where other non-palliative people will be present. Highly vulnerable people cannot be in the same immediate environment as the detainee</p> <p>13. Permission cannot be granted for more than 2 hours on the basis that physical distancing is observed. If physical distancing is not likely to be observed and there is likely to be close contact, the detainee must be limited to 15 minutes.</p> <p>14. If the detainee does not comply with the permission conditions, further permissions may not be granted.</p>		
Record	15. If AO approves leave be granted, the AO must enter details in COVID-19 Compliance Application.		

7.3 Emergency situations

Table 20: Key steps, roles and responsibilities for emergency leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	1. 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.		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p> <p>5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application</p>		

7.4 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. Only well residents from the same room should be able to go out to exercise at the same time.

7.5 Guidance for safe movement associated with permissions

7.5.1 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 hand sanitiser as they leave, this will require hand sanitiser 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.
- Return immediately to their hotel room following the break.

7.5.2 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 hand sanitiser or wash hands in soapy water before each break;
- 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 (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

7.5.3 Infection control 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 snugly 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.

8 Compliance

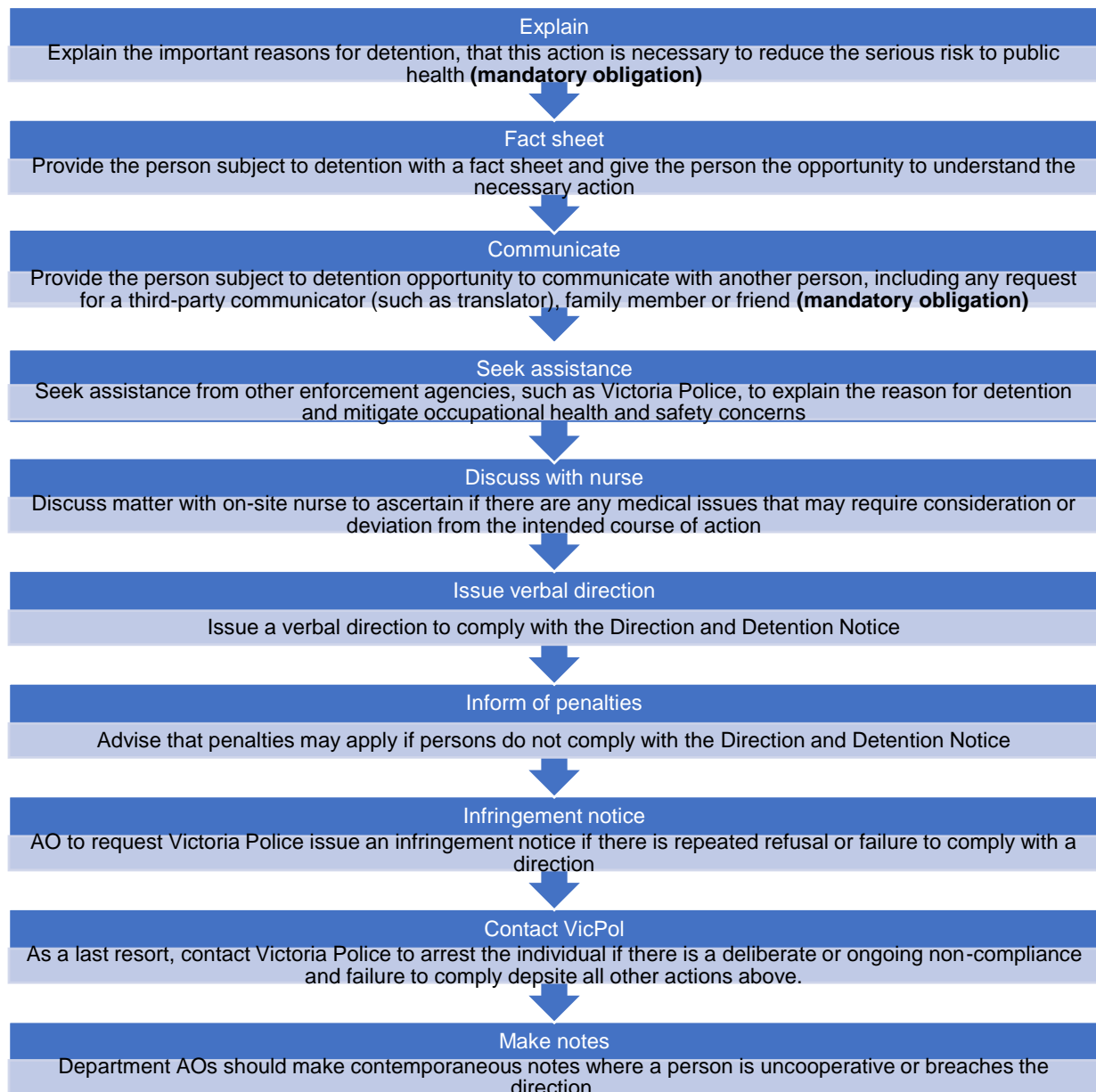
8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

8.2 Options to facilitate compliance

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:



8.3 Unauthorised departure from accommodation

Table 12. Key steps, roles and responsibilities for managing unauthorised departure from accommodation

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify Senior AO, on-site security and hotel management and request search.		
Contact Victoria police and Deputy Commander	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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. 		s.203(1)

8.4 Infringements

There are four infringement offences applicable to detention arrangements. These are:

Table 13. 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 penalty units for a natural person and 30 penalty units for a body corporate 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, 60 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 power under an authorisation given under s.199 (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 60 PU body corporate
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9 Occupational health and safety (OHS) for Authorised Officers

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

9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the Senior AO or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

9.2 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.

9.3 OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with the rostered AO Team Leader.

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.

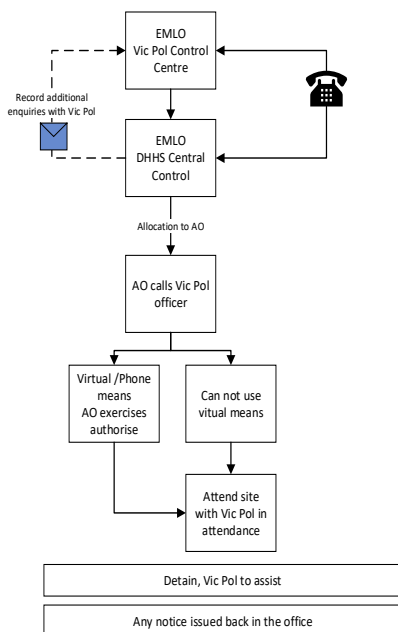
9.4 Fatigue

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 Senior AO or Deputy Commander AO operations.

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.



9.5 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 and a Senior AO or the Deputy Commander AO operations 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 measures 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.

9.6 Personal measures to reduce risk the risk of exposure to COVID

9.6.1 General

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible. For example,:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- 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 Senior AO 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 suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed 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 Sanitiser.

9.6.2 AOs going onto floors of hotel

AOs going onto hotel floors with persons subject to detention must wear a surgical mask. There will be surgical masks for AO's at the hotels.

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

9.6.3 Relocating a confirmed case of COVID-19

All COVID-19 confirmed cases will be transferred to a COVID-19 hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed COVID-19 case may wish to remain with the confirmed COVID-19 detainee and transfer to the COVID-19 hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

The room or location change must be recorded in the compliance app by the AO.

9.7 Measures and guides to enhance occupational health and safety

Table 14. Using Personal Protective Equipment

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is suspected or confirmed 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

Table 15. 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

9.7.1 COVID-19 testing for Authorised Officers

Should an AO need to be tested for COVID-19, the AO should ask that their test to be marked urgent given the critical front-line response work.

Appendix 1. Direction and Detention notice

DIRECTION AND DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 11 May 2020.
- (2) A state of emergency exists in Victoria 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.
- (3) 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.
- (4) 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, having regard to the medical advice, that detention 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.
- (5) You must comply with the directions in clause 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (6) 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

- (1) You will be detained at:

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

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

- (2) You will be detained until: _____ on ____ of _____ 2020

(to be completed at place of arrival)

3 Directions — transport to hotel

- (1) 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.
- (2) 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

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

- (a) 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
 - (b) there is an emergency situation.
- (2) **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).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) 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.*
- (5) 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 Offence and penalty

- (1) 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.
- (2) The current penalty for an individual is \$19,826.40.

REDACTED

Name of Authorised Officer: Dr. Annaliese van Duijven

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

Appendix 2. Script for plane/arrival

Required script before issuing a direction and detention notice

My Name is XXXX, I work for the Department of Health and Human Services Victoria and I am an Authorised Officer under the Public Health and Wellbeing Act. I am also authorised for the purposes of the emergency and public health risk powers in Victoria's current State of Emergency.

Please be advised that a State of Emergency has been declared in Victoria because of the serious risk to public health posed by COVID-19 virus.

Because you have arrived in Victoria from overseas, when you disembark off this plane you will be issued with a direction and detention notice, which requires you to quarantine for a 14-day period at the hotel nominated on the notice.

People who have been overseas are at the highest-risk risk of infection with COVID-19 and are one of the biggest contributors to the spread of COVID-19 in Victoria. Therefore, you will be detained in a hotel for 14 days because that is reasonably necessary to reduce or eliminate the serious risk to public health posed by COVID-19.

Please be advised that refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.

Once you have been issued with the notice, please keep it with you at all times.

We greatly appreciate your co-operation and assistance in these challenging times. Thank you again.

Appendix 3. Detention notice for unaccompanied minors

DIRECTION AND DETENTION NOTICE SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)
Section 200

1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 2020.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) 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.
- (6) 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.
- (7) 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

- (1) You will be detained at:

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

Room No: _____ (to be completed on arrival at hotel)
- (2) You will be detained until: _____ on ____ of _____ 2020.

3 Directions — transport to hotel

- (1) 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.
- (2) 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

- (1) **You must not leave the room in any circumstances**, unless:
 - (a) 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
 - (b) there is an emergency situation.
- (2) **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).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) 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.
- (5) 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

- (1) 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.
- (2) 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 4. Letter for carer to join detention

Dear [insert name]

In accordance with section 198 of the *Public Health and Wellbeing Act 2008 (Act)*, a state of emergency has been declared in Victoria as a result of the serious risk to public health posed by COVID-19.

In order to mitigate this public health risk, the Victorian government has introduced a quarantine period for people arriving in Victoria from overseas.

I note that [insert name of persons in hotel detention that are being joined by the kinship carer] have been issued with a direction and detention notice on [insert] under section 200(1)(a) of the Act.

You have agreed to be detained in quarantine with the above persons who have arrived from overseas in [insert hotel name], to provide kinship care and support.

In these circumstances, you will be subject to quarantined in accordance with the attached direction and detention notice issued under section 200(1)(a) of the Act, which sets out the terms and conditions of your period of quarantine.

Yours sincerely

Authorised Officer

[insert date]

Appendix 5. Permission for temporary leave

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.

1 Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 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.

2 Reason/s for, and terms of, permission granting temporary leave

- (1) 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: _____
- (2) 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.

3 Conditions

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (6) 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.
- (7) 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.
- (8) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

4 Specific Details

- (1) 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).
- (2) 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.
- (3) 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.

5 Offence and penalty

- (1) 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.
- (2) The current penalty for an individual is \$19,826.40.

Annexure 1: Additional conditions *[if applicable]*

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 the person’s 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 the Permission to the person, provide them with time to read the Permission and take a photo of the Permission 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. Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



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 (08/04/2020)
Coronavirus Disease (COVID-19)

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- 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 known 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 8. Guidance note: 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 from 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. Policy guiding release notices

Table 2. Management based on outcomes of Day 11 routine testing

		Staying in Victoria on exit	Leaving Victoria on exit (interstate or international)
Negative result	Asymptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (standard) • Allow to exit detention
	Symptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention • Advise to stay at home until symptoms have resolved for 72 hours 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Allow to exit detention • Issue End of Detention Notice (standard) • Allow to travel interstate • Advise to stay at home until symptoms have resolved for 72 hours
Positive result	All cases	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (confirmed case) • If the person has more than 24 hours left in mandatory quarantine before they are due to exit, they should be transferred to the COVID hotel (Rydges) for the remainder of the quarantine period. • If the person is due to exit to home within 24 hours of receiving the positive test result, the decision to transfer to the COVID hotel (Rydges) should be made on a case-by-case basis, and exiting from their current hotel to home on Day 14 may be the more appropriate arrangement. • When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> – Victorians who are still infectious (who have not yet met the department's criteria for release from isolation of a 	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (confirmed case) • Must not travel interstate • When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> – Individuals from interstate who are still infectious (who have not yet met the department's criteria for release from isolation of a confirmed case) are permitted to isolate at an identified residence in Victoria, if they can do so safely and appropriately – Individuals from interstate who cannot safely isolate at an alternative residence in Victoria may continue to isolate at the COVID hotel (Rydges) until they meet the

		<p>confirmed case) are permitted to isolate at home, if they can do so safely and appropriately</p> <ul style="list-style-type: none"> – 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 of a confirmed case • Transport of positive cases (to home or to the COVID hotel) should be by Non-Emergency Patient Transport (NEPT) • Positive cases should wear PPE while in transit 	<p>department's criteria for release from isolation of a confirmed case</p> <ul style="list-style-type: none"> • Transport of positive cases (to the COVID hotel or to other appropriate accommodation in Victoria) should be by NEPT • Positive cases should wear PPE while in transit • If there are concerns that the person will not safely isolate in Victoria, a further Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal
	Asymptomatic	<ul style="list-style-type: none"> • If a person is currently asymptomatic and has no history of symptoms in the past 14 days, 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. 	<ul style="list-style-type: none"> • If a person is currently asymptomatic and has no history of symptoms in the past 14 days, 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.
	Symptomatic	<ul style="list-style-type: none"> • If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case • Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> – 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 	<ul style="list-style-type: none"> • If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case • Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> – 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
Results pending	Asymptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention • All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (standard) • Allow to exit detention

		<ul style="list-style-type: none"> DHHS should ensure the test result, positive or negative, is provided to the person 	<ul style="list-style-type: none"> All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department
	Symptomatic	<ul style="list-style-type: none"> Subject to the Stay at Home Directions Issue End of Detention Notice (respiratory symptoms) Allow to exit detention Victorians who can safely isolate at home must do so until the test result is known Transport by NEPT, should wear PPE while in transit Victorians who cannot safely isolate at home or other appropriate accommodation may continue to isolate at the quarantine hotel until the test result is known DHHS should ensure the test result, positive or negative, is provided to the person 	<ul style="list-style-type: none"> Subject to the Stay at Home Directions until they leave Victoria Issue End of Detention Notice (respiratory symptoms) Must not travel interstate, must stay in Victoria until test result is known If there is concern that they will not follow this advice, a further Direction and Detention Notice may be issued in consultation with the Public Health Commander and DHHS Legal DHHS will accommodate in quarantine hotel until test result is known, if they have no other appropriate/safe accommodation to isolate in Victoria If required, transport by NEPT and wear PPE while in transit DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department
Newly symptomatic after Day 11 test		<ul style="list-style-type: none"> Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken Management should be as per the relevant category described above 	<ul style="list-style-type: none"> Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken Management should be as per the relevant category described above
Not tested (declined testing or other reason)	Asymptomatic	<ul style="list-style-type: none"> Subject to the Stay at Home Directions Issue End of Detention Notice (standard) Allow to exit detention 	<ul style="list-style-type: none"> Subject to the Stay at Home Directions until they leave Victoria Issue End of Detention Notice (standard) Allow to exit detention

	Symptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (respiratory symptoms) • Allow to exit detention • Strongly advise to be tested • Document that they are symptomatic, and that they have been offered and refused testing • If requiring transport, they should go by NEPT and should wear PPE while in transit 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (respiratory symptoms) • Strongly advise to be tested • Document that they are symptomatic, and that they have been offered and refused testing • Each instance must be discussed with the Deputy Public Health Commander for a risk assessment, a further Direction and Detention Notice may be considered, in consultation with the Public Health Commander and DHHS Legal • DHHS will accommodate in quarantine hotel until test is agreed and result known, if they have no other appropriate/safe accommodation to isolate in in Victoria • If required, transport by NEPT and wear PPE while in transit
Close contact (not tested)	All close contacts	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (standard) • Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period • All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence • Close contacts from Victoria are permitted to isolate at home, if they can do so safely and appropriately • DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • If required, transport by NEPT and wear PPE while in transit 	<ul style="list-style-type: none"> • Subject to the Diagnosed Persons and Close Contacts Direction • Issue End of Detention Notice (standard) • Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period • All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence • Must not travel interstate • If there is a concern that they will not follow this advice (i.e. if refusing to isolate in Victoria and planning to travel interstate), a new Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal • DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria

			<ul style="list-style-type: none">• If required, transport by NEPT and wear PPE while in transit
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Appendix 10. End of Detention Notice

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

- (1) 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**).

2 Details of Detention Notice

- (1) **Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>
- (2) **Date of Direction and Detention Notice:** <<DETENTION START DATE>>
- (3) **Place of Detention:** <<HOTEL>> <<ROOM>>

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I have made the following findings:
- (a) you will have served the required detention period by <<DETENTION END DATE>>; and
- (b) you have not started exhibiting any symptoms of COVID-19.
- (3) 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.
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on <<DETENTION END DATE>> at _____ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.
- (5) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit date Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight**
- (6) Although you will 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 6) (**Direction**), as amended or replaced from time to time. Pursuant to the Direction, if you live in Victoria you are required to

travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

- (7) If you are a resident of another state arrangements will be 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.
- (8) 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

- (1) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (2) 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, practise physical 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.

- (3) Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

5 Offence and penalty

- (1) 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.
- (2) 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 11. End of Detention Notice - confirmed case

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

END OF DETENTION NOTICE - Confirmed COVID-19 case

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has returned a positive test for COVID-19. 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 and is transitioning to a suitable premises to self-isolate pursuant to the Diagnosed Persons and Close Contacts Directions

1 Detention Notice

- (1) 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**).

2 Details of Detention Notice

- (1) **Name of Detainee:** _____
- (2) **Date of Direction and Detention Notice:** _____
- (3) **Place of Detention:** _____ Room
- (4) **Medical Facility:** _____
(if medical care is required)
- (5) **COVID-19 Status (Confirmed):** _____ [date of test]

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have been diagnosed with COVID-19.
- (3) 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) You have been confirmed to have COVID -19 and will be required to self - isolate in accordance with the Diagnosed Persons and Close Contacts Directions, as amended from time to time, in a premises that is suitable for you to reside in, or travel directly to a hospital for medical treatment , until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given; and
- (b) You are/are not [*delete as applicable*] ordinarily a resident of Victoria, and have chosen to self-isolate at the following premises:

- your ordinary residence another premises that is suitable for you to reside in for the purpose of self-isolation

Address of premises for self-isolation: _____

- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on _____ at _____ after you have been discharged by an Authorised Officer and have commenced transportation to the premises detailed in 3(3)(b).
- (5) Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the *Public Health and Wellbeing Act 2008* currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a serious risk to public health posed by COVID-19. It is essential that you self-isolate in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time,, until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given.
- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises detailed in 3(3)(b) to self-isolate pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises detailed in 3(3)(b), you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

5 Offence and penalty

- (1) 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 unless you have a reasonable excuse for refusing or failing to comply.
- (2) 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.

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

Appendix 12. End of detention notice – Close contact

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

END OF DETENTION NOTICE – CLOSE CONTACTS

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee is a close contact of a COVID-19 diagnosed person. 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 and is transitioning to the premises at which they ordinarily reside to self-quarantine pursuant to the *Diagnosed Persons and Close Contacts Directions*

1 Detention Notice

- (1) 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**).

2 Details of Detention Notice

- (1) **Name of Detainee:** _____
- (2) **Date of Direction and Detention Notice:** _____
- (3) **Place of Detention:** _____ Room

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you are a close contact of a person diagnosed with COVID-19.
- (3) 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 you have been confirmed to be a close contact of a person diagnosed with COVID-19 and will be required to self-quarantine at the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time.
- (4) I advise that your detention pursuant to section 200(1)(a) of the **Act** and the Notice will end on _____ at _____ after you have been discharged by an Authorised Officer and have commenced transportation to the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time, for the purpose of self-quarantine.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the Act currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a

serious risk to public health posed by COVID-19. It is essential that you self-quarantine in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time.

- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises at which you ordinarily reside to self-quarantine pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises at which you ordinarily reside to self-quarantine, you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

5 Offence and penalty

- (1) 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 unless you have a reasonable excuse for refusing or failing to comply.
- (2) 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 13. End of detention notice – Symptoms of respiratory illness

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

END OF DETENTION NOTICE – Symptoms of respiratory illness (transition to suitable premises)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has demonstrated symptoms of respiratory illness. Subject to the conditions below, this Notice is evidence that the 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

- (1) 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**).

2 Details of End of Detention Notice

- (1) **Name of Detainee:** _____
- (2) **Date of Direction and Detention Notice:** _____
- (3) **Place of Detention:** _____ Room
- (4) **Medical Facility:** _____
(if medical care is required)
- (5) **Respiratory illness symptoms** [tick applicable]:
- | | | | |
|--|--------------------------|-------------|--------------------------|
| coughing | <input type="checkbox"/> | sort throat | <input type="checkbox"/> |
| fever or temperature in excess of 37.5 degrees | <input type="checkbox"/> | body aches | <input type="checkbox"/> |
| congestion, in either the nasal sinuses or lungs | <input type="checkbox"/> | fatigue | <input type="checkbox"/> |
| runny nose | <input type="checkbox"/> | | |

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have exhibited the symptoms of respiratory illness.
- (3) 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) 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 to travel directly to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction;
- (b) You have:
- been tested for 2019-nCoV and it is estimated that you will receive the results of that test by _____ [insert time];
 - not been tested for 2019-nCoV and are aware that you need to take precautions including #detail any specific precautions# for 72 hours after the time you cease showing symptoms of respiratory illness.
- (c) You are ordinarily a resident in Victoria or you have indicated that although you ordinarily reside outside of Victoria, you have a suitable premises within Victoria to temporarily reside and intend to remain there until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness [delete as applicable].
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on _____ at _____ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence or a suitable premises within Victoria to temporarily reside until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness [delete as applicable].
- (5) Compliance with all directions made pursuant to the Act currently in force in Victoria is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you return to your ordinary residence or a premises that is suitable for you to reside temporarily in Victoria 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.
- (6) The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

4 Conditions

- (1) You will transit from the hotel where you have been detained to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria. You **must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will sight your identification and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight on your exit date.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from

detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

- (3) While you are transiting to your ordinary residence, or a premises that is suitable for you to temporarily reside in, you must refrain as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (4) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, wear appropriate personal protective equipment to prevent the spread of COVID-19, if directed by an Authorised Officer.
- (5) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (6) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, comply with any direction given to you by an Authorised Officer escorting you.
- (7) You must remain at your ordinary residence or a premises that is suitable for you to temporarily reside in until you receive your 2019-nCoV test results **OR** for 72 hours after the time you cease showing symptoms of respiratory illness *[delete as applicable]*.

5 Offence and penalty

- (1) 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.
- (2) 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 14. End of detention notice: continued detention

DIRECTION AND CONTINUATION OF DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1 Detention Notice

- (1) 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 (**Notice**) that you were provided on your arrival in Victoria .
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), because of the serious risk to public health posed by COVID-19.
- (3) 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.
- (4) Pursuant to the Notice, you have been detained at the hotel and in the room specified in clause 1(5) below, for a period of 14 days , because, having regard to the medical advice, that detention 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.
- (5) **Place and time of current detention**
You have been detained at:
Hotel: _____
Room No: _____
- (6) You were to be detained until: _____ on ____ of _____ 2020
- (7) An Authorised Officer has decided to continue your detention and issue this Direction and Continuation of Detention Notice. This decision has been made following the mandatory review of your Notice because:
(tick as applicable)
 - (a) you have developed respiratory symptoms and are awaiting the results of a test for COVID-19
 - (b) you have returned a positive test for COVID-19 and have not been medically cleared to leave detention
- (8) You must comply with the directions in clause 2 and 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (9) 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 continued detention

(1) You will be detained at:

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

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

(2) You will be detained until: _____ on ____ of _____ 2020

3 Conditions of your detention

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

(a) 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

(b) there is an emergency situation.

(2) **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).

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

(4) 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.

(5) 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.

4 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.

5 Offence and penalty

(1) 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.

(2) 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 15. End of detention guidance note

How to conclude a person's detention 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 each person
- 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 Detainment 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

Appendix 16. : Charter of Human Rights obligations

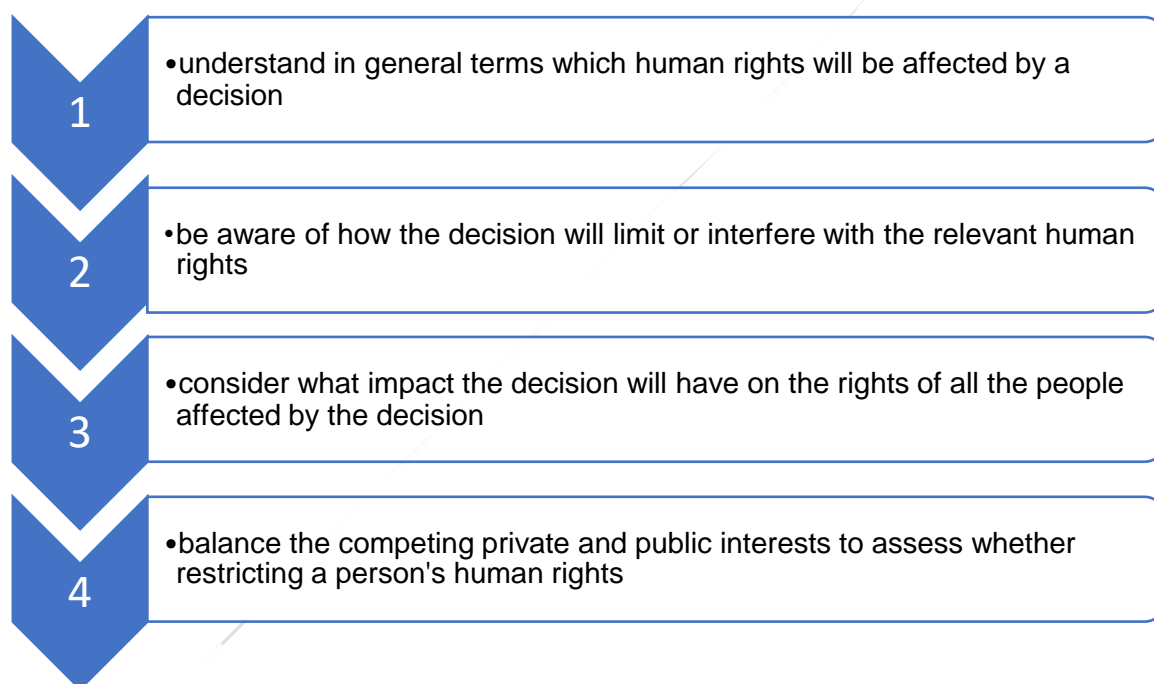
Key points

- 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.

Figure 3. 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:

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 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.

Appendix 17. Border health measures policy summary, 18 May 2020

General principal

To protect Victoria from imported human biosecurity risks associated with coronavirus (COVID-19), pre-existing and enhanced border health measures are in place at Victoria's international air and seaports.

Entry to Victoria

From 11.59pm AEDT 28 March 2020, all travellers arriving from overseas at Victorian airports or disembarking at maritime ports are subject to a Direction and Detention Notice (No 3), which mandates compulsory quarantine at designated hotels for the quarantine period of 14 days from the day of arrival (unless they are provided an exemption to this direction). The mandatory quarantine period must be undertaken in the port of arrival.

All travellers arriving at airports and seaports who are subject to mandatory quarantine will undergo health screening on arrival by DHHS nursing staff, working with Biosecurity Officers and Authorised Officers, at the port of entry (NOTE: individual arrangements may be put in place at seaports depending on the circumstances).

Policy summary

Arrival	Airport	Seaport
Passengers	<p>All passengers arriving into Victoria from overseas on aircraft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p> <p>International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:</p> <ul style="list-style-type: none"> • 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 physical distancing and hand hygiene. • If more than 8-72 hours (with rare exceptions on 72 hours if connecting international flight is difficult to arrange) before 	<p>All passengers arriving into Victoria from overseas on maritime vessels (whether recreational or commercial) are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>

	<p>the departing flight, they must go into mandatory quarantine until the time of the departing flight.</p> <p>Domestic onward travel is allowed in order to meet a departing international flight if the receiving jurisdiction (Australian state or territory) has been consulted and is willing to accept the passenger to transit to their international flight.</p>	
<p>Crew</p>	<p>Air crew are not subject to the Direction-Detention Notice but must self-isolate for 14 days on arrival into Victoria.</p> <p>9.7.1.1 International air crew who live in Victoria</p> <ul style="list-style-type: none"> • Are not required to go into mandatory hotel quarantine. • Must self-isolate at their place of residence (or hotel) between flights, or for 14 days, whichever is shorter. • Are not required to complete the Isolation Declaration Card. <p>9.7.1.2 International air crew who do not live in Victoria</p> <ul style="list-style-type: none"> • Are not required to go into mandatory hotel quarantine. • Will be allowed to leave on their scheduled flight. They must self-isolate in their hotel on arrival until their next flight, or for 14 days, whichever is shorter. • Must use privately-organised transport to transfer to and from hotels between flights following appropriate physical distancing measures. • May fly domestically to their next point of departure from Australia if required. • Are not required to complete the Isolation Declaration Card. <p>9.7.1.3 Domestic air crew</p> <ul style="list-style-type: none"> • Are exempt from self-isolation requirements in Victoria. 	<p>Maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to the Direction-Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption applies).</p> <p>Maritime crew arriving into Victoria from overseas on an international flight planning to board a maritime vessel</p> <ul style="list-style-type: none"> • If maritime crew are transiting interstate, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory hotel quarantine for 14 days from arrival before being allowed to travel interstate (unless granted a specific exemption) • If maritime crew are joining a maritime vessel in Victoria, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory quarantine for 14 days from arrival UNLESS: <ul style="list-style-type: none"> – They are granted a specific exemption, OR – They are boarding a maritime vessel at a Victorian port directly from the flight, <u>and</u> the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> – The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting from the airport to the maritime vessel.

		<p>Maritime crew arriving into Victoria on vessels from international waters</p> <p>Maritime crew who live in Victoria</p> <ul style="list-style-type: none"> • Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to returning to their Victorian residence (if they reside in Victoria). <p>Maritime crew who are transiting interstate</p> <ul style="list-style-type: none"> • Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to onward travel interstate. <p>Maritime crew who are leaving Victoria on an international flight</p> <ul style="list-style-type: none"> • Maritime crew will be allowed to transit from their ship to an international flight: if the flight is leaving the same day and they travel directly to the airport using privately organised transport following appropriate physical distancing measures. Otherwise, the crew member must self-isolate in their hotel for up to 24 hours then travel directly to the airport to take their flight. • If there is more than 24 hours until the flight, they must stay in mandatory hotel quarantine until the flight, or for 14 days, whichever is shorter. <p>Maritime crew arriving on an international vessel (“the old vessel”) and planning to leave Victoria on another vessel that is departing for an international port (“the new vessel”)</p> <p>Maritime crew are not subject to mandatory hotel detention in the following situations:</p>
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		<ul style="list-style-type: none"> • If they are boarding a new vessel directly after disembarking the old vessel, AND the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> – The crew member must use privately organised transport (if needed) and follow appropriate physical distancing measures while transiting between the vessels. • If the time from disembarking the old vessel and joining the new vessel is no more than 24 hours AND the time between boarding the new vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> – In this case the crew member must self-isolate in their accommodation (organised by their shipping company) for the layover period and travel directly to the accommodation and then to the port to join the new vessel. – The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting to and from the vessels and their accommodation. • If the above situations do not apply, the crew member must go into mandatory hotel quarantine until the time the new vessel leaves, or for 14 days, whichever is shorter, as long as the crew member travels directly from the quarantine hotel to the vessel on the day it departs Victoria. <p>Where a vessel left an Australian port, travelled into international waters, and then arrives back into a Victorian port</p> <p>The crew do not need to enter mandatory hotel quarantine or go into self-isolation on disembarkation if:</p> <ul style="list-style-type: none"> • All maritime crew aboard (who travelled from overseas to join the vessel in Australia) completed 14 days of mandatory hotel quarantine in Australia prior to joining the vessel AND
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		<ul style="list-style-type: none"> • No further crew have joined the vessel during its voyage AND • The vessel did not dock at a foreign port during its voyage AND • There is no reported illness that could potentially indicate COVID-19 infection on board the vessel. <p>Maritime crew arriving into Victoria on vessels that have only been in Australian waters</p> <p>Maritime crew disembarking from these vessels do not need to enter mandatory hotel quarantine or self-isolation on arrival into a Victorian port if:</p> <ul style="list-style-type: none"> • The vessel has not left Australian waters AND • The vessel has only taken on maritime crew who have done 14 days mandatory hotel quarantine on arrival into Australia prior to boarding the vessel (and are able to verify this with documentation) AND • There is no reported illness that could potentially indicate COVID-19 infection on board the vessel. <p>Note that crew who then travel interstate may be subject to separate, state-based quarantine or self-isolation requirements on arrival.</p>
		<p>9.7.1.4 Crew requiring medical attention (for non-COVID-19 or other listed human disease-related illness) who would not be otherwise disembarking in Victoria</p> <p>A crew member may be granted approval to disembark a maritime vessel at a Victorian port WITHOUT having to go into mandatory hotel quarantine if:</p> <ul style="list-style-type: none"> • They are coming off the vessel for the sole purpose of seeking medical review for a non COVID-19 related medical complaint and have also been given clearance by ABF and DAWE to do so AND

		<ul style="list-style-type: none"> • The crew member wears a surgical mask, and travels directly to the medical facility in private transport, maintaining physical distancing between the crew member and the driver AND • The crew member or operator of the vessel notifies the driver of the transport AND medical facility prior to their arrival that the crew member is coming off an international maritime vessel and has not completed 14 days mandatory hotel quarantine AND • If deemed well enough to not need hospital admission or stay on shore for further testing etc, AND • Following medical review, the crew member travels directly back to the vessel in the same manner as they travelled to the hospital.
		<p>Cruise ships</p> <ul style="list-style-type: none"> • All international cruise vessels have been banned from sailing into or out of Australian ports from 15 March 2020. • From 11.59pm AEDT 28 March 2020, all cruise vessel passengers and crew arriving from overseas at maritime ports are subject to mandatory hotel quarantine for a period of 14 days. The 14-day self-isolation period commences on disembarkation from the cruise vessel in Victoria. • Onward domestic or international travel is only allowed once the 14-day quarantine period is completed. Separate quarantine requirements may also apply at the next destination.
		<p>Yachts and recreational vessels</p> <p>All passengers and crew arriving into Victoria from overseas on yachts and pleasure craft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>

Departure	Airport	Seaport
All travellers	From 27 March 2020, all travellers departing the designated Victorian international airports for Pacific Island countries and Timor-Leste (as per the Biosecurity (Exit Requirements) Determination 2020) will undergo health screening at the airport prior to departure. See Appendix 4.	
Vessel access at port	Airport	Seaport
		<p>Shore-based professionals</p> <ul style="list-style-type: none"> • Non-crew members (such as pilots, stevedores, Vessels Agents, surveyors, fumigators, shipper/receiver representative) can come on board the vessel to carry out essential vessel functions, provided necessary precautions have been put in place on the vessel. • Crew on board must use PPE in public spaces on the vessel while non-crew members are on-board or whilst interacting with non-crew members. It is the requirement of the employer or vessel to provide adequate PPE for their workers. • Where possible, shore-based professionals should stay 1.5 metres or more away from crew and interactions with persons on board the vessel should be limited to essential crew. • Shore-based professionals should: <ul style="list-style-type: none"> – Wash their hands frequently while on board the vessel with soap and water, or use alcohol-based hand rub. – Wear appropriate PPE (surgical masks) while on board a vessel. – Avoid touching their mouth, eyes, and nose with unwashed or gloved hands. • If a shore-based professional becomes aware of any ill person on board, they should contact their local port authority and public health authority, and ask the vessel master to report the illness via MARS

		<ul style="list-style-type: none"> • The ill crew member or passenger should isolate on the vessel in a single cabin until further direction is given by a biosecurity officer or human biosecurity officer. • If the above measures, namely hand hygiene, strict physical distancing and use of PPE, are not adhered to by shore-based professionals boarding a vessel, they will be required to self- isolate for 14 days from the time of disembarkation from the vessel. • Shore-based staff who do not board the vessel but may interact with crew from the vessel (e.g. stevedores) should maintain appropriate physical distancing measures but PPE is not currently advised.
		<p>International crew performing shore based activities</p> <ul style="list-style-type: none"> • All crew must remain on-board while the vessel is berthed in Victoria, with the exception of conducting brief essential docking, security and maintenance tasks. • Only the minimum necessary number of staff should be used to perform these tasks and interactions with shore-based professionals must be kept to a minimum. Where interaction is required, a distance of 1.5 metres should be kept between crew and shore-based professionals. • Crew who are leaving the vessel to conduct essential shore-based activities must wear PPE.

Appendix 18. Early release for International transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. 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. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination Country], and that you are in transit in Victoria for a period of [insert timeframe > 8 hours].

In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey overseas. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 19. Early release for interstate transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. 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. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination State/Territory], and that you are in transit in Victoria for a period of [insert timeframe].

There is a general policy in place in Victoria that people returning from overseas will be issued with detention notices requiring them to be isolated in a designated hotel room for a period of 14 days from their arrival. This policy generally applies to those in transit to an interstate residence, because of the risks of transmitting the virus within Australia while transiting.

I am advised that the [insert name of destination State/Territory] government has approved you travelling to [insert] from Victoria without firstly having completed the usual quarantine period required upon arrival in Victoria.

After considering your circumstances, I have decided that they warrant an exception being made to the above policy to allow you to continue your onward journey interstate. These circumstances are:

- Outline the reasons why an exception is being made:
 - UNACCOMPANIED MINORS (brief summary of justification)
 - MEDICAL AND COMPASSIONATE GROUNDS (brief summary of justification)

In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey home. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 20. Exemption letter for foreign diplomats and their families

First name, last name
Address line 1
Address line 2

Dear [name]

Notification of diplomat exemption from mandatory hotel detention in Victoria

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. 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. Because of this, there is a mandatory 14 day quarantine period for international arrivals requiring detention in a hotel.

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria, or in your Australian state of residence, and are free to travel there once you arrive in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

It is essential that you practise social distancing, cough etiquette and hand hygiene, bearing in mind the important public health reasons for the mandatory quarantine policy. Although that policy does not apply to you because of your diplomatic status, I am sure you will appreciate the responsibility you bear to manage the potential risk that you and/or a family member may be infected.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 21. Letter for diplomat staying at hotel

Ref Diplomat

[insert addressee details]

Notification of diplomat exemption from mandatory hotel detention in Victoria

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's 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.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that you will be staying at [insert name] hotel for [insert number days]. During the period you are staying at the hotel, **you should not leave the room in any circumstances**, unless:

- (1) you [have advised an authorised officer and] are doing 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
 - (iv) because there is an emergency situation.
- (2) **You should 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).
- (3) Except for authorised people, the only other people that you should allow in your room are people who are staying (because they are your family members or are also a diplomat) in the same room as you.
- (4) You can communicate with people who are not staying with you in your room, either by phone or other electronic means.

I understand that, after your stay at the hotel has concluded, arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

You must continue to practise social distancing, cough etiquette and hand hygiene.

Yours sincerely

XXXXX
Enforcement and Compliance Commander

/ / 2020

Appendix 22. Exemption letter for key workers and covid cleared

e000-xxx

TO BE USED FOR:

- **KEY WORKERS**

- **SURVIVORS**

Name of person

Address

Address

VICTORIA

Dear **name**

Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by COVID-19. 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. Because of this, there is a mandatory 14 day quarantine period for international arrivals.

After considering your circumstances, I have concluded that you fall within one of the categories of people who the above policy does not apply to because:

- you are travelling to Victoria to engage in urgent and essential work to support the Covid-19 health response in Australia and appropriate arrangements are in place for your accommodation while you reside here.
- you have previously been diagnosed with Covid-19, and you have since received medical clearance indicating that you are now fully recovered.

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 23. Guidelines for considering exemptions

Summary

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

This guidance note has been prepared to assist the Enforcement and Compliance Commander to determine whether individual persons arriving in Victoria from overseas should be exempted from being 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**). Such persons are ordinarily subject to detention notices because they are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return (and because earlier requirements to self-isolate at home were not uniformly complied with or easily enforceable).

If you decide that an exception applies, the relevant person will either be:

1. exempted from any kind of quarantine in Victoria; or
2. required to self-isolate at home or in another facility — either in Victoria, in which case they would either be subject to similar conditions as in the Self-Isolation (Diagnosis) Directions, or their home jurisdiction.

The exact outcome will depend on the person's circumstances. People in certain categories will be subject to an automatic exemption from the 14 day quarantine requirement. These categories are:

1. people in short-term international transit (up to 8 hours and not overnight);
2. people in long-term international transit (who are still required to quarantine, but are allowed to leave quarantine before the expiration of the usual 14 day period in order to undertake their onward journey overseas);
3. previous confirmed cases of 2019-nCoV who now have medical clearance and no longer require quarantine;
4. diplomats (who instead are requested to self-isolate at their mission or residence on arrival for 14 days); and
5. key workers (including aviation and medevac crew, except those on cruise ships)
6. Maritime crew in certain circumstances

How to deal with other categories of people will involve an exercise of your discretion, including by engaging in the process of proper consideration of relevant human rights under the Charter (discussed below). The question to be determined in relation to persons in these categories is whether they should be allowed to self-isolate for 14 days at another location as an alternative to hotel detention. These categories are:

1. unaccompanied minors whose legal guardians are unable to reside with them at the hotel; and
2. people who raise compassionate or medical grounds.

Decisions about people falling into these categories need to be made on a case-by-case basis, applying the considerations set out in this guidance note. Although decisions need to be made in light of the individual circumstances of each person, care must be taken to ensure consistency, transparency and a commitment to the mandatory quarantine policy unless alternative self-isolation is preferable and you consider it can provide sufficient protection to the community.

Your obligations under the Charter (when exercising discretion)

You are a public officer under the Charter. This means that you **must give 'proper consideration' to relevant human rights when exercising your discretion** (that is, to grant an exception to an unaccompanied minor or to a person on medical or compassionate grounds). This includes the human rights of *any person* affected by the decision, including the person who would otherwise be subject to the detention notice, the person(s) who they may self-isolate with if they were to self-isolate at home, and members of the community.

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (**see the description of relevant rights at the end of this note**);
- **second**, seriously turn your mind to the possible impact of your decision on the relevant individual's human rights, and the implications for that person (*some of the possible impacts of your decision are discussed in this note; however, much will depend on the particular facts of the request*);
- **third**, identify the countervailing interests (*for example, 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 is justified in the circumstances (**see relevant factors in s 7(2) of the Charter below**).

The Charter provides that a human right may only be subject to 'reasonable limits as can be demonstrably justified in a free and democratic society based on human dignity, equality and freedom' (s 7(2)). In considering whether a limit is reasonable and demonstrably justified, **all relevant factors** must be taken into account, including, but not limited to, five factors listed in s 7(2) of the Charter:

- the nature of the right;
- the importance of the purpose of the limitation;
- the nature and extent of the limitation;
- the relationship between the limitation and the purpose; and
- any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve.

You are **not required to give proper consideration to human rights when applying automatic exemptions**, because that is a decision that has already been made.

Automatic exceptions

There are certain categories of exception that **must** be automatically granted if certain criteria are met.

- For most categories of automatic exception — if granted, the person will **not** be subject to a detention notice or required to self-isolate at an alternative location. They will receive a letter from you confirming that the mandatory detention requirement does not apply to them (except for diplomats and their families, who will instead be issued a letter from **DHHS** by a DHHS Authorised officer at the airport).
- For one category of automatic exception (long-term international transit passengers) — the person **will** be subject to a detention notice for the period that they are in transit but, if granted, they will receive a letter from you allowing them to leave hotel detention to take their onward journey. However, short-term international transit passengers will not receive a detention notice and will be automatically exempt from the mandatory detention requirement.

These decisions are likely to have a positive effect on the Charter rights of the people most immediately affected (namely, their rights to **liberty** (s 21) and **freedom of movement** (s 12)).

However, it is acknowledged that these decisions may have an adverse effect on the rights of people in the Victorian community.

- It could limit the rights to **life** (s 9) and **health** (protected by art 12 of the International Covenant on Economic, Social and Cultural Rights, to which Australia is a signatory) of other people in the

community, particularly those most susceptible to adverse health effects of the virus (namely, the elderly and those with certain pre-existing medical conditions).

- Consequently, it could also limit the rights to **privacy and family** (s 13) and the **protection of family and children** (s 17) by threatening to introduce a potential source of the virus into the community, which could subsequently interfere with the development and maintenance of social and familial connections, the best interests of children, and the broader family environment.

Any limitation of rights is considered reasonable and justified in light of the importance of each exception (as discussed below), as well as the relatively small risk of any particular person inadvertently spreading the virus in the community.

International transit passengers

Description of category

This category is intended to cover people who are travelling from one country to another and are in transit in Australia as part of their journey. For example, a passenger travelling from the UK to a Pacific Island, whose connecting flight is through Victoria. Those people do not intend to spend time in Victoria, other than for the purposes of transit.

The length of transit will range from short-term (up to 8 hours and not overnight) to long-term (8–72 hours or overnight).

- *Short-term international transit passengers* will **not** receive a detention notice and will not be escalated to you for review. You are not required to consider their case or issue them with a letter confirming their exemption from mandatory detention. They will be permitted to depart on another international flight, without being subject to the mandatory hotel quarantine requirement for 14 days or for the period of transit. This is because it is assumed, as a matter of practicality, that they will remain at the airport for their period of transit, which is a confined area in which those in attendance are aware that international travellers are likely to be present and social distancing and cleaning practices are likely to be strictly adhered to. This adequately manages the risk that they pose.
- *Long-term international transit passengers* **will** receive a detention notice requiring them to quarantine at an airport hotel (or nearby hotel) until their onward flight. Their cases will be escalated to you for review and, if exempted, they will receive a letter from you confirming that their period of detention has been cut short to enable them to continue their journey overseas. Although they are required to reside at a hotel for the period of transit, they are exempted from the requirement to quarantine in Victoria for the full 14 days. The justification for this exception is that it would be overly impractical and unreasonable to compel international transit passengers, who would otherwise only be in Victoria for a very short period of time, to quarantine for 14 days and thereby miss their onward journey. Detention for the duration of the transit period adequately manages the risk posed by long-term transit passengers while they are here.

The exception for short-term and long-term international transit passengers recognises that the risk they pose to public health will be borne primarily by the receiving jurisdiction. Consequently, upon arrival at their final overseas destination, international passengers will be subject to the quarantine arrangements of that jurisdiction. The brief period of time in which international transit passengers are in Victoria, in either the airport or a hotel, does not warrant mandatory quarantine for the full 14 day period.

It is noted that this policy is consistent with the Commonwealth guide to exemptions to the 14 day mandatory quarantine period (**Commonwealth guide**), which provides that short-term transit passengers (up to 8 hours) are exempt from detention if they remain in the airport and long-term transit passengers (8–72 hours) will be subject to mandatory detention in a hotel for the period of transit.

Checklist of factors

To confirm that an exception under this category applies, you must be reasonably satisfied that a person is a **long-term international transit passenger**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the passenger's travel documents (namely, passport and onward travel ticket), the country they are travelling to, the country they have travelled from;

- the length of time they will be in transit for;
- the public health risk profile of the passenger, including:
 - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
 - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

Outcome

If you are reasonably satisfied that a person is a **long-term international transit passenger**, you must provide them with a letter confirming that their detention will be brought to an end to enable them to continue their journey overseas (see **template letter for long-term international transit passengers**).

Previous confirmed cases with medical clearance who no longer require quarantine

Description of category

This category is intended to provide an exception for persons arriving in Victoria from overseas who are 'survivors' of 2019-nCoV. That is, those persons who have previously been infected with 2019-nCoV, have been medically cleared and now no longer require quarantine.

The Chief Health Officer considers that recovered survivors who have been medically cleared do not pose a sufficient health risk to warrant mandatory detention or self-isolation for 14 days. Therefore, survivors of 2019-nCoV who can demonstrate proof of medical clearance will be exempt from mandatory detention or self-isolation for 14 days.

Checklist of factors

To confirm that an exception under this category applies, you must be reasonably satisfied that the passenger has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- medical documentation demonstrating that the passenger was infected with 2019-nCoV and has since tested negative and been medically cleared (for example, a letter or test results from a medical practitioner);
- confirmation from public health command that the clearance satisfies Victorian requirements

Outcome

If you are reasonably satisfied that a person has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**, you must provide them with a letter confirming that the mandatory hotel detention requirement is waived (see **template letter for keys workers and survivors of 2019-nCoV**).

Diplomats

Description of category

This category captures people who are covered by diplomatic immunity under the Vienna Convention. Australia has legal obligations under the Vienna Convention to ensure diplomats' and their families' freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

Upon arrival in Victoria, the diplomat and their family will be issued a letter from DHHS by an Authorised Officer at the airport. This letter will notify them of their exemption status and provide relevant information, including that diplomats and family members should self-isolate at their mission or usual place of residence for 14 days and that they should continue to practice social distancing, cough etiquette and hand hygiene.

Travel arrangements for diplomats and their families is the responsibility of the Department of Foreign Affairs and Trade (**DFAT**). It is the expectation that upon disembarking in Victoria, diplomats and their families should travel by private or rental vehicle to their destination, including interstate travel, to minimise the risk of disease transmission. If diplomats require overnight accommodation prior to road travel, then accommodation should be at a government nominated quarantine hotel.

A record of the letter must be made in the Compliance Application.

Exceptions that require your discretion

Unaccompanied minors whose guardians are unable to reside with them at the hotel

Description of category

This category is intended to capture unaccompanied children who were travelling alone or with another child or children from overseas. This exception is only available if the parent or legal guardian of the child demonstrates that they are unable to reside with their child at the designated hotel. This may be due to a number of reasons, including other caring responsibilities that the parent or guardian may have at home or because the child ordinarily resides in another State or Territory and is transiting through Victoria on their way to their home jurisdiction.

The exception recognises the unique vulnerability of children and the unduly harsh and unreasonable impact that mandatory hotel detention without a parent or guardian could have on the child and their family, particularly if the child is detained in a different jurisdiction to where the family reside. Imposition of the mandatory detention period could adversely affect the development and care of the child, as well as their broader family environment. It may result in an unreasonable and disproportionate limitation of several human rights under the Charter, including the rights of children and families to protection, the right to equality, and freedom from inhumane treatment in detention (see below).

If the exception is granted, the child in question will be permitted to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. If they self-isolate in Victoria, they will be subject to similar conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions for the period of self-isolation. Unless there are sufficient reasons not to require it, the entire household, including parents or guardians, must also self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

Checklist of factors

To grant an exception under this category, you must be reasonably satisfied that the passenger is an **unaccompanied minor whose parent or legal guardian is unable to reside with them** at the hotel.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the age and needs of the child (including whether they are in transit in Victoria on their way to another State or Territory);
- the reason that the parent or legal guardian is unable to reside with them at the hotel (including whether they have other caring responsibilities at home or ordinarily reside in a different State or Territory);
- the availability of another adult to reside with them at the hotel, for example, another family member who may assume temporary care of them for the period of detention;
- the public health risk profile of the child, including:
 - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
 - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to an unaccompanied minor whose parent or legal guardian cannot reside with them in the hotel.

- The **protection of children** (s 17). Children are entitled to such protection that is in their best interests and is needed by them by reason of being a child. Detaining an unaccompanied minor in a hotel room for 14 days will almost certainly not be in their best interests, particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside. Given the special vulnerability of children, they may require different treatment or special measures as detention in a hotel without a parent or guardian is likely to have a disproportionately adverse impact on their physical and psychological development and emotional and educational needs. It will interfere with the child's care and the broader family environment, potentially significantly and detrimentally.

- In deciding whether to permit a minor to self-isolate at home with their family (either in Victoria or their home jurisdiction) instead of alone at a hotel, the best interests of the child should be a primary consideration, including their developmental, emotional and educational needs. However, in appropriate circumstances, these interests can be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. They may also depend on other factors, such as the age and dependence of the child (for example, in some circumstances it may be reasonable for an unaccompanied 17 year old to be detained in a hotel room for 14 days, but it is impossible to envisage any situation where this would be reasonable for an unaccompanied 7 year old).
- The right to **humane treatment when deprived of liberty** (s 22). As detention notices deprive persons of liberty, it is important that measures are put in place to ensure that the accommodation and conditions in which persons are detained meet certain minimum standards (such as enabling detained persons to obtain food, necessary medical care, and other necessities of living). However, even with those measures and balanced against the imperative need to protect public health, the detention of a child without a parent or guardian may nonetheless constitute inhumane treatment, having regard to factors such as the child's age and needs.
- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of an unaccompanied minor, without the care of a parent or guardian, for 14 days, may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. The enforcement of detention notices on unaccompanied children is likely to temporarily restrict the rights of persons (children and their family members) to develop and maintain social and familial relations, to live at home, and to be unified with other family members (particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside). The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation of the child with their family at home (either in Victoria or their home State or Territory).
- The rights to **equality** and **freedom from discrimination** (s 8). These rights will be relevant due to the effect that detention may have on a parent or legal guardian who has other caring responsibilities, for example, if they have children or other dependants at home who require their care. An exception may need to be made in order to address the particular needs and vulnerabilities of those people, for example, by allowing the child to self-isolate at home with their family as an alternative to mandatory detention, which would mean that their parent or guardian is able to fulfil all of their carer responsibilities instead of having to prioritise one over another.
- The right to **life** (s 9). While allowing a child to quarantine at home with their family rather than by themselves at a designated hotel will prevent a potential breach of their rights, including their rights to protection under s 17(2) and humane treatment under s 22, it may limit the right to life of those family members and others in the community. However, depending on the circumstances of the child and their family, this may be considered less of a risk due to the engagement of the family and their understanding of the special treatment being afforded to their child, which would mean that they are unlikely to breach the terms of the quarantine. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

Outcome

If you are reasonably satisfied that a person is an **unaccompanied minor whose parent or legal guardian is unable to reside with them**, you must provide them and their parents or guardians with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see **template letter for home isolation**).

Compassionate or medical grounds

Description of category

This category of exception is intended to apply to cases that warrant departing from the general policy of mandatory hotel detention for compassionate or medical reasons.

The particular compassionate or medical grounds of the person in question must be sufficient to justify why they should be allowed to self-isolate at home (or an alternative location) instead of being detained in a hotel. You must give proper consideration to whether detention may result in an unreasonable and disproportionate limitation of their human rights under the Charter, including the right to equality and freedom from inhumane treatment in detention (see below).

To be granted an exemption under this category, the person must demonstrate why detention in a hotel for 14 days would be unduly harsh, unreasonable or, in the case of some medical cases, disproportionately risky. For comparison, consideration should be had to the severity of other restrictions currently in place to limit social contact and movement in Victoria, including limiting the number of people who can attend funerals and restricting visitors to aged care facilities and hospitals. Given the Deputy Chief Health Officer has considered it necessary to impose these restrictions, which impose significant emotional and psychological hardship on affected Victorians, this exception category should reflect the seriousness of this public health threat and the fact that hardship is being endured by many people under the current restrictions.

If an exception is granted on compassionate or medical grounds, the person in question will be required to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. In very limited circumstances, the self-isolation requirement may be waived for the purposes of allowing a person to receive medical treatment or to attend the end-of-life of a family member. If the person self-isolates in Victoria, they will be subject to the same conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions. Unless there are sufficient reasons not to require it, the entire household must self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

The requests to you must be supported by a letter from a medical practitioner confirming that detention would be inappropriate or unreasonable for the person given their circumstances, unless the reason is obvious in which case a letter from an authorised officer would suffice.

If it is reasonably possible to amend the conditions of hotel detention to accommodate the person's particular compassionate or medical circumstances, whilst maintaining their right to be treated with humanity and respect, then this is preferable to granting an exemption. For example, if the person has a particular disability or medical condition that would render hotel detention by themselves to be unduly harsh, a better option may be to allow their nominated carer to quarantine with them for the detention period. This would manage the person's medical circumstances and also mitigate the risk of a 2019-nCoV outbreak.

Checklist of factors

To grant an exception under this category, you must be reasonably satisfied that the person has **compassionate or medical circumstances** that would make their detention unduly harsh, unreasonable or risky.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the precise nature of their compassionate or medical circumstances, including, if relevant, whether they are transiting through Victoria on their way to their home jurisdiction;
- any proof of their circumstances, for example, a letter from a medical practitioner;
- the effect that detention would have on the person (or other people, if relevant), in light of their particular circumstances;
- whether their compassionate or medical circumstances can be appropriately managed in hotel detention;
- whether self-isolation at an alternative location (either in Victoria or the person's home jurisdiction) would be likely to mitigate or appropriately manage the risk posed by detention;
- the public health risk profile of the person, including:
 - whether they have been tested for 2019-nCoV and, if so, whether the results were

- negative; and
- o whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to a person on compassionate or medical grounds.

- The rights to **equality** and **freedom from discrimination** (s 8). Given that disability is a protected attribute and includes physical and mental disability, equality rights are particularly relevant for a person whose medical condition may mean that detention is disproportionately harsh or arbitrary. It may also be relevant for a person with a different protected attribute, such as age, race or parental or carer status, if that attribute means that detention would be unfairly disadvantageous for them. The exact impact of detention on the person will depend on the nature of their medical condition or compassionate circumstances, and the extent to which their condition or circumstances can be appropriately managed in detention.
 - o The reasonableness of the measures will depend on whether they are proportionate to the purpose of protecting public health and whether there are less restrictive alternatives reasonable available to achieve that same purpose. Particularly in circumstances where there is medical or other proof to demonstrate the disproportionate impact of detention in a hotel room for 14 days, these rights may support a decision to allow the person to self-isolate at home (either in Victoria or their home jurisdiction) with appropriate conditions to mitigate any public health risks. Further, special measures that address the particular needs and vulnerabilities of persons with a disability or other protected attribute (such as self-isolation at home) will not be considered discriminatory against others who do not have that attribute, and may be required to ensure substantive equality.
- The right to **humane treatment when deprived of liberty** (s 22). The Charter requires that people be treated humanely when they are deprived of liberty, including in hotel detention. This may require that a person in detention be provided with adequate assistance, support and care as may be needed by them by reason of their medical condition, special vulnerability or other attribute. This assistance would have to be provided by DHHS and its authorised officers, unless a carer can reside with the person in the hotel for the period of detention. Depending on the particular circumstances, it may not be possible for either DHHS or a carer to provide the requisite assistance, care and support to the person in detention. This may be due to a range of reasons, including resourcing constraints, other caring responsibilities of the carer, the carer residing in another State or Territory, or the physical limitations of the hotel room. Given that it may not be humane to require a person to be detained in a hotel room for 14 days where they cannot receive the assistance, care and support they require, it may be preferable to make an exception for them to self-isolate at an alternative location (either in Victoria or their home jurisdiction) and to impose alternative conditions to ameliorate any public health risks.

- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of a person with a disability, medical condition or other compassionate reason may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. Much will turn on the particular circumstances of the person; however, it may be that detention will unduly affect their right to develop and maintain social and familial relations and to be unified with other family members, particularly if they depend on the care of a family member due to a disability or medical condition. The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation at home.
- The right to **life** (s 9). Although allowing a person with particular medical or compassionate circumstances to self-isolate at home rather than at a designated hotel will prevent a potential breach of their rights, including their rights to equality under s 8 and humane treatment under s 22, it may limit the right to life of other people they reside with and people in the community. However, depending on the circumstances of the person and their living situation, this may be considered less of a risk if they live alone or have the support and engagement of members of their household, which would mean that they are unlikely to breach the terms of their self-isolation. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

Outcome

If you are reasonably satisfied that a person has sufficient **compassionate or medical grounds**, you must provide them with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see ***template letter for home isolation***).

Attachment — Description of relevant human rights

Humane treatment when deprived of liberty

Section 22(1) of the Charter requires that all persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person. The right to humane treatment while deprived of liberty recognises the vulnerability of all persons deprived of their liberty and acknowledges that people who are detained should not be subject to hardship or restraint other than the hardship or restraint that is made necessary by the deprivation of liberty itself.

Rights to privacy, family and home

Section 13(a) of the Charter provides, relevantly, that a person has the right not to have their privacy, family or home 'unlawfully' or 'arbitrarily' interfered with. An interference will be lawful if it is permitted by a law which is precise and appropriately circumscribed, and will be arbitrary only if it is unjust or unreasonable, in the sense of being disproportionate to the legitimate aim sought. The right to 'privacy' has a very wide scope, and includes the protection of the individual's personal and social sphere, such as their right to establish and develop meaningful social relations. The 'family' aspect of s 13(a) is related to s 17(1) of the Charter (see below), but contains a negative obligation that only prohibits unlawful or arbitrary interferences with family. The 'home' aspect of s 13(a) refers to a person's place of residence, and may cover actions that prevent a person from continuing to live in their home.

Protection of families and children

Section 17(1) of the Charter recognises that families are the fundamental group unit of society, and entitles families to protection by the society and the State. The term 'family' is construed widely and includes ties between near relatives, with other indicia of familial relationships including cohabitation, economic ties, and a regular and intense relationship. Cultural traditions may be relevant when considering whether a group of persons constitute a 'family' in a given case.

Section 17(2) of the Charter provides that every child has the right, without discrimination, to such protection as is in their 'best interests' and is needed by them by reason of being a child. It recognises the special vulnerability of children, defined in the Charter as persons under 18 years of age. 'Best interests' is considered to be a complex concept which must be determined on a case-by-case basis. However, the following elements may be taken into account when assessing the child's best interests: the child's views; the child's identity; preservation of the family environment and maintaining relationships; care, protection and safety of the child; situation of vulnerability; the child's right to health; and the child's right to education.

Right to equality

Section 8(3) of the Charter relevantly provides that every person is entitled to equal protection of the law without discrimination and has the right to equal and effective protection against discrimination. 'Discrimination' under the Charter is defined by reference to the definition in the *Equal Opportunity Act 2010* on the basis of a 'protected attribute', which includes age, race, disability (including physical and mental disability, whether permanent and temporary), and parental or carer status.

Indirect discrimination occurs where there is a requirement, condition or practice imposed that is the same for everyone but disadvantages a person, or is likely to disadvantage a person, because they have one or more of the protected attributes, and the requirement, condition or practice is not reasonable. Direct discrimination occurs where a person treats a person with a protected attribute unfavourably because of that attribute. Section 8(4) of the Charter provides that measures taken for the purpose of assisting persons disadvantaged because of discrimination do not constitute discrimination.

COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

OPERATIONAL INSTRUCTION 1/2020

EFFECTIVE DATE: 17 May 2020

SUBJECT: Supply of alcohol and searches of personal belongings

PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to operations in hotels where AO advice is sought on the supply of alcohol or searches of personal belonging.

APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

BACKGROUND

AOs have regularly been sought out by security, management and departmental colleagues at hotels with requests and or advice about the supply of alcohol or the searching of personal belongs pertaining to people subject to a detention notice at the hotel.

INSTRUCTION

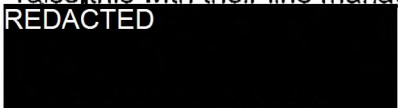
AOs are not to undertake any searches of personal belonging or deliveries to persons subject to detention notices. Powers such as searching can only be exercised in accordance with Part 9 and 10 of the Act.

AOs are not to provide instructions or engage in discussion about the supply of alcohol to person subject to detention notices. The supply of alcohol is not regulated by the Act.

Matters pertaining to searches of personal belonging and supply of alcohol are to be referred to the Operation Soteira Team Leader that is in each hotel.

Should AOs find that there is a conflict with this instruction from other areas supporting the needs of people subject to detention notices they are to immediately raise this with their line manager.

REDACTED



Murray Smith, Commander COVID-19 Enforcement and Compliance

COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

OPERATIONAL INSTRUCTION 2/ 2020

EFFECTIVE DATE: 24 May 2020

SUBJECT: Accountabilities for the role of Authorised Officer (AO) Team Leader

PURPOSE

To outline the roles and responsibilities of Authorised Officer Team Leaders. This is an interim position and subject to review at which time this Operational Instruction may be confirmed, altered or rescinded.

APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

BACKGROUND

AO Team Leaders have been established for an interim period to provide an additional layer of support and oversight to AOs working in the quarantine hotels.

Pending the finalisation of the structure and roles all AO operations this Operational Instruction outlines the expectations of AO Team Leaders.

INSTRUCTION

During the interim period, AO Team Leaders will:

- Receive, consider and refer requests for exemptions brought to their attention by AOs. If approval is given to escalate the request, the Team Leader will have the AO refer the request to COVIDQUARANTINE.
- Provide advice and instruction on proposed decisions by AOs in relation to Permissions for Temporary Leave from quarantine.
- Authorise Permissions for Temporary Leave from quarantine where the proposed leave exceeds 3 hours and is not related to a medical emergency or planned treatment at a medical facility.
- In conjunction with hotel security staff and DHHS Team Leader consider safety and security of sites being considered for exercise and fresh air breaks for detainees. Refer recommendation to Senior AO for approval.

- In the event of an unauthorised departure from quarantine, inform the Senior AO on duty of the event and support the Senior AO in the management of the event.
- In the event of any departure from the COVID-19 Compliance policy and procedures or an incident that may bring disrepute on the COVID-19 Compliance and Enforcement Command or the good operation of the Department, its staff or any other stakeholder as part of Operation Soteria, inform the Senior AO on duty and support the Senior AO in the management of the event.
- Monitor and instruct AOs on adherence to the COVID-19 Compliance Policy and Procedures – Detention Authorisation, except where it varies to this instruction in which case this instruction takes precedence.
- Monitor and instruct AOs on adherence to all relevant Department of Health and Human Services procedures and policies relevant to the undertaking of COVID-19 Compliance and Enforcement activities.
- Monitor and instruct AOs on ensuring information arising from compliance related activities is recorded by AOs in the Compliance App in a timely and accurate manner.
- Undertake tasking and coordination of AOs in accordance to the operational needs of the shift and staff for which the AO team leader has responsibility for. Additionally, inform Senior AOs of any decision associated with the tasking and coordination process. This is inclusive of ensuring each AO has made contact and been briefed by the relevant DHHS Team Leader at locations used for detention at the commencement of the AOs shift or as soon as practicable.
- Monitor the safety and wellbeing of AOs and report issues of concern to the Senior AO on duty and undertake actions to mitigate the identified incident, hazard, near miss or risk.
- Ensure AOs know hazards and risks associated with any COVID-19 Compliance and Enforcement operations and implement the method established to eliminate or control risks.
- Review and ensure the accuracy of AO time sheets each fortnight and forward them to the Manager AO Operations Support **REDACTED** in line with required the required timeframe.
- Undertake shift work as required.

REDACTED



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Murray Smith
Commander COVID-19 Enforcement and Compliance

COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

OPERATIONAL INSTRUCTION 3/2020

EFFECTIVE DATE: 1 July 2020

SUBJECT: Use of improvement and prohibition notices

PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the use of improvement/prohibition notices in the COVID-19 Compliance and Enforcement regulatory framework, including relevant factors for decision-makers in determining whether to issue a prohibition or improvement notice.

APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008*.

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

BACKGROUND

The use of improvement notices or prohibition notices is an enforcement tool that can be used by AOs within the COVID-19 enforcement framework. Improvement or prohibition notice can be issued under section 194 of the *Public Health and Wellbeing Act 2008* (Vic) (PH&W Act), including in relation to a refusal or failure to comply with a direction issued by the Deputy Chief Health Officer under section 200 of the PH&W Act (DCHO Direction), which is a contravention of and an offence under section 203(1) of the PH&W Act.

If a person is issued with an improvement or prohibition notice and that person fails to comply with the terms of that improvement or prohibition notice, this is a contravention of and an offence under section 194(4) of the PH&W Act

INSTRUCTION

Improvement and prohibition notices use sits within the COVID-19 Compliance and Enforcement Regulatory Framework (tabled below). It is an escalating, or 'tiered', approach to enforcement. Under a 'tiered' model, and subject to the seriousness of the alleged contravention of the PH&W Act and the *Public Health and Wellbeing Regulations 2019* (Vic) (PH&W Regulations).

	<p>aggravating factors.</p> <ul style="list-style-type: none"> • The alleged offender has not been issued with previous infringement notices on more than one occasion for like offences. • There is a high level of public concern about the intensity of issues. 	
Criminal prosecutions	<p>The breach is of a serious nature.</p> <ul style="list-style-type: none"> • There is prima facie evidence that a breach has occurred. • There is a reasonable prospect of conviction. • Prosecution is in the public interest as the result of significant or potential loss or detriment to public health • The person or business has been the subject of previous enforcement action and has continued to offend. • The alleged conduct has been a conscious and deliberate breach. • Other enforcement options are not considered appropriate to address the alleged conduct. 	Commander COVID-19 Enforcement and Compliance
Prohibition notice	<p>The breach is serious and there is an immediate and imminent risk to large scale public health</p> <ul style="list-style-type: none"> • The specific breach can be identified immediately • There is a specific and known way to address the breach • The person or business is aware of a specific or known way to address the breach and has not implemented it • Immediate implementation of a remedy will address the public health risk • An improvement notice stipulating a course of action over a longer period does not address the public health risk or remedy the breach. • It is necessary to invoke the compulsive force of a prohibition notice. • The person or business the appropriate entity to take action to remedy the breach and by doing so protect public health • The person or business has been the subject of previous enforcement action and has continued to offend. • Other enforcement options are not considered appropriate to address the alleged conduct. 	Commander COVID-19 Enforcement and Compliance
Injunctive action	<p>There is prima facie evidence that a breach has occurred.</p>	Commander COVID-19 Enforcement

Act or the PH&W Regulations in connection with any matter in respect of which the improvement notice or prohibition notice was issued. Accordingly, a person might be issued with both an improvement notice or a prohibition notice and an infringement notice in relation to the same conduct (for example, a contravention of section 203 of the PH&W Act).

Section 51 of the *Interpretation of Legislation Act 1984 (Vic)* (ILA) provides that where an act or omission constitutes an offence under two or more laws, the offender shall, unless the contrary intention expressly appears, be liable to be prosecuted under either or any or all of those laws but shall not be liable to be punished more than once for the same act or omission.

If a person is issued with an improvement or prohibition notice which is in terms the same as a DCHO Direction, and that person fails to comply with the terms of that improvement or prohibition notice, this is likely to constitute an offence under both sections 194(4) and 203(1) of the PH&W Act. Section 51 of the ILA may prevent that person from being punished more than once for the same act or omission.

Advice should be sought from Legal Services Branch if the COVID-19 Compliance and Enforcement proposes to issue a prohibition or improvement notice where COVID-19 Compliance and Enforcement, or may in the future, issue an infringement notice in respect of the same person and the same act or omission.

What steps should be taken in investigating whether to issue an improvement or prohibition notice?

If investigating a contravention, or likely contravention, including when AOs are conducting inspections and interviews, AOs should seek to gather all relevant information. In particular, AOs should gather the information required to complete the template improvement or prohibition notice (attached).

Generally, improvement or prohibition notice should not be issued during an inspection or interview. Any proposed improvement or prohibition notice will be completed subsequently. The decision to issue any improvement or prohibition notice will be made in accordance with the regulatory framework above.

While conducting an inspection or interview, AOs should only advise the person under investigation that the Department will consider all of the information gathered, including any identified breach of a DCHO direction, and may decide to subsequently issue an improvement or prohibition notice.

When should an improvement or prohibition notice be issued?

The decision to issue an improvement or prohibition notice is a matter for the decision-maker in question. The decision-maker should consider the following principles:

Evidence: Is the decision to issue a proposed improvement or prohibition notice based on sound evidence?

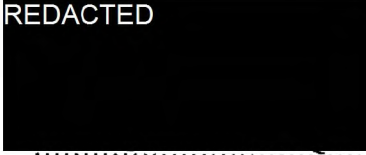
Seriousness: Is the alleged contravention of the PH&W or PH&W Regulations serious, such that remedial action is required?

Urgency: Is the required remedial action urgent?

Prior to issuing an improvement or prohibition notice, the Department must be satisfied of the underlying facts involved in the alleged contravention of the PH&W Act or the PH&W Regulations and appropriate evidence should be secured. This can be met by taking photographs, making notes, gathering documentation relevant to the matter at hand.

Those subject to the notice can request an internal review of the improvement or prohibition notice. Internal reviews of any decisions for improvement or prohibition notices will be undertaken by the Deputy Commander, Determinations, Policy and Strategy.

REDACTED



Murray Smith

COVID-19 Compliance and Enforcement

1 July 2020

COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

OPERATIONAL INSTRUCTION 4/2020

EFFECTIVE DATE: 2 July 2020

SUBJECT: Detainee Person Carer Policy

PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the process and consideration for admitting a kinship carer to quarantine.

APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

BACKGROUND

A mandatory quarantine (detention) approach was introduced by the Victorian Government for people returning from overseas to Victoria with the objectives of:

- Identifying any instance of illness in returned travelers in order to detect any instance of infection
- Ensuring effective isolation of cases should illness occur in a returned traveller
- Providing for the healthcare and welfare needs of returned travelers who are well or shown to be COVID-19 negative but are required to remain in quarantine for 14 days.

From time to time, detainees may request a support person/carers to join them in quarantine even though that support person/carers is not the subject of a detention order. In other circumstances the support person/carers may make a request on behalf of the detained person to join them in quarantine.

INSTRUCTION

Support for people detained in quarantine

For the purposes of maintaining strict infection control it is generally not appropriate for a person who is not subject to a detention order, to join a person in mandatory hotel quarantine. This should be made clear to any person in mandatory hotel quarantine or who is due to enter mandatory hotel quarantine at a later date, who

requests that a person not subject to a detention order join them in hotel quarantine. This should also be made clear to family members or friends of the person in mandatory hotel quarantine who arrive at a quarantine hotel or Melbourne Airport. Where additional support needs of the person in mandatory hotel quarantine are identified, every effort will be made to support them such that they do not need to be joined by someone not subject to a detention order.

Where a person who is, or is going to be, detained in mandatory hotel quarantine requests a support person to join them in mandatory quarantine on the basis that they need a carer or support person, the Operation Soteria Complex Assessment and Response Team (CART) will conduct an assessment with the person detained in mandatory quarantine to determine:

- their health and well being needs; and
- whether additional strategies or supports can be provided (e.g. assistance with the provision of medication, aids, regular phone calls/video calls with a loved one)

In most circumstances, the health and well-being needs of a person who is or will be in mandatory quarantine should be accommodated through additional strategies or supports identified in the Operation Soteria CART assessment.

In exceptional circumstances however, consideration will be given to a request made by a person who is detained or will be detained in mandatory quarantine to authorise a person to join the detainee for the purposes of engaging in caring responsibilities. Caring responsibilities relate to the provision of support to a person in mandatory quarantine who has significant needs that cannot be met through the implementation of other strategies or supports within the hotel.

Requests will only be accepted from persons who are, or will be, in mandatory hotel quarantine or their delegate in the event that the person in mandatory hotel quarantine does not have capacity.

The request should clearly outline:

- the health or welfare issue for which the support person is required;
- the nature of the relationship between the support person and the person in mandatory quarantine;
- the reason the request is being made; and
- whether the proposed carer consents to the conditions of joining the person detained in mandatory hotel quarantine.

Any requests from a person who is or will be detained in mandatory hotel quarantine for a support person/carer to be authorised to stay with them in their room must be in writing and made to the Authorised Officer or the Operation Soteria Welfare team covidquarantine@dhhsvic.gov.au

In considering this application, Covid Quarantine will request a CART assessment via the Deputy Commander, Welfare, Ops Soteria to assess:

- the health and wellbeing needs of the person detained in mandatory quarantine
- whether additional supports or strategies could be implemented
- all risks to the health, safety and well being of the person in mandatory quarantine posed by the proposed carer/support person joining them in quarantine.
- the appropriateness of the proposed carer/support person entering mandatory quarantine (e.g. is the support/person carer in a high risk category if they contract COVID-19)
- whether the proposed carer/support person is likely to give informed consent to entering mandatory detention.

Process

1. Until the e-form can accommodate such a request, a person who is, or will be, in mandatory hotel quarantine must outline the reasons for their request to an Authorised Officer or the Ops Soteria Welfare team who will then forward that request to covidquarantine@dhhs.vic.gov.au. Requests will not be accepted from individuals outside of mandatory hotel quarantine, except in exceptional circumstances or where the person in hotel quarantine does not have capacity.
2. The Determinations team will gather the relevant information and may seek advice and assessment from Operation Soteria CART to validate detainee health and welfare issues and support options.
3. The Commander, COVID19 Enforcement and Compliance (or a delegated representative) will make a determination as to whether to permit the entry and may consult with the Operation Soteria Deputy Commander, Welfare (or delegated representative) in doing so.
4. If the request is declined the Determinations team contacts the requestor to advise the outcome.
5. If a request is approved:
 - the Determinations team will:
 - i. advise the person who is, or who will be, detained in mandatory quarantine, of the outcome of their request.
 - ii. Seek informed consent from the proposed carer to the conditions that dictate their entry, outlined in a letter providing details of the health risks of entering quarantine.
 - iii. forward the approval to the Operation Soteria EOC dhhsopsoteriaeoc@dhhs.vic.gov.au and the Senior Authorised Officer on duty to facilitate the entry
6. The Operation Soteria EOC will arrange the accommodation with DJPR.

7. The Authorised Officer will issue the required documentation to enable the support person to check in to the hotel and record the check-in in the AO Compliance App.

REDACTED

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Murray Smith
Commander COVID-19 Enforcement and Compliance

COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

OPERATIONAL INSTRUCTION 5 / 2020

EFFECTIVE DATE: 11 July 2020

SUBJECT: MANAGEMENT OF DETAINEE MOVEMENT FROM HOTEL TO HOTEL

PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the process to be followed for transferring detainees from one hotel to another hotel to ensure Corrections Victoria security oversight.

APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers of *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

BACKGROUND

On occasions there will be a need to move a person from one hotel to another while they are under the authority of a detention notice issued under the Act.

INSTRUCTION

At the hotel where the detainee was lodged

1. Confirm that the DHHS Team Leader (Op Soteria) is aware of the request to move detainee.
2. Await advice from DHHS Team Leader that the person(s) are to be relocated and when it is to occur. Note the DHHS Team Leader is to arrange transport and the designated hotel about the transfer including identifying how many rooms are required.
3. Once relocation has been confirmed, the AO at the currently lodged hotel must give a courtesy call to the receiving AO at the designated hotel to advise of the impending relocation. Confirm the end of mandatory quarantine date for the person(s) concerned.
4. Prepare temporary release documentation for each person being relocated advising that they are being transported to another hotel.
5. When the transport is ready, contact the person(s) to be relocated and arrange for security to give the person(s) face masks and gloves and to escort them to the foyer.
6. Don face mask and gloves (or perform hand hygiene) before and after the interaction with the person

7. Take images of the Temporary Release notice in the app as a record of the temporary release to move to the designated hotel.
8. Release the person(s) to the transport.
9. Contact the authorised officer at the designated hotel to notify that the person(s) is currently being transported to the hotel.

At the designated hotel

Arrival

10. The DHHS Team Leader (Op Soteria) should confirm the room configuration requirements and have rooms chosen and ready prior to the case leaving the other hotel.
11. Check that security team are aware of the impending arrival
12. The DHHS Team Leader should confirm the arrangements to be put in place to transport the person(s) to the room(s) to minimise the time spent outside their room. For example, a nurse wearing appropriate PPE to escort them from the transport straight to that pre-determined room.
13. Issue a new detention notice to each person with the same end of detention date as on their original notice.
14. Use the 'change place' feature in the App to change the hotel and room number making a note of the reason. Take an image of the new detention notice. At this stage check that the end of detention date in the app is correct.
15. Deliver the detention notice(s) to the detainee(s) by placing it under the detainee's door.
16. Then immediately phone the detainee, confirm over the phone their receipt of that Direction and Detention Notice, remind of the conditions and confirm their understanding of conditions of detention.

Extension of hotel stay

17. If the person needs to stay on post-quarantine period for compassionate reasons and this additional stay has been approved by the DHHS Team Leader, the AO is to complete the following process.
18. Make a note in the contact log; issue the '**End of Detention**', take an image of the notice using camera function in app **but do not use the release function in the app**. The app is our record of who is in the hotel.
19. At the conclusion of this additional period of hotel stay, and where authorised by the Senior AO, make a note in the app using the contact log and release the person from the hotel using the app.
20. Under the new Detention arrangements, all detainees in hotel quarantine must undergo 11 day testing and this remains throughout the detainees detention period no matter which hotel they move to.
21. Failure to undergo the testing will result in a Direction for Continuation of Detention Notice being issued on 14 day and they will be required to stay for another 10 day period

REDACTED



Murray Smith, Commander COVID-19 Enforcement and Compliance

COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

OPERATIONAL INSTRUCTION / 2020

EFFECTIVE DATE:

SUBJECT: AUTHORISED OFFICER HANDOVER NOTES

PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to effective communication between AOs across shift changes and the accurate recording of information capable of review and management oversight to conduct risk assessments at hotels.

APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

BACKGROUND

In order to mitigate the public health risks posed by COVID-19, the Victorian government has introduced a quarantine period for people arriving in Victoria from overseas.

Authorised officers are guided by the State plan 'Operation Soteria: Mandatory Quarantine for all Victorian Arrivals, Annex 1 COVID-19 Compliance policy and procedures – Detention authorisation.'

INSTRUCTION

During the shift all information is to be recorded in the electronic handover notes in the Teams App.

1. Sanitise the keyboard and desk with alcohol wipes
2. Open Teams App on the tablet
(<https://teams.microsoft.com/l/team/19%3a03309ecf29564f8c81de65e6784d8c7a%40thread.tacv2/conversations?groupId=f403591f-87d7-452c-bbd6-5e4aa0e4a49d&tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28>)
3. Open relevant AO Handover Notes for the hotel that you are working at.
4. Enter the shift time and your name in the relevant section
5. Enter all details of any communication and activities on your shift

Ensure the following is included:

- Total number of current guests in the hotel
- Arrivals and releases: State the number who entered or departed the hotel (Ensure all entered on the app)
- Any exemptions granted
- Any temporary leave (ensure the form is issued to the individual after storing a copy in the app)
- Any transfers to Novotel SW (COVID hotel)
- Any voluntary quarantine arrivals
- Any calls to police/ambulance/other
- Any room changes
- Fresh air breaks (state the number completed for the day)
- All general notes, any phone calls or discussions
- Ensure all relevant information is also captured in the app.

REDACTED



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Commander COVID-19 Enforcement and Compliance

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

- 2 -

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 from 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.

Duties of the Authorised Officers

Based on information from existing personnel, the duties of the Authorised Officers (AO) are as follows:

- Must have authorisation card with you and all times. Use of a lanyard is recommended; lanyards can be obtained from the security office at ground floor, 50 Lonsdale Street.
- Make contact with hotel/duty manager and head of security when you start your shift and if possible give them a business card with your mobile on it.
- Explain to quarantinees, if required, the quarantine order. Note some people may challenge whether the Chief Health officer (CHO) has that power and ask what would happen to them if they do not adhere to it.
- If a person is refusing to comply with the quarantine order, authorise the police to detain/arrest the person. The AO does not arrest or detain people.
- If a quarantinee wants to leave the hotel, explain that they cannot and warn them of the consequences if they walk out.
- Answer questions from hotel staff, security contractors and police as to what people are allowed or not allowed to do. The most common question is whether they can leave the room for a smoke or walk around the corridor. Advice from Health & Regulation Branch is that we are there to keep them in the hotel and quarantined, not to treat them as prisoners (ie use common sense).
- Ensure you get a handover from the previous AO prior to commencing your shift.
- Many of the people returning to Australia have been stuck in hotel rooms, cruise boat etc for weeks at a time overseas and because they are checked in very slowly, some will have been in a bus for over 2 hours at the front of the hotel. Expect them to be tired and stressed. You may need to use your peacemaker and negotiation skills when dealing with quarantinees to get them settled in this new environment.
- If you have to give something to a quarantinee (for example a DHHS letter to detainee) call the quarantinee first, advise them that you leave the item at their door, knock on the door. Stand well back and watch them collect item. Must wear PPE.
- Preference is talk to quarantinee over the phone, rather than face to face. If it face to face, make sure that security is aware of what you are doing.
- Any request for exemptions go to REDACTED. AOs at hotels have no authority to consider exemptions. Express empathy and refer them to the email address

Fact Sheet

It helps for the AO to read the Fact Sheet given to quarantinees (which contains the rules and helpful information) and the form that the quarantinees sign where they acknowledge what they have been told. Remember this hasn't been done for 100 years, so enforcing this quarantine to this large number of people is new to everybody.

Food for AOs On Site

This has been hit and miss depending on which hotel you are located at – it is probably best to pack some snacks and a thermos of tea/coffee and a water bottle. The catering will be settled soon we hope.

Additional info for new AOs

- When you arrive at your first rostered hotel, please go to reception to collect your Authorised Officer card and vest if you do not already have yours. Personal Protective Equipment (PPE) is available on site if required. Copies of the factsheet and form for detainees are also available onsite, these are mentioned as useful documents in the attached description.
- **REDACTED**, DHHS Deputy Agency Commander has confirmed that PPE and cab vouchers are available at each hotel (collect from DHHS team lead or reception). If there are any issues (particularly night shift that starts at 11pm) please let me know so that I can advise him where it is not working.
- Also attached is a brief description of the AO Role at Hotels by way of an informal introduction (it is not a formal position description). Additional information has been provided by AOs and this is now included.
- Please also find attached the Coronavirus Emergency Response Approach which outlines overtime processes, health and wellbeing etc, as well as the casual timesheet and standby and overtime form for your information.
- If you are running late for the start of your shift, please call the other AO's scheduled on with you and the AO's on the previous shift to let them know.
- If you are a new to the Authorised Officer role and wish to have an induction (DHHS Values, OH&S, Role of an Authorised Officer) please email **REDACTED**
REDACTED
- If any Authorised Officer wishes to have training in the compliance app that is being used at the hotels please also email **REDACTED**

Flying squads – How does it work?

- Each squad has a vehicle at their disposal and a dedicated mobile phone number for the team. The proposal is that where a physical response is required that it be done as a team using one vehicle. However, the team can make a judgement that where there are multiple responses required at the same time that they can respond as individuals if the situation demands.
- The team will receive calls from DHHS leads, nurses or security staff. The team will triage calls and decide whether an onsite attendance is required; whether the issue is reasonably within scope of the AO role or whether it can be handled by another DHHS team member.

General information – COVID19 Quarantine Authorised Officers

As at 14/05/2020

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Introduction

This document is intended for authorised officers working on the COVID19 response for the Department of Health and Human Services.

Please note general information below, based on queries received from Department of Health and Human Services (DHHS) Authorised Officers (AOs) working in COVID-19 quarantine hotels.

This information will be updated and circulated as required.

It will also be maintained in the COVID compliance Teams site: [COVID Compliance - Teams site](#)

Please advise **REDACTED** by email at **REDACTED** if you are having trouble accessing Teams.

Note: correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com.

You must have set up your DHHS email address to be included on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal/alternative email address will be used until a DHHS email address is available (information and set up details are below).

IT access

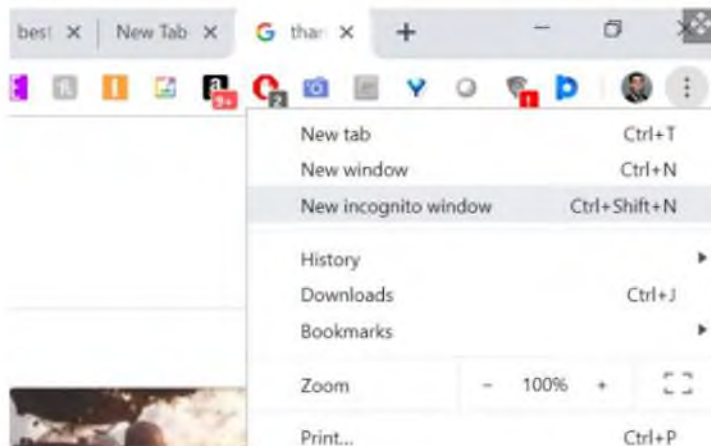
You will receive an email from **REDACTED** or on **REDACTED** behalf, with your DHHS email address and initial log in details.

You must undertake the following steps:

1. Log into Office 365 by: go to into www.office.com and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: www.aka.ms/mfasetup
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

If you are accessing from another department/statutory body device and it defaults to a non-DHHS email, please undertake the following steps to go 'incognito' before logging back into office.com.

1. Step 1: To open incognito mode, start **Chrome** and click the **three-dotted icon in the top right corner** of the screen.



You're only a few seconds away from browsing in incognito mode.

2. Step 2: Click **New Incognito Window** and start browsing. Alternatively, you can press **Ctrl + Shift + N** to bring up a new tab in incognito mode without entering the Chrome settings menu.



If you have any access issues, please email **REDACTED** at **REDACTED**

Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App.

Please contact [REDACTED] via email at [REDACTED] for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled three times a week: Monday, Wednesday and Friday at 11am.

Enhancement releases are scheduled some evenings and deployment occurs during the scheduled outage time of 9pm to 9:30pm.

User guides are updated to reflect the new functionality post released and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: 1300 799 470, Menu option 5
- Email support: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au

Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- sanitise your hands and the device before and after use
- log off, restart or shut down the device at the end of your shift to ensure your colleague can access during their shift.

Parking

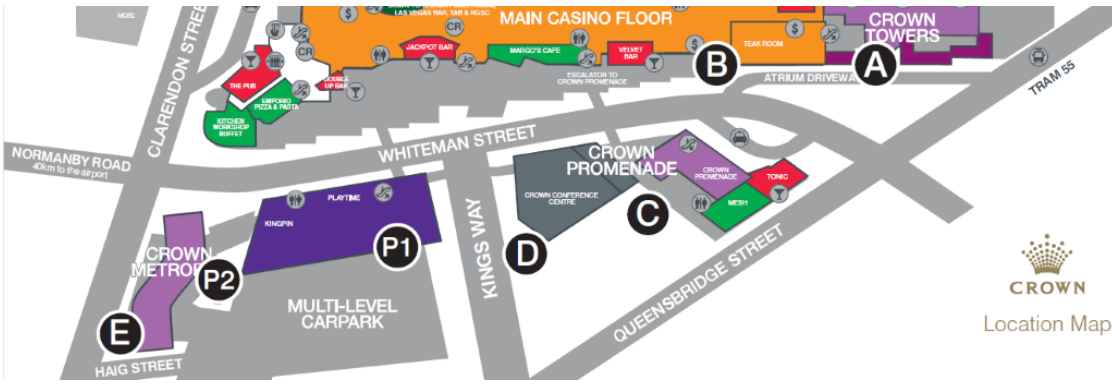
Parking is available at hotels, though some may charge a fee. You can claim reimbursements through personal tax claims or claim as expense from the department. To make an expense claim from the department, please refer to the section '[Claiming expenses](#)'.

Parking permits are being explored with the City of Melbourne for parking in the city, as well as other solutions.

Crown Promenade Hotel

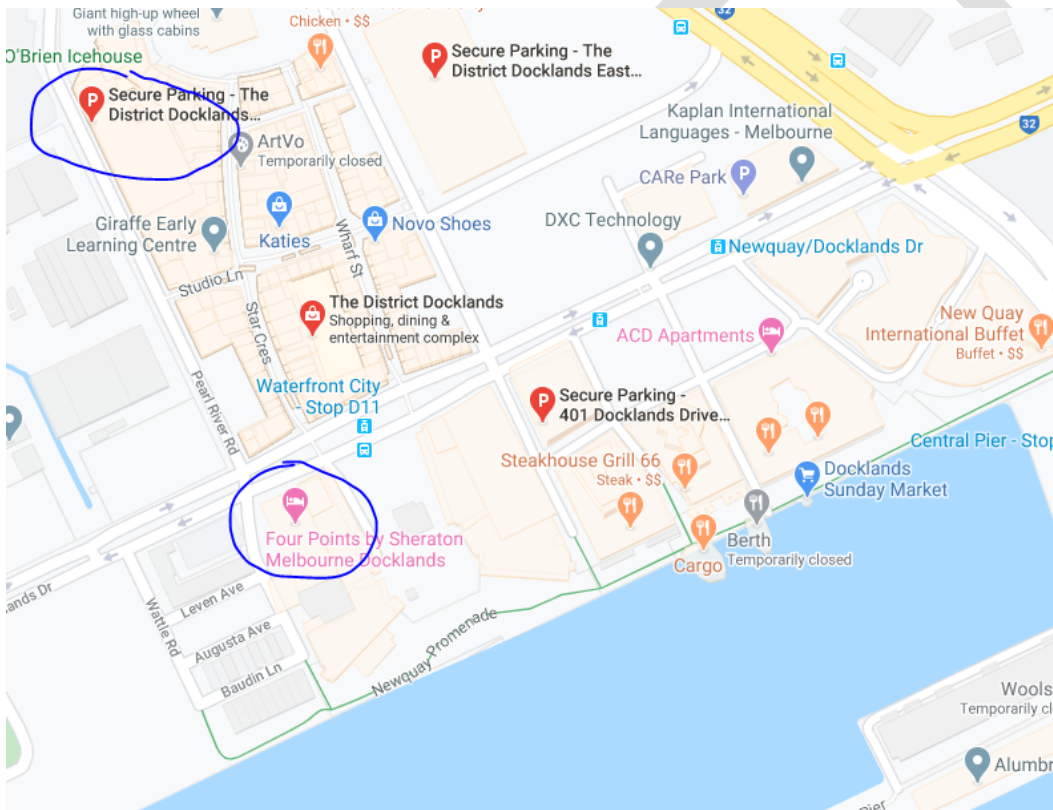
Crown Promenade's multi-level car park is free all staff to use. The car park is 'P1' on level 1, Mezzanine A and B and the boom gates are open.

The entrance is via Haig Street, off Clarendon Street. For further details please contact [REDACTED] front office manager, on [REDACTED]



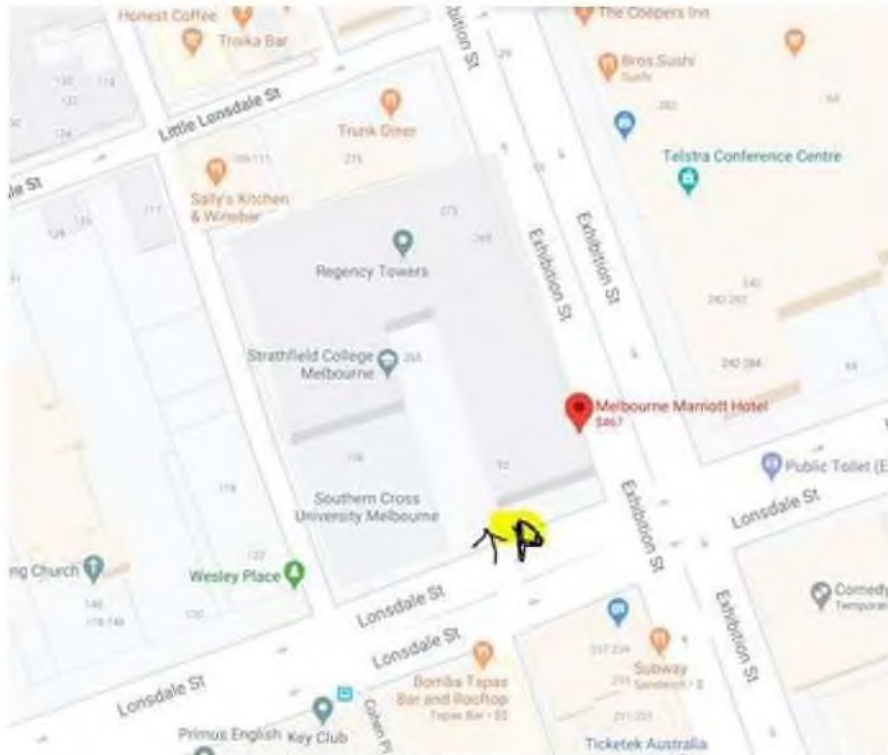
Four Points Hotel

Four Points Hotel does not have onsite parking and people usually park in the district west parking opposite the hotel (see map below). For further details please contact fourpoints.melbournedocklands@fourpoints.com



Melbourne Marriott

Melbourne Marriott Hotel provides parking for AOs and quarantine staff on-site free of charge. The General Manager, [REDACTED] can be contacted on [REDACTED] or [REDACTED] if needed.



Holiday Inn Melbourne Airport

Parking is free in the guest car park for AOs and other quarantine staff on site at the hotel, however parking tickets need to be presented to reception for free parking to be validated. For further details please contact reservations@melcr.ihg.com

Transport Options

HOLIDAY INN
MELBOURNE AIRPORT

Hotel Shuttle Bus

Free shuttle bus is complimentary for all travellers and is available for drop-off and pick-up at the airport.

Request for shuttle upon arrival and collection of bags, please call the front desk on 03 9472 1234 or email shuttle@melcr.ihg.com

Travel Tips for Pick-up: Please allow 15 minutes for check-in and baggage claim. Please arrive at the airport 2 hours before departure. Please check in online before arrival. Please arrive at the airport with a valid passport. Contact the front desk for more information.

VIRGIN AUSTRALIA AIRWAYS (VLA) operates services to the Port...

Car/Taxi from Airport to City

Regular taxis and car hire services are available at the airport. From the main terminal at Melbourne Airport, directly outside T1, T2 and T3, a clearly marked sign will be visible in both directions.

To book a taxi please refer to the appropriate taxi in the city or call the taxi company directly.

There are taxis on the other side of the road. To enter a taxi or car hire, head east along the road and turn right into the right hand lane in the main light. You will see a sign showing west directions for the road.

Novotel Melbourne on Collins

Parking is available at a discounted cost of \$11 per day. The car park is located down Manchester Lane off Collins Street. Press the button located at the entrance, which will ring through to the hotel and a team member will unlock the gate via the telephone.

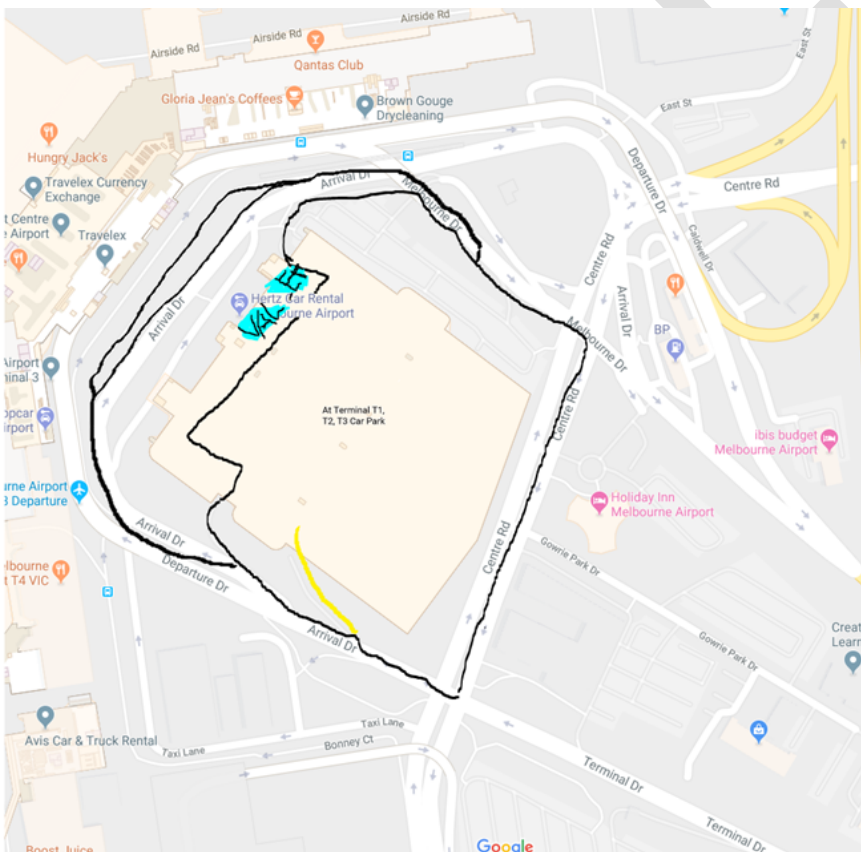
Before leaving the hotel go to reception for a validation ticket to obtain the parking discount. For further details please contact h1587-fo16@accor.com

Rydges on Swanston

There is limited on-site free car parking at Rydges on Swanston. Access to the car park is through the side street, Lincoln Square North. Press the buzzer at the gate to have access to the parking and park in any free spot. Tokens are provided by hotel/security staff on departure to exit the carpark. For further details please contact h3208-fo16@accor.com

Park Royal Melbourne Airport

Car parking is free in the short-term car park until 30 June 2020. For further details please contact enquiry.prmia@parkroyalhotels.com or parkroyalhotels.com/melbourneairport



Mercure Welcome Melbourne

Hotel parking is located at 180 Russell Street, Wilson Parking. Parking is \$12 per 24 hours or per exit. Exit tickets are purchased from reception. For further details please contact h3028-fo16@accor.com

Crowne Plaza Hotel

Parking is available for AOs and a limited number of other authorised staff. Interested staff need to register their details with **REDACTED** Executive Assistant Manager by email at **REDACTED**

Parking is otherwise available in the Carpark on Siddeley Street near the Mission to Seafarers building at the staff rate of \$17. Staff need to contact reception team for vouchers.

Pan Pacific Hotel

Staff parking is available in the DFO carpark (titled South Wharf Retail Car Park in the map).

There is an option to prebook parking online (<https://www.dfo.com.au/south-wharf/info/car-park/>), which may reduce the rate. If parking without pre-booking, a discount voucher can be provided on presentation of the entry ticket (the price is reduced to \$24). For further details contact the concierge concierge.ppmel@panpacific.com

Holiday Inn Melbourne on Flinders

The hotel has three complementary car spots in its small car park basement (for one AO representative, one DHHS representative, one DNATA representative). The carpark entrance is via 575 Flinders Lane, right next to the hotel main entrance. The hotel requires the car number plate so they are aware of who the car belongs to. Please contact **REDACTED** General Manager on **REDACTED**



Stamford Plaza Melbourne

The Stamford Plaza hotel does not have onsite parking available. The nearest parking is Secure Parking located under the Australia Post office off Bourke St. For further details contact reservations@spm.stamford.com.au



Travelodge Hotel Melbourne Southbank

Parking is available at the Eureka Wilsons Car Park 70 City Rd, Southbank VIC 3006. Entry is off Southgate Ave adjacent to the hotel. The parking cost is \$14 per ticket issued and is payable at the hotel reception and will be validated by hotel staff. For further details contact southbank@travelodge.com.au

Payroll matters

Please refer to the following SharePoint site for detailed information on Payroll matters:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

General information about payroll matters for hotel AOs is below.

Note, while timesheets, verified by [REDACTED] [REDACTED] are still required, the following information may not be relevant for staff who have been seconded and are still being paid by their 'home' organisation.

Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights. Specific timesheet information is below.



2020 Calendar.xls

Penalties, Allowances and Costs

You may be entitled to penalty rates and allowances for shift work.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

Note Meal Allowance payments only apply to overtime in two situations – overtime that exceeds 2 hours that commences immediately before or after a rostered shift, or on a standalone overtime period (that is, called in on a day off or weekend). When working a shift as a shift worker, meal allowance is not paid as part of that shift.

Parking fees (not fines for incorrect parking) can be claimed on personal tax or through DHHS as above.

CabCharges are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

Staff may reflect their travel time on their timesheet in the following circumstances:

- If you are regional based staff member travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

Timesheets

There are three timesheets, outlined below and available from the above SharePoint site.

- The **casual** timesheet is for staff on a casual contract.
- The **overtime and standby** timesheet is for staff who are undertaking their usual number of hours (whether full or part time) between the 7am – 7pm Monday to Friday timespan, but have also undertaken additional hours as overtime or due to being on call.
- The **roster** timesheet is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements. Most AOs working in the hotels will be using this timesheet.

In all cases, timesheets must be legible, signed (electronic fine), fully completed with name, employee ID (where available), pay period etc.

Manager-approved timesheets must be submitted to Payroll by midday Tuesday on a NON-pay week. This is a hard deadline.

As manager-approved timesheets are due before midday on Tuesday of non-pay week, timesheets **for seconded and fixed term staff** must be submitted to [REDACTED] [REDACTED] via the dedicated inbox (below) by the Friday before.

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via *OurService*. For more information on OurService visit: <https://ourservice.dhhs.vic.gov.au/ourservice/>.

Please send your timesheets to [REDACTED] at COVID-AO Timesheet (DHHS) COVID.AOTimesheet@dhhs.vic.gov.au (this ensures your timesheet does not get 'hidden' amongst the other emails being received).

Payslips

Payslips are generated each pay fortnight. For employees with ESS access, you can view your payslips online. For employees without ESS access, you will have a copy of your payslip sent to your nominated residential or email address.

Employees with ESS access (ongoing DHHS staff)

Your payslip will be available to you through ESS on Monday of the pay week via ESS.

Employees without access to ESS (fixed term and seconded staff)

For those employees that do not have access to ESS, payslips will be sent via post or to your nominated email address (currently set to your DHHS email address).

Claiming expenses

Expenses can be claimed using the department's Business Expense Reimbursement System (BERS). BERS enables you to submit claims by attaching scanned image/photo of receipts and submitting for approval online via a mobile phone application or website.

Once the claim is approved, reimbursement of the expense is made through payroll as part of the fortnightly pay cycle.

You can make claims online by going to <https://secure.inlogik.com/dhhs>. You will first have to accept the Privacy Statement and Employee Declaration.

You can also make claims using the 'ExpenseMe' app on a mobile device. You must access BERS on your browser first <https://secure.inlogik.com/dhhs> before you can use the app.

You will need your DHHS email and network username. For new staff, your network username (sometimes known as HSnet) was provided in the email with your DHHS email address and initial password.

You can also access BERS from SharePoint (you don't need access to the department's Intranet to do this).

Information about what you can and can't claim is on the SharePoint site and the Intranet

<https://intranet.dhhs.vic.gov.au/business-expense-reimbursement>

<https://dhhsvicgovau.sharepoint.com/sites/CSModernisation/SitePages/ExpenseReimbursements.aspx>

For support, email: BERS.Support@dhhs.vic.gov.au.

Employee Wellbeing and Support

It is important that everyone looks after themselves (and each other) during these unprecedented times.

Employee Wellbeing and Support Program

The [Employee Wellbeing and Support Program](#) is available to provide confidential support to all employees and their immediate family members impacted by coronavirus (COVID-19). Support is available 24 hours a day, seven days a week at no cost to you. Please call **1300 687 327** and request immediate support if you need it, or to book an appointment for a time that suits you.

Visit the COVID-19 DHHS Staff Hub on SharePoint for further information and resources:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Employee%20Support.aspx?csf=1&e=LotM0Q>

Additional support for COVID-19 response staff

In addition, as part of our commitment to creating a safe and healthy workplace we have been working with the Employee Wellbeing and Support team to design and deliver additional layers of support for all staff during this challenging time in responding to COVID-19.

We are committed to looking after your health and wellbeing and acknowledge that our current environment continues to provide us with challenging and ever-changing circumstances and priorities. In order to do the work we do well, we need to ensure we are looking after ourselves.

The leadership team are acutely aware of the challenging nature of the work we are undertaking and the impact it can have on each of us and acknowledge the need for proactive support to assist us to thrive at work and at home.

Debriefing sessions

We're conscious that the hotel quarantine environment AOs are working in can be quite intense both in terms of people's reactions to being placed in quarantine and, in particular, the broad range of often very compelling reasons why they might ask to be exempted from quarantine, some of which we've been able to approve, many of which we haven't.

Whether you're someone used to dealing with these types of issues or not, they can sometimes have a cumulative emotional impact on staff working in these situations and it can be important to have an opportunity to talk through how you're coping with this.

To this end, we've organised an initial two debriefing sessions that will be facilitated by staff from Converge International, the provider of the Employee Wellbeing and Support program. Due to the nature of sessions, which will be conducted remotely, places in each session will be limited to 10 people. If the level of interest from AOs exceeds the number of places, we will organise further sessions.

The first two sessions are scheduled for:

- Tuesday 12 May 3.30pm – 4.30pm
- Friday 15 May 11am – 12pm

If you would like to attend one of these sessions please email [\[REDACTED\]](#) at [\[REDACTED\]](#) and [\[REDACTED\]](#) will either send you an invite or, if all places in these first two sessions have been booked, place you on a list for future sessions and get in touch accordingly.

Welfare check-ins

Welfare check-ins are a proactive and holistic telephone-based support, delivered by a Consultant from Converge.

Staff will be called on a fortnightly basis to check in with people about mood, coping abilities, social support, sleep and general wellbeing. If the need for additional support is identified through the check-in, staff will be linked into this following the check in; this will be arranged by the Consultant. As with all employee support programs, this service is confidential and available at no cost to you.

Participation in the welfare check-ins is on an opt out basis, as we feel it is important that all staff have access to this support given the nature of the work we are doing.

If you have concerns about participation or wish to opt out please contact wellbeing@dhhs.vic.gov.au and the Employee Wellbeing and Support team will work with you to identify other ways of accessing supports.

Given the pressure we've all been working under, we strongly encourage all of you to take advantage of the supports being made available.

Queries

If you have any feedback, queries or concerns, please contact **REDACTED** via email at **REDACTED**

General information – COVID19 Quarantine Authorised Officers

As at 02/05/2020

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Introduction

Please note general information below, based on queries received from Department of Health and Human Services (DHHS) Authorised Officers (AOs) working in COVID-19 quarantine hotels.

This information will be update and circulated as required.

It will also be maintained in the COVID compliance Teams site ([access coming](#)), link below:

<https://teams.microsoft.com/l/team/19%3a95d5f1c76a9d4fd687ba31ee649a30d7%40thread.tacv2/conversations?groupId=78809a3c-56b9-4ad8-ae93-328ed1ed2305&tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28>

Please advise **REDACTED** by email at **REDACTED** if you cannot access the site ([remember access coming](#) .

Note: correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers **REDACTED**

You must have set up your DHHS email address to be include on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal email address will be used until a DHHS email address is available (information and set up details are below).

IT access

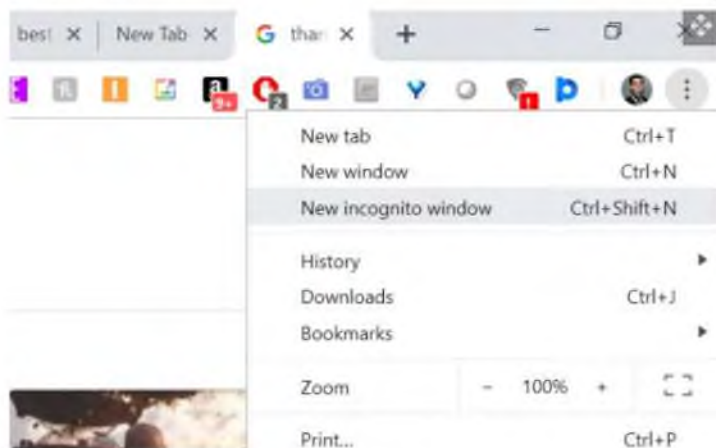
You will receive an email from **REDACTED** or on **REDACTED** behalf, with your DHHS email address and initial log in details.

You must undertake the following steps:

1. Log into Office 365 by: go to into www.office.com and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: www.aka.ms/mfasetup
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

If you are accessing from another department/statutory body device and it defaults to a non-DHHS email, please undertake the following steps to go 'incognito' before logging back into office.com.

1. Step 1: To open incognito mode, start **Chrome** and click the **three-dotted icon in the top right corner** of the screen.



You're only a few seconds away from browsing in incognito mode.

2. Step 2: Click **New Incognito Window** and start browsing. Alternatively, you can press **Ctrl + Shift + N** to bring up a new tab in incognito mode without entering the Chrome settings menu.



If you have any access issues, please email **REDACTED** at **REDACTED REDACTED**.

Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App.

Please contact [REDACTED] via email at [REDACTED REDACTED] > for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled three times a week: Monday, Wednesday and Friday at 11am.

Enhancement releases are scheduled some evenings and deployment occurs during the scheduled outage time of 9pm to 9:30pm.

User guides are updated to reflect the new functionality post released and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: [REDACTED]
- Email support: [REDACTED]

Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- log off, restart or shut down the device at the end of your shift to ensure your colleague can access during their shift.

Parking

Parking is available at hotels, though some may charge a fee. You can claim reimbursement through your personal tax or from DHHS.

The form to claim reimbursement from DHHS is below.



Business-Expense-claim-form_20160218.d

In terms of parking in Melbourne city please note the following.

Staff are able to park in 'green sign' parking bays (for example 1hr or 2hr zones) indefinitely so long as they pay the initial maximum amount. That is, if they park in a 1hr green signed parking space, they have to pay for the first hour but will not be fined for leaving their car there beyond the signed maximum time so long as the parking bay does not convert at any time to a:

- No standing zone
- No stopping zone
- Clearway zone.

Staff must not park:

- In a loading zone
- In a disabled access parking bay without a permit
- In a way that blocks driveways, clearways or lanes
- Too close to intersections
- In resident permit zones (without a permit).

Please ensure you park safely and if you do adhere to the above and still get a fine, please contact the City of Melbourne Infringement Review Team: infringements@melbourne.vic.gov.au should you wish for the fine to be reviewed.

Payroll matters

Information about payroll matters are below.

Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights.

Specific timesheet information is below.



2020 Calendar.xls

Penalties, Allowances and Costs

Hours outside of the standards 7am – 7pm, Monday to Friday timespan attract penalty rates and allowances.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

Parking fees (not fines for incorrect parking) can be claimed on personal tax or through DHHS as above.

Cabcharges are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

Staff may reflect their travel time on their timesheet in the following circumstances:

- If you are regional based staff member travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

Timesheets

There are three timesheets and the scenarios are outlined below.

In all cases, timesheets must be legible, signed (electronic fine), fully completed with name, employee ID (where available), pay period etc.

Timesheets must be submitted to Payroll by midday Tuesday on a NON-pay week. This is a hard deadline.

As approved timesheets are due before midday on Tuesday of non-pay week, timesheets **for seconded and fixed term staff** must be submitted to [REDACTED] [REDACTED] via the dedicated inbox (below) by the Friday before.

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via OurService.

Send your timesheets to [REDACTED] at COVID-AO Timesheet (DHHS) [REDACTED] (this ensures your timesheet does not get 'hidden' amongst the other emails being received).

Casual timesheet

The casual timesheet, below, is for staff on a casual contract.



Copy of COVID-19
Timesheet Casual_xls

Overtime and standby timesheet

The overtime and standby timesheet, below, is for staff who are undertaking their usual number of hours (whether full or part time) between the 7am – 7pm Monday to Friday timespan, but have also undertaken additional hours as overtime or due to being on call.



Copy of COVID-19
Overtime and Standby

Roster timesheet

The roster timesheet, below, is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements.

Most AOs working in the hotels will be using this timesheet.

The second version is with kudos and thanks to Ivan Ho, who *“fixed it up so it calculates lunch breaks, shift times and auto populates the dates etc. You just have to enter the shifts in 24-hour format (i.e. 16:00 start 24:00 end etc). Regarding the date, you just need to enter the first Sunday date and the rest takes care of itself. Life’s too short for unnecessary data entry”* I hear you Ivan and thanks!



Copy of Timesheet Template Timesheet
COVID-19 Roster_xls COVID-19 Roster_upc

Payslips

Payslips are generated each pay fortnight. Employees with ESS access can view their payslips online. Employees without ESS access will have a copy of their payslip sent to the employees nominated residential address.

Employees with ESS access (ongoing DHHS staff)

Your payslip will be available to you through ESS on Monday of the pay week via ESS.

Employees without access to ESS (fixed term and seconded staff)

For those employees that do not have access to ESS, payslips are available via your personal or DHHS email address.

Queries

If you have any queries, please contact **REDACTED** via email at **REDACTED** **REDACTED** >

AO Operations Support

General information – COVID19 Quarantine Authorised Officers

As at 14/05/2020

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Introduction

This document is intended for authorised officers working on the COVID19 response for the Department of Health and Human Services.

Please note general information below, based on queries received from Department of Health and Human Services (DHHS) Authorised Officers (AOs) working in COVID-19 quarantine hotels.

This information will be updated and circulated as required.

It will also be maintained in the COVID compliance Teams site: [COVID Compliance - Teams site](#)

Please advise **REDACTED** if you are having trouble accessing Teams.

Note: correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com.

You must have set up your DHHS email address to be included on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal/alternative email address will be used until a DHHS email address is available (information and set up details are below).

IT access

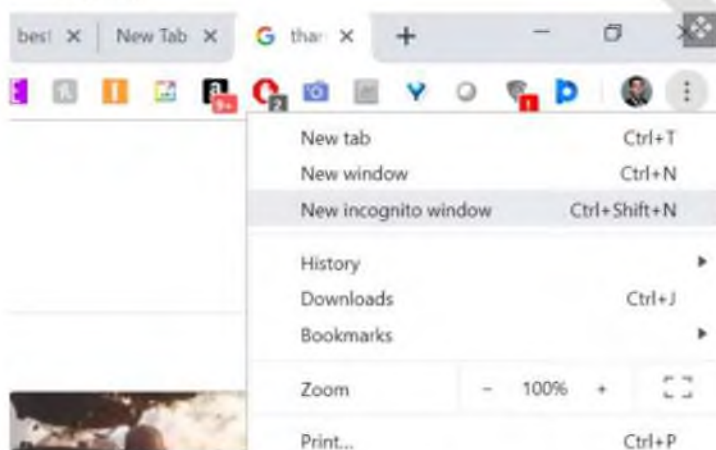
You will receive an email from **REDACTED** with your DHHS email address and initial log in details.

You must undertake the following steps:

1. Log into Office 365 by: go to into www.office.com and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: www.aka.ms/mfasetup
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

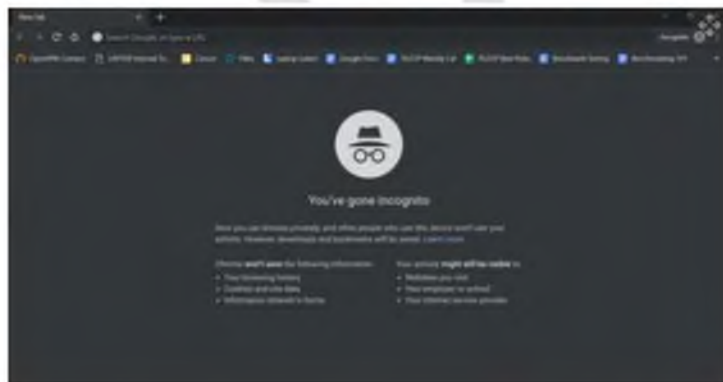
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If you have any access issues, please email **REDACTED**

Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App.

Please contact **REDACTED** for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled three times a week: Monday, Wednesday and Friday at 11am.

Enhancement releases are scheduled some evenings and deployment occurs during the scheduled outage time of 9pm to 9:30pm.

User guides are updated to reflect the new functionality post released and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: **REDACTED**
- Email support: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au

Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- sanitise your hands and the device before and after use
- log off, restart or shut down the device at the end of your shift to ensure your colleague can access during their shift.

Parking

Parking is available at hotels, though some may charge a fee. You can claim reimbursements through personal tax claims or claim as expense from the department. To make an expense claim from the department, please refer to the section '[Claiming expenses](#)'.

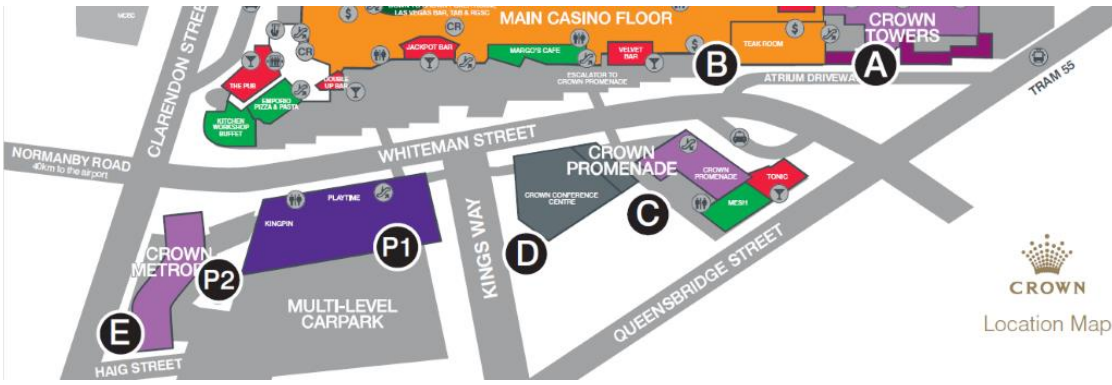
Parking permits are being explored with the City of Melbourne for parking in the city, as well as other solutions.

Crown Promenade Hotel

Crown Promenade's multi-level car park is free all staff to use. The car park is 'P1' on level 1, Mezzanine A and B and the boom gates are open.

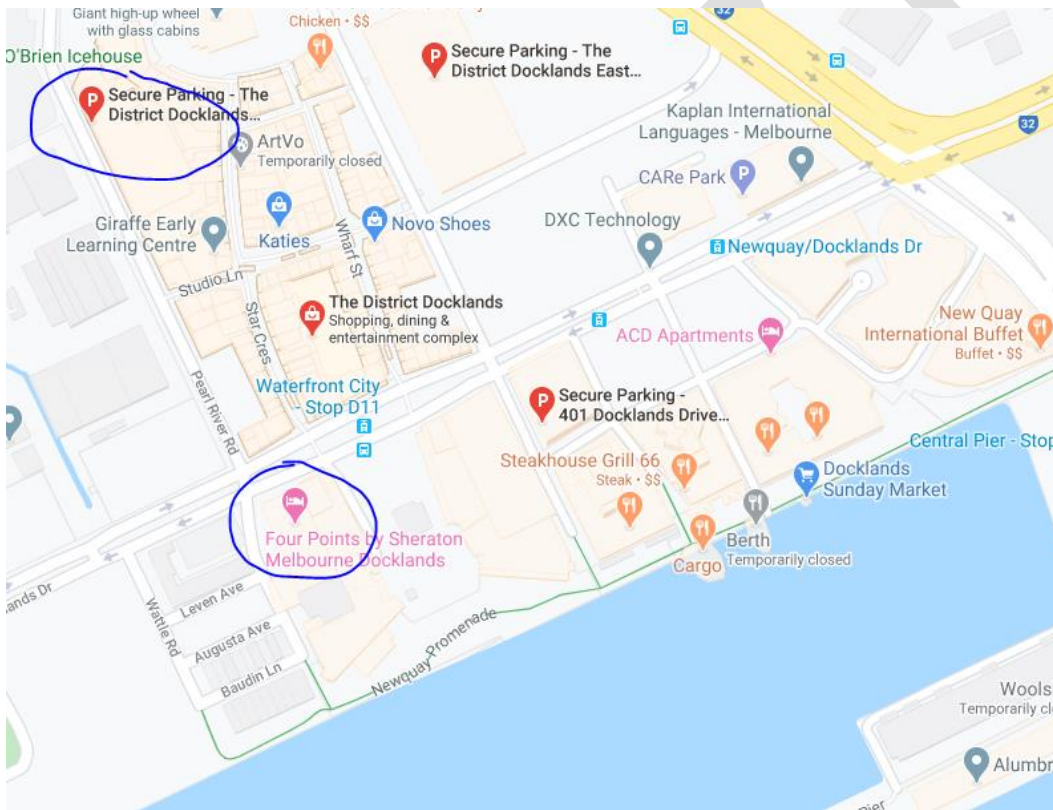
The entrance is via Haig Street, off Clarendon Street. For further details please contact **REDACTED**

REDACTED



Four Points Hotel

Four Points Hotel does not have onsite parking and people usually park in the district west parking opposite the hotel (see map below). For further details please contact fourpoints.melbournedocklands@fourpoints.com



Melbourne Marriott

Melbourne Marriott Hotel provides parking for AOs and quarantine staff on-site free of charge. **REDACTED**
REDACTED if needed.



Holiday Inn Melbourne Airport

Parking is free in the guest car park for AOs and other quarantine staff on site at the hotel, however parking tickets need to be presented to reception for free parking to be validated. For further details please contact reservations@melcr.ihg.com

Transport Options

Hotel Shuttle Bus
 The hotel shuttle bus is complimentary for all hotel guests and is available for Airport to Melbourne and Melbourne to Airport. It is a shared service and is subject to availability. To book a shuttle bus, please contact the hotel at 03 9479 1234. The shuttle bus is available 24 hours a day. For more information, please visit www.holidayinn.com.au.

Gettting from Airport to City
 The hotel shuttle bus is complimentary for all hotel guests and is available for Airport to Melbourne and Melbourne to Airport. It is a shared service and is subject to availability. To book a shuttle bus, please contact the hotel at 03 9479 1234. The shuttle bus is available 24 hours a day. For more information, please visit www.holidayinn.com.au.

Novotel Melbourne on Collins

Parking is available at a discounted cost of \$11 per day. The car park is located down Manchester Lane off Collins Street. Press the button located at the entrance, which will ring through to the hotel and a team member will unlock the gate via the telephone.

Before leaving the hotel go to reception for a validation ticket to obtain the parking discount. For further details please contact **REDACTED**

Rydges on Swanston

There is limited on-site free car parking at Rydges on Swanston. Access to the car park is through the side street, Lincoln Square North. Press the buzzer at the gate to have access to the parking and park in any free spot. Tokens are provided by hotel/security staff on departure to exit the carpark. For further details please contact **REDACTED**

REDACTED

Park Royal Melbourne Airport

Car parking is free in the short-term car park until 30 June 2020. For further details please contact enquiry.prmia@parkroyalhotels.com or parkroyalhotels.com/melbourneairport



Mercure Welcome Melbourne

Hotel parking is located at 180 Russell Street, Wilson Parking. Parking is \$12 per 24 hours or per exit. Exit tickets are purchased from reception. For further details please contact **REDACTED**

Crowne Plaza Hotel

Parking is available for AOs and a limited number of other authorised staff. Interested staff need to register their details with **REDACTED**

Parking is otherwise available in the Carpark on Siddeley Street near the Mission to Seafarers building at the staff rate of \$17. Staff need to contact reception team for vouchers.

Pan Pacific Hotel

Staff parking is available in the DFO carpark (titled South Wharf Retail Car Park in the map).

There is an option to pre-book parking online (<https://www.dfo.com.au/south-wharf/info/car-park/>), which may reduce the rate. If parking without pre-booking, a discount voucher can be provided on presentation of the entry ticket (the price is reduced to \$24). For further details contact the concierge concierge.ppmel@panpacific.com



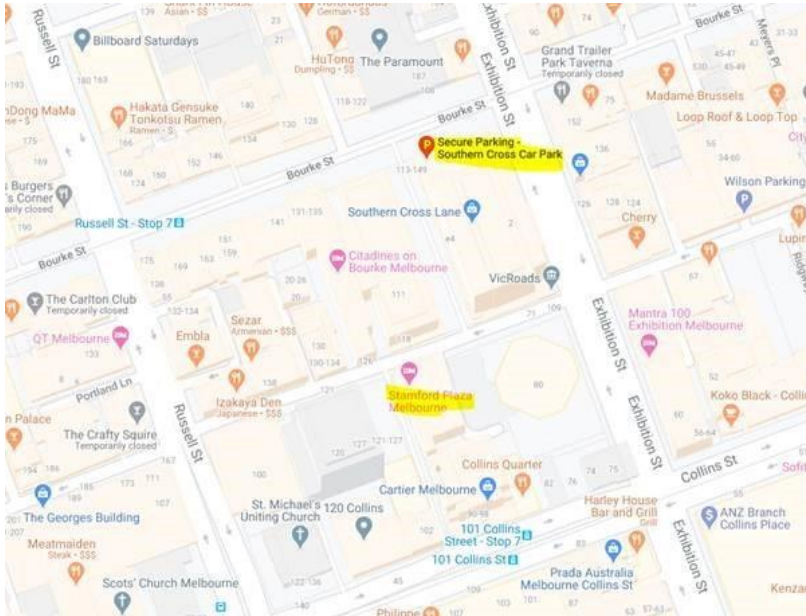
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The Stamford Plaza hotel does not have onsite parking available. The nearest parking is Secure Parking located under the Australia Post office off Bourke St. For further details contact reservations@spm.stamford.com.au



Travelodge Hotel Melbourne Southbank

Parking is available at the Eureka Wilsons Car Park 70 City Rd, Southbank VIC 3006. Entry is off Southgate Ave adjacent to the hotel. The parking cost is \$14 per ticket issued and is payable at the hotel reception and will be validated by hotel staff. For further details contact southbank@travelodge.com.au

Payroll matters

Please refer to the following SharePoint site for detailed information on Payroll matters:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

General information about payroll matters for hotel AOs is below.

Note, while timesheets, verified by **REDACTED** are still required, the following information may not be relevant for staff who have been seconded and are still being paid by their 'home' organisation.

Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights. Specific timesheet information is below.



2020 Calendar.xls

Penalties, Allowances and Costs

You may be entitled to penalty rates and allowances for shift work.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

Note Meal Allowance payments only apply to overtime in two situations – overtime that exceeds 2 hours that commences immediately before or after a rostered shift, or on a standalone overtime period (that is, called in on a day off or weekend). When working a shift as a shift worker, meal allowance is not paid as part of that shift.

Parking fees (not fines for incorrect parking) can be claimed on personal tax or through DHHS as above.

CabCharges are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

Staff may reflect their travel time on their timesheet where it exceeds usual commute and in the following circumstances:

- If you are regional based staff member travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

Timesheets

There are three timesheets, outlined below and available from the above SharePoint site.

- The **casual** timesheet is for staff on a casual contract.

- The **overtime and standby** timesheet is for staff who are undertaking their usual number of hours (whether full or part time) between the 7am – 7pm Monday to Friday timespan, but have also undertaken additional hours as overtime or due to being on call.
- The **roster** timesheet is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements. Most AOs working in the hotels will be using this timesheet.

In all cases, timesheets must be legible, signed (electronic fine), fully completed with name, employee ID (where available), pay period etc.

Manager-approved timesheets must be submitted to Payroll by midday Tuesday on a NON-pay week. This is a hard deadline.

As manager-approved timesheets are due before midday on Tuesday of non-pay week, timesheets **for seconded and fixed term staff** must be submitted to **REDACTED** via the dedicated inbox (below) by the Friday before.

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via *OurService*. For more information on OurService visit: <https://ourservice.dhhs.vic.gov.au/ourservice/>.

Please send your timesheets to **REDA** at COVID-AO Timesheet (DHHS) COVID.AOTimesheet@dhhs.vic.gov.au (this ensures your timesheet does not get 'hidden' amongst the other emails being received).

Payslips

Payslips are generated each pay fortnight. For employees with ESS access, you can view your payslips online. For employees without ESS access, you will have a copy of your payslip sent to your nominated residential or email address.

Employees with ESS access (ongoing DHHS staff)

Your payslip will be available to you through ESS on Monday of the pay week via ESS.

Employees without access to ESS (fixed term and seconded staff)

For those employees that do not have access to ESS, payslips will be sent via post or to your nominated email address (currently set to your DHHS email address).

Claiming expenses

Expenses can be claimed using the department's Business Expense Reimbursement System (BERS). BERS enables you to submit claims by attaching a scanned image/photo of relevant receipts and submitting these for approval via a mobile phone application or website. Once the claim is approved, reimbursement of the expense is processed through payroll as part of the fortnightly pay cycle.

You can make claims online by going to <https://secure.inlogik.com/dhhs>. You will first have to accept the Privacy Statement and Employee Declaration.

You can also make claims using the 'ExpenseMe' app on a mobile device. You must access BERS on your browser first <https://secure.inlogik.com/dhhs> before you can use the app.

You will need your DHHS email and network username. For new staff, your network username (sometimes known as HSnet) was provided in the email with your DHHS email address and initial password.

You can also access BERS from SharePoint (you don't need access to the department's Intranet to do this). Information about what you can and can't claim is on the SharePoint site and the Intranet

<https://intranet.dhhs.vic.gov.au/business-expense-reimbursement>

<https://dhhsvicgovau.sharepoint.com/sites/CSModernisation/SitePages/ExpenseReimbursements.aspx>

For support, email: BERS.Support@dhhs.vic.gov.au.

Employee Wellbeing and Support

It is important that everyone looks after themselves (and each other) during these unprecedented times.

Employee Wellbeing and Support Program

The [Employee Wellbeing and Support Program](#) is available to provide confidential support to all employees and their immediate family members impacted by coronavirus (COVID-19). Support is available 24 hours a day, seven days a week at no cost to you. Please call **REDACTED** and request immediate support if you need it, or to book an appointment for a time that suits you.

Visit the COVID-19 DHHS Staff Hub on SharePoint for further information and resources:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Employee%20Support.aspx?csf=1&e=LotM0Q>

Additional support for COVID-19 response staff

In addition, as part of our commitment to creating a safe and healthy workplace we have been working with the Employee Wellbeing and Support team to design and deliver additional layers of support for all staff during this challenging time in responding to COVID-19.

We are committed to looking after your health and wellbeing and acknowledge that our current environment continues to provide us with challenging and ever-changing circumstances and priorities. In order to do the work we do well, we need to ensure we are looking after ourselves.

The leadership team are acutely aware of the challenging nature of the work we are undertaking and the impact it can have on each of us and acknowledge the need for proactive support to assist us to thrive at work and at home.

Debriefing sessions

We're conscious that the hotel quarantine environment AOs are working in can be quite intense both in terms of people's reactions to being placed in quarantine and, in particular, the broad range of often very compelling reasons why they might ask to be exempted from quarantine, some of which we've been able to approve, many of which we haven't.

Whether you're someone used to dealing with these types of issues or not, they can sometimes have a cumulative emotional impact on staff working in these situations and it can be important to have an opportunity to talk through how you're coping with this.

To this end, we've organised an initial two debriefing sessions that will be facilitated by staff from Converge International, the provider of the Employee Wellbeing and Support program. Due to the nature of sessions, which will be conducted remotely, places in each session will be limited to 10 people. If the level of interest from AOs exceeds the number of places, we will organise further sessions.

The first two sessions are scheduled for:

- Tuesday 12 May 3.30pm – 4.30pm
- Friday 15 May 11am – 12pm

If you would like to attend one of these sessions please email **REDACTED**

REDA will either send you an invite or, if all places in these first two sessions have been booked, place you on a list for future sessions and get in touch accordingly.

Welfare check-ins

Welfare check-ins are a proactive and holistic telephone-based support, delivered by a Consultant from Converge.

Staff will be called on a fortnightly basis to check in with people about mood, coping abilities, social support, sleep and general wellbeing. If the need for additional support is identified through the check-in, staff will be linked into

this following the check in; this will be arranged by the Consultant. As with all employee support programs, this service is confidential and available at no cost to you.

Participation in the welfare check-ins is on an opt out basis, as we feel it is important that all staff have access to this support given the nature of the work we are doing.

If you have concerns about participation or wish to opt out please contact wellbeing@dhhs.vic.gov.au and the Employee Wellbeing and Support team will work with you to identify other ways of accessing supports.

Given the pressure we've all been working under, we strongly encourage all of you to take advantage of the supports being made available.

Queries

If you have any feedback, queries or concerns, please contact **REDACTED**

REDACTED

DRAFT

General information – COVID-19 Quarantine Authorised Officers

As at 05/06/2020

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Introduction

This document is intended for Authorised Officers working on the COVID-19 response for the Department of Health and Human Services. The information contained is general information and is based on the most common queries received from Department of Health and Human Services (DHHS) Authorised Officers (AOs) working in COVID-19 quarantine hotels.

This information will be updated and circulated as required.

It will also be maintained in the COVID compliance Teams site: [COVID Compliance - Teams site](#)

Please advise **REDACTED** by email at **REDACTED** if you are having trouble accessing Teams.

Note: correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com.

You must have set up your DHHS email address to be included on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal/alternative email address will be used until a DHHS email address is available (information and set up details are below).

Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- sanitise your hands and the device before and after use
- log off, restart or shut down the device at the end of your shift to ensure your colleagues can access during their shift.

You may find that you need to setup the device by login on to the devices Google Play account.

The login details for each hotel location are outlined in the table below:

Hotel Name	Address	Google Play account	Password
Crown Metropol	8 Whiteman Street Southbank	REDACTED	REDACTED
Crown Promenade	8 Whiteman Street Southbank		
PanPacific Melbourne	2 Convention Centre Pl South Wharf		
Welcome Mercure Melbourne	265 Little Bourke Street Melbourne		
Park Royal - Melb Airport	Arrival Drive Tullamarine		
Four Points Sheraton	443 Docklands Drive Docklands		
Novotel Melbourne	270 Collins Street Melbourne		
Holiday Inn - Melb Airport	10/14 Centre Road Melbourne Airport		

Rydges on Swanston	701 Swanston Street Carlton	REDACTED	REDACTED
Marriott Hotel	Corner Exhibition and Lonsdale Street Melbourne	REDACTED	REDACTED
Holiday Inn Melbourne on Flinders	575 Flinders Lane Melbourne	REDACTED	REDACTED
Stamford Plaza	111 Little Collins Street Melbourne	REDACTED	REDACTED
Pullman Hotel	195 Swanston Street Melbourne	REDACTED	REDACTED
Grand Chancellor	131 Lonsdale Street Melbourne	REDACTED	REDACTED

To set up the device through Google Play, please follow the steps below:

1. Open Play Store
2. Sign in
 - Enter email from table above (do not use your DHHS email address)
 - Enter password from table above (do not use your DHHS password)
 - Hit skip to adding a number
 - Agree to the terms and conditions
 - Turn off "Backup to Google Drive"
 - Accept
3. Search for and download the Microsoft 'Power Apps' application.

IT support

If you experience issues with the devices, please call DHHS COVID-19 Quarantine Hotel IT Helpdesk Support:

- *Contact Number:* COVID-19 direct IT hotline 9096 7027
- *Hours of Operation:* 8.30am to 5pm 7 days a week
- *Escalation Procedure:* Email to Public Health Logistics@dhhs.vic.gov.au

How to Place Help Desk Calls

- Contact the DHHS COVID 19 Quarantine Hotel IT Helpdesk Support on **9096 7027**
- IT support analyst will aim to assist and rectify via telephony support in the first instance
- If a site visit is required, IT support analyst will attempt to visit the hotel site affected within the next 24 hours (if this cannot be achieved – please advise Logistics team)
- If issue is related to IT login or application access, IT support analyst will direct the request to the appropriate team within TSD and/or SSU to assist and remediate.

IT access

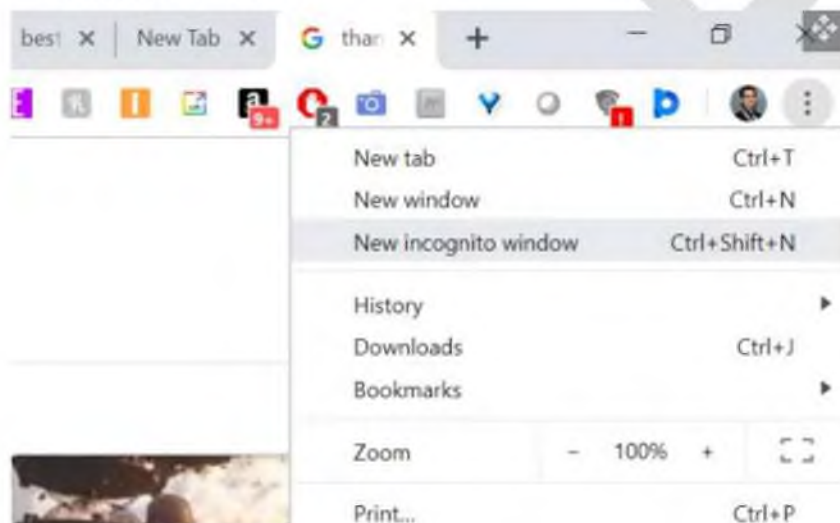
You will receive an email from **REDACTED** with your DHHS email address and initial log in details.

You must undertake the following steps:

1. Log into Office 365 via www.office.com and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: www.aka.ms/mfasetup
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

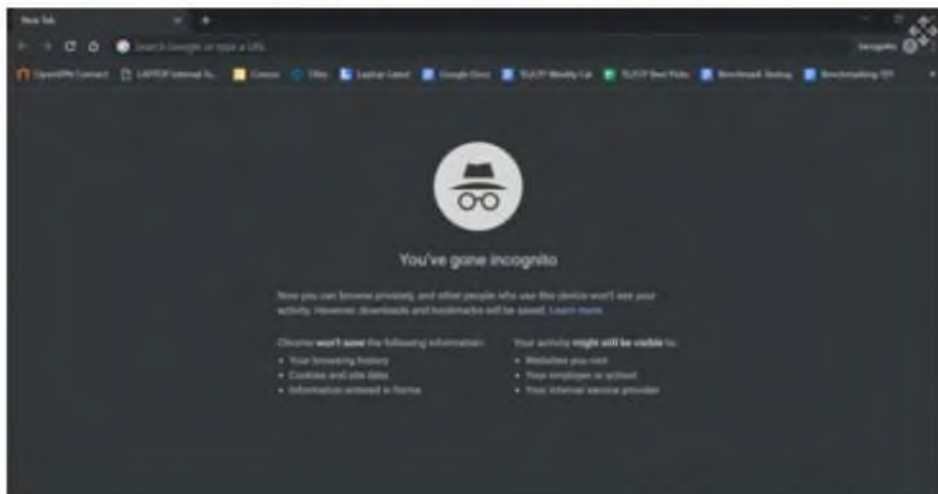
If you are accessing from another department/statutory body's device and it defaults to a non-DHHS email, please undertake the following steps to go 'incognito' before logging back into office.com.

1. Step 1: To open incognito mode, start **Chrome** and click the **three-dotted icon in the top right corner** of the screen.



You're only a few seconds away from browsing in incognito mode.

- Step 2: Click **New Incognito Window** and start browsing. Alternatively, you can press **Ctrl + Shift + N** to bring up a new tab in incognito mode without entering the Chrome settings menu.



If you have any access issues, please email **REDACTED**

Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App.

Please contact **REDACTED** for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled three times a week: Monday, Wednesday and Friday at 11am.

Enhancement releases are scheduled some evenings and deployment occurs during the scheduled outage time of 9pm to 9:30pm.

User guides are updated to reflect the new functionalities are deployed and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>.

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: **REDACTED**
- Email support: **REDACTED**

Authorised Officer Identity Cards

As an Authorised Officer under the *Public Health and Wellbeing Act 2008* (the Act) the Chief Health Officer has issued you an identity card pursuant to section 30 (4) of the Act. This identity card must be presented anytime you exercise certain powers under the Act.

COVID-19 Logistics Support will arrange for your AO identity card to be available for collection at the hotel you are first rostered onto. You must ensure you collect your AO identity card at the start of your first shift.

If your AO identity card is not available at the hotel on your first shift, please promptly advise the AO Team Leader on shift to contact the COVID-19 Logistics Support.

When your contract expires or is withdrawn, your Authorisation under the Act will be revoked, except in circumstances where you are Authorised under the Act for a reason other than the COVID-19 AO response. If your Authorisation is to be revoked, you must provide your AO identity card to REDACTED REDACTED on your last shift. REDACTED will then liaise with COVID-19 Logistics Support to have the card returned to the department and securely destroyed.

Please note: If you are withdrawing before your contracted end date you **must** advise REDACTED so that your Authorisation is revoked by the Chief Health Officer.

Parking

Parking is available at hotels, though some may charge a fee. You can claim reimbursements through personal tax claims or claim as expense from the department. To make an expense claim from the department, please refer to the section '[Claiming expenses](#)'.

City of Melbourne

The City of Melbourne has provided permits for city parking. Permits are available at each of the following hotels for use per shift:

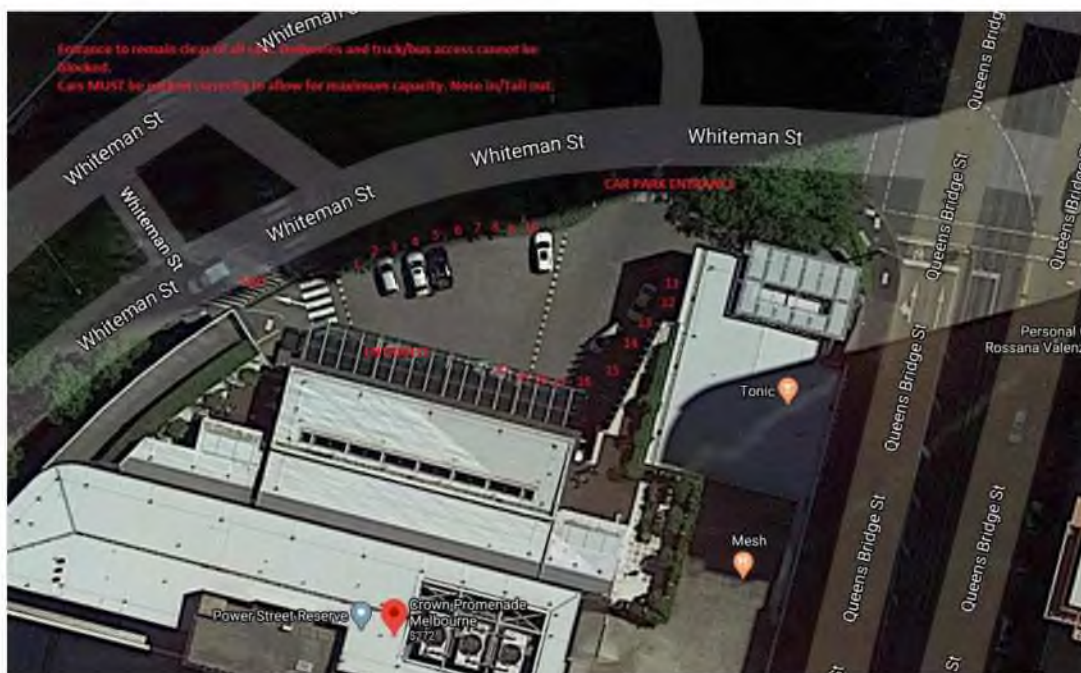
- Four Points
- Novotel South Wharf
- Pan Pacific
- Rydges on Swanston
- Hotel Grand Chancellor
- Pullman Melbourne on Swanston
- Holiday Inn Flinders Lane
- Mercure Welcome Melbourne
- Novotel on Collins
- Stamford Plaza

The AO Operations Team and COVID-19 Logistics Support are developing a process to allow for equitable use of the City of Melbourne parking permits by the AOs. An update of this process will be provided to all AOs shortly.

Below is further information relating to the current parking available at the quarantine hotels.

Crown Promenade Hotel

Crown Promenade provides parking for AOs and quarantine staff on-site free of charge. The image below outlines the car space which are available for staff, totalling approximately 20 available spaces. Cars must be parked nose in to allow for maximum capacity, if a car is parked parallel it will occupy two available spaces as seen in the image below (two cars parked across spaces 11-15). For further details please contact **REDACTED** or via email at **REDACTED**



Four Points Hotel

Four Points Hotel does not have onsite parking and people usually park in the district west parking opposite the hotel (see map below). For further details please contact fourpoints.melbournedocklands@fourpoints.com.



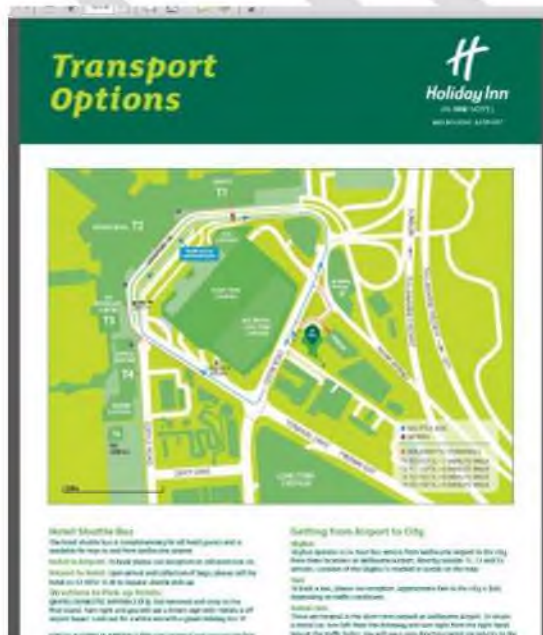
Melbourne Marriott

Melbourne Marriott Hotel provides parking for AOs and quarantine staff on-site free of charge. **RED**
REDACTED



Holiday Inn Melbourne Airport

Parking is free in the guest car park for AOs and other quarantine staff on site at the hotel, however parking tickets need to be presented to reception for free parking to be validated. For further details please contact reservations@melcr.ihg.com



Novotel Melbourne on Collins

Parking is available at a discounted cost of \$11 per day. The car park is located down Manchester Lane off Collins Street. Press the button located at the entrance, which will ring through to the hotel and a team member will unlock the gate via the telephone.

Before leaving the hotel go to reception for a validation ticket to obtain the parking discount. For further details please contact **REDACTED**

Rydges on Swanston

There is limited on-site free car parking at Rydges on Swanston. Access to the car park is through the side street, Lincoln Square North. Press the buzzer at the gate to have access to the parking and park in any free spot. Tokens are provided by hotel/security staff on departure to exit the carpark. For further details please contact **REDACTED**

Park Royal Melbourne Airport

Car parking is free in the short-term car park until 30 June 2020.

Enter via the "Green Short & Sweet" entry gates located on the left hand side of the entry to the T1, T2 & T3 (short term car park).

For further details please contact enquiry.prmla@parkroyalhotels.com or www.parkroyalhotels.com/melbourneairport.



Mercure Welcome Melbourne

Hotel parking is located at 180 Russell Street, Wilson Parking. Parking is \$12 per 24 hours or per exit. Exit tickets are purchased from reception. For further details please contact **REDACTED**

Crowne Plaza Hotel

Parking is available for AOs and a limited number of other authorised staff. Interested staff need to register their details with REDACTED

REDACTED

Parking is otherwise available in the Carpark on Siddeley Street near the Mission to Seafarers building at the staff rate of \$17. Staff need to contact reception team for vouchers.

Pan Pacific Hotel

Staff parking is available in the DFO carpark (titled South Wharf Retail Car Park in the map).

There is an option to pre-book parking online (<https://www.dfo.com.au/south-wharf/info/car-park/>), which may reduce the rate. If parking without pre-booking, a discount voucher can be provided on presentation of the entry ticket (the price is reduced to \$24). For further details contact the concierge concierge.ppmel@panpacific.com



Holiday Inn Melbourne on Flinders

The hotel has three complementary car spots in its small car park basement (for one AO representative, one DHHS representative, one DNATA representative). The carpark entrance is via 575 Flinders Lane, right next to the hotel main entrance. The hotel requires the car number plate so they are aware of who the car belongs to. Please contact REDACTED

REDACTED



Stamford Plaza Melbourne

The Stamford Plaza hotel does not have onsite parking available. The nearest parking is Secure Parking located under the Australia Post office off Bourke St. For further details contact reservations@spm.stamford.com.au



Travelodge Hotel Melbourne Southbank

Parking is available at the Eureka Wilsons Car Park 70 City Rd, Southbank VIC 3006. Entry is off Southgate Ave adjacent to the hotel. The parking cost is \$14 per ticket issued and is payable at the hotel reception and will be validated by hotel staff. For further details contact southbank@travelodge.com.au.

Payroll matters

Please refer to the following SharePoint site for detailed information on Payroll matters:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

General information about payroll matters for hotel AOs is below.

Note, while timesheets, verified by **REDACTED** are still required, the following information may not be relevant for staff who have been seconded and are still being paid by their 'home' organisation.

Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights. Specific timesheet information is below.



2020 Calendar.xls

Penalties, Allowances and Costs

You may be entitled to penalty rates and allowances for shift work.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

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CabCharges are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

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- If you are regional based staff member travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

Timesheets

There are three types of timesheets, outlined below:

- The **casual** timesheet is for staff on a casual contract.
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- The **roster** timesheet is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements. Most AOs working in the hotels will be using this timesheet.

All timesheet details can you found at the following SharePoint site:

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In all cases, timesheets must be legible, signed (electronic fine), fully completed with name, employee ID (where available), pay period etc.

Timesheets for AOs are to be approved by Team Leaders. Timesheets for Team Leaders are to be approved by a Senior AO. All Team Leader, or Senior AO, approved timesheets must be submitted to Payroll by midday (12pm) Tuesday on a NON-pay week by **REDACTED**. This is a hard deadline.

To ensure timesheets are submitted to Payroll by this deadline, timesheets for **seconded and fixed term staff** must be submitted to the relevant Team Leader or Senior AO no later than Friday of the pay week for review and approval. You may need to submit a revised timesheet if your shifts change on the Friday or Saturday.

Team Leaders and Senior AO's will then provide all approved timesheets to **REDACTED** for final review by midday (12pm) Monday of NON-pay week, and **REDACTED** will submit to Payroll by midday (12pm) Tuesday of NON-pay week.

A working example for the dummy period Sunday 12 April – 25 April:

Pay period	Sunday 12 April – Saturday 25 April
AO to submit timesheet to REDACTED	Midday (12pm) Friday 24 April
REDACTED to approve timesheet by	Midday (12pm) Monday 27 April
REDACTED to submit timesheet by	Midday (12pm) Tuesday 28 April
Payment to bank account for above listed pay period	Wednesday 6 May - Thursday 7 May

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via *OurService*. For more information on *OurService* visit: <https://ourservice.dhhs.vic.gov.au/ourservice/>.

Payslips

Payslips are generated each pay fortnight. For employees with ESS access, you can view your payslips online. For employees without ESS access, you will have a copy of your payslip sent to your nominated residential or email address.

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For those employees that do not have access to ESS, payslips will be sent via post or to your nominated email address (currently set to your DHHS email address).

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Expenses can be claimed using the department's Business Expense Reimbursement System (BERS). BERS enables you to submit claims by attaching scanned image/photo of receipts and submitting for approval online via a mobile phone application or website.

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You can make claims online by going to <https://secure.inlogik.com/dhhs>. You will first have to accept the Privacy Statement and Employee Declaration.

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 X

For support, email: BERS.Support@dhhs.vic.gov.au.

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Visit the COVID-19 DHHS Staff Hub on SharePoint for further information and resources:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Employee%20Support.aspx?csf=1&e=LotMQ>

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In addition, as part of our commitment to creating a safe and healthy workplace we have been working with the Employee Wellbeing and Support team to design and deliver additional layers of support for all staff during this challenging time in responding to COVID-19.

We are committed to looking after your health and wellbeing and acknowledge that our current environment continues to provide us with challenging and ever-changing circumstances and priorities. In order to do the work we do well, we need to ensure we are looking after ourselves.

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Whether you're someone used to dealing with these types of issues or not, they can sometimes have a cumulative emotional impact on staff working in these situations and it can be important to have an opportunity to talk through how you're coping with this.

To this end, an initial two debriefing sessions facilitated by staff from Converge International, the provider of the Employee Wellbeing and Support program, were held on 12 and 15 May 2020. Due to the nature of the sessions, which are conducted remotely, places in each session are limited to 10 people. Further sessions to be advised.

If you would like to attend a session please email **REDACTED**

Welfare check-ins

Welfare check-ins are a proactive and holistic telephone-based support, delivered by a Consultant from Converge.

Staff will be called on a fortnightly basis to check in with people about mood, coping abilities, social support, sleep and general wellbeing. If the need for additional support is identified through the check-in, staff will be linked into this following the check in; this will be arranged by the Consultant. As with all employee support programs, this service is confidential and available at no cost to you.

Participation in the welfare check-ins is on an opt out basis, as we feel it is important that all staff have access to this support given the nature of the work we are doing.

If you have concerns about participation or wish to opt out please contact wellbeing@dhhs.vic.gov.au and the Employee Wellbeing and Support team will work with you to identify other ways of accessing supports.

Given the pressure we've all been working under, we strongly encourage all of you to take advantage of the supports being made available.

Queries

If you have any feedback, queries or concerns, please contact **REDACTED** via email at **REDACTED**

To receive this publication in an accessible format phone **REDACTED** using the National Relay Service 13 36 77 if required, or email **REDACTED** at **REDACTED**

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

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General information – COVID-19 Quarantine Authorised Officers

As at 25/06/2020 (v4)

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Introduction

This document is intended for Authorised Officers working on the COVID-19 response for the Department of Health and Human Services (department/DHHS). The information contained is general information and is based on the most common queries received from Department of Health and Human Services (DHHS) Authorised Officers (AOs) working in COVID-19 quarantine hotels.

This information will be updated and circulated as required.

It will also be maintained in the COVID AO Resources Teams site: [COVID AO Resources](#). **(NEW LINK)**

Please advise **REDACTED** if you are having trouble accessing Teams.

Note: correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com.

You must have set up your DHHS email address to be included on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal/alternative email address will be used until a DHHS email address is available (information and set up details are below).

IT access

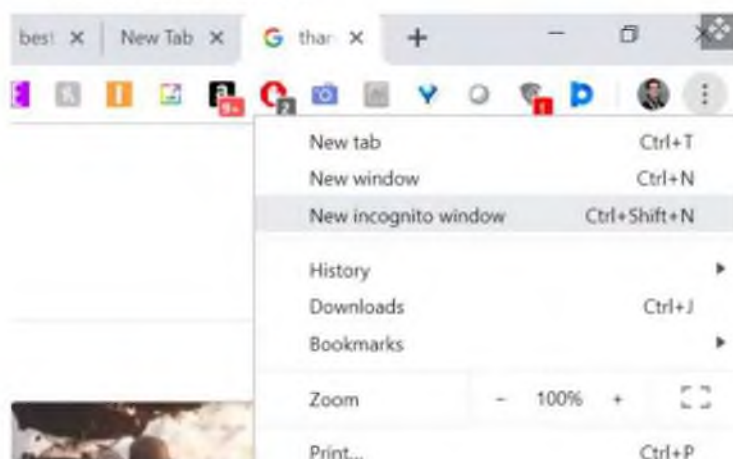
You will receive an email from **REDACTED** with your DHHS email address and initial log in details.

You must undertake the following steps:

1. Log into Office 365 via www.office.com and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: www.aka.ms/mfasetup
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

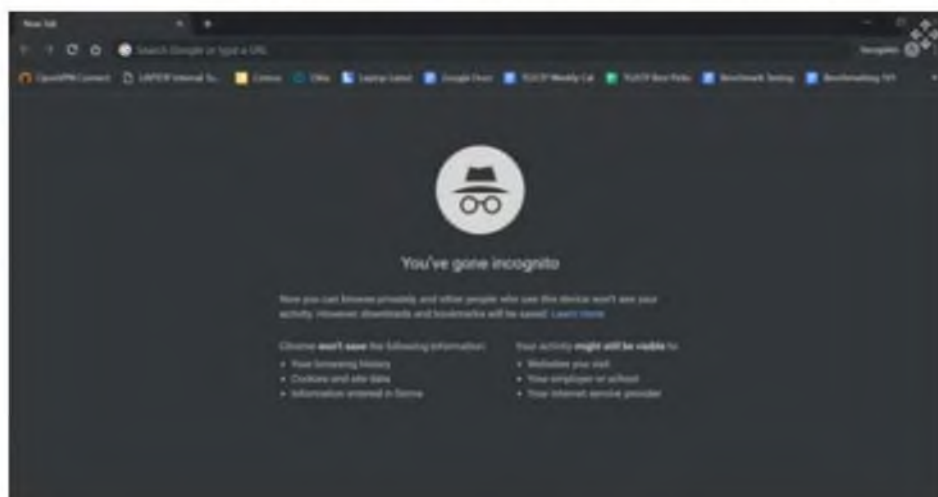
If you are accessing from another department/statutory body's device and it defaults to a non-DHHS email, please undertake the following steps to go 'incognito' before logging back into office.com.

1. Step 1: To open incognito mode, start **Chrome** and click the **three-dotted icon in the top right corner** of the screen.



You're only a few seconds away from browsing in incognito mode.

2. Step 2: Click **New Incognito Window** and start browsing. Alternatively, you can press **Ctrl + Shift + N** to bring up a new tab in incognito mode without entering the Chrome settings menu.



If you have any access issues, please email **REDACTED**

Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App.

Please contact **REDACTED** for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled three times a week: Monday, Wednesday and Friday at 11am.

Enhancement releases are scheduled some evenings and deployment occurs during the scheduled outage time of 9pm to 9:30pm.

User guides are updated to reflect the new functionalities are deployed and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>.

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: **REDACTED**
- Email support: **REDACTED**

Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- sanitise your hands and the device before and after use
- log off, restart or shut down the device at the end of your shift to ensure your colleagues can access during their shift.

You may find that you need to setup the device by login on to the devices Google Play account.

The login details for each hotel location are outlined in the table below:

Hotel Name	Address	Google Play account	Password
Crown Metropol	8 Whiteman Street Southbank	REDACTED	REDACTED
Crown Promenade	8 Whiteman Street Southbank	REDACTED	REDACTED
PanPacific Melbourne	2 Convention Centre Pl South Wharf	REDACTED	REDACTED
Welcome Mercure Melbourne	265 Little Bourke Street Melbourne	REDACTED	REDACTED
Park Royal - Melb Airport	Arrival Drive Tullamarine	REDACTED	REDACTED
Four Points Sheraton	443 Docklands Drive Docklands	REDACTED	REDACTED
Novotel Melbourne	270 Collins Street Melbourne	REDACTED	REDACTED
Holiday Inn - Melb Airport	10/14 Centre Road Melbourne Airport	REDACTED	REDACTED
Rydges on Swanston	701 Swanston Street Carlton	REDACTED	REDACTED
Marriott Hotel	Corner Exhibition and Lonsdale Street Melbourne	REDACTED	REDACTED
Holiday Inn Melbourne on Flinders	575 Flinders Lane Melbourne	REDACTED	REDACTED
Stamford Plaza	111 Little Collins Street Melbourne	REDACTED	REDACTED
Pullman Hotel	195 Swanston Street Melbourne	REDACTED	REDACTED
Grand Chancellor	131 Lonsdale Street Melbourne	REDACTED	REDACTED

To set up the device through Google Play, please follow the steps below:

1. Open Play Store
2. Sign in
 - Enter email from table above (do not use your DHHS email address)
 - Enter password from table above (do not use your DHHS password)
 - Hit skip to adding a number
 - Agree to the terms and conditions
 - Turn off "Backup to Google Drive"
 - Accept
3. Search for and download the Microsoft 'Power Apps' application.

IT support

If you experience issues with the devices, please call DHHS COVID-19 Quarantine Hotel IT Helpdesk Support:

- *Contact Number:* COVID-19 direct IT hotline 9096 7027
- *Hours of Operation:* 8.30am to 5pm 7 days a week
- *Escalation Procedure:* Email to Public Health Logistics publichealth.logistics@dhhs.vic.gov.au

How to Place Help Desk Calls

- Contact the DHHS COVID 19 Quarantine Hotel IT Helpdesk Support on **9096 7027**
- IT support analyst will aim to assist and rectify via telephony support in the first instance
- If a site visit is required, IT support analyst will attempt to visit the hotel site affected within the next 24 hours (if this cannot be achieved – please advise Logistics team)
- If issue is related to IT login or application access, IT support analyst will direct the request to the appropriate team within TSD and/or SSU to assist and remediate.

Authorised Officer Identity Cards

As an Authorised Officer under the *Public Health and Wellbeing Act 2008* (the Act) the Chief Health Officer has issued you an identity card pursuant to section 30 (4) of the Act. This identity card must be presented anytime you exercise certain powers under the Act.

COVID-19 Logistics Support will arrange for your AO identity card to be available for collection at the hotel you are first rostered onto. You must ensure you collect your AO identity card at the start of your first shift.

If your AO identity card is not available at the hotel on your first shift, please promptly advise the AO Team Leader on shift to contact the COVID-19 Logistics Support.

When your contract expires or is withdrawn, your Authorisation under the Act will be revoked, except in circumstances where you are Authorised under the Act for a reason other than the COVID-19 AO response. If your Authorisation is to be revoked, you must provide your AO identity card to an AO Team Leader or Senior AO on your last shift. The AO Team Leader or Senior AO will then liaise with COVID-19 Logistics Support to have the card returned to the department and securely destroyed.

Please note: If you are withdrawing before your contracted end date you **must** advise **REDACTED** so that your Authorisation is revoked by the Chief Health Officer.

Payroll matters

Please refer to the following SharePoint site for detailed information on Payroll matters:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

General information about payroll matters for hotel AOs is below.

Note, while verified timesheets are still required, the following information may not be relevant for staff who have been seconded and are still being paid by their 'home' organisation.

Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights. Specific timesheet information is below.



2020 Calendar.xls

Timesheets

There are three types of timesheets, outlined below:

- The **casual** timesheet is for staff on a casual contract.
- The **overtime and standby** timesheet is for staff who are undertaking their usual number of hours (whether full or part time) between the 7am – 7pm Monday to Friday timespan, but have also undertaken additional hours as overtime or due to being on call.
- The **roster** timesheet is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements. Most AOs working in the hotels will be using this timesheet.

All timesheet details can you found at the following SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

In all cases, timesheets must be legible, signed (electronic fine), fully completed with name, employee ID (where available) and pay period.

Any leave taken must be recorded on the timesheet.

Timesheets for AOs are to be approved by **REDACTED**. Timesheets for **REDACTED** are to be approved by a **REDACTED**. approved timesheets must be submitted to Payroll by midday (12pm) Tuesday on a NON-pay week by **REDACTED**. This is a hard deadline.

To ensure timesheets are submitted to Payroll by this deadline, timesheets for **seconded and fixed term staff** must be submitted to the relevant **REDACTED** no later than Friday of the pay week for review and approval. You may need to submit a revised timesheet if your shifts change on the Friday or Saturday.

REDACTED will then provide all approved timesheets to **REDACTED** for final review by midday (12pm) Monday of NON-pay week, and **REDA** will submit to Payroll by midday (12pm) Tuesday of NON-pay week.

A working example for the payroll period Sunday 07 June – 20 June:

Pay period	Example week: Sunday 07 June – Saturday 20 June
AO to submit timesheet to REDACTED by	Midday (12pm) Friday 19 June
REDACTED to approve timesheet by	Midday (12pm) Monday 22 June
REDACTED to submit timesheet by	Midday (12pm) Tuesday 23 June
Payment to bank account for above listed pay period	Wednesday 1 July - Thursday 2 July

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via *OurService*. For more information on *OurService* visit:

<https://ourservice.dhhs.vic.gov.au/ourservice/>.

Penalties, Allowances, Leave and Costs

Penalties

You may be entitled to penalty rates for shift work.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

Overtime must be approved by REDACTED on shift.

Meal Allowance

Note Meal Allowance payments only apply to overtime and in two situations – overtime that exceeds 2 hours that commences immediately before or after a rostered shift, or on a standalone overtime period (that is, called in on a day off or weekend). When working a shift as a shift worker, meal allowance is not paid as part of that shift.

Leave

If you have access to ESS, leave must be applied for using ESS. Otherwise, leave must be approved by REDACTED with a copy of the request sent to the applicable REDACTED

Costs

Parking fees (not fines for incorrect parking) can be claimed on personal tax or through DHHS as above.

CabCharges are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

Staff may reflect their travel time on their timesheet where it exceeds usual commute and in the following circumstances:

- If you are regional based staff member travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

Payslips

Payslips are generated each pay fortnight. For employees with ESS access, you can view your payslips online. For employees without ESS access, you will have a copy of your payslip sent to your nominated residential or email address.

Employees with ESS access (ongoing DHHS staff)

Your payslip will be available to you through ESS on Monday of the pay week via ESS.

Employees without access to ESS (fixed term and seconded staff)

For those employees that do not have access to ESS, payslips will be sent via post or to your nominated email address (currently sent to your DHHS email address).

Claiming expenses

Expenses can be claimed using the department's Business Expense Reimbursement System (BERS). BERS enables you to submit claims by attaching scanned image/photo of receipts and submitting for approval online via a mobile phone application or website.

Once the claim is approved, reimbursement of the expense is made through payroll as part of the fortnightly pay cycle.

You can make claims online by going to <https://secure.inlogik.com/dhhs>. You will first have to accept the Privacy Statement and Employee Declaration.

You can also make claims using the 'ExpenseMe' app on a mobile device. You must access BERS on your browser first <https://secure.inlogik.com/dhhs> before you can use the app.

You will need your DHHS email and network username. For new staff, your network username (sometimes known as HSnet) was provided in the email with your DHHS email address and initial password.

You can also access BERS from SharePoint (you don't need access to the department's Intranet to do this). Information about what you can and can't claim is on the SharePoint site and the Intranet

<https://intranet.dhhs.vic.gov.au/business-expense-reimbursement>
<https://dhhsvicgovau.sharepoint.com/sites/CSModernisation/SitePages/ExpenseReimbursements.aspx>

For support, email: BERS.Support@dhhs.vic.gov.au.

Expenses for staff on secondment

If you are on secondment and need to claim expenses from DHHS rather than through your home organisation or personal tax, you need to fill out the Business Expense Claim Form (below), and send along with receipts to **REDACTED** who will submit to Accounts Payable General Enquiries (DHHS) AccountsPayable.GeneralEnquiries@dhhs.vic.gov.au.



Business Expense
claim form

Vehicles

Use of a government vehicle may be required. In the event that you use a government vehicle, please note the following.

You can use a government vehicle for private use if you have:

- A legitimate, verifiable business reason to use it for business-related private use or
- Written approval from the Secretary to use it for private use (including commuting).

When you have a legitimate, verifiable business reason to use it for business-related private use, you must:

- Not use it for any other private reason (e.g. picking up children, going shopping)
- Not pick up or take a non-DHHS employee passenger without approval
- Book the vehicle through the VBS and gain approval for overnight use.

Staff must follow the procedures in the [Victorian government standard motor vehicle policy](#) for overnight use and completing log books related to business-related private use.

Section 3.3.8 *Driver responsibilities and penalties* in the [Victorian government standard motor vehicle policy](#) includes further information regarding:

- Use of government vehicles
- Authorisation to carry passengers
- Traffic laws
- Fines
- Vehicle-related incidents and hazardous situations.

For further information visit:

<https://intranet.dhhs.vic.gov.au/standby-and-call-government-vehicle-use>

[Government vehicle use: standby and on-call policy \(Word, 86Kb\)](#)

[Vehicle management policy](#)

[Victorian government standard motor vehicle policy](#)

Parking

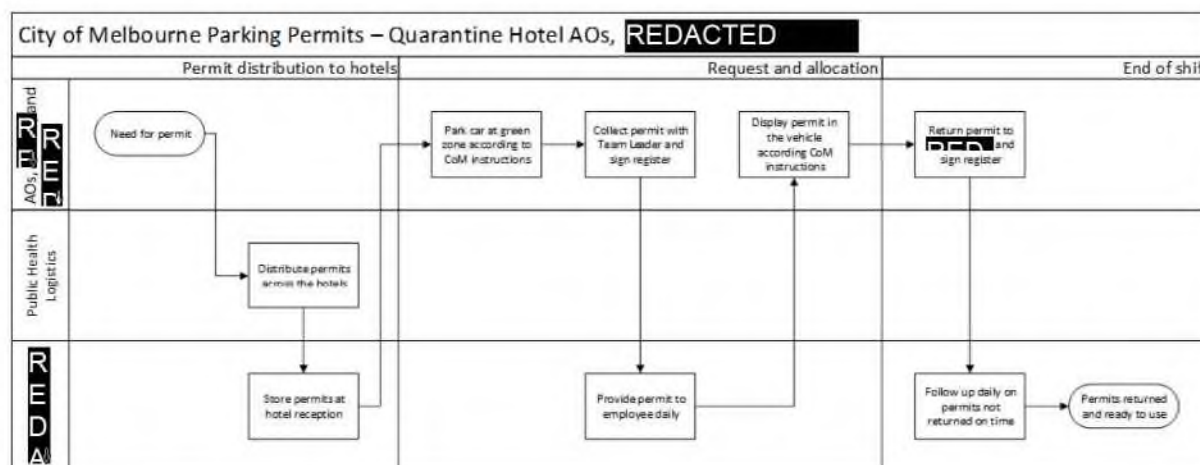
Parking is available at hotels, though some may charge a fee. You can claim reimbursements through personal tax claims or claim as an expense from the department. To make an expense claim from the department, please refer to the section '[Claiming expenses](#)'.

City of Melbourne parking permits

The City of Melbourne has provided permits for city parking. Ten permits are available at each of the following hotels for use per shift:

- Four Points
- Novotel South Wharf
- Pan Pacific
- Hotel Grand Chancellor
- Pullman Melbourne on Swanston
- Holiday Inn Flinders Lane
- Mercure Welcome Melbourne
- Novotel on Collins
- Stamford Plaza.

The AO Operations Team, Performance and Governance and COVID-19 Logistics Support have developed the following process to allow for equitable use of the City of Melbourne parking permits by the AOs and other quarantine staff.



Instructions for use are below.

City of Melbourne parking permit process

The following steps are to be taken when using a City of Melbourne parking permit.

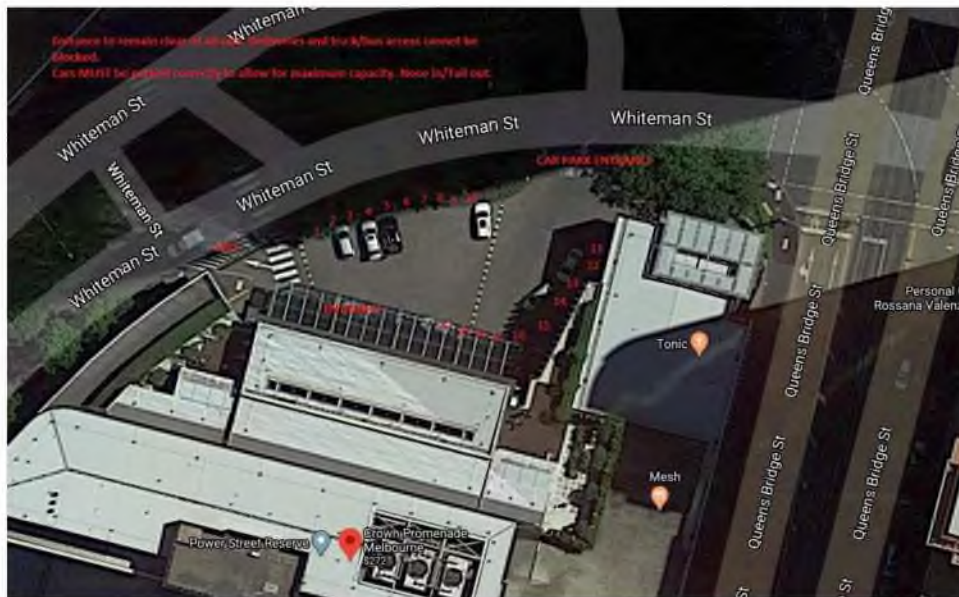
- After parking your vehicle, sign for a permit from hotel security and place the permit in your vehicle.
- On leaving the hotel, retrieve the permit from your vehicle, return it to security and sign it in.
- The onsite AO returns any completed registers to the **REDACTED** and provides hotel security with new blank registers if needed.
- The night AO for each hotel is to check the register and confirm that the 10 permits are checked in. If any permits are still checked out, the night AO is to advise the overnight **REDACTED** via email for follow up.

Onsite parking at the hotels/airport

Below is further information relating to the current parking available at the quarantine hotels.

Crown Promenade Hotel

Crown Promenade provides parking for AOs and quarantine staff on-site free of charge. The image below outlines the car space which are available for staff, totalling approximately 20 available spaces. Cars must be parked nose in to allow for maximum capacity, if a car is parked parallel it will occupy two available spaces as seen in the image below (two cars parked across spaces 11-15). For further details please contact **REDACTED** or via email at **REDACTED**



Four Points Hotel

Four Points Hotel does not have onsite parking and people usually park in the district west parking opposite the hotel (see map below). For further details please contact fourpoints.melbournedocklands@fourpoints.com.



Melbourne Marriott

Melbourne Marriott Hotel provides parking for AOs and quarantine staff on-site free of charge. **REDACTED**

REDACTED

REDACTED if needed.



Holiday Inn Melbourne Airport

Parking is free in the guest car park for AOs and other quarantine staff on site at the hotel, however parking tickets need to be presented to reception for free parking to be validated. For further details please contact reservations@melcr.ihg.com



Novotel Melbourne on Collins

Parking is available at a discounted cost of \$11 per day. The car park is located down Manchester Lane off Collins Street. Press the button located at the entrance, which will ring through to the hotel and a team member will unlock the gate via the telephone.

Before leaving the hotel go to reception for a validation ticket to obtain the parking discount. For further details please contact **REDACTED**

Rydges on Swanston

There is limited on-site free car parking at Rydges on Swanston. Access to the car park is through the side street, Lincoln Square North. Press the buzzer at the gate to have access to the parking and park in any free spot. Tokens are provided by hotel/security staff on departure to exit the carpark. For further details please contact **REDACTED**

Park Royal Melbourne Airport

Car parking is free in the short-term car park until 30 June 2020.

Enter via the "Green Short & Sweet" entry gates located on the left hand side of the entry to the T1, T2 & T3 (short term car park).

For further details please contact enquiry.prmla@parkroyalhotels.com or www.parkroyalhotels.com/melbourneairport.



Mercure Welcome Melbourne

Hotel parking is located at 180 Russell Street, Wilson Parking. Parking is \$12 per 24 hours or per exit. Exit tickets are purchased from reception. For further details please contact **REDACTED**

Crowne Plaza Hotel

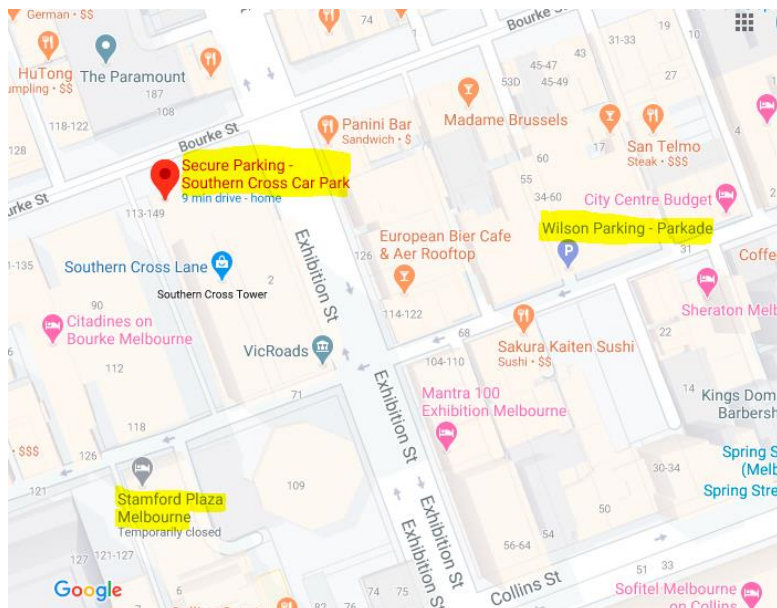
Parking is available for AOs and a limited number of other authorised staff. Interested staff need to register their details with **REDACTED**
REDACTED

Parking is otherwise available in the Carpark on Siddeley Street near the Mission to Seafarers building at the staff rate of \$17. Staff need to contact reception team for vouchers.

Stamford Plaza Melbourne

The Stamford Plaza hotel does not have onsite parking available. People generally park at the Wilson Parkade Car Park, which has entry/exit at 34-60 Little Collins or 55 Bourke Street. This is a 24/7 secure parking, with early bird, hourly, night and weekend parking rates. This carpark accepts card only. For further details contact Wilson Parking on **1800 PARKING**.

Another option in the area is the Southern Cross Secure Car Park located under the Australia Post office off Bourke St. Please note that this car park is **NOT 24/7**, and when closed there is no access to the vehicles as the doors are closed and locked. The open hours of this carpark are outlined below. For further details contact reservations@spm.stamford.com.au



SOUTHERN CROSS CAR PARK	
121 Exhibition Street, Melbourne	
OPENING HOURS	
Monday	06:00 AM - 11:00 PM
Tuesday	06:00 AM - 11:00 PM
Wednesday	06:00 AM - 11:00 PM
Thursday	06:00 AM - 11:00 PM
Friday	06:00 AM - 12:00 AM
Saturday	06:00 AM - 12:00 AM
Sunday	08:00 AM - 09:00 PM
Public Holidays	08:00 AM - 09:00 PM

Logistics

The AO Logistics Support Team is available to ensure you have resources you need. Specific duties of the AO Logistics Support Team include:

- ensuring that AOs at each hotel have a dedicated phone, relevant IT access and equipment (laptops/iPads, printers etc)
- supporting the development of processes and templates, documents etc for AOs to properly set up for each of the hotels
- disseminating electronic/hard copy updates of processes and templates, documents etc for AOs
- disseminating daily delivery/collection schedule of exit documents for AOs
- liaising with AO managers, Senior AOs, TLs as required
- liaising with Public Health Logistics re provisioning/maintenance of IT equipment and bulk stationery orders **Public Health Logistics** publichealth.logistics@dhhs.vic.gov.au
- liaising with Public Health Logistics IT **Helpdesk Support 9096 7027** publichealth.logistics@dhhs.vic.gov.au
- liaising with COVID-19 Compliance and Welfare Management **App Support Telephone support** – REDACTED **support** - ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au
- liaising with COVID19 Authorised Officer Rostering
- liaising with various staff in other COVID19 compliance roles
- liaising with other staff that have episodic involvement in the AO space
- managing and monitoring use of government vehicles allocated to AOs (e.g. sourcing from SSP Car Pool team, coordinating allocation, auditing, obtaining vehicle logsheets for DTF, following up requests from Public Health Coordination [Logistics] re parking/speeding infringements)
- disseminating weekly updates (incorporating DJPR expected arrivals, exits, current guests, administrative information, AO wellbeing and support (e.g. AO bios, recommended listening and viewing)
- other tasks and activities as required to support AOs (e.g. episodic crisis management, ad hoc troubleshooting, agony aunting, fixering, consigliereing).

Please note that AO Logistics works within flexible business hours circa 8am to 5pm to ensure that AOs are supported across 7 days (depending on situational AO needs).

Contact with AO Logistics should be made @ COVID.AOLogistics@dhhs.vic.gov.au and REDACTED REDACTED (Wednesday to Sunday) or REDACTED (Friday to Tuesday).

Employee Wellbeing and Support

It is important that everyone looks after themselves (and each other) during these unprecedented times.

Employee Wellbeing and Support Program

The [Employee Wellbeing and Support Program](#) is available to provide confidential support to all employees and their immediate family members impacted by coronavirus (COVID-19). Support is available 24 hours a day, seven days a week at no cost to you. Please call REDACTED and request immediate support if you need it, or to book an appointment for a time that suits you.

Visit the [COVID-19 DHHS Staff Hub](https://dhhs.vic.gov.au/sharepoint/sites/Covid19/SitePages/Employee%20Support.aspx?csf=1&e=LotMOQ) on SharePoint for further information and resources:
<https://dhhs.vic.gov.au/sharepoint/sites/Covid19/SitePages/Employee%20Support.aspx?csf=1&e=LotMOQ>

Additional support for COVID-19 response staff

In addition, as part of our commitment to creating a safe and healthy workplace we have been working with the Employee Wellbeing and Support team to design and deliver additional layers of support for all staff during this challenging time in responding to COVID-19.

We are committed to looking after your health and wellbeing and acknowledge that our current environment continues to provide us with challenging and ever-changing circumstances and priorities. It is important now, more than ever to ensure that we are looking after ourselves; not only so we can do the work we do well, but also so we can enjoy our personal time. We encourage each of you to make the time to engage with the support services outlined below.

The leadership team are acutely aware of the challenging nature of the work we are undertaking and the impact it can have on each of us and acknowledge the need for proactive support to assist us to thrive at work and at home.

Debriefing sessions

We're conscious that the hotel quarantine environment AOs are working in can be quite intense both in terms of people's reactions to being placed in quarantine and, in particular, the broad range of often very compelling reasons why they might ask to be exempted from quarantine, some of which we've been able to approve, many of which we haven't.

Whether you're someone used to dealing with these types of issues or not, they can sometimes have a cumulative emotional impact on staff working in these situations and it can be important to have an opportunity to talk through how you're coping with this.

Virtual Onsite Support – all staff/teams will have access to support sessions with a Consultant from Converge. Collectively as a team you will have the opportunity to:

- Work through issues and opportunities to support your team to work together
- Reflect on this challenging time, and the rapidly changing nature of the work you do
- Raise and discuss concerns
- Check in on the team's wellbeing, ensure all team members go home safely every day
- And much more.

Teams will be allocated up to 1 hour to have a collective discussion. If the full hour is not used, staff will have the opportunity to use the remaining time to have one-on-one discussions with the Consultant. This support is confidential and free for all staff.

To ensure everyone has opportunity to access this support, the day and time that the Consultant will be available will vary.

You will have been invited to the sessions as follows. Please accept **only** your preference, noting each session is for a maximum 15 people. You will be notified if your chosen session is already full.

The sessions are as follows:

- Friday 26 June – 3:30pm – 4:30pm (non-AO roles only)
- Saturday 27 June – 11am – 12pm (staff REDACTED)
- Monday 29 June – 3-4pm (staff REDACTED)
- Tuesday 30 June – 3-4pm
- Wednesday 1 July – 11am – 12pm
- Thursday 2 July – 3-4pm
- Friday 3 July – 11am – 12pm
- Saturday 4 July – 3pm – 4pm.

Welfare check-ins

Welfare check-ins are a proactive and holistic telephone-based support, delivered by a Consultant from Converge.

The welfare check-ins focus on mood, coping abilities, social support, sleep and general wellbeing. If the need for additional support is identified through the check-in, staff will be linked into this following the check in; this will be arranged by the Consultant. Welfare Check-Ins will occur fortnightly for 2 months. As with all employee support programs, this service is confidential and available at no cost to you.

Participation in the welfare check-ins is on an opt out basis, as we feel it is important that all staff have access to this support given the nature of the work we are doing.

This is not the first time we have arranged Welfare Check-Ins. With the rapidly changing environment and recent spike in COVID-19 cases, it is timely to again check in on the health and wellbeing of everyone.

All staff, including Authorised Officers and back of house staff will be contacted for a Welfare Check-In by Converge, including those who have opted out previously. If you do not consent to Converge contacting you for this support, please notify the [Employee Wellbeing and Support team](#).

Given the pressure we've all been working under, we strongly encourage all of you to take advantage of the supports being made available.

Queries

If you have any feedback, queries or concerns, please contact REDACTED via email at REDACTED

To receive this publication in an accessible format phone REDACTED, using the National Relay Service 13 36 77 if required, or email REDACTED REDACTED

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

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General information – COVID-19 Quarantine Authorised Officers

As at 31/07/2020 (v5)

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Introduction

This document is intended for Authorised Officers (AOs) working on the COVID-19 response.

Under a State of Emergency, an AO at the direction of the Chief Health Officer (CHO), 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 AO considers reasonable to protect public health.

The role of the AO is underpinned by compliance with Deputy Chief Health Officer (D/CHO) directions made under public health risk and emergency powers in the Public Health and Wellbeing Act 2008. More specifically, the role includes:

- administration of, and ensuring compliance with, the Direction and Detention Notices at Airport Terminals for domestic and international departures and arrivals
- Public Housing Towers.

Additionally, AOs may be if required at:

- other ports of entry and
- working with Victoria Police to undertake education and enforcement activities for alleged breaches of the D/CHO directions. For example, Restricted Activity Directions (No 14) and Stay at home Directions (No 4).

AOs are an integral part of multidisciplinary teams and all team members have specific responsibilities and are expected to work cooperatively and collaboratively to provide a consistent and coherent team approach for quarantined individuals.

In addition to the overall mandatory obligations, AOs must:

- act compatibly with, and consider, the Charter of Human Rights
- work collaboratively with managers, team members and other departmental staff to support the shared objectives of the department and in particular the Enforcement and Compliance Command Cell
- facilitate any reasonable request for communication
- keep accurate records, including of compliance issues
- make every effort to assist a person comply.

Purpose of this document

This document provides general information for all quarantine AOs. The information contained is general information and is based on the most common queries received from AOs working in COVID-19.

This information will be updated and circulated as required.

It will also be maintained in the COVID AO Resources Teams site: [COVID AO Resources](#).

Please email the AO Operations Support Team at <covid.aotimesheet@dhhs.vic.gov.au> if you are having trouble accessing Teams.

Note: correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers
COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com.

You must have set up your DHHS email address to be included on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal/alternative email address will be used until a DHHS email address is available (information and set up details are below).

IT access

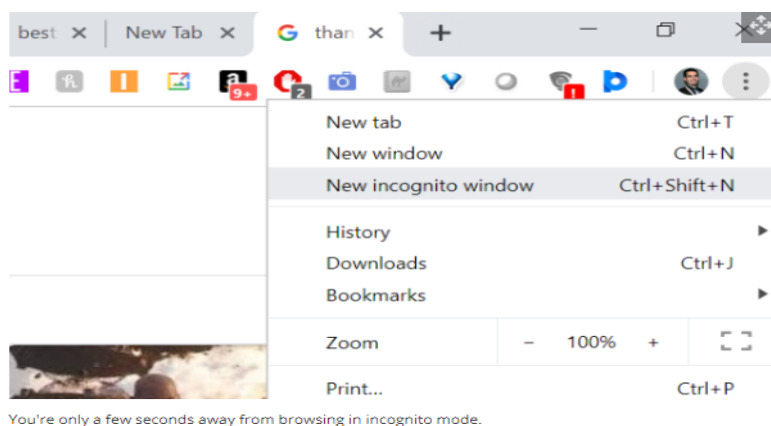
You will receive an email from the AO Operations Support Team, with your DHHS email address and initial log in details.

You must undertake the following steps:

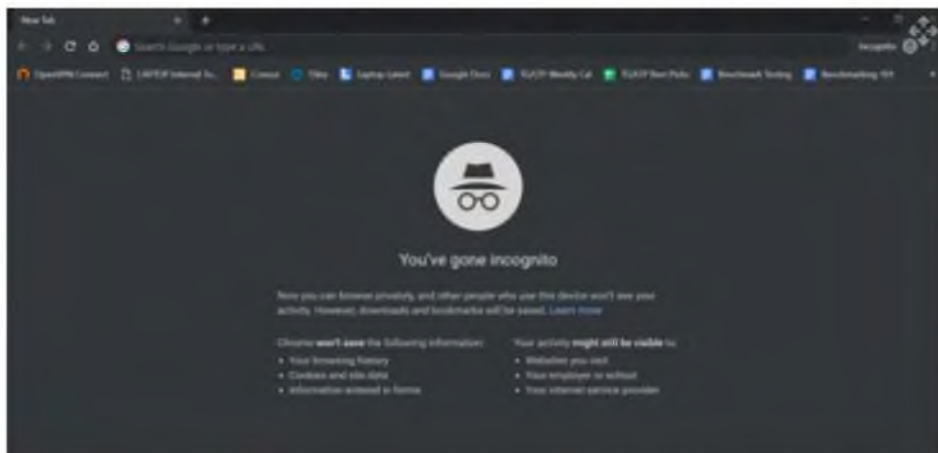
1. Log into Office 365 via www.office.com and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: www.aka.ms/mfasetup
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

If you are accessing from another department/statutory body's device and it defaults to a non-DHHS email, please undertake the following steps to go 'incognito' before logging back into office.com.

1. Step 1: To open incognito mode, start **Chrome** and click the **three-dotted icon in the top right corner** of the screen.



- Step 2: Click **New Incognito Window** and start browsing. Alternatively, you can press **Ctrl + Shift + N** to bring up a new tab in incognito mode without entering the Chrome settings menu.



If you have any access issues, please email the AO Operations Support Team at [<covid.aotimesheet@dhhs.vic.gov.au>](mailto:covid.aotimesheet@dhhs.vic.gov.au).

Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App. Please contact the Compliance and Welfare Application Support Team via email at [<ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au>](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au) for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled regularly. Simply accept the invitation for the time that suits you.

Enhancement releases are scheduled some evenings and deployment occurs during a scheduled outage time.

User guides are updated to reflect the new functionalities that are deployed and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>.

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: **REDACTED**
- Email support: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au.

Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- sanitise your hands and the device before and after use
- log off, restart or shut down the device at the end of your shift to ensure your colleagues can access during their shift.

You may find that you need to setup the device by login on to the devices Google Play account.

The login details for each hotel location are outlined in the table below:

Hotel Name	Address	Google Play account	Password
Crown Metropol	8 Whiteman Street Southbank	REDACTED	REDACTED
Crown Promenade	8 Whiteman Street Southbank	REDACTED	REDACTED
Brady Hotels Central Melbourne	30 Little La Trobe Street, Melbourne	REDACTED	REDACTED
PanPacific Melbourne	2 Convention Centre Pl South Wharf	REDACTED	REDACTED
Welcome Mercure Melbourne	265 Little Bourke Street Melbourne	REDACTED	REDACTED
Park Royal - Melb Airport	Arrival Drive Tullamarine	REDACTED	REDACTED
Four Points Sheraton	443 Docklands Drive Docklands	REDACTED	REDACTED
Novotel Melbourne	270 Collins Street Melbourne	REDACTED	REDACTED
Holiday Inn - Melb Airport	10/14 Centre Road Melbourne Airport	REDACTED	REDACTED
Rydges on Swanston	701 Swanston Street Carlton	REDACTED	REDACTED
Marriott Hotel	Corner Exhibition and Lonsdale Street Melbourne	REDACTED	REDACTED
Holiday Inn Melbourne on Flinders	575 Flinders Lane Melbourne	REDACTED	REDACTED
Stamford Plaza	111 Little Collins Street Melbourne	REDACTED	REDACTED
Pullman Hotel	195 Swanston Street Melbourne	REDACTED	REDACTED
Grand Chancellor	131 Lonsdale Street Melbourne	REDACTED	REDACTED

To set up the device through Google Play, please follow the steps below:

Open Play Store

Sign in

Enter email from table above (do not use your DHHS email address)

Enter password from table above (do not use your DHHS password)

Hit skip to adding a number

Agree to the terms and conditions

Turn off "Backup to Google Drive"

Accept

Search for and download the Microsoft 'Power Apps' application.

For IT issues/requests:

Please phone or email and log job through **Cenitex: 13 17 65** and/or IT.ServiceCentre@dhhs.vic.gov.au.

Once job reference number has been obtained, ring COVID-19 Quarantine Hotel IT Helpdesk Support 03 9096 7027 for escalation

COVID-19 Quarantine Hotel IT Helpdesk Support: *Hours of Operation:* 8.30am to 5pm, 7 days a week; *Escalation Procedure:* Email to Public Health Logistics publichealth.logistics@dhhs.vic.gov.au

IT support analyst will aim to assist and rectify via telephony support in the first instance

If a site visit is required, IT support analyst will attempt to visit the hotel site affected within the next 24 hours (if this cannot be achieved – please advise Public Health Logistics team publichealth.logistics@dhhs.vic.gov.au copying AO Logistics COVID.AOLogistics@dhhs.vic.gov.au)

If issue is related to IT login or application access, IT support analyst will direct the request to the appropriate team to assist and remediate.

For DHHS staff to transfer existing IT devices (iPads, iPhones, Laptops, Ultrabooks and Wireless Modems) to a new user

Complete the form @ [Transfer of DHHS Devices Form](#)

For assistance contact **Cenitex: 13 17 65** and/or IT.ServiceCentre@dhhs.vic.gov.au.

For ordering department smartphone, software, tablet, iPad, laptop or Ultrabook

Complete the procurement form @ [IT Procurement Form](#)

For assistance contact **Cenitex: 13 17 65** and/or IT.ServiceCentre@dhhs.vic.gov.au.

Authorised Officer Identity Cards

As an Authorised Officer under the *Public Health and Wellbeing Act 2008* (the Act) the Chief Health Officer has issued you an identity card pursuant to section 30 (4) of the Act. This identity card must be presented anytime you exercise certain powers under the Act.

COVID-19 Logistics Support will arrange for your AO identity card to be available for collection at the hotel you are first rostered onto. You must ensure you collect your AO identity card at the start of your first shift.

If your AO identity card is not available at the hotel on your first shift, please promptly advise the AO Team Leader on shift to contact the COVID-19 Logistics Support.

If you are being assigned to a location, other than a quarantine hotel, a member of the COVID-19 Logistics Support will arrange to deliver your AO identify card to you so that you have it prior to your first shift.

When your contract expires or is withdrawn, your Authorisation under the Act will be revoked, except in circumstances where you are Authorised under the Act for a reason other than the COVID-19 AO response. If your Authorisation is to be revoked, you must provide your AO identity card to an AO Team Leader or Senior AO on your last shift. The AO Team Leader or Senior AO will then liaise with COVID-19 Logistics Support to have the card returned to the department and securely destroyed.

Please note: If you are resigning or withdrawing before your contracted end date you **must** negotiate with **REDACTED**, who will also ensure your Authorisation is revoked by the Chief Health Officer.

Payroll matters

Please refer to the following SharePoint site for detailed information on Payroll matters:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

General information about payroll matters for compliance and enforcement AOs is below.

Note, while verified timesheets are still required, the following information may not be relevant for staff who have been seconded and are still being paid by their 'home' organisation.

Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights. Specific timesheet information is below.



2020 Calendar.xls

Timesheets

There are three types of timesheets, outlined below:

- The **casual** timesheet is for staff on a casual contract.
- The **overtime and standby** timesheet is for staff who are undertaking their usual number of hours (whether full or part time) between the 7am – 7pm Monday to Friday timespan, but have also undertaken additional hours as overtime or due to being on call.
- The **roster** timesheet is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements. Most AOs working in the compliance and enforcement response will be using this timesheet.

All timesheet details can you found at the following SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

In all cases, timesheets must be legible, accurate, signed (electronic fine), fully completed with name, employee ID (where available) and pay period.

Any leave taken must be recorded on the timesheet. AOs are to refer to the Victorian Public Service (VPS) Enterprise Agreement 2016 to review their entitlements in relation to leave, including personal leave and annual leave. See also below regarding leave.

Timesheets for AOs are to be approved by **REDACTED** prior to being submitted. Timesheets for **REDACTED** approved timesheets must be submitted to Payroll by midday (12pm) Tuesday on a NON-pay week by **REDACTED** **REDACTED**. This is a hard deadline.

To ensure timesheets are submitted to Payroll by this deadline, timesheets for **seconded and fixed term staff** must be submitted to the relevant **REDACTED** no later than Friday of the pay week for review and approval. You may need to submit a revised timesheet if your shifts change on the Friday or Saturday.

REDACTED will then approve timesheets and submit to Payroll through *OneService* by midday (12pm) Tuesday of NON-pay week

A working example for the payroll period Sunday 2 August – 15 August:

Pay period	Example week: Sunday 02 August – Saturday 15 August
AO to submit timesheet to REDACTED by	Midday (12pm) Friday 14 August
REDACTED to approve timesheet and submit to Payroll through <i>OneService</i> by	Midday (12pm) Tuesday 18 August
Payment to bank account for above listed pay period	Wednesday 26 August - Thursday 27 August

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via *OurService*. For more information on *OurService* visit:

<https://ourservice.dhhs.vic.gov.au/ourservice/>.

Penalties, Allowances, Leave and Costs

Penalties

You may be entitled to penalty rates for shift work.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

Overtime must be approved by your REDACTED on shift. After you have sought approval for any overtime you must email your line REDACTED (copying in the approving REDACTED) enabling them to verify this with your timesheet.

Meal Allowance

Note Meal Allowance payments only apply to overtime and in two situations – overtime that exceeds 2 hours that commences immediately before or after a rostered shift, or on a standalone overtime period (that is, called in on a day off or weekend). When working a shift as a shift worker, meal allowance is not paid as part of that shift.

Leave

If you have access to ESS, leave must be applied for / recorded using ESS.

Otherwise, planned leave must be approved by your applicable REDACTED with a copy of the request sent to REDACTED.

AOs accessing personal/unplanned leave are required to notify the REDACTED rostered for the site as soon as possible. Additionally, email your line REDACTED to notify of your absence and record applicable days on your timesheet. When you submit your timesheet at the end of the roster period, forward any certifications as required.

Costs

Parking fees (not fines for incorrect parking) can be claimed on personal tax or through DHHS as above.

Taxi provisions are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

Staff may reflect their travel time on their timesheet where it exceeds usual commute and in the following circumstances:

- If you are regional based staff member travelling to Melbourne Airport, or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport, or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

Payslips

Payslips are generated each pay fortnight.

Employees with ESS access (ongoing DHHS staff)

Your payslip will be available to you online through ESS, on Monday of the pay week.

Employees without access to ESS (fixed term and seconded staff)

For those employees that do not have access to ESS, payslips will be sent via post or to your nominated email address.

Claiming expenses

Expenses can be claimed using the department's Business Expense Reimbursement System (BERS). BERS enables you to submit claims by attaching scanned image/photo of receipts and submitting for approval online via a mobile phone application or website.

Once the claim is approved, reimbursement of the expense is made through payroll as part of the fortnightly pay cycle.

You can make claims online by going to <https://secure.inlogik.com/dhhs>. You will first have to accept the Privacy Statement and Employee Declaration.

You can also make claims using the 'ExpenseMe' app on a mobile device. You must access BERS on your browser first <https://secure.inlogik.com/dhhs> before you can use the app.

You will need your DHHS email and network username. For new staff, your network username (sometimes known as HSnet) was provided in the email with your DHHS email address and initial password.

You can also access BERS from SharePoint (you don't need access to the department's Intranet to do this). Information about what you can and can't claim is on the SharePoint site and the Intranet <https://intranet.dhhs.vic.gov.au/business-expense-reimbursement>

<https://dhhsvicgovau.sharepoint.com/sites/CSModernisation/SitePages/ExpenseReimbursements.aspx>

For support, email: BERS.Support@dhhs.vic.gov.au.

Expenses for staff on secondment

If you are on secondment and need to claim expenses from DHHS rather than through your home organisation or personal tax, you need to fill out the Business Expense Claim Form (below), and send along with receipts to **REDACTED** who will submit to Accounts Payable General Enquiries (DHHS) AccountsPayable.GeneralEnquiries@dhhs.vic.gov.au.



Business Expense
claim form

Vehicles

Use of a government vehicle may be required. In the event that you use a government vehicle, please note the following.

You can use a government vehicle for private use if you have:

- A legitimate, verifiable business reason to use it for business-related private use or
- Written approval from the Secretary to use it for private use (including commuting).

When you have a legitimate, verifiable business reason to use it for business-related private use, you must:

- Not use it for any other private reason (e.g. picking up children, going shopping)
- Not pick up or take a non-DHHS employee passenger without approval
- Book the vehicle through the VBS and gain approval for overnight use.

Staff must follow the procedures in the [Victorian government standard motor vehicle policy](#) for overnight use and completing log books related to business-related private use.

Section 3.3.8 *Driver responsibilities and penalties* in the [Victorian government standard motor vehicle policy](#) includes further information regarding:

- Use of government vehicles
- Authorisation to carry passengers
- Traffic laws
- Fines
- Vehicle related incidents and hazardous situations.

For further information visit:

<https://intranet.dhhs.vic.gov.au/standby-and-call-government-vehicle-use>

[Government vehicle use: standby and on-call policy \(Word, 86Kb\)](#)

[Vehicle management policy](#)

[Victorian government standard motor vehicle policy](#)

Parking

Parking is available at the hotels and airport, though some hotels may charge a fee.

Note the number of active hotels fluctuates with changes in demand and government policy. Information regarding operational hotels is provided by our rostering team.

You can claim reimbursements through personal tax claims or claim as an expense from the department. To make an expense claim from the department, please refer to the section '[Claiming expenses](#)'.

City of Melbourne parking permits

The City of Melbourne has provided permits for city parking. City of Melbourne temporary car parking permits and fact sheets have been allocated to **REDACTED** government vehicles allocated to specific hotels and/or other AOs or staff that have been allocated a government vehicle. Users of the permits need to be aware of the conditions of use explained in the accompanying fact sheet. AO Logistics maintains a list of the allocated permits. Please contact **REDACTED** (email: **REDACTED** and copy in COVID.AOLogistics@dhhs.vic.gov.au).

Onsite parking at the hotels and airport

Below is further information relating to the current parking available at the quarantine hotels.

Brady Hotel Central Melbourne

There is no parking arrangement from Brady Hotel management. However, there are a number of parking on street side.



Crown Promenade Hotel

Crown Promenade provides parking for **REDACTED** on-site free of charge. The image below outlines the car space which are available for staff, totalling approximately 20 available spaces. Cars must be parked nose in to allow for maximum capacity, if a car is parked parallel it will occupy two available spaces as seen in the image below (two cars parked across spaces 11-15). For further details please contact **REDACTED** or via email at **REDACTED**



Four Points Hotel

Four Points Hotel does not have onsite parking and people usually park in the district west parking opposite the hotel (see map below). For further details please contact fourpoints.melbournedocklands@fourpoints.com.



Melbourne Marriott

Melbourne Marriott Hotel provides parking for AOs and quarantine staff on-site free of charge. **REDACTED**

REDACTED
REDACTED if needed.



Holiday Inn Melbourne Airport

Parking is free in the guest car park for AOs and other quarantine staff on site at the hotel, however parking tickets need to be presented to reception for free parking to be validated. For further details please contact reservations@melcr.ihg.com



Novotel Melbourne on Collins

Parking is available at a discounted cost of \$11 per day. The car park is located down Manchester Lane off Collins Street. Press the button located at the entrance, which will ring through to the hotel and a team member will unlock the gate via the telephone.

Before leaving the hotel go to reception for a validation ticket to obtain the parking discount. For further details please contact **REDACTED**

Rydges on Swanston

There is limited on-site free car parking at Rydges on Swanston. Access to the car park is through the side street, Lincoln Square North. Press the buzzer at the gate to have access to the parking and park in any free spot. Tokens are provided by hotel/security staff on departure to exit the carpark. For further details please contact **REDACTED**

Park Royal Melbourne Airport and Airport Parking

Car parking is free in the short-term car park until 31 August 2020. You are required to swipe your debit card on entry and exit, however no charges will be levied against your account.

Enter via the "Green Short & Sweet" entry gates located on the left-hand side of the entry to the T1, T2 & T3 (short term car park).

REDACTED

For further details please contact enquiry.prmla@parkroyalhotels.com or www.parkroyalhotels.com/melbourneairport.



Mercure Welcome Melbourne

Hotel parking is located at 180 Russell Street, Wilson Parking. Parking is \$12 per 24 hours or per exit. Exit tickets are purchased from reception. For further details please contact **REDACTED**

Crowne Plaza Hotel

Parking is available for AOs and a limited number of other authorised staff. Interested staff need to register their details with REDACTED
REDACTED

Parking is otherwise available in the Carpark on Siddeley Street near the Mission to Seafarers building at the staff rate of \$17. Staff need to contact reception team for vouchers.

Pan Pacific Hotel

Staff parking is available in the DFO carpark (titled South Wharf Retail Car Park in the map).

There is an option to pre-book parking online (<https://www.dfo.com.au/south-wharf/info/car-park/>), which may reduce the rate. If parking without pre-booking, a discount voucher can be provided on presentation of the entry ticket (the price is reduced to \$24). For further details contact the concierge concierge.ppmel@panpacific.com



Holiday Inn Melbourne on Flinders

The hotel has three complementary car spots in its small car park basement (for one AO representative, one DHHS representative, one DNATA representative). The carpark entrance is via 575 Flinders Lane, right next to the hotel main entrance. The hotel requires the car number plate so they are aware of who the car belongs to. Please contact REDACTED
REDACTED



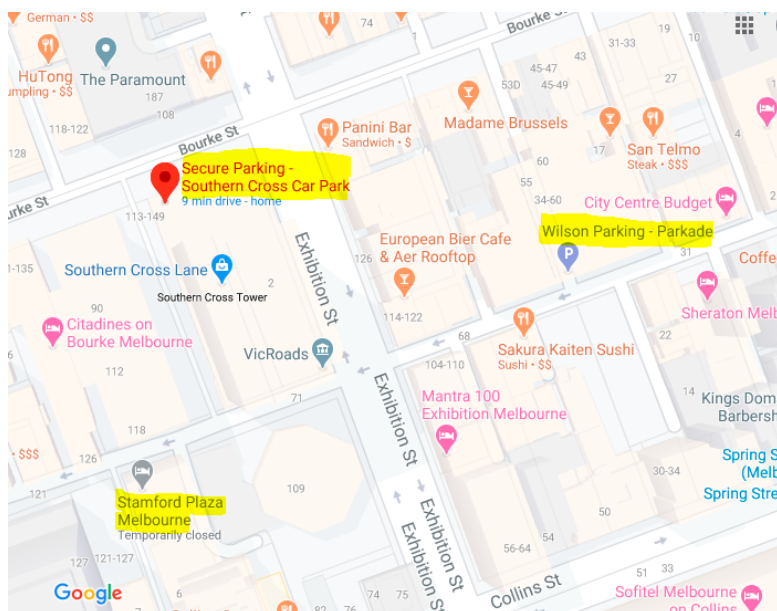
Travelodge Hotel Melbourne Southbank

Parking is available at the Eureka Wilsons Car Park 70 City Rd, Southbank VIC 3006. Entry is off Southgate Ave adjacent to the hotel. The parking cost is \$14 per ticket issued and is payable at the hotel reception and will be validated by hotel staff. For further details contact southbank@travelodge.com.au.

Stamford Plaza Melbourne

The Stamford Plaza hotel does not have onsite parking available. People generally park at the Wilson Parkade Car Park, which has entry/exit at 34-60 Little Collins or 55 Bourke Street. This is a 24/7 secure parking, with early bird, hourly, night and weekend parking rates. This carpark accepts card only. For further details contact Wilson Parking on **1800 PARKING**.

Another option in the area is the Southern Cross Secure Car Park located under the Australia Post office off Bourke St. Please note that this car park is **NOT 24/7**, and when closed there is no access to the vehicles as the doors are closed and locked. The open hours of this carpark are outlined below. For further details contact reservations@spm.stamford.com.au



SOUTHERN CROSS CAR PARK	
121 Exhibition Street, Melbourne	
OPENING HOURS	
Monday	06:00 AM - 11:00 PM
Tuesday	06:00 AM - 11:00 PM
Wednesday	06:00 AM - 11:00 PM
Thursday	06:00 AM - 11:00 PM
Friday	06:00 AM - 12:00 AM
Saturday	06:00 AM - 12:00 AM
Sunday	08:00 AM - 09:00 PM
Public Holidays	08:00 AM - 09:00 PM

Logistics

The AO Logistics Support Team is available to ensure you have resources you need. Specific duties of the AO Logistics Support Team include:

- Ensuring that AOs at each hotel have a dedicated phone, relevant IT access and equipment (laptops/iPads, printers etc).
- Supporting the development of processes and templates, documents etc for AOs to properly set up for each of the hotels.
- Disseminating electronic/hard copy updates of processes and templates, documents etc for AOs.
- Disseminating daily delivery/collection schedule of exit documents for AOs
- Liaising with AO managers, Senior AOs, TLs as required.
- Liaising with Public Health Logistics re provisioning/maintenance of IT equipment
- Liaising with Public Health Logistics IT
- Liaising with COVID-19 Compliance and Welfare Management support - ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au
- Liaising with COVID19 Authorised Officer Rostering.
- Liaising with various staff in other COVID19 compliance roles and those that have episodic involvement in the AO space.
- Managing and monitoring use of government vehicles allocated to AOs (e.g. sourcing from SSP Carpool team, coordinating allocation, auditing, obtaining vehicle log sheets for DTF, following up requests from Public Health Coordination [Logistics] re parking/speeding infringements).
- Disseminating weekly updates (incorporating expected arrivals, exits, current guests, administrative information, AO wellbeing and support (e.g. AO bios, recommended listening and viewing).
- Other tasks and activities as required to support AOs (e.g. episodic crisis management, ad hoc troubleshooting, etc).

Please note that AO Logistics works within flexible business hours circa 8am to 5pm to ensure that AOs are supported across 7 days (depending on situational AO needs).

Contact with AO Logistics should be made @ COVID.AOLogistics@dhhs.vic.gov.au and REDACTED REDACTED (Wednesday to Sunday).

Workplace Health and Safety

AOs are encouraged to use the resources and information available to them through the intranet [Covid-19 DHHS Staff Hub](#) in addition to those available on the Department of Health and Human Services website housed in the Coronavirus section - <https://www.dhhs.vic.gov.au/how-stay-safe-and-well-covid-19>.

To ensure that your Personal Protection Equipment (PPE) knowledge remains current it is suggested that you periodically revisit the eLearning modules relating to PPE that you completed as part of your onboarding. It is also recommended on your first duty that you request the support of the Infection Control team (in the hotel environments) to provide some face-to-face education in the donning and removal of PPE and other strategies to keep you safe in the workplace. This advice and support is readily available and should be accessed on a periodic basis to ensure you are maintaining your knowledge and practical application.

AOs should also adopt good workplace practices by ensuring any equipment they use (mobile phones, tablets, desks and stationary) are wiped down with sanitiser after use, particularly prior to the next shift commencing their duty.

Employee Wellbeing and Support

It is important that everyone looks after themselves (and each other) during these unprecedented times.

Employee Wellbeing and Support Program

The [Employee Wellbeing and Support Program](#) is available to provide confidential support to all employees and their immediate family members impacted by coronavirus (COVID-19). Support is available 24 hours a day, seven days a week at no cost to you. Please call **REDACTED** and request immediate support if you need it, or to book an appointment for a time that suits you.

Visit the [COVID-19 DHHS Staff Hub](#) on SharePoint for further information and resources:

<https://dhhs.vic.gov.au/sharepoint.com/sites/Covid19/SitePages/Employee%20Support.aspx?csf=1&e=LotMQQ>

Additional support for COVID-19 response staff

In addition, as part of our commitment to creating a safe and healthy workplace we have been working with the Employee Wellbeing and Support team to design and deliver additional layers of support for all staff during this challenging time in responding to COVID-19.

We are committed to looking after your health and wellbeing and acknowledge that our current environment continues to provide us with challenging and ever-changing circumstances and priorities. It is important now, more than ever to ensure that we are looking after ourselves; not only so we can do the work we do well, but also so we can enjoy our personal time. We encourage each of you to make the time to engage with the support services outlined below.

The leadership team are acutely aware of the challenging nature of the work we are undertaking and the impact it can have on each of us and acknowledge the need for proactive support to assist us to thrive at work and at home.

Debriefing sessions

We're conscious that the hotel quarantine environment AOs are working in can be quite intense both in terms of people's reactions to being placed in quarantine and, in particular, the broad range of often very compelling reasons why they might ask to be exempted from quarantine, some of which we've been able to approve, many of which we haven't.

Whether you're someone used to dealing with these types of issues or not, they can sometimes have a cumulative emotional impact on staff working in these situations and it can be important to have an opportunity to talk through how you're coping with this.

Virtual Onsite Support – all staff/teams will have access to support sessions with a Consultant from Converge. Collectively as a team you will have the opportunity to:

- Work through issues and opportunities to support your team to work together
- Reflect on this challenging time, and the rapidly changing nature of the work you do
- Raise and discuss concerns
- Check in on the team's wellbeing, ensure all team members go home safely every day
- And much more.

Teams will be allocated up to 1 hour to have a collective discussion. If the full hour is not used, staff will have the opportunity to use the remaining time to have one-on-one discussions with the Consultant. This support is confidential and free for all staff.

To ensure everyone has opportunity to access this support, the day and time that the Consultant will be available will vary.

Staff should contact the AO Operations Support team at COVID.AOTimesheet@dhhs.vic.gov.au to organise future sessions.

Welfare check-ins are a proactive and holistic telephone-based support, delivered by a Consultant from Converge.

The welfare check-ins focus on mood, coping abilities, social support, sleep and general wellbeing. If the need for additional support is identified through the check-in, staff will be linked into this following the check in; this will be arranged by the Consultant. Welfare Check-Ins will occur fortnightly for 2 months. As with all employee support programs, this service is confidential and available at no cost to you.

Participation in the welfare check-ins is on an opt out basis, as we feel it is important that all staff have access to this support given the nature of the work we are doing.

This is not the first time we have arranged Welfare Check-Ins. With the rapidly changing environment and recent spike in COVID-19 cases, it is timely to again check in on the health and wellbeing of everyone.

All staff, including Authorised Officers and back of house staff will be contacted for a Welfare Check-In by Converge, including those who have opted out previously. If you do not consent to Converge contacting you for this support, please notify the [Employee Wellbeing and Support team](#).

Given the pressure we've all been working under, we strongly encourage all of you to take advantage of the supports being made available.

Queries

If you have any feedback, queries or concerns, please contact the AO Operations Support team at COVID.AOTimesheet@dhhs.vic.gov.au

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Coronavirus

Emergency response approach

Effective 24 February 2020

Coronavirus - emergency response

As you are aware, Victoria is currently experiencing a severe health emergency which has been declared a pandemic. As a consequence of the health emergency, a number of areas in the department led by the Health Protection Branch and the Emergency Management Branch are required to increase the response capacity by seeking employees across the department with the requisite skills to support the Government's response to the health emergency.

Selected employees are being asked by their manager or supervisor to complete vital emergency management and health protection work outside of their normal hours and have been since the commencement of this health emergency. Additional identified employees from across the department will also be required to directly support the Coronavirus pandemic response.

A consistent approach to the application of the way the department will be managing the recording and appropriate application of the standby/recall and overtime provisions of the *Victorian Public Service Enterprise Agreement 2016* (VPS Agreement 2016) and the relevant departmental policies and procedures has been developed below during this crucial period of emergency response.

It is advised that in normal, business as usual circumstances, the provision of compensated overtime for employees who are in VPS grade 5 roles or above would only occur in exceptional circumstances. It is advised that in line with the department's *Overtime and time in lieu policy*, senior officers (VPS5s and 6s) working overtime in emergency management roles (including in this health emergency) would be entitled to overtime payments. For the duration of the emergency response approach, authorised overtime for senior officers will be recognised as overtime, recorded and remunerated accordingly. The department will pay overtime at the substantive current rates of pay for all employees directly engaged in the pandemic response effort up to and including those classified as VPS6s. Similarly, specialist SMA/STS roles directly engaged in the pandemic response effort in the Regulation, Health Protection & Emergency Management Division will be paid overtime at their substantive rate. The department will continue to monitor the workload of SMAs/STSs where their response efforts exceed the normal expectations.

Overarching Framework

1. A record of employees required to work overtime will be completed on a weekly basis and approved by the relevant Deputy Secretary.
2. Employees required to work in roles that are required to directly respond to the Coronavirus pandemic may be requested by their manager or supervisor or manager responsible for overseeing this work to complete overtime work outside of their ordinary hours.
3. Full time employees are required to work 76 ordinary hours per fortnight between the hours of 7.00am to 7.00pm from Monday to Friday.
4. Part time employees are required to work their ordinary contracted hours between the hours of 7.00am to 7.00pm from Monday to Friday. Additional hours worked by part time employees, beyond their contracted hours (up to 38 hours in a week) and within the span of 7.00am to 7.00pm Monday to Friday, are paid at ordinary rates.

5. Overtime rates will apply when full time and part-time employees work in excess of 7.6 hours in a day, more than 76 hours in a fortnight and/or in excess of the span of hours between 7.00am and 7.00pm from Monday to Friday.
6. Overtime payments are calculated on the day the overtime is worked and according to the following rates:
 - Monday to Saturday – time and a half of the ordinary hourly rate for the first three hours, and at double time thereafter
 - Sundays – double the ordinary rate
7. Employees at classifications up to, and including VPS6, will be paid at their substantive rate of pay for any overtime performed in the context of the coronavirus emergency response. SMAs/STs engaged directly in pandemic work in the Regulation, Health Protection & Emergency Management Division will be paid at their substantive rate.
8. While employees will not ordinarily be required to work on Saturday and Sunday, in instances where employees work five days inclusive of a weekend day, employees will be entitled to have the next ordinary working day off without disadvantage.
9. Employees may request that time-in-lieu (TIL) (up to a maximum of 38 hours) is granted instead of receiving the relevant overtime payments. For health and safety reasons this is the preferred approach for most employees
10. TIL accrues on:
 - an ‘hour for hour’ basis for any overtime worked Monday to Friday; and
 - a ‘two hours per hour’ basis for any overtime worked during weekends and public holidays.
11. In approving or declining requests for TIL, managers will take into account business needs and the employee’s health, safety and wellbeing.
12. Employees may be required to work according to a stand-by roster. Employees on stand-by must be able to be contacted immediately, be able to travel to their usual place/s of work within a reasonable time and be fit for duty.
13. Employees on stand-by will receive the relevant stand-by allowance.
14. Employees are entitled to the Overtime Meal Payment allowance in instances where they are required to work a period of overtime which:
 - is immediately before or after a scheduled period of ordinary duty and is more than two hours in duration; or,
 - is a stand-alone period of overtime that is four hours or more in duration.
 - Employees are not entitled to an overtime meal payment if the employer provides a meal.
15. Except in emergency, employees are required to have a break of eight continuous hours before:
 - a further period of overtime is worked;
 - their next period of ordinary hours of work; or,
 - their next rostered period of standby.
16. Any employee that is required by their manager to return to work inside of their eight-hour break is paid relevant overtime payments until the employee has an unbroken break of eight hours. A risk assessment should be conducted prior to this to manage any risks to employee health, safety and wellbeing.
17. The ‘Standby and Overtime’ form needs to be completed and submitted to your relevant manager or supervisor with an outline of additional hours worked on a fortnightly basis to enable review, approval and processing by Payroll Services.

Overtime entitlements

Classification	Overtime entitlement	Overtime Meal Payment allowance entitlement
		The overtime meal payment is not payable where the Employer provides a meal.

VPS3	<p>Monday to Saturday – time and a half (150%) of ordinary hourly rate for the first three hours, and at double time thereafter (200%).</p> <p>Sundays – double the ordinary rate (200%)</p> <p>Public holiday – double time and a half of ordinary rate (250%)</p>	\$21.40 for each instance of applicable overtime.
VPS4	<p>Monday to Saturday – time and a half (150%) of ordinary hourly rate for the first three hours, and at double time thereafter (200%).</p> <p>Sundays – double the ordinary rate (200%)</p> <p>Public holiday – double time and a half of ordinary rate (250%)</p>	\$21.40 for each instance of applicable overtime.
VPS5	<p>Monday to Saturday – time and a half (150%) of ordinary hourly rate for the first three hours, and at double time thereafter (200%).</p> <p>Sundays – double the ordinary rate (200%)</p> <p>Public holiday – double time and a half of ordinary rate (250%)</p>	\$21.40 for each instance of applicable overtime.
VPS6	<p>Monday to Saturday – time and a half (150%) of ordinary hourly rate for the first three hours, and at double time thereafter (200%).</p> <p>Sundays – double the ordinary rate (200%)</p> <p>Public holiday – double time and a half of ordinary rate (250%)</p>	\$21.40 for each instance of applicable overtime.
STS/SMA	<p>Monday to Saturday – time and a half (150%) of ordinary hourly rate for the first three hours, and at double time thereafter (200%).</p> <p>Sundays – double the ordinary rate (200%)</p> <p>Public holiday – double time and a half of ordinary rate (250%)</p>	\$21.40 for each instance of applicable overtime.

Request to complete work outside of normal hours

Identified employees required to work in roles that are required to directly respond to the Coronavirus pandemic be requested to complete work outside of their normal hours (including weekends and public holidays). A staff member will be requested to complete these working hours by their relevant manager, supervisor or the relevant senior employee in the designated work area that they have been assigned to.

Employees who are unable to complete the requested additional hours need to advise their manager or supervisor at their earliest convenience if the additional work cannot be completed. Although the work of the Health Protection Branch, Emergency Management Branch or relevant business area specifically designed to respond to the Coronavirus pandemic during this time is critical in the support of the coronavirus emergency response, it is perfectly reasonable if an employee is unable to work the additional hours requested.

Employees will not be entitled to payment for additional hours of work that have not been appropriately authorised by their relevant manager or supervisor nor will they be entitled to payment for additional hours that they have not

worked (unless a formal standby arrangement is in place in which standard allowance will be applicable or they are entitled to an additional day off as described in this policy to ensure that they have a reasonable rest break by reason of their pattern of work).

If an employee is not on a formal standby roster, a minimum of three hours overtime applies to:

- Any recall to active duty, if an employee is recalled to duty after ceasing work, or
- A stand-alone period of overtime, if the overtime is not part of an employee's usual working day or directly connected with the employees shift roster.

Standby requirements

A number of areas have ongoing standby rosters. These rosters will continue to be required unless employees are otherwise advised by their manager or supervisor.

When an employee is on standby, the required allowance is applicable, and any hours worked whilst on standby and in line with the VPS Agreement 2016 provisions should be recorded on the Standby and Overtime form.

Any additional hours worked will be remunerated as overtime and will be recorded and remunerated as hours worked (no minimum payment applicable). Employees who are on a standby roster need to be fit for work during that period of standby and able to respond accordingly to requests.

Recording of overtime

The Standby and Overtime form needs to be completed and submitted to your relevant manager or supervisor with an outline of the additional hours worked on a fortnightly basis to enable review, approval and processing through Payroll Services.

If you are a part time employee, please discuss your situation with your manager or supervisor.

Overtime payment or time in lieu

Additional hours worked by an employee outside of their normal hours can be paid as overtime or, employees may request for time in lieu be granted instead of receiving the relevant overtime payment. A discussion needs to occur with an employee and their manager or supervisor to discuss how they wish for the overtime to be remunerated. As part of the Standby and Overtime form, employees also need to identify the way in which their overtime will be processed.

Further information on overtime payments and time in lieu, please see the *Overtime and time in lieu policy*.

Rest breaks

It is important that employees are aware of how they are travelling, particularly when being tasked with additional work or requirements, particularly in the event of overtime or standby requirement.

An eight-hour break is required between the end of a period of overtime and the commencement of a new working day or further period of standby or overtime.

If an employee has undertaken a period of standby however has not been called upon during that period, the rest break of eight hours does not apply.

Health and wellbeing

As all Victorians within the community are being asked to support each other during this difficult situation, it is important that the department looks after our own employees and each other. If there are concerns about work conditions or requests being made around additional hours or time frames, please let your manager or Director know.

I take this opportunity to remind you of the supports offered for all employees of the department through the **Employee Wellbeing and Support Program**: with a new service provider, Converge International, you can call

1300 687 327 to access this confidential, free and independent service for support 24/7 for face to face or telephone support.

Authorisation and Review

Authorisation

Kym Peake

Secretary



Date 20 / 3 / 2020

Review

The emergency response approach for the department will be reviewed as necessary as events unfold.

Unless otherwise advised, the department will revert to business as usual and the standard application of the standby and overtime clauses as set out in the *Victorian Public Service Enterprise Agreement 2016* and the department's *Overtime and time in lieu policy* will apply.

To receive this publication in an accessible format phone 90962089, using the National Relay Service 13 36 77 if required, or email Diversity and Inclusion <DiversityInclusion@dhhs.vic.gov.au>.

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

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Please note this information is current and applicable until 24 January 2020 (unless superseded with an updated document).

Covid-19 Enforcement and Compliance

INVESTIGATOR'S MANUAL

May 2020

Version 1.0

Policy number	
Date effective from	
Date of next scheduled review	
Date approved by Executive	
Department responsible for review	
Trim Reference	

This manual **should not be considered** as a legal document

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1. How to use this manual

1.1 Introduction

This manual has been produced to assist with the day-to-day duties and functions of authorised officers (investigators) employed by the Department of Health and Human Services (the Department). It will provide guidance and advice on the application of policy, processes and procedures to activities in the Covid-19 Enforcement and Compliance Team. Importantly, this manual **should not be considered** as a legal document.

This manual should be read in conjunction with organisational policies and procedures.

In order to be an effective and efficient investigator it is essential that you have a comprehensive knowledge of the law you are administering. It is equally critical to develop skills and gain experience in the areas outlined in this manual

It is your duty as an investigator in the Department to determine the truth of your enquiries. You will do this by collecting and evaluating all of the evidence available to you that is relevant to the matter you are investigating.

1.2 Glossary of terms

Investigator means an authorised officer appointed by the Secretary under the provisions of section 30 of the *Public Health and Wellbeing Act 2008* (Vic) (The Act).

Lead investigator is the investigator with primary responsibility for completing the investigation.

Threat means a statement or behaviour that causes a person to believe they are in danger of being physically attacked, and may involve an actual or implied threat to safety, health or wellbeing.

Physical attack means the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by another person, where that application creates a risk to health and safety.

Reasonable grounds¹ means for there to be reasonable grounds for a state of mind – including suspicion or belief – there must exist facts which are sufficient to induce that state of mind in a reasonable person.

1.3 Responsibility for manual

The Director of the Compliance and Performance Division (the Director) is ultimately responsible for the manual. However, it is incumbent upon all Department employees to ensure that the manual is current and amended as necessary.

1.4 Deviations from the manual

If deviations from the manual occur, the conditions for these should be documented including why there is a need to deviate. At the appropriate time this deviation should be brought to the attention of your team leader and manager.

¹ *George v Rockett* (1990) 170 CLR 104

1.5 Amendments to the manual

The manual can be amended at any time at the discretion of the Manager, Covid-19 Investigations, or the Commander, Covid-19 Enforcement and Compliance. If an amendment is made then that amendment must conform to the formatting requirements of the overall document.

The initiation of an amendment can occur by **any person** conducting authorised duties within the Department.

Before an amendment may occur, the reason for the proposed amendment must be discussed with the Manager, Covid-19 Investigations, or the Commander, Covid-19 Enforcement and Compliance. If the Manager, Covid-19 Investigations, or the Commander, Covid-19 Enforcement and Compliance agrees with the amendment then the person raising the amendment will draft the amendment and provide this to the Director for inclusion in the manual.

2. Department Better Regulatory Practice Framework

2.1 Introduction

The Better Regulatory Practice Framework (the Framework) outlines how the Department enacts its regulatory role to maximise industry compliance. The Framework is designed to establish a fair, consistent and appropriate approach by the Department to compliance and responding to non-compliance. The Framework will ensure compliance and enforcement decision-making is aligned with the Department's responsibilities and priorities.

The Framework can be found on the Department's web site. Parts of that policy are reproduced below to assist you in focussing your investigations.

2.2 Department compliance and enforcement public value

2.2.1 The role of regulation in health and human services

The role of regulation in health and human services is to...

'...play a vital role in working towards a state that is free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and safety at every age.'

2.2.2 Use of compliance tools

The Department utilises various compliance tools in their regulatory approach, in order to attain the highest standards of health, wellbeing and safety. These include:

- Guidance and support – guidance material, advice, education campaigns;
- Assisted compliance – control notices, warning letters;
- Proactive compliance – inspections and audits, investigations;
- Graduated and proportionate sanctions – infringements, conditions imposed, prohibition orders, suspensions; and
- Full force of the law – prosecution, revocation, suspension.

2.3 Priority matters

The Department places priority on:

- actions that place any person at risk of significant harm; *and*
- matters of significant public concern; *and*
- matters demonstrating deliberate disregard for the law; *and*
- matters that are associated with a person or company with a history of compliance issues; *and*
- systemic or industry wide compliance issues.

2.4 Compliance and enforcement tools – decision making

As detailed above, the Department has a range of enforcement options available when non-compliance is identified or suspected. In deciding how to respond to any breaches, the Department will:

- consider the risk the breach poses to the community, industry or integrity of the regulatory framework; and
- consider the context of the breach; and
- ensure the conduct is stopped and consider the likelihood of its reoccurrence; and
- assess how to deter future breaches of the same kind or similar behaviour, ensuring clear messages are delivered to regulated entities about what constitutes an acceptable standard of conduct; and
- consider the offender’s record and, in particular, any previous history of non-compliance; and
- consider the culpability of the parties involved; and
- assess whether the enforcement tool used is appropriate and proportionate given the seriousness of the breach; and
- consider the costs involved in using a particular enforcement mechanism versus the severity of the breach and potential benefits associated with that mechanism.

The options available to the Department to address non-compliance escalate in severity, to match the seriousness of the alleged breach, for example, impact and culpability. Enforcement tools may be used independently or jointly to achieve appropriate results.

The Department has a range of options open to it to use in cases of non-compliance. Examples of responses to various levels of non-compliance are provided below. In all circumstances, Department staff prepare comprehensive reports, record any warnings and provide justification for their decision, including any mitigating circumstances.

2.4.1 No action

The Department may exercise its discretion not to take any further action in an isolated and/or low risk incident (in terms of public health and safety) of non-compliance. This discretion may be used where the breach involves a minor matter and the Department is satisfied the non-compliance is more appropriately addressed without its intervention, for example, where the service provider volunteers to rectify the non-compliant works and the risk of repeated non-compliance is low.

2.4.2 Compliance advice and information

In some cases involving low-risk non-compliance the Department may provide general advice, information or access to educational programs to the offender to support future compliance. This information includes the provision of guidance notes and general information, which are located on our website.

2.4.3 Written warning

This tool relates to breaches that are deemed to be low risk and/or involve mitigating factors, including the length of time the service provider has been involved in the industry, the number of incidents of non-compliance and the relevant facts of the case.

2.4.4 Infringement notice(s)

Department may issue an infringement notice(s) where the breach is a prescribed offence; this is generally used when it is not deemed to be of a level that requires a court appearance or disciplinary action.

2.4.5 Control Notices

Under the Act, the Secretary may issue an improvement or prohibition notice if there has been a contravention of the Act or associated regulations. An improvement notice requires a person to remedy an identified contravention, whilst a prohibition notice requires a person to cease carrying on an unsafe activity.

2.4.6 Criminal prosecution

The Department seeks criminal prosecutions in the Magistrates' Court when the conduct of a registered service provider is serious in nature and/or where the breach of the law was conscious and deliberate.

2.5 Chain of responsibility

The chain of responsibility ensures that anyone who bears responsibility for conduct that affects compliance should be made accountable for failure to discharge that responsibility. For example, if an employee of a company commits a breach, the employer or accredited/registered party may also be required to face review and possible enforcement action from Department. This applies to all health and human services regulated entities, unless liability is apportioned specifically to a party within the Act.

3. Legislated powers

3.1 Introduction

A good working knowledge of your ability to exercise an appropriate power under the relevant acts administered by the Department is invaluable in the field. You are more likely to gain cooperation from difficult parties if you confidently display a good working knowledge of not only the relevant legislation, but also your powers as an investigator and the regulated entity's legislative obligations.

A poor working knowledge of the legislation will reduce your credibility in the eyes of the regulated entity, and your effectiveness will be diminished.

To be an effective and efficient investigator it is also critical to have a good understanding of the legal obligations and rules surrounding evidence gathering and other investigative processes. These are discussed early in this manual so that you can prevent wasted effort and maintain professional standards during the early stages of information and evidence gathering in preliminary investigatory work, and mitigate those instances where evidence is considered or declared inadmissible by a court.

3.2 Legislation administered by the Department

As an investigator, you will be required to access, understand and apply laws across the building industry. These laws are located within acts of parliament and regulations.

Victorian acts and regulations referred to by the Department include:

3.2.1 Acts

- *Public Health and Wellbeing Act 2008*
- *Occupational Health and Safety Act 2004*

3.2.2 Regulations

- *Public Health and Wellbeing Regulations 2009*
- *Occupational Health and Safety Regulations 2017*

Commented [SB1]: New Reg's are 2019

Investigators have been afforded a wide range of powers including (but not limited to):

- entry to areas in which the general public does not have access; and
- the production of documentation; and
- search and seizure of items;
- bringing proceedings against a regulated entity; and
- issuing of infringement notices.

Investigators are limited by the terms of the legislation when carrying out the lawful execution of their duty. A number of offence provisions are incorporated into the various acts enabling investigators to gather evidence and carry out their duties unhindered by others. For example, it is an offence to:

- Under section 183, hinder or obstruct an authorised officer, who is exercising a lawful power under the Act.

It is important that you understand what the legislation allows you to do in an operational and administrative context.

3.3 Accessing copies of legislation

Please note that legislation is subject to change. Before exercising any powers, you should first consult the latest edition of the relevant act to determine your continued ability to enter, search, seize or execute any other power.

Current Victorian legislation can be found at:
www.legislation.vic.gov.au



3.4 Authorised officers

An authorised officer is appointed in writing under section 30 of the Act. They include staff from the Department who have been authorised to enforce certain provisions of the Act, according to their respective roles.

4. Proof of matters in a proceeding

4.1 Introduction

This chapter discusses the required proof of matters in any proceeding. The *Evidence Act 2008 (Vic)* (Evidence Act) sets out the requirements for proving a matter before a court, for both criminal and civil proceedings. The common law rules of evidence apply where they are not specifically dealt with under the Evidence Act².

4.1.1 Civil proceedings — standard of proof

In a civil proceeding, the court must find the case of a party proved if it is satisfied that the case has been proved on **the balance of probabilities**.³

In deciding whether the standard has been satisfied, the court may take into account:

- the nature of the cause of action or defence⁴; and
- the nature of the subject-matter of the proceeding⁵; and
- the gravity of the matters alleged⁶.

4.1.2 Criminal proceedings — standard of proof

In a criminal proceeding, the court is not to find the case of the prosecution proved unless it is satisfied that it has been proved **beyond reasonable doubt**.⁷ Where the defendant bears an onus in any matter, the standard of proof is on the balance of probabilities.⁸

4.1.3 Admissibility of evidence — standard of proof

When determining whether to admit evidence, the court must find that the facts necessary for deciding have been proved on the **balance of probabilities**.⁹ In doing so, the court must take into account the importance of the evidence in the proceeding and the gravity of the matters alleged in relation to the question.¹⁰

4.1.4 Proof of service of statutory notifications, notices, orders and directions

The service, giving or sending under an Australian law of a written notification, notice, order or direction may be proved by affidavit of the person who served, gave or sent it.¹¹

A person who, for the purposes of a proceeding, makes an affidavit of the above nature is not, because of making the affidavit, excused from attending for cross-examination if required to do so by a party to the proceeding.¹²

² *Evidence Act 2008 (Vic)* section 9.

³ *Evidence Act 2008 (Vic)* section 140(1).

⁴ *Evidence Act 2008 (Vic)* section 140(2)(a).

⁵ *Evidence Act 2008 (Vic)* section 140(2)(b).

⁶ *Evidence Act 2008 (Vic)* section 140(2)(c).

⁷ *Evidence Act 2008 (Vic)* section 141(1).

⁸ *Evidence Act 2008 (Vic)* section 141(2).

⁹ *Evidence Act 2008 (Vic)* section 142(1).

¹⁰ *Evidence Act 2008 (Vic)* section 142(2).

¹¹ *Evidence Act 2008 (Vic)* section 181(1).

4.1.5 Inferences

If a question arises about the application of a provision of this Act in relation to a document or thing, the court may examine the document or thing; and draw any reasonable inferences from it as well as from other matters from which inferences may properly be drawn.¹³

4.2 Elements of an offence (Points of Proof)

As part of your duties as an investigator, you will be required to make determinations as to whether offences have been committed. Having done so, you will then be required to:

- identify the accused party/parties; and
- locate the accused party/parties; and
- provide sufficient evidence to allow the matter to proceed to a hearing.

It is not sufficient to merely establish that an offence has been committed and locate the accused, you must obtain sufficient evidence to support any charge against that accused. The final test in any investigation is the presentation of evidence in a court or a tribunal.

The process for collecting this evidence is called establishing the *elements of the offence*.

Offences are defined or disclosed in many and varied sections of different acts of Parliament. Generally, these are readily identified by an associated penalty (commonly financial) for non-compliance.

The elements of an offence can be defined as the necessary and sufficient conditions, which must be fulfilled by the evidence before it can be said that the guilt of the accused has been proved. The elements of an offence must be established on all occasions when it is suspected that a breach of an act has occurred. Identity, location and the date of the offence are elements that are common to all offences.

When establishing the elements of an offence the following points need to be considered:

- What act or omission does the section of the act forbid?
- Under what circumstances is the act or omission forbidden?
- Who is penalised by the section of the act?

If an investigator does not know the elements then it will be unlikely that the correct questions will be put to the accused during a formal interview. The following question words assist you in asking direct, non-leading questions to gather evidence in support of the points of **proof**:

Who?

How?

When?

¹² Evidence Act 2008 (Vic) section 181(2).

¹³ Evidence Act 2008 (Vic) section 183.

Commented [SB2]: Consider before moving into the 5 x W & H questions, asking questions that align to TEDS (Cognitive Interview technique) – Questions of

- Tell me about ...?
- Explain to me ...?
- Detail to me ...?
- Show me ...?

These questions invoke an open response form the POI and allow them to explain their circumstances and reasoning. Once these questions have been explored, the 5 x W & H questions assist in honing in on specific details related to each element of proof.

Where?

What?

Why?

Once you have satisfied the points of proof **or** you have determined that certain steps or courses of action may deliver the answers to those matters, you are in a position to have satisfied yourself that the matter should proceed further or alternatively, that it should be finalised. Always consider Department policies and objectives when making these decisions.

4.3 Understanding the requirements for proving offences

4.3.1 Offences requiring proof of intent

Traditionally, the analysis of a crime at common law is divided into two parts:

- (1) The '*actus reus*' (the offending act or omission); and
- (2) The '*mens rea*' (the knowledge of the offender).

In other words, the '*actus reus*' is the guilty act, and the '*mens rea*' is the guilty knowledge.

Actus Reus: there must be an act done or admitted to be done by the accused before that person can be guilty of a crime. Thus, it is not sufficient for a person to merely intend to do some prohibited act if they do not go on to do. The criminal law does not punish mere intention. There must be some act performed in fulfilment of that intention.

Mens Rea: this involves a concept of intention to commit the forbidden act. It is the 'criminal intention' or the intention to do an act, which is made penal by a statute or common law. These offences are known as *mens rea offences*.

To summarise, there are three general rules to determine whether the mental element necessary for criminal responsibility can be established:

1. it must be proved that the conduct of the accused caused the *actus reus*; and
2. it must be proved that the conduct was voluntary; and
3. it must be proved that the accused person intended to do the act.

Thus, in the classes of crime where it is necessary to have both *mens rea* and *actus reus*, the act itself must be contemporaneously completed with the requisite knowledge. It would not therefore be enough if a mentally innocent act later gave rise to a guilty knowledge or vice versa.¹⁴ There must be the intent and knowledge and the act.

Where Parliament intends that the offence is one of *mens rea*, the offence provisions will often, but not always, include qualifying terms such as 'intentionally', 'knowingly', or 'wilfully' and perhaps

¹⁴ An exception to this may be circumstances in which false information is provided innocently to a building surveyor by an owner of land. Later, if the owner becomes aware of the falsity of the information, but still allows the building surveyor to act upon it, then both the *actus reus* and *mens rea* are contemporaneous. An offence under s 246 of the Building Act may have been committed.

'recklessly'. The more serious the offence, the more likely that the requirement of *mens rea* will be implied as an element of the offence, regardless of whether or not that statute expressly includes a qualifying term. Recklessness involves proof that the defendant foresaw, or should have foreseen, the probability of a specific consequence of their actions but went ahead being either indifferent to that consequence, or willing to run the risk.¹⁵ It is commonly equated with gross negligence.

4.3.2 Offences NOT requiring proof of intent

If an offence does not require proof of intent it may be either an offence of 'strict liability' or 'absolute liability'.

4.3.3 Strict Liability

In an offence of strict liability, the prosecution does not have to prove *mens rea* or that the accused's actions were reckless. However, the prosecution must still prove, beyond reasonable doubt, that the accused committed the physical acts that constitute the offence (*actus reus*).

In an offence of strict liability, the accused can raise the defence of 'honest and reasonable mistake of fact'.¹⁶ This means that he or she reasonably believed in a mistaken set of facts, which, if true, would render his or her acts or omissions innocent. Once raised, the prosecution must satisfy the court, beyond reasonable doubt, that the accused did not hold this belief at the time of offending, or that it was not reasonable to do so.

Some legislation specifically provides for the defence of honest and reasonable mistake.

4.3.4 Absolute Liability

In an offence of absolute liability, the defence of honest and reasonable mistake is not available to the accused. As there is no *mens rea* requirement, if the *actus reus* is made out beyond reasonable doubt, a conviction is secured, regardless of the accused's state of mind at the time of offending.

4.3.5 Mens Rea, Strict Liability or Absolute Liability

Whether an offence is a mens rea, strict or absolute liability offence is not always clear on the face of the legislation. Some legislation specifically provides a defence of honest and reasonable mistake. If there is no specific mental element in the offence and there is no specific defence of honest and reasonable mistake provided, it is a matter of statutory interpretation to determine the nature of the offence.¹⁷

4.3.6 Liability of an employer for the acts of employees, officers

Whether or not an employer (corporate or individual) is liable for the acts of their employees can be specifically dealt with by legislation. Some legislation is drafted in such a way that the acts or omissions of the employee are those of the employer and no issue of attributing fault arises.¹⁸

¹⁵ *R v Crabbe* (1985) 156 CLR 464.

¹⁶ The defence of honest and reasonable mistake of fact is set out in the case of *Proudman v Dayman* (1941) 67 CLR 536

¹⁷ See, for example *Wilson v Gahan* [1999] VSC 72

¹⁸ *ABC Developmental Learning Centres v Wallace Learning* [2007] VSCA 138

If the relevant legislation does not specifically deal with the issue, then the liability of employers for the acts of their employees is dealt with by common law principles. In the case of a corporate employer, common law principles of attribution generally concern whether or not the employees acts are the acts of the corporation.¹⁹ In the case of an employer who is an individual, their liability could usually arise only because they have aided and abetted a breach of the relevant act by the employee.

4.3.7 Liability of a manager/director for the company

A manager or director of a company may be liable for the acts of the company at common law if they have aided and abetted a breach of the relevant act. Some legislation imposes liability on the manager/director if the person holds that position at the time of the offence.

¹⁹ *Meridian Global Funds Management Asia Ltd v Securities Commission* [1995] 2 AC 500,

5. Rules of evidence

5.1 Introduction

This chapter examines the rules and principles governing the admissibility of evidence in Victorian courts. It seeks to provide you with a working knowledge of what is required from an evidential perspective.

Investigators must have at the very least a basic knowledge of the rules of evidence applicable to the matter being investigated. The greater is your knowledge of the relevant rules of evidence, the greater are the chances of avoiding evidence being ruled inadmissible by a court or tribunal at a later date.

The rules of evidence are those that regulate the manner in which questions of fact may be determined in judicial proceedings. The aim of most court proceedings is to determine two different types of issues.

Firstly, a court has to determine whether the facts on which a charge is laid did actually happen. These are **questions of fact**.

Secondly, the court has to determine, if they did happen, what their legal consequence is. These are **questions of law**.

Importantly, the rules of evidence are generally divided into three parts:

1. What facts may or may not be proved?
2. What sort of evidence must be given to prove a fact?
3. By whom, and in what manner, must the evidence be produced to prove a fact?

Firstly, a court has to determine whether the facts on which a charge is laid did actually happen. These are **questions of fact**.

Secondly, the court has to determine, if they did happen, what their legal consequence

5.2 Sources of evidence

Evidence that is relevant to the alleged offence will usually come from one of the following:

- witness accounts; or
- receiving information from the public, colleagues or other entities; or
- a search and inspection of public databases or public documents; or
- a physical search (e.g. with the authority of a search warrant); or
- an examination of exhibits/physical items, mobile phone or computer contents; or
- surveillance of subjects, premises or vehicles.

5.3 Evidence and facts

Evidence consists of facts, testimony, documents and other exhibits that are legally admissible in a court of law in order to prove or disprove the facts in issue.

The Oxford English Dictionary tells us that a **fact** is “*an occurrence of an event: a thing known to have occurred or be true: the realities of a situation, a thing assumed as basis for inference*”.

Evidence is based on facts, which are broken down into three main types:

- facts in issue; and
- facts relevant to the issue; and
- facts not relevant to the issue.

The fact must have some **relevance** to the matter before the court otherwise it will be inadmissible. **Facts in issue** are those that the prosecution (and sometimes the accused) must prove in order to be successful. The facts in issue form the basis of the charge in the charge-sheet before the court (this is a document that outlines the formal charge that is laid)²⁰ and denied by a plea of 'not guilty' in criminal cases.

The following descriptions give a brief overview of each of the fact types, and discuss the relationship between them and the methods of proving them.

5.3.1 Facts in issue

Upon a plea of not guilty, it is up to the prosecution to prove each and every one of the facts in issue alleged in the charges. Facts in issue describe the elements of an offence (points of proof) as outlined in the wording of the charge(s). These are sometimes called the "main facts" or "central facts".

5.3.2 Facts relevant to the issue

Quite often, a 'fact in issue' is of a complex nature and evidence may not be directly available to prove that fact by itself. Therefore, a number of other facts 'relevant to the issue' must be put forward. Facts relevant to the issue are those that are pertinent to or concerned with the matter in hand. They are relevant to the issue if they tend to prove or disprove the existence of a disputed fact (fact in issue).²¹ An example of this class of facts is Circumstantial Evidence (see below).

5.3.3 Facts not relevant to the issue

These are facts not relevant to the issue and are therefore not admissible, except to test a witness' character. Sometimes facts that are not relevant to the issue at the start of a trial, can become relevant and therefore admissible at a later stage of proceedings.

5.4 Types of evidence

There are several different types of evidence.

5.4.1 Direct evidence

A witness in court gives direct evidence. The witness attests that they directly and personally perceived one or more of the facts in issue or facts relevant to the issue:

E.g. "I saw Bob Brown take X..."

²⁰ See section 6 of the *Criminal Procedure Act 2009* (Vic.)

²¹ See *Evidence Act 2008* (Vic) section 55.

This would be direct evidence because it was an attestation of facts that were in issue, in this example, the identity of the person receiving payment for building a kitchen. Direct evidence is where a person testifies about what they actually perceived — saw, heard, felt, tasted or smelled— as proof of a particular fact.

5.4.2 Circumstantial evidence

Circumstantial evidence is evidence not of a fact in issue, but of a circumstance that is relevant to, or that helps to infer or tends to establish a fact in issue. Circumstantial evidence is admissible and the accused, in some cases, is convicted merely on this evidence.

Circumstantial evidence works cumulatively. Its persuasive force increases as individual pieces of evidence increase in number and their cumulative weight progressively eliminates the reasonable possibility of alternative explanations.²²

Some examples of circumstantial evidence are:

- motive; or
- habit; or
- course of conduct or business; or
- opportunity; or
- alibi; or
- fingerprints; or
- subsequent conduct of the accused; and/or
- lifestyle of the accused.

5.4.3 Viva Voce or oral evidence

Oral evidence is that form given by word of mouth in the witness box. It is evidence of a matter perceived (direct evidence) by the witness with one of his or her own senses, i.e. things personally seen, heard, read or felt by the witness. Oral evidence can be given on oath or affirmation in the witness box in court.

5.4.4 Documentary evidence

The *Evidence Act* governs the admissibility of documents and details different methods of adducing documentary evidence. Where possible, an investigator should always try to identify original documentation. The *Evidence Act* allows for copies of an original document to be adduced where the copy is “*identical to the document in question in all relevant respects.*”²³

5.4.5 Real evidence

Material objects, other than documents that are produced for the court’s inspection, are commonly called real evidence. Unless the authenticity of the object is in dispute, real evidence generally does not require testimony. The court has the ability to view the evidence and form its own conclusions as to relevance. It must, however, be produced by a person.

²² When the prosecution’s case is based on circumstantial evidence, the accused’s guilt must be the only rational inference from the proven facts (*Shepherd v R* (1990) 170 CLR 573)

²³ See section 47 of the *Evidence Act 2008* (Vic).

The person producing the evidence in court must be able to account for the manner in which the item came into their possession. Furthermore, if it has passed through a series of persons, they must be able to account for what happened at each stage, e.g. what examinations were performed on the item, and where it was physically stored during these stages. This is to counter any argument that it may have been possible for some person to illegally access or tamper with the evidence. Often this is referred to as proving the continuity of the real evidence or chain of continuity of the evidence in question.

See evidence handling in Chapter 10: Evidence.

Large exhibits that cannot be taken into court may be photographed, and then the photograph may be tendered as evidence. The exhibit must, however, be available for inspection by the court if they so desire.

5.4.6 Scientific (or technical) evidence

This type of evidence is derived from witnesses who have performed various scientific tests or analysis, or carried out inspections or tests of a technical nature, and the results are presented in court, e.g. structural or financial audits. These witnesses must first be qualified to the court and their expertise accepted by the court.²⁴

The opinion rule states that you cannot prove the existence of a fact with opinion. For example, Rhonda considers that the plumbing work Michelle, a plumber, has done for her is unsatisfactory. Unless an exception to the opinion rule applies, Rhonda cannot give evidence of her opinion that Michelle does not have the necessary skills to do plumbing work satisfactorily. There are some exceptions to the opinion rule, including the use of summaries for voluminous or complex documentation, as described above. Further exceptions can be found in section 76 of the *Evidence Act*, and will be addressed later in this manual.

5.4.7 Hearsay evidence

Hearsay is information gathered by one person from another concerning some fact, information or thing of which the first person had no direct knowledge. When submitted as evidence, such statements are referred to as hearsay evidence. Section 59 of the *Evidence Act* contains the hearsay rule, which is a rebuttable rule that excludes such evidence from being admitted.

E.g. a witness says, "Susan told me she saw X".

Since the witness did not see the instance directly, the statement would be hearsay evidence of the fact that X did a particular thing and is not usually admissible.

The basis of not allowing hearsay to be tendered is that the evidence cannot be subjected to cross-examination.

²⁴ See *Evidence Act 2008* (Vic) section 79.

There are however some exceptions to the hearsay rule, which are:

- tendered as evidence of motive²⁵; and
- dying declarations²⁶; and
- admissions made by the accused²⁷.

5.4.8 Opinion evidence

Opinion evidence is not usually admissible²⁸, unless provided by an expert witness who is providing specialised knowledge. For this type of evidence to be accepted, the expert witness must show competence by formal training in the field, vocational experience and/or training.²⁹

²⁵ *Evidence Act 2008* (Vic) section 60.

²⁶ *Evidence Act 2008* (Vic) section 61.

²⁷ *Evidence Act 2008* (Vic) section 60(3).

²⁸ *Evidence Act 2008* (Vic) section 76.

²⁹ See section 79 of the *Evidence Act 2008* (Vic).

6. The Evidence Act 2008 (Vic)

6.1 Introduction

The *Evidence Act 2008 (Vic)* (The Evidence Act) is the principal Act introducing uniform evidence law into Victoria. The *Evidence Act* applies to all proceedings (both civil and criminal) in all Victorian courts.³⁰

The *Evidence Act* applies to the Victorian Civil and Administrative Tribunal ('VCAT') only to the extent the Tribunal adopts the rules of evidence.³¹

6.2 Competence and compellability in the Act

The following section outlines who is competent to give evidence and who can be compelled to give evidence. Refer to Chapter 2 of the *Evidence Act* (Adducing Evidence) for more detailed information.

Except as otherwise provided by the Evidence Act³² there is a presumption that every person is competent to give evidence³³, and accordingly, that a person who is competent to give evidence about a fact is compellable to give that evidence.³⁴

The presumption that every person is competent to give evidence will stand unless he or she is shown to be otherwise. A person is not competent to give evidence about a fact if, for any reason, (including a mental, intellectual or physical disability):

- the person does not have the capacity to understand a question about the fact³⁵; or
- the person does not have the capacity to give an answer that can be understood to a question about the fact³⁶; and
- that incapacity cannot be overcome.³⁷

The burden of proving that a person is incompetent to give evidence because of incapacity in any of these respects is on the party who seeks to raise this argument.³⁸

The Act allows for the use of interpreters for persons of non-English speaking background, or those persons with deaf/mute disabilities, to overcome any inability to give evidence.³⁹

The *Evidence Act 2008 (Vic)* ('The Evidence Act') is the principal Act introducing uniform evidence law into Victoria. The *Evidence Act* applies to all proceedings (both civil and criminal) in all Victorian courts.

The *Evidence Act* applies to the Victorian Civil and Administrative Tribunal ('VCAT') only to the extent the Tribunal adopts the rules of evidence.

³⁰ *Evidence Act 2008 (Vic)* section 4.

³¹ *Victorian Civil and Administrative Tribunal Act 1998 (Vic)* section 98(1)(b).

³² For exceptions to the presumption, refer to sections 13-18 of the Evidence Act.

³³ *Evidence Act 2008 (Vic)* section 12(a).

³⁴ *Evidence Act 2008 (Vic)* section 12(b).

³⁵ *Evidence Act 2008 (Vic)* section 13(1)(a).

³⁶ *Evidence Act 2008 (Vic)* section 13(1)(b).

³⁷ *Evidence Act 2008 (Vic)* section 13.

³⁸ *Evidence Act 2008 (Vic)* section 13(6).

6.2.1 Non-competent witnesses

Because a person is not competent to give evidence about a particular fact, it does not mean that they are not competent to give evidence about other facts.⁴⁰

A person is not competent to give sworn evidence unless they understand that in giving evidence, they are under an obligation to give truthful evidence.⁴¹

A person who is not competent to give sworn evidence about a fact may be competent to give unsworn evidence about the fact, if the court has told that person:

- that it is important to tell the truth⁴²; and
- that he or she may be asked questions that he or she does not know, or cannot remember, the answer to, and that he or she should tell the
- court if this occurs⁴³; and
- that he or she may be asked questions that suggest certain statements are true or untrue and that he or she should agree with the statements that he or she believes are true and should feel no pressure to agree with statements that he or she believes are untrue.⁴⁴

Evidence given by a witness does not become inadmissible if the witness dies before finishing giving that evidence, or because the witness is no longer deemed competent to give evidence⁴⁵.

The Act provides the court with the ability to seek information from a specialist/professional in determining a person's competence to give evidence.⁴⁶

6.2.2 Compellability-reduced capacity

A person is not compelled to give evidence on a particular matter if a court is satisfied adequate evidence has been given, or will be given from other sources or people⁴⁷, and substantial cost or delay would be incurred in continuing to ensure the witness's ability to understand, or to give an answer that can be understood, to questions about the matter.⁴⁸

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6.2.3 Competence and compellability of the accused in criminal proceedings

You should not depend on evidence of an accused person to prove your case. The accused person is not competent to give evidence as a witness for the prosecution.⁴⁹

A co-accused person is unable to be compelled to give evidence for or against another co-accused person if they are being tried jointly.⁵⁰ A co-accused can however be a competent witness if they are

39 *Evidence Act 2008* (Vic) section 31.

40 *Evidence Act 2008* (Vic) section 13(2).

41 *Evidence Act 2008* (Vic) section 13(3).

42 *Evidence Act 2008* (Vic) section 13(5)(a).

43 *Evidence Act 2008* (Vic) section 13(5)(b).

44 *Evidence Act 2008* (Vic) section 13(5)(c).

45 *Evidence Act 2008* (Vic) section 13(7).

46 *Evidence Act 2008* (Vic) section 13(8).

47 *Evidence Act 2008* (Vic) section 14(b).

48 *Evidence Act 2008* (Vic) section 14(a).

49 *Evidence Act 2008* (Vic) section 17(2).

50 *Evidence Act 2008* (Vic) section 17(3).

being tried separately.⁵¹ The court must make this provision known to a co-accused in any criminal proceeding where accused are tried jointly.⁵²

6.2.4 Compellability of spouses and others in criminal proceedings generally

If a person is a spouse, defacto, parent or child of an accused, they may object to being required to give evidence as a witness for the prosecution.⁵³

6.3 Oaths and affirmations

A witness in a proceeding must either take an oath or make an affirmation before giving evidence.⁵⁴ Both oaths and affirmations declare a person's intention to tell the truth.

Oaths and affirmations apply to interpreters in the same way they apply to witnesses.⁵⁵ If you use, or intend to use, an interpreter during your investigation you should ensure they are aware that they must take an oath or affirmation before acting as an interpreter in any proceeding.

6.4 General rules about giving evidence

The court may make such orders as it considers just in relation to the following aspects of giving evidence:

- the way in which witnesses are to be questioned⁵⁶; and
- the production and use of documents and things in connection with the questioning of witnesses⁵⁷; and
- the order in which parties may question a witness⁵⁸; and
- the presence and behaviour of any person in connection with the questioning of witnesses.⁵⁹

Unless the court otherwise directs, evidence is heard in the following order:

1. examination in chief
2. cross examination
3. re-examination.⁶⁰

When conducting a re-examination of a witness, the witness can only be questioned about matters arising out of evidence given by the witness during cross examination.⁶¹ Re-examination of any other matters can only take place with the permission of the court.⁶²

⁵¹ *Evidence Act 2008* (Vic) section 17(3).

⁵² *Evidence Act 2008* (Vic) section 17(4).

⁵³ *Evidence Act 2008* (Vic) section 18(2)(a) and (b).

⁵⁴ *Evidence Act 2008* (Vic) section 21.

⁵⁵ *Evidence Act 2008* (Vic) section 22.

⁵⁶ *Evidence Act 2008* (Vic) sections 26(a).

⁵⁷ *Evidence Act 2008* (Vic) section 26(b).

⁵⁸ *Evidence Act 2008* (Vic) section 26(c).

⁵⁹ *Evidence Act 2008* (Vic) section 26(d).

⁶⁰ *Evidence Act 2008* (Vic) section 28(a) and (b).

⁶¹ *Evidence Act 2008* (Vic) section 39(a).

⁶² *Evidence Act 2008* (Vic) section 39(b).

You may give evidence to the court in the form of charts, summaries or other explanatory material if it appears to the court that the material would be likely to aid its comprehension of other evidence that has been given or is to be given.⁶³

You should discuss giving evidence with the legal officer allocated to your investigation before the matter goes to court to ensure that all evidence obtained is admissible and relevant to the issues in dispute.

You should discuss giving evidence with the legal officer allocated to your investigation before the matter goes to court to ensure that all evidence obtained is admissible and relevant to the issues in dispute.

6.4.1 Leading questions

A leading question is a question asked of a witness that suggests directly or indirectly the answer to the question asked, or contains the information the examiner is looking for⁶⁴. For example, this question is leading:

“You were at location X on the night of July 15, weren't you?”

It suggests that the witness was at location X on the night in question.

A leading question may also assume the existence of a fact, which is in dispute in the proceeding, and which the witness has not yet given evidence about. During an examination in chief or re-examination, leading questions cannot be used without the permission of the court⁶⁵. Exceptions to this rule are:

- where the question relates to a matter introductory to the witness' evidence e.g. name, address, occupation, etc.⁶⁶; or
- where there is no objection made by the other legally represented party⁶⁷; or
- where the question relates to a matter that is not in dispute⁶⁸; or
- if the witness has specialised knowledge based on the witness' training, study or experience i.e. the question is asked for the purpose of obtaining the witness' opinion about a hypothetical statement of facts, being facts in respect of which evidence has been, or is intended to be, given⁶⁹.

A party may put a leading question to a witness in cross-examination unless the court disallows the question or directs the witness not to answer it⁷⁰. Without limiting the matters that the court may take into account in deciding whether to disallow the question or give such a direction, you should be aware it will take into account the extent to which:

⁶³ Evidence Act 2008 (Vic) section 52.

⁶⁴ Evidence Act 2008 (Vic) Part 1, Definition 'Leading Question'.

⁶⁵ Evidence Act 2008 (Vic) section 37(1)(a).

⁶⁶ Evidence Act 2008 (Vic) section 37(1)(b).

⁶⁷ Evidence Act 2008 (Vic) section 37(1)(c).

⁶⁸ Evidence Act 2008 (Vic) section 37(1)(d).

⁶⁹ Evidence Act 2008 (Vic) section 37(1)(e).

⁷⁰ Evidence Act 2008 (Vic) section 42(1).

- evidence that has been given by the witness in examination in chief is unfavourable to the party who called the witness⁷¹; and
- the witness has an interest consistent with an interest of the cross-examiner⁷²; and
- the witness is sympathetic to the party conducting the cross-examination, either generally or about a particular matter⁷³; and
- the witness's age, or any mental, intellectual or physical disability to which the witness is subject, may affect the witness's answers.⁷⁴

6.4.2 Improper questions

An improper question or improper questioning means a question, or a sequence of questions, put to a witness that:

- is misleading or confusing⁷⁵; or
- is unduly annoying, harassing, intimidating, offensive, oppressive, humiliating or repetitive⁷⁶; or
- is put to the witness in a manner or tone that is belittling, insulting or otherwise inappropriate⁷⁷; or
- has no basis other than a stereotype, e.g., a stereotype based on the witness' sex, race, culture, ethnicity, age or mental intellectual or physical disability⁷⁸.

A court must disallow an improper question or improper questioning put to a vulnerable witness in cross-examination, or inform the witness that it need not be answered, unless the court is satisfied that, in all the relevant circumstances of the case, it is necessary for the question to be put.⁷⁹

A witness is deemed to be vulnerable if he/she:

- is under the age of 18 years⁸⁰; or
- has a cognitive impairment or an intellectual disability⁸¹; or
- is a witness whom the court considers to be vulnerable having regard to any relevant condition or characteristic of the witness of which the court is, or is made aware, including age, education, ethnic and cultural background, gender, language background and skills, level of maturity, understanding or personality⁸²; and
- has any mental or physical disability of which the court is, or is made, aware and to which the witness is, or appears to be, subject⁸³; and

⁷¹ *Evidence Act 2008* (Vic) section 42(2)(a).

⁷² *Evidence Act 2008* (Vic) section 42(2)(b).

⁷³ *Evidence Act 2008* (Vic) section 42(2)(c).

⁷⁴ *Evidence Act 2008* (Vic) section 42(2)(d).

⁷⁵ *Evidence Act 2008* (Vic) section 41(3)(a).

⁷⁶ *Evidence Act 2008* (Vic) section 41(3)(b).

⁷⁷ *Evidence Act 2008* (Vic) section 41(3)(c).

⁷⁸ *Evidence Act 2008* (Vic) section 41(3)(d).

⁷⁹ *Evidence Act 2008* (Vic) section 41(2).

⁸⁰ *Evidence Act 2008* (Vic) section 41(4)(a).

⁸¹ *Evidence Act 2008* (Vic) section 41(4)(b).

⁸² *Evidence Act 2008* (Vic) section 41(4)(c)(i).

⁸³ *Evidence Act 2008* (Vic) section 41(4)(c)(ii).

- the context in which the question is put, including the nature of the proceeding, the nature of the offence alleged, and the relationship (if any) between the witness and other parties to the proceeding.⁸⁴

A question is not an improper question merely because the question challenges the truthfulness of the witness, or the consistency or accuracy of any statement made by the witness.⁸⁵ Likewise, it is not an improper question merely because the question requires the witness to discuss a subject that could be considered distasteful to, or private by, the witness.⁸⁶

6.4.3 Unfavourable (“Hostile”) witnesses

If a party calls a witness to the stand, and upon hearing the evidence of that witness, forms the opinion that the witness may be unfavourable to the party, the party may, with the permission of the court, question that witness as though the party were cross-examining the witness, about:

- evidence given by the witness that is unfavourable to the party⁸⁷; or
- a matter of which the witness may reasonably be supposed to have knowledge about, which it appears to the court the witness is not, in examination in chief, making a genuine attempt to give evidence⁸⁸; or
- whether the witness has, at any time, made a prior inconsistent statement.⁸⁹

The court will treat this type of questioning as a cross examination, and therefore the rules of cross-examination under the *Evidence Act* will apply.⁹⁰ The party questioning the witness may, with the court’s permission, question the witness about matters relevant only to the witness’s credibility.⁹¹

6.4.4 Prior inconsistent statements of witnesses

A prior inconsistent statement of a witness is a previous representation that is inconsistent with evidence given by the witness⁹². A witness may be cross-examined about a prior inconsistent statement allegedly made by the witness.⁹³

If, in cross-examination, a witness does not admit that he or she has made a prior inconsistent statement, the cross-examiner cannot attempt to adduce evidence of the prior inconsistent statement, unless the cross-examiner both:

- informed the witness of enough of the circumstances of the making of the statement to enable the witness to identify the statement⁹⁴; and
- drew the witness’s attention to so much of the statement that is inconsistent with the witness’s evidence⁹⁵.

⁸⁴ *Evidence Act 2008* (Vic) section 41(4)(c)(iii)

⁸⁵ *Evidence Act 2008* (Vic) section 41(5)(a).

⁸⁶ *Evidence Act 2008* (Vic) section 41(5)(a).

⁸⁷ *Evidence Act 2008* (Vic) section 38(1)(a).

⁸⁸ *Evidence Act 2008* (Vic) section 38(1)(b).

⁸⁹ *Evidence Act 2008* (Vic) section 38(1)(c).

⁹⁰ With the exception of section 39 (Limits on re-examination), See *Evidence Act 2008* (Vic) section 38(2).

⁹¹ *Evidence Act 2008* (Vic) section 38(3).

⁹² *Evidence Act 2008* (Vic) Part 1, Definition ‘Prior Inconsistent Statement’.

⁹³ *Evidence Act 2008* (Vic) section 43(1).

⁹⁴ *Evidence Act 2008* (Vic) section 43(2)(a).

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For the purpose of adducing evidence of the statement, a party may re-open the party's case.⁹⁶

If a prior inconsistent statement allegedly made by the witness is recorded in a document, the court can require the production of that document or such evidence of the contents of the document.⁹⁷ The court can then examine the document (or any evidence that has been so produced) and admit it, even if a party has not tendered it.⁹⁸

6.4.5 Refreshing memory

Witnesses must seek the permission of the court before using a document to refresh memory.⁹⁹ The court will take into account the following factors:

- whether the witness will be able to recall the fact or opinion adequately without using the document¹⁰⁰; and
- whether the notes were made contemporaneously (when the events recorded were fresh in his or her memory)¹⁰¹; and
- whether the document was, at such a time, found by the witness to be accurate.¹⁰²

Should the court allow the witness to refer to their notes, the witness may, with permission of the court, read aloud specific sections that relate to the fact or opinion in question.¹⁰³

6.4.6 Proof of contents of documents

A party can adduce evidence of the contents of a document by tendering it to the court.¹⁰⁴ In the absence of an original, the court allows the following as proof of contents of a document:

- tendering a document that purports to be a copy of the original and produced on a device that reproduces the contents of documents¹⁰⁵; or
- tendering a transcript of words recorded in such a way as to be capable of being reproduced as sound, or in which words are recorded in a code (including shorthand writing)¹⁰⁶; or
- tendering a document that was, or purports to have been, produced by the use of a device to retrieve information from an article or thing on which information was stored¹⁰⁷, or tendering a document that forms part of the records of or kept by a business, including extracts and summaries¹⁰⁸; or
- tendering a public document or copy of a public document printed by a government printer (State or Commonwealth) or Parliamentary authority.¹⁰⁹

⁹⁵ *Evidence Act 2008* (Vic) section 43(2)(b).

⁹⁶ *Evidence Act 2008* (Vic) section 43(3).

⁹⁷ *Evidence Act 2008* (Vic) section 45(2).

⁹⁸ *Evidence Act 2008* (Vic) section 45(3).

⁹⁹ *Evidence Act 2008* (Vic) section 32(1).

¹⁰⁰ *Evidence Act 2008* (Vic) section 32(2)(a)

¹⁰¹ *Evidence Act 2008* (Vic) section 32(2)(b)(i).

¹⁰² *Evidence Act 2008* (Vic) section 32(2)(b)(ii).

¹⁰³ *Evidence Act 2008* (Vic) section 32(3).

¹⁰⁴ *Evidence Act 2008* (Vic) section 48(1).

¹⁰⁵ *Evidence Act 2008* (Vic) section 48(1)(b)(i) and (ii).

¹⁰⁶ *Evidence Act 2008* (Vic) section 48(1)(c).

¹⁰⁷ *Evidence Act 2008* (Vic) section 48(1)(d).

¹⁰⁸ *Evidence Act 2008* (Vic) section 48(1)(e)(i) and (ii).

¹⁰⁹ *Evidence Act 2008* (Vic) section 48(1)(f)(i) and (ii).

6.5 Documents

There may be instances where you will have large volumes of evidentiary documents to be tendered to the court. Rather than tendering all documents, the court may permit the contents of two or more documents in question to be tendered as a summary.¹¹⁰

The court may only make such a direction if you have served on each other party a copy of the summary containing your name and business address and have given the other party/ies a reasonable opportunity to examine or copy the documents in question.¹¹¹

6.5.1 Original document rule abolished

Prior to the *Evidence Act 2008* (Vic), the “original as best evidence” rule of evidence was problematic for the tendering of electronic records. The rule stated that where a document was to be tendered in evidence, the original must be produced. If the original is unavailable, a copy may sometimes be tendered, but will often be accorded a lower weight. The abolishment of the original as best evidence rule removes the impediment to submit copies of documents into evidence.

6.6 Relevant evidence

Relevant evidence is defined as evidence that could rationally affect (directly or indirectly) the assessment of the probability of the existence of a fact in issue in the proceeding¹¹². Evidence is not taken to be irrelevant because it relates only to:

- the credibility of a witness¹¹³; or
- the admissibility of other evidence¹¹⁴; or
- a failure to adduce evidence.¹¹⁵

Evidence that is relevant in a proceeding is admissible in a proceeding, making relevance the threshold rule to the admissibility of evidence.¹¹⁶ Thus, evidence that is not relevant in the proceeding is not admissible.¹¹⁷

When considering questions of relevance, the court may find evidence to be provisionally relevant, if it is reasonably open for the court to make that finding, or subject to further evidence being admitted at a later stage of the proceeding that will support such a finding.¹¹⁸

If a question arises as to the relevance of a document or thing, the court may examine it and may draw any reasonable inference from it, including an inference as to its authenticity or identity.¹¹⁹

¹¹⁰ *Evidence Act 2008* (Vic) section 50(1).

¹¹¹ *Evidence Act 2008* (Vic) section 50(2)(a) and (b).

¹¹² *Evidence Act 2008* (Vic) section 55(1).

¹¹³ *Evidence Act 2008* (Vic) section 55(2)(a).

¹¹⁴ *Evidence Act 2008* (Vic) section 55(2)(b).

¹¹⁵ *Evidence Act 2008* (Vic) section 55(2)(c).

¹¹⁶ *Evidence Act 2008* (Vic) section 56(1).

¹¹⁷ *Evidence Act 2008* (Vic) section 56(2).

¹¹⁸ *Evidence Act 2008* (Vic) section 57(1)(a) and (b).

¹¹⁹ *Evidence Act 2008* (Vic) section 58(1).

6.6.1 The hearsay rule

A witness can give evidence of an event by speaking of his own observations of the event, e.g. *"I saw Jones build the house"*. The hearsay problem arises where he or she did not observe the event, but can only repeat what someone else has told them. If this information comes from someone who did observe the event, it is **first-hand hearsay**, e.g. *"Black told me that he saw Jones do X"*. Although less reliable than evidence by an observer of the event, first-hand hearsay is likely to be more reliable than **second-hand hearsay**, which occurs where a witness in court repeats a statement by a person who in turn was repeating what he was told by the person who observed the event.

The Act's formulation of the rule against hearsay tends to mirror the common law understanding of the general rule, i.e. a statement of a person made to a witness is admissible for proving that the words were said, but not in order to prove that the statement was true.¹²⁰

Specific exceptions to the hearsay rule are as follows:

- evidence relevant for a non-hearsay purpose¹²¹
- first-hand hearsay¹²²
 - civil proceedings, if the maker of the representation is unavailable¹²³ or available¹²⁴ ; or
 - criminal proceedings, if the maker of the representation is unavailable¹²⁵ or available¹²⁶
- contemporaneous statements about a person's health, etc¹²⁷
- business records¹²⁸
- tags and labels¹²⁹
- electronic communications¹³⁰
- Aboriginal and Torres Strait Islander traditional laws and customs¹³¹
- marriage, family history or family relationships¹³²
- public or general rights¹³³
- use of evidence in interlocutory proceedings¹³⁴
- admissions¹³⁵
- representations about employment or authority¹³⁶

¹²⁰ *Evidence Act 2008* (Vic) section 59(1).

¹²¹ *Evidence Act 2008* (Vic) section 60.

¹²² *Evidence Act 2008* (Vic) section 62.

¹²³ *Evidence Act 2008* (Vic) section 63.

¹²⁴ *Evidence Act 2008* (Vic) section 64.

¹²⁵ *Evidence Act 2008* (Vic) section 65.

¹²⁶ *Evidence Act 2008* (Vic) section 66.

¹²⁷ *Evidence Act 2008* (Vic) section 66A.

¹²⁸ *Evidence Act 2008* (Vic) section 69.

¹²⁹ *Evidence Act 2008* (Vic) section 70.

¹³⁰ *Evidence Act 2008* (Vic) section 71.

¹³¹ *Evidence Act 2008* (Vic) section 72.

¹³² *Evidence Act 2008* (Vic) section 73.

¹³³ *Evidence Act 2008* (Vic) section 74.

¹³⁴ *Evidence Act 2008* (Vic) section 75.

¹³⁵ *Evidence Act 2008* (Vic) section 81.

¹³⁶ *Evidence Act 2008* (Vic) section 87(2).

- exceptions to the rule excluding evidence of judgments and convictions¹³⁷
- character of and expert opinion about an accused.¹³⁸

NB. Other provisions of this Act, or of other laws, may operate as further exceptions.

The exceptions listed above are subject to the competency of the witness. For the purposes of this section, a person is presumed to be competent unless the contrary is proved.¹³⁹

6.6.2 Exclusion of improperly or illegally obtained evidence

Evidence obtained improperly or illegally will not be admitted unless the desirability of admitting the evidence outweighs the undesirability of admitting such evidence.¹⁴⁰

If an admission is obtained during questioning, and evidence is subsequently obtained (as a result of the admission), that admission/evidence is taken to be improperly obtained if, when conducting the questioning, the person:

- carried out or failed to carry out an act (in the course of questioning) that was likely to impair substantially the ability of the person being questioned to respond rationally to the questioning¹⁴¹; or
- made a false statement in order to glean an admission from the person being questioned¹⁴².

In determining whether evidence has been improperly or illegally obtained, the court considers:

- the probative value of the evidence¹⁴³; and
- the importance of the evidence in the proceeding¹⁴⁴; and
- the nature of the relevant offence, cause of action or defence and the nature of the subject-matter of the proceeding¹⁴⁵; and
- the gravity of the impropriety or contravention¹⁴⁶; and
- whether the impropriety or contravention was deliberate or reckless¹⁴⁷; and
- whether the impropriety or contravention was contrary to or inconsistent with a right of a person recognised by the International Covenant on Civil and Political Rights¹⁴⁸; and
- whether any other proceeding (whether or not in a court) has been or is likely to be taken in relation to the impropriety or contravention¹⁴⁹; and
- the difficulty (if any) of obtaining the evidence without impropriety or contravention of an Australian law.¹⁵⁰

¹³⁷ *Evidence Act 2008* (Vic) section 92(3).

¹³⁸ *Evidence Act 2008* (Vic) section 110 and 111.

¹³⁹ *Evidence Act 2008* (Vic) section 61(3).

¹⁴⁰ *Evidence Act 2008* (Vic) section 138(1).

¹⁴¹ *Evidence Act 2008* (Vic) section 138(2)(a).

¹⁴² *Evidence Act 2008* (Vic) section 138(2)(b).

¹⁴³ *Evidence Act 2008* (Vic) section 138(3)(a).

¹⁴⁴ *Evidence Act 2008* (Vic) section 138(3)(b).

¹⁴⁵ *Evidence Act 2008* (Vic) section 138(3)(c).

¹⁴⁶ *Evidence Act 2008* (Vic) section 138(3)(d).

¹⁴⁷ *Evidence Act 2008* (Vic) section 138(3)(e).

¹⁴⁸ *Evidence Act 2008* (Vic) section 138(3)(f).

¹⁴⁹ *Evidence Act 2008* (Vic) section 138(3)(g).

6.6.3 Cautioning of persons

Evidence of a statement made or an act done by a person during questioning is taken to have been obtained improperly if:

- the person had not been cautioned prior to questioning¹⁵¹; or
- the investigating official failed to caution a person after forming a belief that there was sufficient evidence to establish that the person had committed an offence.¹⁵²

This does not apply so far as any Australian law requires the person to answer questions put by, or do things required by, the investigating official.¹⁵³

The caution must be given in, or translated into, a language in which the person is able to communicate with reasonable fluency, but need not be given in writing unless the person cannot hear adequately.¹⁵⁴

For more information on cautioning, refer to Chapter 10 - Cautioning.

An investigator should raise any issues with obtaining admissible evidence with the legal officer allocated to their matter as soon as the issue arises.

6.7 Admissions

The *Evidence Act* defines an admission as a representation that is made by a person who is (or becomes) a party to a proceeding that is adverse to the person's interest in the outcome of the proceeding.¹⁵⁵

While it is desirable to rely not on admissions alone to prove your case, in some cases this may occur. Regardless of the circumstances of the investigation and how much evidence is available it is very important that you gather all evidence in a manner that allows it to be admitted in a court.

The *Evidence Act* provides clear rules about the use of admissions in criminal prosecutions. For the purposes of your investigations at the Department, all interviews, regardless of whether they are for a criminal or civil jurisdiction, must be conducted according to the standards proscribed by the *Evidence Act*.

6.7.1 Exclusion of admissions influenced by violence and certain other conduct

Any admissions obtained during an investigation will not be admissible if:

While it is desirable to rely not on admissions alone to prove your case, in some cases this may occur. Regardless of the circumstances of the investigation and how much evidence is available it is very important that you gather all evidence in a manner that allows it to be admitted in a court.

¹⁵⁰ *Evidence Act 2008* (Vic) section 138(3)(h).

¹⁵¹ *Evidence Act 2008* (Vic) section 139(1).

¹⁵² *Evidence Act 2008* (Vic) section 139(2).

¹⁵³ *Evidence Act 2008* (Vic) section 139(4).

¹⁵⁴ *Evidence Act 2008* (Vic) section 139(3).

¹⁵⁵ *Evidence Act 2008* (Vic), Part 1, Definition 'Admission'.

- there has been violent, oppressive, inhuman or degrading conduct, whether towards the person who made the admission or towards another person¹⁵⁶, or a threat of this type of behaviour.¹⁵⁷

Despite the fact that the onus to raise the issue of violent or threatening conduct is on the person who made the admission¹⁵⁸, the Department will not support any investigation in which it has been substantiated that this type of behaviour has occurred, or has been threatened. Furthermore, any Department employee involved in such conduct will be subject to investigation in accordance with Department policies.

6.7.2 Criminal proceedings—reliability of admissions by accused

The *Evidence Act* places a heavy emphasis, and rightly so, on ensuring that any admission made by an accused is provided fairly, without any other influence being placed on the accused. An admission will only be admissible in circumstances where it is unlikely that the truth of the admission was adversely affected¹⁵⁹. In determining whether the admission is reliable (and therefore admissible) the following matters will be considered:

- any relevant condition or characteristic of the person who made the admission, including age, personality and education and any mental, intellectual or physical disability to which the person is, or appears to be, subject¹⁶⁰
- if the admission was made in response to questioning:
 - the nature of the questions and the manner in which they were put¹⁶¹; and
 - the nature of any threat, promise or other inducement made to the person questioned¹⁶².

Therefore investigators need to be satisfied that:

- the accused is capable of making an admission, this includes understanding English (refer to witness competence and compellability earlier in this chapter)
- very clear with accused parties that any admissions made may be used in evidence.

Refer to Chapter 10 – Cautioning for more information.

Investigators need to be satisfied that:

- the accused is capable of making an admission, this includes understanding English (refer to witness competence and compellability earlier in this chapter)
- very clear with accused parties that any admissions made may be used in evidence.

¹⁵⁶ *Evidence Act 2008* (Vic) section 84(1)(a).

¹⁵⁷ *Evidence Act 2008* (Vic) section 84(1)(b).

¹⁵⁸ *Evidence Act 2008* (Vic) section 84(2).

¹⁵⁹ *Evidence Act 2008* (Vic) section 85(2).

¹⁶⁰ *Evidence Act 2008* (Vic) section 85(3)(a).

¹⁶¹ *Evidence Act 2008* (Vic) section 85(3)(b)(i).

¹⁶² *Evidence Act 2008* (Vic) section 85(3)(b)(ii).

6.7.3 Criminal proceedings - exclusion of records of oral questioning

Records of oral questions, in particular your investigator statement, which includes interviews with the accused, must be acknowledged by the accused to be a true record of the question, representation or response¹⁶³. If this does not occur, and the statement contains admissions by the accused, it will not be admissible.

The accused must acknowledge by signing, initialling or otherwise marking the document¹⁶⁴.

For the purpose of conducting interviews, investigators are to comply with these requirements. If the accused refuses to sign, initial or otherwise mark the document, and you are confident that the admissions have been recorded appropriately, you are to include in your statement that you offered the accused the opportunity to sign and the reasons for their refusal.

If the admissions are made on a sound or visual recording, there is no requirement for the accused to make this acknowledgement¹⁶⁵. However, the accused is to be provided a copy of the recording within seven days.

6.7.4 Admissions made with authority

On many occasions investigators will be talking to people who are representatives of companies or other bodies. In these circumstances it is very important to establish the following facts:

- that the person had authority to make statements on behalf of another person/body in relation to the matter to which the admission was made¹⁶⁶; or
- that the person was an employee of the person/body or had authority otherwise to act for another person/body and the matter was in the scope of the person's employment or authority¹⁶⁷; or
- that the person made the admission in furtherance of a common purpose (whether lawful or not) that the person had with the person/body.¹⁶⁸

6.7.5 Evidence of silence

The right to silence is a cornerstone of the criminal justice system. Therefore, in any criminal proceeding, an inference that is unfavourable to a party must not be drawn from evidence that the party (or another person) failed or refused to answer one or more questions¹⁶⁹ or respond to a representation¹⁷⁰ put or made to the party (or other person) by an investigating official, who at that time was performing functions in connection with the investigation of the commission, or possible commission, of an offence.¹⁷¹

¹⁶³ *Evidence Act 2008* (Vic) section 86(2).

¹⁶⁴ *Evidence Act 2008* (Vic) section 86(3).

¹⁶⁵ *Evidence Act 2008* (Vic) section 86(4).

¹⁶⁶ *Evidence Act 2008* (Vic) section 87(1)(a).

¹⁶⁷ *Evidence Act 2008* (Vic) section 87(1)(b).

¹⁶⁸ *Evidence Act 2008* (Vic) section 87(1)(c).

¹⁶⁹ *Evidence Act 2008* (Vic) section 89(1)(a).

¹⁷⁰ *Evidence Act 2008* (Vic) section 89(1)(b).

¹⁷¹ *Evidence Act 2008* (Vic) section 89(1).

If the criminal proceeding is about the failure to answer questions as required by some part of the legislation administered by Department, then this is the only occasion an inference can be drawn¹⁷². For example, section 231F(3) of the *Building Act 1993* (Vic) makes it an offence for a party to not provide information in certain circumstances.

For clarity, in understanding the use of the word 'inference' in these circumstances, it includes:

- an inference of consciousness of guilt¹⁷³; or
- an inference relevant to a party's credibility.¹⁷⁴

6.7.6 Discretion to exclude admissions

From the information already provided it could be concluded that the introduction of evidence in criminal proceedings is tightly controlled. In addition to the rules of evidence, the court has a further discretion to decide whether or not it will allow the introduction of particular evidence. The court may refuse to admit evidence of an admission, or refuse to admit the evidence to prove a particular fact, if:

- the evidence is adduced by the prosecution¹⁷⁵; and
- having regard to the circumstances in which the admission was made, it would be unfair to an accused to use the evidence.¹⁷⁶

6.7.7 Responsibility of investigators and gathering evidence

In light of the requirements of the *Evidence Act* and, in particular, the admissibility of admissions made by an accused, investigators need to be very methodical and thorough in their efforts. However, this does not translate to slow.

The governing principles for investigators and adhering to the *Evidence Act* is captured in two questions:

- Am I conducting myself fairly in respect to the accused rights?
- Is there any reason that the evidence I am gathering may be excluded in future proceedings?

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¹⁷² *Evidence Act 2008* (Vic) section 89(3).

¹⁷³ *Evidence Act 2008* (Vic) section 89(4)(a).

¹⁷⁴ *Evidence Act 2008* (Vic) section 89(4)(b).

¹⁷⁵ *Evidence Act 2008* (Vic) section 90(a).

¹⁷⁶ *Evidence Act 2008* (Vic) section 90(b).

7. Evidence collection

7.1 Introduction

The preservation of evidence is important to an effective investigation. Evidence must be relevant to the facts that are in dispute. If the evidence that is being led is irrelevant it is generally inadmissible.

You should familiarise yourself with the rules of evidence, contained in the *Evidence Act 2008* (Vic). For further information refer to Chapter 6 – *The Evidence Act*

You should only seize evidence that is relevant to your case. Seizing for the sake of seizing will only serve to reduce investigative credibility and increase your time in the witness box explaining relevance.

Any evidence seized should be sealed in an evidence bag, labelled, dated and signed from where it was seized. Exhibit handling procedures are dealt with in detail below.

7.2 Continuity of evidence

Continuity of evidence is the uninterrupted sequence of actions involving the evidence from the time it was found and/or seized, through to the potential use of the evidence in a court action. Whilst evidence is in the custody of an investigator and to ensure there is no tampering with the evidence, it must remain in a secure environment such as a sealed and labelled tamper-proof bag.

If evidence is required in a court of law it is a requirement that evidence can be shown to be the original (a certified copy is acceptable), has not been tampered with and can be accounted for from the moment it was found until given as evidence in court.

7.3 Handling and storage of evidence

Where possible, evidence should be placed in sealed and labelled tamper-proof bag(s). In order to maintain continuity, as few people as possible should handle evidence from the time it was collected through to production as evidence in court. Each time evidence is accessed or moved the investigator should record in the repository relevant to that investigation on a property register template.

When compiling a brief of evidence ensure that any person involved in the handling of the evidence has provided a statement to ensure the integrity of the chain of continuity. This may avoid in future allegations in court about the tampering with exhibits.

Evidence is the lifeblood of any investigation. It is a key part of any brief of evidence that proceeds to a criminal or civil court. The correct handling of evidence provides:

- a chain of continuity; and
- accountability as a corruption prevention strategy; and
- property owners with an expectation of safe keeping and reasonable maintenance of their property.

Except under exceptional circumstances, original property and exhibits should be digitally imaged or photocopied, with the copies then used as the 'working exhibit'. This enables investigators to refer to the seized material when making inquiries or conducting analysis of exhibit contents without causing any undue wear and tear on the original evidence. It also minimises the risk of loss or destruction of it.

Before seizing and handling exhibits, the investigator must ensure that appropriate Occupational Health & Safety risks/procedures are identified and followed. Consideration must be given to:

- identifying and clearly labelling known or potential hazards; and
- seeking advice on how to deal with the hazard; and
- ensuring personnel are provided with protective gloves.

Subject to investigator authorisation, original property and exhibits must only be removed from secure storage for specific requirements, e.g. records of interview, production to a witness or production at court etc., and should be returned to secure as soon as practicable.

Property and exhibits form an integral part of any investigation, i.e. they are evidence. **Failure to correctly handle and account for an exhibit may result in a judicial ruling deeming it to be inadmissible or reduce its evidentiary value. It may also result in costs against the Department, and damage to the Department's reputation.**

Appropriate vehicles must be used to transport any property and exhibits that come into the possession of the Department. Considerations that must be taken into account include, but are not limited to, the nature and size of the exhibit.

If considering the seizure of potentially dangerous goods, contact should first be made with you manager to discuss the viability of it/obtain authorisation to do so.

8. Process of investigation

8.1 Introduction

Every investigator should apply the SMARTER principles for working smarter. These should also be applied at the initial stages of assessment.

S	SPECIFIC	Identify the offence, breach or impact.
M	MEASURABLE	What outcome or objective are we hoping to achieve with the investigation, and what resources would we invest in achieving this?
A	ACHIEVABLE	Are we able to obtain the evidence we need or remove the risk?
R	REALISTIC	Are we going to obtain the desired outcome? Are there alternative outcomes that should be used?
T	TIMELY	Will the time that has elapsed since the conduct affect the outcome? How quickly can we achieve the outcome?
E	ETHICAL	Comply with Department standards of professionalism in the process of complaint assessment and investigation.
R	RECORDED	Report and record inquiries, entities and outcome.

8.2 Commencing an investigation

All investigations must follow a logical sequence, from the receipt of information, to the detection of an offence, application of a sanction, or concluding a matter due to lack of evidence. The information contained within this chapter serves only as a guide and is by no means the definitive method by which to conduct all investigations.



In all investigations, evidence is of prime importance. Evidence is the means by which facts are established. Admissible evidence is that which the court receives in accordance with the law of evidence and relies upon to make findings of fact. The court will decide the guilt or innocence of an accused person by applying the law to the established finding of fact.

Thus, an investigation is the inquiry process whereby the evidence to establish the facts relevant to the commission of an offence is obtained. In the context of investigating complaints, the primary functions of the investigator are:

- establish the truth or otherwise of a complaint, allegation or other information that suggests a breach of the relevant legislation; and
- conduct an investigation in an objective and unbiased manner, observing the requirements of the legislation at all times.

You have the sole responsibility as an investigator to conduct an efficient and effective investigation. As such, you are expected to be conversant with the legislation and procedures under which you operate, in order to achieve the optimum results from an investigation.

Investigations can be initiated in a number of ways. Some examples are:

- an email, letter or complaint form is received from a member of the public, a party to a transaction; or
- a referral from another Government agency; or
- an anonymous telephone call or referral where the issue identified discloses a matter of immediate and serious public detriment; or
- the identification of breaches by pro-active assessment.

Any information received must provide sufficient detail to indicate a possible breach of the relevant legislation, regulations or codes of conduct that may apply to different industry groups.

Upon receipt of a complaint, conduct a desktop audit to identify the specifics of the complaint. The audit should look at the following issues to determine a course of action:

- Is there a breach or likely breach disclosed?
- What sections of an Act/Regulation may have been breached?
- Is it a matter within the jurisdiction of Department?
- Is it a matter that requires urgent referral to another agency?
- Is it a matter that requires further investigation? That is, does it require an investigation by Department staff, can it be finalised by a warning or is it a matter whereby the complaint is best handled by another area?
- What policies are in place concerning these types of matters?
- What priority should be attributed to the matter?
- Does it require additional staff and/or comprehensive **planning**?

Commented [SB5]: Is there considerations required around the statute of limitations of the offence disclosed?

8.3 Investigation planning

To conduct a successful investigation, you must be able to:

- identify the section of the Act, regulations or Code of Conduct that has been breached; and
- identify the elements of the contravention; and
- identify the type of evidence that is necessary to prove those elements; and
- plan the investigation; and
- obtain the evidence.

Although not all investigations will result in a prosecution and a formal court hearing, it is always good practice to assume that they may. Therefore, you should ensure that all information and evidence obtained in the course of the investigation is gathered in accordance with the requirements of the relevant legislation. This will ensure best practice investigative procedures are maintained at all times and provide a level of professionalism, which every investigator should strive to achieve.

To maximise best practice principles in an investigation, you should first plan the manner in which the investigation should proceed. An investigation plan will assist you in meeting targets, milestones and required performance standards. This will help ensure that the investigation is carried out in a logical and systematic fashion and minimise the risk of important aspects being inadvertently overlooked.

To maximise best practice principles in an investigation, you should first plan the manner in which the investigation should proceed. An investigation plan will assist you in meeting targets, milestones and required performance standards.

Once a matter is allocated to you, you should complete an investigation plan. The plan seeks to maintain a strong focus on what you specifically need to achieve in order to prove the contravention/offence, and the timeframes you are expected to complete the matter by.

Your plan should cover the following points:

- What evidence is needed to prove each of the points of the offence and potentially what evidence is required to prove any likely defences? (Check to ensure all points of proof are covered.)

- Where is this evidence going to be obtained? (Witnesses, current residents, past residents, landlords, owners, real estate agents, etc.)
- How is that evidence going to be obtained? (Via statements, inspections, warrants, etc.)
- What internal and or external assistance may be required? (Council Officers, Police, Immigration, Centrelink, ATO, additional staff etc.)
- What equipment is needed? (Cameras, vehicles etc.)
- Is any expert assistance required? (Interpreters, legal assistance and or technical experts.)
- Who needs to be interviewed? (Corroboration, complainants, witnesses etc.)
- Are there other bodies that can assist with information, records, points of proof etc.? (Criminal history, phone records, drivers licence, ASIC {proof re: company}, Business Licensing {proof re: holder of business licence etc.}, other government or separate agencies such as Councils.)
- What are the timelines? (Determine step-by-step timelines as well as an overall timeline).

The legislation and required points of proof should be recorded in the investigation plan. Discuss with your team leader or manager how you intend to meet any outstanding points of proof.

If you are unsure how to complete the plan or issues arise, consult your team leader or manager.

Investigation Plan template – **Appendix 2**
Plan template CD/11/447279" }

{ XE

"Investigation



Your investigation plan must be stored on the relevant TRIM file and the FOCUS database updated

8.3.1 Hard copy file

Create a hard copy file, inclusive of:

- your TRIM case number; and
- an appropriate file title; and
- Investigator details and the date allocated.

Keep the hard copy file neat, organised and tidy. Dividers should be used to separate various aspects of your investigation e.g.:

- referral documentation
- initial inquiries (internal)
- initial inquiries (external)
- requests/results
- certificates
- witness statements
- legislative notice(s).

Be mindful to lock hard copy files away and ensure that you comply with Department's security of documents policy.

8.4 Avenues of inquiry

There are numerous avenues open to investigators for gathering information and evidence.

The Complainant: The person who is aggrieved by a matter that now requires your intervention. This person is your primary source of information. Whether information is received personally, via another Department or by other means, the complainant should, where practicable, be spoken to first (and at length) to obtain all available information. Once you have discussed the matter with the complainant, a written statement should be compiled and signed by the complainant. The nature and thoroughness of this initial interview is important. It will set the stage for an effective investigation.

Witnesses: When investigating an offence, all relevant witnesses must be spoken to. They may be known or nominated to the investigator, or they may be discovered during the course of an investigation. Remember, no matter when the existence of a witness is discovered, they must be spoken to at the earliest possible time to maximise accurate recollection.

Scientific or Technical Evidence: The use of expert scientific or technical aids should not be overlooked. For example, use technical building or plumbing experts to review practitioner work. This type of evidence often provides important corroboration of verbal evidence in many investigations. Specialist help can be found within the Department; however, additional assistance can be accessed through the external Department panel of experts or other government or private sector agencies.

Nominated Persons of Interest: Very often a complainant, when spoken to, will nominate a person whom they believe to be responsible for the offence/incident or whom they believe may be able to assist you with your enquiries. This Person Of Interest (POI) may be of great assistance and can reduce the amount of inquiry that is needed. However, great care must be taken in deciding the appropriate time to contact such a person. Caution must be exercised when a complainant has nominated a POI. This information, although well intended, may be incorrect. This may lead you in the wrong direction by prejudicing your thinking, which may hamper the inquiry. When a person is nominated as a POI for the offence, ask "Why?" The validity of the nomination of this person must be inquired into strenuously. In some instances a complainant may nominate a person as a POI because of some grievance between them. This may include business competitors and business partners.

External Agencies: External agencies often provide sources of information that may be able to prove, disprove or corroborate a fact in a matter. This information may be obtained voluntarily or compelled under statutory notice.

Investigators should familiarise themselves with the various sources of information available and how to effectively access that information. Some examples of external agencies that may be able to assist in your enquiries are Victoria Police, Worksafe Victoria, Consumer Affairs Victoria, Local Councils, Australian Security and Investments Commission.

Establishing an avenue of enquiry is knowing what information you require and then determining where and how to get it in the shortest time. Personal knowledge and experience will assist in this regard.

Keep in mind that not all information gained from your enquiries may be of use to you in court; however, it may be useful to guide you in the direction you take in your investigation.

Considerations:

- Is the avenue an open source (publicly available)?
- Is a statutory notice or warrant required?
- Is the information available in writing or orally?
- What is Department policy/legislation?
- What are the costs?

8.5 Referring matters to Victoria Police

Prior to referring a matter to police discuss the matter with your manager, who may or may not approve of this course of action.



Occasionally an investigator will become aware that a subject has committed offences outside the jurisdiction of Department and requires investigation by police, for example a person may have committed offences relating to fraud.

Where an investigation highlights an incident of fraud, theft or behaviour (such as threats) that may warrant investigation by police then the matter is to be referred to the local Police Station.

It is expected that you will assist the complainant in arranging for this to occur. Please ensure that you are advised of:

- the incident number; and
- police station; and
- name of officer and contact number.

8.6 Multiple complaints / transactions

In some instances Department may receive multiple complaints about the same person. The investigator assigned to the original matter should continue to receive all subsequent complaints (*for current matters*).

The investigator should:

- ensure that any new breaches are added to the 'Primary Investigation'; and
- discuss with their team leader/manager how this will affect the original investigation and update the investigation plan.

8.7 Witnesses

8.7.1 Who is a witness?

A witness is a person who comes to court and swears under oath to give truthful evidence. One who, being sworn or affirmed, according to law, deposes as to his/her knowledge of facts in issue between the parties in a cause of action.

8.7.2 Meeting your witness

You should speak to your witness (es) at the first practicable opportunity to ensure the best recall of events, and to avoid contamination of the witness's memory through discussion with other people, or from media reports, rumours etc. Be mindful of the following:

- be as flexible as possible around any commitments the witness may have; and
- offer to meet at a location that suits them; and
- keep in mind you will need a space to review their statement and print copies; and
- understand that some issues may need to be discussed in private; and
- instruct the witness to have all the relevant documents or exhibits on hand when you meet (including items that may not form part of the statement); and
- take your laptop; and
- take a USB/memory stick with you; and
- be polite and courteous, explain the process of taking a statement and what the witness will be required to do; and
- provide a receipt for any evidence you take from the witness; and
- provide the witness with a copy of their statement; and
- leave the witness your business card/contact details.

When speaking to witnesses, always be mindful of what it is that you need from them. Once a witness's involvement is known, relate this back to the big picture i.e. the elements required to prove the offence. How can this person's testimony assist in establishing the truth of the matter? Keep the witness focussed on facts pertinent to the case and steer the witness back on track if they go off on a tangent. Any subsequent statement should be relevant to the offence and relate to the points required to prove the offence.

Every matter you investigate should be completed with the mindset that the matter may end up in court. Taking short cuts (for whatever reason) will inevitably lead to short falls in evidentiary value and reflect poorly upon the organisation and your professionalism.

Further information relating to taking statements can be found in Chapter 11 – Records of Interviews.

Every matter you investigate should be completed with the mindset that the matter may end up in court. Taking short cuts (for whatever reason) will inevitably lead to short falls in evidentiary value, and reflect poorly upon the organisation and your professionalism.

You should liaise with your Manager once you believe you have sufficient evidence to proceed and discuss appropriate enforcement remedies, in line with Department enforcement options.

- Witness Statement Template – **Appendix X**

Commented [PP(6)]: Update

8.8 Brief preparation

A brief of evidence is a document containing:

- an allegation and reference to the relevant legislation; and
- a narrative of the facts of the case; and
- the evidence obtained that proves the elements of the alleged offence.

All jurisdictions create a mandatory statutory requirement to disclose the brief of evidence to the accused in criminal proceedings. The requirement to disclose material is a continuous one.

- Preliminary Brief Template – **Appendix X**

Commented [PP(7)]: Update

8.9 Obstruction of investigator

The *Building Act 1993* provide powers of entry and evidence gathering and also contain provisions relating to obstruction or non-compliance with lawful requests of performance auditors or authorised persons (investigators).

Commented [SB8]: Are we commenting on the PH & W Act?

In the event of obstruction or non-co-operation the investigator should inform the person of the penalty provisions.

If the person continues to obstruct your investigation you should consider referring the obstructing conduct to your manager for consideration of enforcement action against the individual concerned.

9. Witness statements and affidavits

9.1 Introduction

A statement is essentially the written form of what a witness knows and can say about matters that are relevant to the investigation. A statement allows the person to recall the events and provides a clear indication to the prosecution regarding the evidence that will be given. If the statement is made when the events were fresh in the mind of the person making the statement, then the statement may be used to refresh memory in court.

9.2 Statements in detail

Statements are critical to all investigations. Care and attention or the lack thereof in the preparation of these documents can have a profound effect on the final outcome of the investigation. A statement that is detailed, clear and covers all relevant matters makes the prosecution's case stronger and often results in a plea of guilty at an early stage. Keep in mind that the brief of evidence, which includes your statement(s), can be disclosed at any point in the criminal process. The accused's solicitors and barristers will carefully read the file, particularly your statement, to determine how strong the prosecution's case is.

Statements are critical to all investigations. Care and attention or the lack thereof in the preparation of these documents can have a profound effect on the final outcome of the investigation.

A statement is usually a chronological account of the observations and experiences of the witness recounted in the first person tense and is generally confined to what the witness can say from his/her first-hand knowledge.

The statement does not have to be a grammatical work of art. It should be the person's own words and expression of self. Remember that if the person making the statement is required to give evidence in court then that oral evidence will reflect their own terminology, jargon and intellect, so any inconsistencies with the written form will quickly become evident. This is a common area of cross-examination and can significantly undermine the credibility of the witness. You should never coach the witness into what to say.

When obtaining statements always explain to the witness that should the matter proceed to contest they would likely be called as witnesses. Also state to the witness that their statement will be disclosed to the alleged accused should the matter be contested. The full name of the person and their occupation should be included. Their address may be suppressed and the words '...of an address known to the Victorian Building Authority' should be used, if the address is not part of the facts at hand, for example, where the building work took place.

Commented [SB9]: Consider changing from VBA to DHHS

Have the witness explain his or her observations to you first before taking the statement. The witness statement should not include hearsay or give opinions unless the witness is an expert. The statement can be taken in the field, at your office, at their home or independent premises such as at a police station. Once the statement is taken always give a copy to the witness and keep the original. Do not put words into the mouth of the witness. If the statement is handwritten, then the statement should be re-typed and a copy sent to the witness. The original and a typed copy should be attached to the prosecution brief.

9.2.1 Processes for the taking of statements

The interview of a witness should be conducted at the first practicable opportunity to ensure the best recall of events and to avoid contamination of the witness's memory through discussion with other people, or from media reports, rumours etc. The statement should be taken and signed at the time of the interview.

Technical terms, slang and jargon used by the witness should be written as said, but also clearly explained in the statement to ensure there is a common understanding of the meaning. Endeavour to use the phraseology of the witness in the text of the statement.

When taking statements from persons under 18 years of age, the parent/guardian or a responsible adult must be present during the interview. The parent/guardian should co-sign the statement.

Witnesses who have a limited understanding of English should be offered the services of an accredited interpreter.

Where a witness wishes to change part of his or her statement after signing it, or wishes to add further information, a supplementary statement should be prepared. Do not change or destroy original statements. All statements obtained will form part of the brief. You should also be aware that draft statements might be disclosed as a part of the prosecution's duty of disclosure.

9.2.2 Content of witness statements

A witness statement is a guide for the court of the events that have occurred. In the event of the death of a witness, the signed statement becomes the best evidence available. The format of a witness statement should be consistent throughout the organisation and should contain the following:

Date: The statement must be dated. The top date on the first page of the statement is the date the statement is prepared. The date under the signature on the last page is the date when the witness signs statement.

Heading: "Statement in the matter of..."

Personal details of witness: These details will ensure that you can contact the witness where required. In the case of a witness who is providing evidence as part of their official duties, it is sufficient to provide their professional address. The residential address and telephone numbers of the witness should NOT appear on the statement.

Format: Preferably typed, using double spacing between lines. Line numbers (numbered on the page every 5 lines) must be used.

Identity: Commence the statement with the witness's identity and other identity details relevant to the offence or the evidence they are providing.

Preamble: The starting point that leads to the main body of the evidence the witness may provide. That is, where they were, what they were doing, times, dates etc.

Body: The main points i.e. what the witness saw, conversations with the suspect/offender etc. Cover the elements/points of proof of the offence being investigated, bearing in mind the rules

of evidence, relevance, and admissibility. Where relevant, a statement negating permission/authority should also be included. All events should be covered in a logical, usually chronological sequence. You should express all dates, sums and other numbers in the statement in figures not words, except that references to months may be expressed in words. For example, a date reference may be 8 September 2007 or 8/9/07 but should not be the eighth of September two thousand and seven.

A witness statement has to be as accurate as possible. Areas of uncertainty should be identified appropriately, for example:

"I cannot recall exactly what the colour of the car was, but to the best of my recollection the man was driving a red car."

Conversation: Relevant conversations should be recorded in the first person i.e. "I said...He said..." Remember the hearsay rules of evidence. If a witness is unable to recall the exact conversation, the phrase "Words to the effect of" may be utilised prior to setting out the witness's recollection of the conversation in the first person.

Exhibits: Continuity of exhibits must be maintained. If a witness provides physical evidence make sure that handover is documented in the witness statement. This will include the time, date and place the evidence was handed over and a full description of the evidence. Upon receipt of the evidence, the investigator will provide the witness with a receipt recording the details of the evidence handed over.

Conclusion: This covers anything not previously covered and can include such matters as costs, damages and victim impact issues. It should bring the statement to a close;

Signature of the witness: The witness should sign the bottom of each page of the statement and initial any alterations. The witness should also sign the last page immediately below the last paragraph and record the date and time the statement was signed. There is no legal obligation for a witness to sign a statement. If the witness declines to sign the statement, you should note the fact that the request was made, and the reasons offered for declining.

The investigator's signature block on the last page should contain the date and time the statement was obtained, where and by whom.

Signature block of the investigator:

Statement taken and signature witnessed by me at **INSERT TIME AND DATE** at **INSERT LOCATION**
WITNESSED

INVESTIGATOR SIGN HERE

Following on from this signature block is the acknowledgement. The acknowledgement allows for statements to be handed up to the court in the absence of the witness in certain circumstances. Every time a witness statement is taken an acknowledgement must appear on the statement.

Acknowledgement for interstate witnesses: If statements are to be taken from a number of witnesses in many jurisdictions, the acknowledgement to be used is that applying to the jurisdiction in which the matter will proceed at court.

The Victorian acknowledgement is: I hereby acknowledge that this statement is true and correct and I make it in the belief that a person making a false statement in these circumstances is liable to the penalties of perjury.

WITNESS SIGNATURE

Acknowledgement taken and signature witnessed

By me at **TIME AND DATE WITNESSED** at **LOCATION ACKNOWLEDGEMENT TAKEN**

INVESTIGATOR SIGNS HERE

NOTE: Only certain classes of person can witness an acknowledgement. All the classes are listed in Schedule 3 of the *Criminal Procedure Act 2009*. This includes a person authorised by or under section 30 of the Act.



Remember: Witness statements are the basis of evidence proposed to be given to the court or tribunal. The *Evidence Act 2008* applies to the text of a statement, so that it is important that you keep in mind the rules of evidence when drafting a witness statement.

9.2.3 Post – statement tips

Make two (2) copies of the statement:

1. a copy for the investigation file; and
2. a working copy.

Keep original exhibits organised but separate to enable them to be tendered easily at hearing.

Update the investigation plan.

Maintain contact with your witness throughout the investigative process to confirm contact details and ensure witness availability.

Explain the litigation process to your witness (*if litigation is approved*).

If the matter proceeds to contest, tell your witness they will receive a summons to attend court and that this is normal practice.

Inform your witness of the process for claiming expenses.

10. Cautioning

10.1 Introduction

Any person, whether under arrest or otherwise (and no matter where they may be), is entitled to rely on the common law privilege against self-incrimination.¹⁷⁷ Whilst there are some legislative provisions that remove this privilege, the "right to silence" may be used by any person at all stages of the criminal justice process.

At law, the accused is presumed innocent from beginning to end. The accused can rely upon their right to silence and cannot be made to provide enforcement agencies with evidence that may later be used against them. There are some exceptions to this rule; however, the use of coercive powers is very restricted and controlled.

The general rule (subject to certain statutory exceptions), is that a person does not have to answer questions or make a statement unless they wish to do so. When investigators are trying to ascertain the facts of a matter, they can put questions to any person, whether suspected or otherwise, from whom they think useful information can be obtained. A person who declines to answer any question cannot be forcibly compelled to answer. This applies to non-suspects as well as suspects.

¹⁷⁷ Note that a corporation has no privilege against self incrimination (*Evidence Act 2008* (Vic) section 187). Therefore a person cannot refuse to answer questions on the basis that it might incriminate a corporation only.

10.2 The Caution



Subsection 139(2) of the *Evidence Act 2008* provides that evidence of a statement made or an act done by a person during questioning is taken to have been obtained improperly if: the statement was made, or the act was done, after you formed a belief that there was sufficient evidence to establish that the person has committed an offence, and you did not, before the statement was made or the act was done, caution the person that they do not have to say or do anything but that anything they say or do may be used in evidence.

It is therefore imperative that you ensure that the person fully understands the caution before continuing with the interview. The admissibility of an interview could be challenged based on whether or not the defendant understood that he or she did not have to answer the questions you put to them.

The following words are to be used when providing a caution to a person:

“I intend to ask you some questions in relation to this matter, but before I do I must inform you that you are not obliged to say or do anything unless you wish to do so. Anything you do say or do may be later used in evidence - do you understand?”

Subsection 139(2) of the *Evidence Act 2008* provides that evidence of a statement made or an act done by a person during questioning is taken to have been obtained improperly if: the statement was made, or the act was done, after you formed a belief that there was sufficient evidence to establish that the person has committed an offence, and you did not, before the statement was made or the act was done, caution the person that they do not have to say or do anything but that anything they say or do may be used in evidence.

Commented [SB10]: Is the caution we are happy with....various versions are in use??

Section 139(3) of the Evidence Act further provides that the caution must be given in, or translated into, a language in which the person is able to communicate with reasonable fluency, but need not be given in writing unless the person cannot hear adequately.

If you have any doubt as to whether the person has understood the caution, ask the person to explain the caution back to you in his or her own words. Do not be afraid to break it down further for them should you suspect that they do not fully comprehend it. For example, you may choose to then ask, *“Do you understand that you don’t have to answer my questions?”*

10.2.1 When to caution

A caution is not necessary when you are asking questions for other purposes e.g. solely to establish someone's identity. You should remember, however, that what starts out as exploratory questioning may, as a result of the answer given to your preliminary questions, become questioning about a person's involvement or suspected involvement in an offence.

When there are grounds to suspect that a person has committed an offence, you must caution them before any questions are put to them about it to ensure that any answers are capable of being admissible in evidence in a prosecution. If you put further questions to a person at a later time you must caution them again.

"Grounds for suspicion" are more than vague unsubstantiated feelings or a hunch; they require some basis, but this can be less than evidence supportive of a prima facie case.

You should ensure that the person understands the caution. You should be prepared to explain what the caution means if the person is unclear and you should use an interpreter if there is a concern that the person does not adequately understand English.

When conducting a digitally recorded interview you should use the caution in the following instances:

- you establish a belief that the person may have committed an offence; or
- you have put an allegation to a suspect; or
- following a suspension of any interview; or
- a person confesses (whether you have formed the belief or not at the moment of the confession).

10.2.2 Rights

Formal rights are legislated in Section 464 of the *Crimes Act 1958*. These rights relate to persons who find themselves in the custody of an investigating official. As investigators of Department you have no power of arrest - these rights are strictly not applicable. However, investigators should ensure that accused parties are given the opportunity to do a number of things before an interview proceeds. Failure to adhere to these may only present difficulties in court.

In summary, before questioning a person in a formal interview, provide them with an opportunity to get legal advice; this offer may occur when you are arranging the appointment for interview or in a letter advising them of an interview. Furthermore, if they wish to contact a legal practitioner in your presence you must organise reasonable facilities for the person to privately make contact with them.

If a person is not sufficiently able to understand the English language, you must arrange for a suitably qualified interpreter to attend. Otherwise, any answers or admissions may be deemed inadmissible in court, based on an accused's claim that they did not understand the question (or their right to silence).

If a person is under the age of 18 years, you must arrange for a parent, guardian or independent person to be present during the interview. You must also provide adequate facilities for such a person to contact a parent, guardian or independent person in private.

11. Records of interview

11.1 Introduction

Records of interviews are an important aspect of any investigation. At the basic level they provide the accused an opportunity to respond to the allegations. However, you must be mindful that the accused are not obliged to part take in records of interviews.

The information contained in this chapter can also be considered when taking statements from witnesses.

11.2 Developing communication skills

One of the most important skills required of an investigator is the ability to effectively communicate. The skill of interviewing is one that takes a great deal of time to learn and develop. This chapter will provide you with the basic principles and techniques of effective investigative interviewing to ensure the acquisition of important information to prove, or even disprove, a case.



In all forms of interviewing, there are primary goals that must be met. These include:

- obtaining information; and
- gathering evidence and information; and
- seeking to establish the truth of what happened.

11.3 Value of witness statements and affidavits

A major source of evidence in any investigation comes from speaking to witnesses and complainants. Statements should be accurate and contain as much detail as possible. It is the information provided by witnesses and complainants that may enable you to validate or challenge a suspect's version of events later at interview. Therefore, you should investigate fully the accounts given by witnesses or complainants before conducting a record of interview with any person.

An admission may go some way to supporting a subsequent prosecution and conviction but should not be solely relied on. Evidence should always be sought within the interview that will help validate any confession that is made. Faced with an admission, you should seek further details to help confirm the account and not take the accuracy of what is said for granted. You should anticipate these challenges both by obtaining evidence from all other available sources as well as during the interview.

11.4 Six basic principles of investigative interviewing

11.4.1 Obtain accurate and reliable information prior to interview

When interviewing witnesses and complainants, it is vital that the information you obtain is accurate and reliable. To be accurate, information should be as complete as possible without omission or distortion in order to discover the truth about the matter under investigation.

The information also needs to be reliable and factual. This means that the information has been given truthfully and will stand up to any subsequent scrutiny. It is information that can be used to further the investigation, open up other lines of enquiry and act as a basis for questioning others. It is important that the resulting statement reflects the language and education of the witness as it is likely that they will be called to give this evidence in person, should the matter proceed to court.

11.4.2 Approach with an open mind

Investigative interviewing should be approached with an open mind, which means nothing should be pre-judged. Information obtained from the person who is being interviewed should always be tested. You must be prepared to believe what people might say, but equally you must be on guard against deception. Whilst witnesses and complainants are generally trustworthy, you must be aware that they can invent stories to protect a friend or relative or to distract you from their own involvement, or even make false allegations. Accused may also make false admissions in order to protect others. This principle requires that you consider what the interviewee says in light of what you already know, and against what you might be able to verify or establish in the future.

11.4.3 Act fairly

When questioning anyone, an investigator must act fairly in all the circumstances of each case. It would be unfair to allow your personal interests, views and feelings, to influence your attitude or behaviour in favour of, or against, any individual. Witnesses, victims and accused should be given a fair hearing, whatever your personal feelings are about them. Our reactions to people as individuals can influence our judgements about what they have to say, and as an investigator you must guard against this.

11.4.4 Do not accept the first answer given

You are not bound to accept the first answer given. An investigator has a duty to obtain accurate and reliable information, and you should confirm any answers given through probing and secondary questions. A complete and reliable account from witnesses, complainants and accused may not be easily obtained.

11.4.5 Feel free to ask questions

When conducting an interview, you are free to ask questions in order to establish the truth. As an investigator your aim is to seek the truth and you are entitled to be sceptical, if scepticism is justified in the interests of fairness. Questioning is not unfair merely because it is persistent. However, questions must be put to complainants, witnesses and accused in a fair and non-intimidating way otherwise the interviewee may say what they think you want to hear just to stop the questioning.

Also remember while you are free to ask questions in the case of the accused, they are also free not to answer, with the exception of coercive powers.

11.4.6 Be careful with vulnerable people

Vulnerable people, whether a witness, complainant or accused, must be treated with particular consideration at all times. It is important to recognise that being vulnerable does not automatically exempt or disqualify a person from being interviewed. Vulnerability includes the possibility that one may be incapable of fully representing him/herself or protecting his/her own interests. Vulnerability could include:

- learning difficulties; or
- mental and or physical disabilities or handicaps; or
- young children; or
- non-English speaking background.

It may be in the best interests of procedural fairness for you to ensure a vulnerable and/or disadvantaged person has an advocate present during the interview. More information on advocates or independent third parties can be obtained from the Office of the Public Advocate.

11.5 Planning the interview

A well-planned and carefully conducted interview has a good chance of obtaining accurate and reliable information.

A well-planned and carefully conducted interview has a good chance of obtaining accurate and reliable information.

- Planning and Preparation
- Engage and Explain
- Account, Clarification and Challenge
- Closure
- Evaluation

The following material refers to the use of corroborators and their role. Determining the need for corroboration is a matter for the investigator. In particular you should consider the subject or the nature of the allegations will be problematic.

In all cases when the record of interview is conducted you **MUST** provide an opportunity for the person being interviewed to sign your notes attesting to their accuracy.

11.5.1 Planning and preparation

Using a structured and systematic approach, you should consider the following **prior** to the interview:

- What is the allegation or offence that the accused is to be questioned about?
- What points do I need to prove that an offence has been committed?
- What information do I need to establish the facts?
- Who will conduct the interview? (*interviews should be conducted with two investigators one will ask questions and one will take notes*)
- What you are going to disclose? (*known evidence available*)
- The investigation file should be neat and organised. You cannot afford to look confused or lost when referencing evidence in the file. Your notes should briefly explain each piece of evidence and its significance so that it can be quickly referenced during the interview.

- If the interview is to take place at Department, is the interview room suitable? Is it quiet? Is there sufficient light and heat? Is there a suitable desk? Are there sufficient chairs? Do you have the appropriate forms and writing materials?

11.5.2 Engage and explain

When meeting someone, perhaps for the first time, you need to consider the correct approach (formal, informal, etc. - depending on the circumstances). A wrong approach can create a barrier between you and the interviewee and hinder the amount of information that you may get from them. You should consider:

- Does the person have sufficient time to give the information they have?
- Does the person wish to use the facilities?
- Would the person like a drink?
- Are they concerned about some relative at home or children at school?
- Are they able to give you their undivided attention?

You should establish “ground rules” prior to commencing the formal interview. Explain to the interviewee what is going to happen, put them at ease; encourage their concentration, and the recounting of everything, however trivial.

Inform the interviewee that you will be giving him/her time to answer your questions. Waiting for a reply will convey the perfectly natural expectation that you wish him/her to talk to you in a normal conversational manner.

You should always give the interviewee time to formulate his/her thoughts and give replies. This practice enables you to have ‘thinking time’ about where you are in the interview process and where any new information might take you.

11.5.3 Account, clarification and challenge

After putting an allegation to an accused, allow them the opportunity to provide a full, uninterrupted account of their version of events. Taking appropriate notes of what is said, will allow easy recollection, particularly if the answer is long-winded, and will assist in your follow up questioning. Once the accused has finished, go back over their answers with him/ her, expanding, clarifying or seeking finer detail of what has been said. When necessary, challenge the accused’s account, particularly if you have an exhibit that you can produce that tends to contradict the account.

Should the accused refuse to answer a question, you may move on to the next question. If the accused indicates that he/she is not willing to answer **any** questions or any further questions, you should conclude the interview.

11.5.4 Closure

The interview should be brought to a close when you have concluded that all relevant information has been obtained or there is no purpose in continuing.

Before concluding, ensure you ask your corroborator if there are any further questions they wish to ask, as you may have missed an important point during your questioning.

When interviewing an accused you should offer them the opportunity to make a final statement of comment, before concluding the interview.

11.5.5 Evaluation

Evaluation is an integral part of an interview, just as any other phase. You need to evaluate the following from the interview:

- the information obtained; and
- the whole investigation in light of the information obtained; and
- your performance (How did you do? Could you have done better? Did you work well as a team? Did your corroborator assist you?)

11.6 Conversational techniques: how to get the best from your interview

As an interviewer, you need to adopt an approachable, consultative style. You should try to remove any barrier of authority you have as an investigator. This helps to establish a “personal” relationship. Your appearance and the way you behave will reflect your non-verbal communication and can influence the attitudes of other people towards you.

If interviewees initially see you as impatient or unsympathetic, or even nervous, they will react accordingly. Facial expressions, the way you are seated and your actions with pens, paper and files can all give impressions to the interviewee. Such signals, if taken negatively, will not encourage an interviewee to participate in the interview. Adopting an approachable, confident and straightforward manner will maximise your chances of conducting a valuable interview and obtaining accurate and reliable information.

It is important to introduce yourself properly. Tell the accused how you would like to be addressed. If you give your full name, remember you are giving licence for them to use your first name. Having done this, find out how the accused would like to be addressed. Using that name will demonstrate you have respect for him/her as an individual.

During the interview, it is up to you to convey to the accused that you are genuinely interested in his/her comments, views and statements. Maintaining eye contact, using non-verbal signs of encouragement, effective listening and summarising all help to demonstrate your interest in the answers being given.

You need to actively process the information that is being provided by the accused, throughout your questioning. Consider how the information fits in with knowledge you already have and how it affects your interview plan. Active listening allows you to establish and maintain rapport helping you to:

- identify topics during the interview and therefore manage the conversation; and
- communicate your interest in the interviewee and his/her account; and
- identify important evidential information.

You should maintain eye contact with the interviewee when you ask a question and use non-verbal prompts (such as nodding your head and smiling). Reinforce these actions by incorporating the accused's words into your question when you summarise the account – this is called 'acknowledging'.



11.7 Interview tips

Stage 1 – Concentrate

- Try to organise the information in a chronological order.
- Stay in focus and attentive to the accused.
- It is useful to take notes but do not allow this to affect the flow of the interview. Remember you have a corroborator who will pick up any important points/questions you may have missed.

Stage 2 – Comprehend

It is important that you gain a full and accurate understanding of what is being said and that you separate fact from opinion. Do not interrupt. Let the person speak freely and finish what he/she has to say. Active listening should encourage the accused to give you better and more comprehensive answers.

Stage 3 – Sustain

Reinforce your commitment to giving the accused adequate time and space to talk freely by making use of open posture, eye contact, encouraging head movements and other suitable non-verbal cues which indicate your continued attention and interest.

Stage 4 – Summarise

An important part of active listening is to summarise what has been said. Summarising has the following advantages:

- it helps concentration; and
- it assists your comprehension and gives the accused the opportunity to confirm or contradict the accuracy of your understanding; and

- it assists the transfer of information into your memory; and
- it demonstrates you are interested and listening to the other person.

In the initial phases, you may well need to speak more while explaining the purpose of the interview and setting the 'ground rules', etc. In later stages, you will need to listen more as you endeavour to analyse the information being given. It is important to let the interview flow naturally from one topic to the next. By effectively listening to the accused's account, you will encourage the natural progression of the interview.

11.7.1 Open and closed questions

When interviewing, it is important to ask open, clear, direct questions that encourage comprehensive answers from interviewees and aid them to give an accurate and reliable account. Open questions minimise the possibility of suggestion and may increase the amount of relevant information obtained.

Open-ended questions are the logical starting point for both investigative interviews where investigators know little about the case and where they have intimate, detailed knowledge. Even if you are relatively certain of what a particular person might contribute to an investigation, you should begin by posing open-ended questions to avoid contaminating or leading the responses. Word questions that use 'Who, What, When, Where Why and How' are all ways of asking open-ended questions that encourage lengthy answers.

Commented [SB11]: TEDS to be included.

Close-ended questions will permit investigators to hone in on specific information not provided during the accused's narrative response. Investigators will usually need to clarify information provided by the accused during their narrative responses. Answers to close-ended questions typically are shorter and address specific information requested by you. For example: *What time was that? How much money did you receive for the work?*

Close-ended questions can be categorised in several fields. Identification questions help clarify specific information. For example, "*What colour was the paint?*" specifically seeks to identify a colour and not solicit a narrative response. This close-ended identification question could have appropriately followed an open-ended question asking the witness to describe the vehicle. If the accused provided a thorough description but failed to address the colour of the paint, the close-ended question assists in identifying the specific details of colour.

Selective, or multiple choice questions present more than one option from which the accused may choose an answer. For example, "*Are you the manager or the owner?*" Selective questions help narrow the focus of a question to specific answers. They are also useful when trying to establish specific elements of a crime or an incident, but they can be problematic if you do not provide the correct answer as one of the available choices.

Finally, close-ended questions can require a simple yes or no response. While informative at times, yes or no questions may not provide sufficient detail to explain the answer. For example, "*Do you know the owner?*" is a yes or no question. While the response may be yes, it provides insufficient investigatory detail.

The 'why' question needs to be asked, although best practice suggests you should leave those questions to the challenge stage of the interview. When your questions are directed towards particular features or details such as clothing or vehicle colour, you should still ask open productive questions which will encourage the accused to recall an event in their own words. For example: "What was she wearing?" is preferable to "Did she have runners on?" "What colour was the vehicle?" is preferable to "Was it a dark vehicle?"

It is imperative that you avoid asking leading questions, so as not to mislead the accused and risk planting a false memory.

Avoid asking long drawn out questions with multiple parts. That is, investigators should refrain from asking **compound questions**, those phrased to cover more than one topic in a single inquiry. For example, "Do you know the owner, and does he work with you?" The compound question might be too cognitively overloading and cause witnesses to misinterpret, forget, or inadvertently only answer portions of the question. Furthermore, if they answer the entire question with a single response of yes, you cannot be sure if the response was meant for both answers and just one part.

It takes a great deal of mental effort on the part of the accused to recall something in detail. Changing topics prematurely before the accused has fully exhausted all the detail he/she can give or wish to give is distracting and counterproductive. Wait until a more appropriate time in the interview before asking questions about another topic. Finish each topic before moving on. If something comes to mind during one topic that is not immediately relevant, write it down in order that it can be raised later and is not forgotten.

11.8 Department requirements for interview

The objective of a record of interview is to obtain the accused's story. Despite its potential worth, a record of interview is of no value if it is carried-out improperly or unlawfully.

Department requirements are designed to assist you in conducting a smooth and professional record of interview. You are to use these requirements during the record of interview to ensure that your professional obligations are met.

The requirements cover the following:

1. Person particulars
2. The allegation and preamble
3. Restated allegation
4. Questioning
5. Suspensions / resumptions
6. Concluding questions
7. Post-interview obligations.

11.8.1 Personal particulars

Personal particulars are obtained to clearly identify the person participating in the interview.

Personal particulars ordinarily include (but are not limited to) such details as name, date of birth, address, marital status and occupation.

11.8.2 The allegation and preamble

The interviewee must be informed of what the interview is about in plain English. The formal means by which this is done is to provide the person with an allegation of the alleged behaviour and how the interview will proceed. Avoid using terms that are too technical or highly specific.

In forming an allegation, consideration must be given to the common proofs of time, date, place, jurisdiction and identity, as well as the specific proofs. The result should be a logical narrative of what you are alleging that the interviewee did, when they did it, and where they did it etc.

The allegation and preamble used by Department is as follows:

Mr/s..... I am making enquiries into the allegation that.....(time, date, location, offence under which you act). Do you clearly understand the allegation I have just put to you?

I intend to ask you some questions in relation to this matter, but before I do I must inform you that you are not obliged to say or do anything unless you wish to do so. Anything you do say or do may be later used in evidence - do you understand?"

Record their answer. If the answer is 'no', please refer to *Chapter 10 – Cautioning* for further guidance.

The questions that I ask you, together with any answers you may care to make to those questions, will be recorded as the interview takes place.

At the conclusion of the interview, you will be given an opportunity to review the interview and sign that it is a true and accurate copy of the interview.

During the interview please speak clearly and refrain from making non-verbal answers, such as nodding or shaking your head. It would also be appreciated if you do not talk over any questions being asked.

Should you need to take a break during the course of the interview please indicate and it will be provided.

11.8.3 Restating the allegation

Having completed the administrative aspects of the interview, it is now time to address the issue at hand. Commence this by re-stating the allegation and asking whether the person understands the allegation. Upon confirmation that the allegation is understood, you should then ask the person *"What can you tell me about (the allegation)?"*

11.8.4 Suspensions and resumptions

Interviews may be suspended if requested by the accused, or where it is necessary for the comfort of the participants, or in order to ensure that the questions asked cover all matters relevant to the investigation. The reason for the suspension must be recorded prior to suspending the interview, and again at the recommencement of the interview.

YOU ARE NOT TO DISCUSS ANYTHING ABOUT THE MATTER WITH THE ACCUSED DURING THE PERIOD OF SUSPENSION.

If the interview is at Department premises, you should not leave the accused unattended during an interview. Always have someone sit with the accused, particularly if the file or any exhibits are in reach or plain view.

You should resume by recommencing the interview after a break, recording the reason why the break was taken and when it recommenced. You must re-caution the interviewee at this point. If interview are suspended for any reason, the following preamble is to be used:

The interview was at TIME AND DATE suspended because.....

The interviewed recommence TIME AND DATE. I then said:

I wish to remind you that the caution I gave earlier that you do not have to say or do anything as anything you do say or do may be used as evidence still applies.

Do you understand?

Did we discuss anything in relation to this interview during the suspension?

11.8.5 Concluding questions

It is now time to wrap up the interview. To conclude, ask the accused whether there is anything further they wish to say about the matter. You should also invite the accused to make any comment in relation to how the interview has been conducted. In doing so the following questions are to be asked:

Is there anything further that you wish to tell me about this matter?

Have the answers you have given during this interview been made of your own free will?

This interview is now concluded.

11.8.6 Post interview obligations

Review your questions and answers provided by the accused. Ensure that you feel they are an accurate copy of the interview conducted and then invite the accused to mark or initial each page of the interview notes, and then have them sign the last page with the following statement:

'I ACCUSED NAME acknowledge at TIME and DATE that this document is a true record of the questions, representations and responses.'

ACCUSED SIGNATURE

If the accused refuses to sign, initial or otherwise mark the document. If you are confident that the admissions were recorded appropriately you are to include in your statement that you offered the accused the opportunity to sign and the reasons for their refusal.

If the interview is conducted at Department premises, you should escort the accused to the public areas of Department's building. Any exhibits in your possession should be secured without delay.

- Record of interview template – **Appendix X**

Commented [SB12]: Are we sure we want this question asked??? Is it a requirement under the Evidence Act?

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12. Note taking

12.1 Introduction

The goal of this chapter is to familiarise you with the theory and rationale behind the use, maintenance and practical application of taking notes.

12.2 Your notebook

You should keep your daily Department activities in a notebook. It is important to remember that a notebook not only serves as a personal log, but is also used to record evidence of what you have seen, heard, or done in the course of your duties.

You should properly identify your notebook by writing your name, notebook number, and date you started the notebook.



You should have the ability to take notes at all times. **Do not** rip pages out of your notebook as missing pages could give rise to the suspicion that important information has been removed (an allegation that is often raised in the courts, when the integrity of notes or the maker of the notes is in question). A bound notebook will go some of the way to avoid such potential attacks on credibility. Numbering each page will also assist in this regard.

12.3 Why keep a notebook?

By keeping a log of activities undertaken in the course of your duties, you have a handy aide memoir to which you can refer if/when required. For example, if you are asked to provide a statement in relation to your involvement at an investigation, search warrant or inspection, sometime after the event.

Normally, you will not have sufficient time to write a detailed report while in the field. Therefore, you should focus on recording only important information in your notebook, which you can then expand upon (if required) later e.g. when completing your statement.

You may also find that a current investigation can benefit from information that has previously been recorded in your notebook. It is not uncommon, particularly if you tend to constantly deal with a certain industry type, that entities overlap or are linked in some way. You may find the very information you currently need, in your notebook, or the notebook of a co-worker.

A notebook can be extremely useful when giving evidence, as you may seek permission to refer to it, in the event your memory is exhausted (see '*Referring to your notes*' this chapter).

12.4 Relevant information

Your notes must be factual. Only the information that will be needed by the user should be included. It is possible for information to be factual and yet still not be relevant to the incident or event being investigated. At all times, your notes must be:

- factual; and
- relevant; and
- accurate; and
- clear and concise; and
- complete; and
- timely.

By employing a 'who, what, when, where, why and how' methodology, you can be sure that the information you record will be sufficient for future reference or use:

12.4.1 Who?

- Whom did you speak with?
- Who said what?
- Who did what?
- Who provided you with the information, etc?

12.4.2 What?

- What happened? (incident, event, inspection)
- What role did each person play?
- What action did you take?
- What resulted?

12.4.3 When?

- When did you receive the information? (date and time)
- When did the incident, event or inspection occur?
- When did you contact the involved parties?
- When did you arrive on the scene?
- When did you leave the scene?

12.4.4 Where?

- Where did you get the information?
- Where did the incident, event or inspection occur?
- Where did you collect the evidence?
- Where did you find the suspect etc?

12.4.5 Why?

- Why did you take the action you did?
- Why did the incident, event or inspection occur?

12.4.6 How?

- How did this incident or event occur?
- How was the evidence collected?

12.5 Contemporaneous

Notes should be made at the time or contemporaneously (as soon as practicable thereafter). It is best practice to make your notes on the same day or the next, while events are still fresh in your mind. Courts will place less weight on the accuracy and credibility of your notes, if they are made some time after the event.

12.6 Writing skills

Poorly written or sloppy note taking can imply poor or sloppy investigative skills. Further, poorly written notes can make interpretation difficult or confusing when referring to same at a later date when drafting your statement etc. Remember, you may be required to produce your notes in the discovery process, following a Freedom of Information (Fol) request, or when giving evidence in court. Therefore, you should ensure that any entries you make include:

- the use of proper punctuation; and
- writing in the first person: e.g. *"As a result of a request I received, I went to the bank"*; and
- correct spelling and grammar; and
- legible handwriting; and
- refrain from editorial comments about the accused or what is observed.

12.6.1 Proper use of language

Similarly, any notes you make should be easy for the reader to follow and not inclusive of non-important or non-relevant information. Keep it simple and concise:

- be clear and understandable; and
- use simple, plain language; and
- have short and complete sentences; and
- use direct and /or concrete statements
- stay away from jargon and colloquial expressions; and
- only use slang or profanity when required in the form of an exact quote.

12.6.2 Making entries in your notebook

When taking notes:

- write in pen; and
- number pages to show no pages have been removed; and
- make all notes accurate, clear, and concise; and
- only enter information pertinent to official duties; and
- enter all events in chronological order pertaining to a particular case or subject (this may not always be possible); and
- indicate dates and times clearly; and
- write notes at the time of occurrence or as soon as practicable afterwards; and

- clearly identify the speaker when quoting spoken word(s); and
- include full names, dates of birth, addresses and other contact information when recording personal details. Double-check the spelling of names and addresses; and
- try not to make mistakes or cross out, however if you make a mistake, cross it out with a single line and sign by the line (so that the original error can still be read); and
- do not leave blank spaces on the page. Draw a diagonal line across any space remaining on the page and sign at the bottom of the line; and
- do not tear out page(s); and
- do not overwrite; and
- do not erase; and
- record the day, date and time as the header every time you conduct official duties; and
- identify any other investigator(s) you are with; and
- record date, time, and location of the incident, event or inspection; and
- indicate the type of incident, event or inspection; and
- identify and describe persons; and
- describe property, make and model, with identifying features such as serial number if possible; and
- define clearly the end of the entry.

12.6.3 Referring to your notes in court

If you need to refer to your notes in court, you must first ask permission. You will need to advise:

- who made the notes; and
- when the notes were made (e.g. at the time, next day etc); and
- where the notes were made (this should be your notebook).

For example:

“Your Honour I have made notes in my notebook throughout the course of my investigation of this matter. The notes were recorded at the time (OR within 24 hours of the event while it was fresh in my memory).

“For the purpose of accuracy and in order to refresh my memory of these events I ask permission to refer to these notes.”

12.6.4 Corroboration of notes

A corroborator may adopt notes as an accurate record. If this is the case, the corroborator should read and sign each page of the notebook as a true and accurate record.

13. Powers of entry

13.1 Introduction

Once an offence has been identified, you will need to ascertain what the appropriate offence provision is. The *Public Health and Wellbeing Act 2008* (The Act) outlines what powers are available to you in relation to obtaining information, documents and evidence.

An important aspect of these powers is related to your ability to enter building or lands to carry out your duties. Quite rightly, your ability to enter any premises is strictly governed by the Act. This chapter provides an overview of the powers of entry investigators may use in their duties.

13.2 Emergency powers of entry



While there are strict requirements for entry into premises, if the matter is related to an immediate risk to public health then authorised officers have the capacity to enter premises without warrant or consent.

Section 169 of the Act states an authorised officer may enter a premises without a search warrant at any time if the authorised officer reasonably believes that there is an immediate risk to public health.

13.3 Powers of entry – authorised officers

In carrying out their functions, an authorised officer may:

- enter a public place; or
- with the consent of the occupier, enter any other premises, including residential premises.

In obtaining the consent of the occupier of the premises, an authorised officer may:

- enter land around the premises or a part of the premises that could be accessed by the public, in order to contact the occupier for consent.

Prior to discharging any powers in the Act, an authorised officer must produce their identity card pursuant to section 166 of the Act.

13.4 When is a search warrant appropriate?

Section 170 of the Act provides for an authorised officer to apply to a magistrate for the issue of a search warrant in relation to any premises if the authorised officer believes on reasonable grounds that there is, or may be within the next 72 hours, a particular thing (including a document) at the premises that may afford evidence of the commission of an offence against the Act or the regulations.

On occasion, you may find that you have no lawful means to enter premises or obtain company records, documentation or information. In such instances, you will need to apply for a search warrant. There may also be times where your lawful authority to enter may be in doubt. In such circumstances, a search warrant is the safer and preferable option



13.5 What does a search warrant allow me to do?

A search warrant authorises (you), an authorised person, for the purposes of the Act, and any other persons nominated by you (e.g. other Department employees, Police, Council personnel etc) and other assistance you deem necessary (e.g. locksmith, computer forensics, other Department staff), to do the following:

- to enter premises or part of the premises named in the warrant; and
- to search for the thing named or described in the warrant.

Refer to Section 170(3) of the Act for further details.

- Search warrant and affidavit template – **Appendix X**

Commented [PP(14): Update

13.6 The requirements that must be stated in the search warrant

Along with any other requirements that may be stipulated by the court, a search warrant under this Act must state:

- the offence suspected;
- the premises to be searched;
- a description of the thing for which the search is to be made;
- any conditions to which the warrant is subject;
- whether entry is authorised to be made at any time or during specified hours;
- that the warrant authorises entry on only one occasion;
- a day, not later than 7 days after the warrant is issued, on which it ceases to have effect.

13.7 How do I apply for a warrant?

In technical terms an authorised officer can make direct application to the courts for a search warrant. However, within Department you will need to seek approval and have your documents checked prior to any application for a search warrant.

Therefore, **all** applications for a warrant must have written approval from the Manager, Covid-19 Investigations. You are required to forward a memorandum and associated documents to the Manager, Covid-19 Investigations.

The memorandum should include the following subheadings:

- purpose; and
- background; and
- reasons to utilise the relevant section of the search warrant powers; and
- recommendation for approval.

You must attach the following to the memorandum:

- the affidavit in support of the search warrant; and
- the proposed search warrant.

13.8 Affidavit

The purpose of your affidavit is to provide the Magistrate with sufficient grounds to believe that in all the circumstances, issuing a search warrant is appropriate. You are swearing that the information contained in your affidavit is true and correct, and the Magistrate will presume that this is the case.

Your affidavit should tell a logical story as to how you have formed the opinion that an offence has been committed, and why you believe a search of the premises may reveal evidence of the alleged contravention.

You are **NOT** required to include your entire brief contents in the affidavit. For example, if call charge records show a certain course of conduct or provide a link between known entities, then just say that. You do **NOT** need to annexure the entire call charge records review to the affidavit.

If your affidavit is not entirely accurate, or is potentially misleading based on wording or inference, you could encounter issues in any subsequent court proceedings. A Magistrate may issue the search warrant in the first instance, as he or she has no reason to doubt the legitimacy of your sworn evidence. However, if the matter eventually ends up in court, the representative of the accused may use any errors, inaccuracies or inferences in an attempt to argue the admissibility of the search warrant, which could lead to the court ruling any evidence or information obtained as a result of the warrant inadmissible. Your credibility may then be in issue and can lead to the matter being dismissed following a no case submission, or affect your chances of having the matter proved.

The following provides some best practice tips when it comes to drafting affidavits:

- read your Act to determine the requirements e.g. Do you need to show 'reasonable grounds to believe', 'reasonable grounds to suspect'?; and

- keep to the facts; and
- keep it brief and concise; and
- do not annexure records, unless necessary. Simply state what they show e.g. registration records, Telstra, VicRoads **show** (not 'reveal' or 'indicate'); and
- number your paragraphs; and
- spell check.

Upon completing your affidavit your manager must review it.

Furthermore, prior to making your submission to the Director about the search warrant application, you will need to swear by oath or affirmation (your choice), that the evidence in your affidavit is true and correct.

If swearing by oath, you will need to hold a bible and state: *"I, [name], swear by almighty God that this is my name and handwriting and that the contents of this, my affidavit, are true and correct in every particular [and these are the exhibits referred to therein]."*

Affirmations are similarly worded: *"I, [name], do solemnly, sincerely and truly declare that this is my name and handwriting and the contents of this, my affidavit, is true and correct in every particular [and these are the exhibits referred to therein]."*

The Affidavit must be sworn/affirmed in the presence of a legal officer from the Department.

If you are unsure about how to prepare the affidavit speak to your manager.

13.9 Court

After getting approval from the Manager to proceed to court, you will need to attend the nearest magistrates' court for investigators based in Melbourne, which will be the Melbourne Magistrates' Court, situated at 233 William Street, Melbourne 3000. The Melbourne Magistrates' Court can be contacted on (03) 96287777. Take the Search Warrant, the affidavit and your authorized persons delegation with you. You should also attach your business card to the documentation.



It may take some time for a Magistrate to read your application. The clerk may indicate that the application cannot be read immediately and that they will call you when this has been done (hence attaching your business card). Take your investigation file with you in case the Magistrate requires any clarification or wishes to view a record or document.

If a magistrate refuses your application, do not make a further one unless additional grounds support it. Prior to reapplying, you will need further approval from the Manager, which will require an updated memo to be submitted outlining your grounds for reapplying.

13.10 Planning and preparation for execution of a search warrant

When planning to execute your warrant, consideration should be given to the following matters:

- What does this search warrant enable us to do?
 - Enter premises with / without the use of force.
 - Seize exhibits.
 - Take before a Magistrate.
- Review all available material that is currently available on the matter.
- What do we know about the intended search location/house/business premises?
- Have we previously conducted a search of the intended premises?
- What do we know about the occupants?
- When do we propose to conduct the search?
- What resources do we require?
 - Personnel: Department staff, specialists (e.g. computer forensics), Victoria Police assistance
 - Vehicles
 - Search kit(s): bags, tape, gloves, exhibit labels, pens, boxes, batteries
 - Video and digital cameras
 - Note books
 - Property seizure record log
 - Mobile phones and contacts for all staff attending.

Determine a meeting point and time

Briefing and debriefing

This should all be considered and discussed with your manager, **prior** to applying for a warrant.

You will be required to complete a risk assessment, which, along with the abovementioned considerations, will form the basis of your 'Operation Order'.

Your risk assessment should be discussed with your manager and consideration given to any operational and/or security concerns, particularly if you are planning to execute a search warrant on residential premises and/or on targets that have criminal history concerns. Consideration should also be given to the following:

1. Will you require the use of Victoria Police assistance to gain entry to the premises? Will they be required to remain for the entire search? Will they be required to act as an independent person if the occupier is not at the premises? The use of Victoria Police must be discussed with your manager.

Your risk assessment should consider the following areas:

13.10.1 Risk identification

State any perceived risk(s) e.g. negative publicity, operational safety etc. Keep this succinct.

13.10.2 Risk quantification

Impact

- Financial: Cost / benefit analysis (brief).
- Operational: Is the risk an efficient and timely means to establish the bona fides of alleged offences?
- Reputation: Potential for loss of consumer / stakeholder confidence i.e. How may the Department be portrayed if the risk is actioned?
- Competitive: Will this risk impact on other organisations? Will the risk enhance Department's position?
- Regulatory: Is the risk contrary to any provision of the legislation? What if any is the legal liability?
- Summarise the risk quantification. Rate each of the factors in terms of their risk potential (low, medium, high). State the average risk potential.

13.10.3 Probability

What is the risk probability? Rate it low, medium or high. Briefly explain why you think this is the case.

13.10.4 Risk response

List your ideas under the following subheadings:

- Avoid the risk.

- Transfer the risk.
- Mitigate the risk.
- Accept the risk.

State which of the above is your preferred option and why you think this is the best option.

13.10.5 Risk control

Any approved risk response plan should be subject to continual monitoring to recognise any change in risk status e.g. the risk becomes an issue, identifying changes to risk probability or impact, removing risks that have passed, or identifying new associated risks.

All of the above should feed into the creation of your Operational Order.

13.11 Pre-execution

On the day of the warrant, whether meeting at Department offices prior to departing for the warrant premises or at the meeting point, ensure all staff are accounted for. If Victoria Police are not required to attend, ensure you contact the local police station and advise the officer in charge of the impending warrant execution, the address subject of the warrant, the agencies involved in the operation, and the anticipated duration. Obtain contact details for the duty sergeant, should assistance be required during execution.

If you are executing a search warrant at a business premises, or the warrant has been obtained in order for an organisation or business to provide you with documentation, contacting the police may not be necessary. Such decisions should be made with a clear understanding of the entities and associated entities linked to the premises, along with a thorough knowledge of any prior history the business has had with the Department or supporting agencies. You should consult your manager for further advice.

If police are in attendance, show them the warrant and what it entitles you (or persons assisting) to do. Confirm your entry plan, including how you intend on dealing with difficult persons should they be encountered. Ensure you have also discussed the possibility of requiring a member to act as an independent person should the premises not be occupied.

13.12 Safety

Your risk assessment should include consideration of where vehicles should park upon arrival at the warrant premises. If the premise is a private residence, you should ensure all staff initially park one or two doors down the street. Do not park directly in front of or opposite the residence. Doing so telegraphs your imminent arrival and can lead to the concealment or loss of evidence. Although highly unlikely, it may also give person(s) ample time to arm themselves and potentially do you or your personnel harm.

When attending the doorway of a private residence, stand to one side of the doorway when waiting for the door to be answered. You can never be sure of who is inside, their situation or circumstances, or what they may perceive the reason is for your attendance. Standing directly in front of the door puts you at risk should a person decide to rush out the door.

When speaking to person(s) unknown, keep an arms' length away at all times (where practicable) and never place yourself in a corner or area from which there is no escape. It should be noted that such techniques form part of best practice situational awareness, regardless of whether you are simply taking a statement or executing a search warrant.

Do not attend the front door *en masse*. If Victoria Police attends, then have them accompany yourself (warrant holder) and your corroborator. Once safe entry has been achieved, you may instruct additional staff as deemed necessary.

13.13 Entry

13.13.1 Initial

It is desirable to gain access to the premises as quickly as possible, which is why you need to stress during entry, that you will explain the particulars of the search warrant and answer any questions the occupier may have in a short period of time. Do not engage in a legal debate as to whether you have the right to enter, as this could potentially be a stalling tactic to delay entry and provide for the concealment, loss or destruction of evidence.

If the occupier is argumentative, and police are present have them reinforce the authority of the warrant, and that he or she may be arrested if they hinder or resist police in the lawful execution of their duty. You may also refer the owner/occupier to Section 183 of the Act, which states that it is an offence to obstruct authorised officers exercising a power under the Act. If the police are not present, and the occupier is refusing entry, contact your manager for assistance/advice.

If the occupier is aggressive, and police are not present, you should withdraw from the premises immediately. The safety of all Department staff is your first priority. Contact the police, seeking their immediate attendance. Whilst waiting for police to arrive, make an entry into your notebook as to the circumstances and dialogue. Have any other Department staff privy to the situation do the same in their notebook(s). Maintain surveillance of the subject property, noting any activity until police arrive.

13.13.2 Announcing entry

You should be assertive but polite. You have the court's authority to enter the premises, **so remain confident in that knowledge**. Clearly indicate the following:

My name is _____. I am from the Department of Health and Human Services. (name).

This is my identity card (show card). I am here to execute a search warrant on these premises.

In a moment I will explain the search warrant to you.

Do you understand English? (If applicable. Don't ask if they actually comprehend, e.g. nodding, agreeing, and commenting. Don't give the person an excuse to disrupt/delay proceedings).

We are here today in company with authorised members of the Victorian Police / Council (as applicable).

What is your full name and DOB?

Are you the manager/occupier or owner?

Is there anyone else on the premises?

Where are they?

What are they doing here role?

What are their names?

If private residence, ask if there are any syringes or other items on the premises that could be dangerous for the staff who will be conducting the search?

At this point, if police are in attendance, have them clear the premises and identify any persons found.

Reading the warrant

Who is the owner / occupier of the premises?

Provide hand copy of the search warrant to occupier owner.

Ask person to read the warrant.

Show person original and compare. Agree that it's the same.

I will now explain the warrant to you. I will record this conversation.

The purpose of our attendance here today is for the execution of a search warrant of which you have been provided with a copy. Do you agree that you have just had a chance to peruse that warrant and compare that with the original in my possession?

I'll briefly read through and explain the warrant. The warrant was issued (date) empowering me and others named to search the premises (address).

Read through warrant

Do you have any questions in relation to the warrant?

Are any of the items listed in the search warrant on the premises?

Can you tell me where they are? (Ask them to POINT – DO NOT TOUCH)

Video Walkthrough

At this point, you may consider having a nominated person conduct a video walkthrough of the premises. Video walkthroughs are beneficial in the following ways:

- clearly shows the state of the premises prior to the search; and
- illustrates the nature of the premises e.g. set up as a massage parlour, or a business etc; and
- clearly shows property items in situ prior to search; and
- is useful post warrant to recall location, layout or description; and

- negates claims that item(s) have been maliciously planted by authorities.

The nominated person should include the following dialogue on **tape**:

"This is a video recording of premises subject of a search warrant situated at (address)... The time is () on (date)..."

This video recording is being captured on a hand held camcorder operated by Department of Health and Human Services staff member (name)...

I will now commence a walkthrough of the premises prior to any searching taking place."

The key to a good video walkthrough is to **take your time**. Consciously slow down when panning around a room. Briefly narrate as you go, indicating where you are and any items of interest. For example: *"I am now entering the front door, there is a room either side of the passageway...I am now entering the front room on the left hand side of the passageway. There is a desk with various documentation on it (focus),"*

Remember, you are not actually searching at this point, so don't go through chests of drawers etc. If a walk in robe is easily accessible, slide open the door and video what you see. Do not go through items. If you see something relevant or has interest, focus on it, indicate what you think it appears to be and move on.

When the walkthrough is complete, include the following dialogue:

"The walkthrough of the premises is now complete. The time is (insert time). This video recording is now concluded."

13.13.3 No person present

You may find on your attendance at the premises that no person is present at the address. If this is the case do not execute the warrant unless you have spoken to your manager.

Your manager will decide what the best course of action will be.

13.14 Post entry - searching

Once the premise is secured, have the property officer enter the premises and set up. Staff tasked with searching should remain outside the premises at this stage. Ask the occupier to provide you with some form of identification e.g. a driver's licence. Note the details in your notebook. Staff should note that they couldn't compel the occupier to produce documents evidencing identity.

If additional persons are found on the premises, request their name, address and date of birth. Sight a driver's licence if available (this is a good task for attending Police if present). All persons are free to leave if they wish to do so. Indeed, the occupier of the premises is also free to leave should they wish to do so; however, anything on their person that falls within the scope of the warrant (i.e. documents, mobile phone, laptop) should be seized.

Commented [SB15]: Ensure you have control of the scene before commencing the audio and video and that all AO know you are recording to avert later embarrassment through inappropriate comments.

Commented [SB16]: Do not use the zoom function of the camera. Consider the visual affect this will have at court and the audience that may assess this video. Your level of professionalism when using the camera will have a bearing on the courts initial opinion of you and your professionalism as an investigator.

The staff tasked with searching should now enter the premises and liaise with the property officer who will provide instructions as to how the search is to be conducted.

13.14.1 Non English speaking background

If the occupier appears to be having difficulty understanding what you are saying, you should provide an interpreter. If an interpreter has not attended the warrant, you may need to consider the use of a telephone interpreter. To do this, you can contact the Translating and Interpreting Service on **1300 655 082**.

13.15 Legal Professional Privilege

Refer to Chapter 15: Legal Professional Privilege for further information.

13.16 Photographs

Keep in mind that photographs are used to explain the circumstances to the court. Photographs should be relevant, clearly represent the scene and/or evidence, and provide context. Keep photographs to a minimum, particularly if a video walkthrough has been undertaken.

They should be taken in a logical sequence, recorded in your notebook. Additionally, be mindful that any photographs that you produce as evidence will also be subject to close examination by the accused/defendant in any court proceedings.

13.17 Note taking

Staff should keep accurate and complete notes of observations, people present, seized items, and (relevant) conversations. The detail and accuracy of your notes will assist with the credibility and value of the evidence to be given to the court. Your notes must be contemporaneous for you to be able to refer to in court and you should not make reference to items seized or conversations that you did not witness.

13.18 Seizure of evidence

You should familiarise yourself with the rules of evidence, contained in the *Evidence Act 2008*.

You should only seize evidence that is relevant to your case. Seizing for the sake of seizing will only serve to reduce investigative credibility and increase your time in the witness box explaining relevance.

Any evidence seized should be sealed in an evidence bag, labelled, dated and signed prior to leaving the premises. Exhibit handling procedures are dealt with in detail in *Chapter 14*.

The property officer must complete a property seizure record, which should be endorsed by the warrant holder, the property officer and the occupier. A copy of the log must be provided to the occupier.

The chain of continuity provides an unbroken trail of accountability. It also supports a claim that no unauthorised person has accessed the property and/or exhibit, or there has been any opportunity to tamper with it. Property and exhibits in the custody and control of the Department must be

supported by documentation and procedures that demonstrate the chain of continuity from when they came into Department possession to when they are lawfully disposed of.

13.19 Wrap up

Once the searching has been completed, it is time to account for the items you have seized. As each item is seized, the property officer will complete an entry in the property seizure record.

You will need to resume your record of conversation and in the company of the property officer, run through the items in the log, comparing them with the actual items seized. Ask the occupier to sign each page. You will need to stress that by signing, the occupier is in no way acknowledging/admitting ownership of the items, just that they are acknowledging that the items have been seized by Department.



If the occupier refuses to do so, ask them if they care to provide a reason for this and ensure a notation is made that explains the occupier's refusal to sign. The occupier is not obliged to sign anything. Provide the occupier with a copy of the property seizure record.

Resume the record of conversation as follows:

Do you agree that the time is now (insert time)?

The search of (address) has now concluded. We will now go through the items seized. (Read out and show items.)

Ask them to sign each page acknowledging that the items have been seized.

Provide a copy of the Property Seizure Record to owner/occupier once complete.

Get out your original warrant. Note the following on the back of the warrant, and invite the occupier to sign the notation(s). Endorse the notation with your signature also.

Warrant executed (date) (time), entry peaceful, record any damage. (signature)

Items seized, nil items seized and receipt issued. (signature)

Continue with concluding questions:

- *Do you agree that we have executed a search warrant on these premises?*
- *Do you agree that you were given a copy of the search warrant?*
- *Do you agree that we seized a number of items / no items were seized?*
- *Do you agree that these items were recorded on property seizure receipts?*
- *Do you agree that we read through the property seizure receipts with you, and showed you each item as it corresponds with the property seizure receipts?*
- *Do you agree that you were asked to sign each page of the property seizure receipts?*
- *Do you agree that you were given a copy of each page of the property seizure receipts?*
- *Do you have any comments to make about the way the search was conducted?*
- *Do you have any complaints or issues that you would like to raise at this time?*

That now concludes the search warrant.

13.20 Leaving the premises



Ensure the orderly removal of seized items. The property officer is to retain custody of the seized items and is accountable for their conveyance to the Department securing, assisted by Department staff as required.

Provide your business card to the occupier/owner, as persons subject to a search warrant will usually seek legal advice following its execution.

Ensure no Department property or search warrant related documentation is left behind. Have each of your team account for personal and Department property e.g. mobile phones, notebook, any paperwork, used gloves, identification cards, clipboards, etc.

If premises have been entered by force you **MUST**, before leaving, satisfy yourself they are secure by arranging for the occupier or agent to be present or by any other appropriate means. If a locksmith was used to gain entry, the locksmith must return to secure the premise.

Commented [SB17]: If you notified the police of the warrant, let them know that you have cleared the premises and give a situation report.

13.21 Debrief

The purpose of debriefing is to review the operation in terms of evidentiary, operational and organisational outcomes. It is a time to look at what you had set out to achieve, what you ended up with, and how you got there.

Evidentiary outcomes examine to what extent you found what you were looking for. Operational outcomes relate to prior planning and in-field performance, including discussion around search technique, exhibit seizure and handling, operational safety and professionalism. Organisational outcomes seek to review the risk assessment in terms of whether any risks became an issue, whether there was any change to risk probability or impact, or whether any new risks were identified. These outcomes should also be considered at the end of the investigation.

A debrief is a constructive exercise and should not be seen as a blaming opportunity. It should be used to highlight areas that we excelled in, and areas where we did not do so well. It also provides a practical illustration as to the effectiveness of our operational protocols, and can assist in planning future operations.

Depending on the scale of your investigation, the debrief should be conducted within a couple of days post-warrant. This will enhance the effectiveness of the debrief as it will be fresh in all participants minds, it will give you time to assess the success and effectiveness of the operation, and it will provide participants sufficient notice to attend. Your Operation Order should include details of where and when the debrief is scheduled to ensure all staff have sufficient notice to attend.

13.22 Return to court

Following the execution of the search warrant, the seized property (or photographs of same if not practicable to convey to the court) must be taken before a court as soon as possible, where a Magistrate will issue instructions in relation to the disposal or retention of the property. You will also need to return the original warrant to the issuing court, although the court is known to take a copy of the original in some cases. Make a photocopy of the original warrant for inclusion in the brief before returning it.

Before attending, complete a 'result of search' form, including a full and proper description of the items seized. This will assist the senior Registrar/Magistrate in identifying each item.

- Result of search template – **Appendix X**

Commented [PP(18): Update

14. Search procedures & policy, exhibit handling

14.1 Introduction

The way you execute a search warrants is important to ensure consistency of actions of those involved and to avoid any confusion at the premises where the search warrant is being executed.

The safety of all Department staff and public must be maintained at all times. You will not be permitted to conduct searches when there is a risk or threat to personal safety without the presence of Victoria Police.



14.2 Requirements prior to execution of a search warrant

If you are the lead investigator in a matter where a search warrant is proposed, prior to the execution of a search warrant you must meet the following requirements:

- Conduct a risk assessment prior to initiating any search activities.
- Any identified risk must be mitigated prior to commencing the search.
- Manager will approve all search activities prior to execution.
- Prior to entry staff should consider where items or documents are likely to be found.
- Staff will follow the requirements in this manual and show Department identification immediately on arrival at premises to be searched.
- Searches under warrant should be conducted only within warrant descriptors.
- Entry to premises should be within the times stated in the warrant or allowed under statutory notice. Entry should be at a reasonable time, and where possible and practicable within business hours.
- One investigator should direct all search activities.
- Staff should remain in clear sight of each other at all times.

14.2.1 Methods

The lead investigator will determine the search method in consultation with their team leader and manager. The area to be searched may be divided into sectors (e.g. one team may search one side of a room and a second team search the other side) or heights (e.g. one team may search all items/areas between floor and desk top level and a second team would search above desk level). The lead investigator will determine the starting point for the search once the method has been determined.

14.3 Exhibit handling

Property and exhibits form an integral part of any investigation. They are a key part of any brief of evidence that proceeds to a criminal or civil court. Failure to correctly handle and account for an

exhibit may result in a judicial ruling deeming it to be inadmissible or reduce its evidentiary value. It may also result in costs against Department, and damage to Department's reputation.

When taking possession of exhibits, Department investigators must ensure:

- Complete a Property Seizure Record (PSR) in full, signed by the warrant holder and/or lead investigator, property officer and owner or person from whom the exhibits are being taken. Give a copy to the owner or the person from whom the exhibits are taken.
- Place exhibits in an audit bag or secure container and seal appropriately.
- Record relevant details of the exhibit on the label associated with the audit bag/ secure container.
- Securely store all exhibits as soon as is practicable.

The investigator responsible for sealing the property and/or exhibit is responsible for the item until it is passed to another person. The custody and control of the item then passes to the person in possession of it.

14.3.1 Continuity

Property and exhibits in the custody and control of an investigator must be supported by documentation and procedures that demonstrate the chain of continuity from the moment they came into the possession of the investigator to when they are lawfully disposed of. The chain of continuity provides an unbroken trail of accountability. It also supports a claim that no unauthorised person has accessed the property and/or exhibit, or had any opportunity to tamper with it.

The lead investigator must only open a sealed audit bag or secure container. Under no circumstances is a sealed audit bag or secure container to be opened by any other Department staff.

14.3.2 Handling exhibits

The Department must ensure that property and/or exhibits are preserved in their original state. They must not be tampered or interfered with. Handling of original property and exhibits should be kept to a minimum. Except under exceptional circumstances, original property and exhibits should be digitally imaged or photocopied, with the copies then used as the 'working exhibit'. This enables investigators to refer to the seized material when making inquiries or conducting analysis of exhibit contents without causing any undue wear and tear on the original exhibits. It also minimises the risk of loss or destruction of it.

Before seizing and handling exhibits, the case officer must ensure that appropriate Occupational Health & Safety risks/procedures are identified and followed. Consideration must be given to:

- Identifying and clearly labelling known or potential hazards.
- Seeking advice on how to deal with the hazard.
- Ensuring personnel are provided with protective gloves.

Subject to the lead investigator's authorisation, original property and exhibits must only be used for specific requirements e.g. records of interview, production to a witness or production at court etc.

Appropriate vehicles must be used to transport any property and exhibits that come into the possession of the Department. Considerations that must be taken into account include, but are not limited to, the nature and size of the exhibit.

If considering the seizure of potentially dangerous goods, contact should first be made with your manager to discuss the viability of it/obtain authorisation to do so.

14.4 Seizing exhibits

14.4.1 Audit bags

Audit bags are used to maintain the continuity and integrity of property and exhibits. You should undertake a thorough inspection of the audit bag to ensure its integrity, prior to use.

Audit bags:

- Can only be used for the original contents or derivatives thereof (i.e. they cannot be re-used for new exhibits).
- Can be resealed (where appropriate).
- Each time the bag is sealed/resealed the following details must be recorded on the audit bag:
 - date of sealing / resealing; and
 - time of sealing / resealing; and
 - offender / owner / operation name; and
 - reason for access; and
 - signature of investigator sealing the bag.

Once an audit bag is no longer useful, it may be appropriately destroyed. Approved methods of disposal include shredding or disposal in the appropriate classified waste bins situated in the utility room.

14.4.2 Security seals

Security seals are used to maintain the continuity and integrity of property and exhibits. Security seals must be used when packaging evidence in containers other than audit bags. The security seal must be signed and dated by Department investigators.

14.4.3 Electronic exhibits

Electronic evidence includes, but is not limited to:

- home personal computers
- floppy disks, CD's, DVD's
- smart cards, smart media, compact media, memory sticks
- magnetic stripe cards
- answering machines
- copiers and cameras
- paging devices
- personal digital assistants

- electronic chip devices
- 'in car' computer systems i.e. satellite navigation
- scanners and printers
- telephones (all types)
- facsimile machines
- caller ID devices
- hard drives
- iPod / mp3 / mp4 players.

Electronic evidence is extremely volatile and is easily altered. Turning the power off on some of these items may cause a loss of data and/or initiate a 'lock out' feature. A password may be needed to turn it back on.

Do not operate a computer to view data if it has evidentiary value. Windows swap files and unallocated file space can be overwritten or data destruct programs can be initiated if operated by a person other than a forensic computer expert.

In such instances, investigators should seek the assistance of an expert in computer forensics. Investigators should seek advice and guidance before turning off and/or seizing any electronic evidence (see *Chapter 19: Computer Forensics*).

Exposure to magnetic fields and/or heat and moisture can damage or erase the contents of the electronic evidence.

The electronic evidence must be appropriately packaged and sealed in audit bags and/or secure containers. Packaging should be labelled with any special storage requirements. This should include a fragile sticker. Consideration should be given to placing electronic devices that can be damaged by static electricity into antistatic bags.

The details of the electronic evidence must be noted on the PSR at the time of seizure. The details may include, but are not limited to:

- details of the type of electronic evidence
- a summary of the electronic evidence contents
- any other relevant details that are pertinent to the electronic evidence.

Sometimes, because of the fragile nature of computer parts, including data and software, they have a potentially limited shelf life. The lead investigator should liaise with staff from a computer forensic company to determine the best mode of storage and packaging for specific exhibits. The lead investigator must ensure that advice relating to the storage of compute storage is attached to the exhibit bag.

14.4.4 Digitally stored materials

Original or master tapes, videos, DVD's and/or CD's are not required to be sealed within an audit bag or secure container. They can be stored with a security seal placed on the packaging of the device in a manner that makes it tamper evident.

14.5 Recording exhibits

14.5.1 Property Seizure Records (PSR)

When property and exhibits that have potential evidentiary value come into the possession of Department, a Property Seizure Record (PSR) must be used to list the details of all property lawfully obtained or seized. The property officer must complete all the fields with details of each of the items seized with the occupier on whom the warrant was served and sign the PSR in their presence.

When completing a PSR, you will need the original and a copy for the owner/occupier. At present, print out two blank PSRs and place a carbon sheet between - this is the best way. The original stays with Department, and the copy goes to the owner/occupier.

The person from whom the property has been lawfully obtained or seized should check the PSR and sign to verify that all the property seized has been accurately and fully recorded. The investigator witnessing this signature must then co-sign the PSR.

Where the person from whom the property is seized refuses to sign, or is unable to confirm the details of the seizure, such refusal or inability must be noted on the PSR.

Alterations to a PSR must be neatly ruled through and signed by the Department investigator making the amendment and countersigned by either the owner of the property, the person in possession of the property, an independent witness or another Department staff member. The original entry must remain legible.

A copy of the signed PSR should be left with the person from whom the property was seized.

If a PSR is not available a handwritten record will suffice that includes all relevant information and signatures of both the person recording the information and the person from whom the property/exhibit is lawfully obtained or seized. The handwritten record should be scanned and entered into your TRIM file.

14.6 Lead investigator review of exhibits

The lead investigator must review any lodged items within two weeks of initial lodgement. This review must ensure the items being retained are relevant to the offences. Items found to be irrelevant or no longer required must be returned to the owner/representative as soon as practicable by the lead investigator.

When returning property, the lead investigator must ensure that the property being returned is listed in a Property Return Receipt (PRR).

The lead investigator should invite the person taking receipt of the property, to sign the PRR, acknowledging taking possession of it. The completed PRR should then be scanned and entered into TRIM file for the investigation.

14.7 External enquiries

14.7.1 Privacy provisions

All external enquires relating to property and exhibits must be referred to the lead investigator.

Where any enquiries are received relating to a seizure, before releasing any information, the lead investigator must be satisfied that the person requesting the information has a legitimate reason for requesting it. Best practice is to receive any requests in writing, such as fax or email.

Where any other person seeks a copy of a PSR, or any other property related documentation, that request must be considered with due regard to the privacy provisions applicable to the relevant jurisdiction. You should seek advice from the Department's legal team.

15. Legal Professional Privilege

15.1 Introduction

On occasions, investigators may be faced with matters concerning legal professional privilege (LPP). It is not expected that this will be a common occurrence for investigators at the Department. However, it is important that you have an understanding of the concept and its application to your duties.

15.2 What is Legal Professional Privilege (LPP)?

LPP is a rule of law that protects the confidentiality of communications made between a lawyer and his or her client, and in some cases a third party, for the purpose of the lawyer providing legal advice to the client¹⁷⁸. It is well established under common law and is reflected in statute, indicating the importance society places upon the protection of the right of a client to communicate freely with his or her legal advisor.

Most frequently the issue of LPP will appear in matters where a search warrant is executed. If a lawyer claims LPP, or any person in relation to any document(s) identified in a warrant, then they must advise the case officer of the grounds upon which the claim is to be made and in whose name the LPP claim is being made.

When LPP is claimed, the investigator must immediately contact the General Counsel of the Department for advice.

LPP is subject to various statutory provisions and common law. Items that may attract LPP include, but are not limited to:

- letters from clients to lawyers seeking legal advice; or
- letters from lawyers to clients providing legal advice; or
- file notes or memoranda made by the client or the client's lawyer that relate to the legal advice sought; or
- drafts of documents subsequently filed in court; or
- witness statements obtained by lawyers and/or their agents for the primary reason of use in legal proceedings; or
- documents created in response to requests by the client's lawyer to enable the lawyer to advise the client or to conduct litigation on behalf of the client.

15.3 What to do when encountering LPP in a search warrant

While searching and seizing, in the event you encounter the occupier or legal representative making a claim of LPP over certain documents, you should:

¹⁷⁸ Legal professional privilege, or 'client legal privilege' as it is referred to in the *Evidence Act 2008* (Vic) is found in section 118 which relates to advice privilege, and section 119 which relates to litigation privilege.

1. Ask the person claiming LPP who the privilege belongs to? For example, if the person is a legal practitioner, ask on whose behalf are they claiming privilege? The LPP in a document belongs to the client, not the legal practitioner.
2. **Do not examine the documents over which LPP is claimed.** Provide the person who is claiming LPP with a plain white envelope/audit bag and ask them to first count the number of pages over which LPP is claimed, before placing them in the envelope/ audit bag.
3. Write the following information on the front of the envelope/audit bag:
 - the time and date; and
 - the name of the person or body corporate claiming LPP; and
 - the number of pages enclosed.
4. Ask the person claiming LPP to sign and date the back of the envelope/audit bag, over the seal.
5. Give the envelope/audit bag an item number and include it on the Property Seizure Record log along with other seized material. Make a note on the log to indicate that the particular item involves a claim of LPP. **Do not open or tamper with the envelope/audit bag.**
6. Wherever possible, place LPP material inward facing to prevent material being read (in the event of the use of an audit bag).

Once back in the office, the investigator is to seek further guidance from the Legal Services Department who will write to the person claiming LPP (or their legal representative) advising them that they have 7 days within which to make an official application for LPP with the court, and that the envelope containing the contentious documents will not be opened until after the expiration of that time period.

15.4 Time limits affecting LPP

The party claiming LPP has 7 days within which to make a claim for privilege in court. In the event that the person has not made an application to the court within that time, the privilege is said to have been waived and the warrant holder is entitled to open and examine the contents of the envelope /audit bag.

16. Operation Orders

16.1 Introduction

An Operation Order provides the ‘who, what, where, when and why’ to staff and agencies that assist you. It is a document that can be referred to that guides activities and can be used as a reference point as needed.

16.2 When do you use an Operation Order?

An Operation Order should be prepared for activities that are outside normal business as usual activities. This includes, but not limited to:

- Divisional deployment of all staff into an area, e.g., regional exercise; or
- Execution of search warrants; or
- Matters that require the assistance of outside agencies.



16.3 Inclusions in operation orders

Your Operation Order must be in the following format:

S - Situation

M - Mission

E - Execution

A - Administration and Logistics

C - Command and communications

The military use the SMEAC system to document their orders and instructions for field operations, so that they can pass this information on to their troops.

While you do not have a personal army at your disposal, there are times when you need to give a colleague clear guidance as to what you intend to do.

16.3.1 Situation

This is background to your problem or issue. It is a description of what has happened or to be addressed. Generally, it is about understanding the events leading up to where you are now.

Again, consider the following when analysing your situation:

- What has happened?
- Why is it a problem?
- Who else is involved?
- When did it happen/is there a sequence of events?
- Where did it happen?
- How did it happen?

The objective of this part of the process is to paint a snapshot or provide the background to the following set of instructions.

16.3.2 Mission

So, now you have documented what has happened, the mission involves knowing what you need to do about it. The mission statement should be a short, clear and concise wording of what you want to achieve; for example, 'my mission is to gather evidence from 120 Collins Street, Melbourne in support of a charge of an unregistered building'.

Commented [SB19]: Lets make this DHHS centric

At this stage, there's no need to include any detail because that's what the execution, administration and communications are for.

16.3.3 Execution

Execution is the "how" part of the plan – how are you going to achieve your mission?

Detail the steps required:

- What are you going to do?
- Why?
- When?
- Where?
- Who is involved?
- How?

The execution part of the process is usually the longest and should ultimately provide sufficient information to allow you [or your team] to go and do the job.

16.3.4 Administration

This is about what resources you need to do the job, and how these resources are to be coordinated.

16.3.5 Command and communications

This is the who's who of the job – who's in charge, who do you report to, what are each person's role and how you communicate with each other.

16.4 Other matters that must be included as attachments to an operation order

16.4.1 Risk assessment

A risk assessment must be completed as a component of your Operational Order and attached to the Order. The Risk Assessment must be discussed with and approved by your manager.

Risk Identification

State any perceived risk(s) e.g. negative publicity, operational safety, etc. Keep this succinct.

Risk Quantification

Impacts:

- Financial: Cost / benefit analysis (brief)
- Operational: is the risk an efficient and timely means to establish the bona fides of alleged offences?
- Reputation: what is the potential for loss of consumer/stakeholder confidence? That is, how may Department be portrayed if the risk is actioned?
- Competitive: will this risk impact on other organisations? Will the risk enhance the Department's position in the market place?
- Regulatory: is the risk contrary to any provision of the legislation? What if any is the legal liability?
- Summarise the risk quantification. Rate each of the factors in terms of their risk potential (low, medium, high). State the average risk potential.

Probability

What is the risk probability? Rate it low, medium or high. Briefly explain why you think this is the case.

Risk Response

List your ideas under the following subheadings:

- Avoid the risk
- Transfer the risk
- Mitigate the risk
- Accept the risk.

State which of the above is your preferred option and why you think this is the best option.

Risk Control

Any approved risk response plan should be subject to continual monitoring to recognise any change in risk status, e.g. the risk becomes an issue, identifying changes to risk probability or impact, removing risks that have passed, or identifying new associated risks.

Note: An outcome of your risk assessment may determine that it is necessary to request members of Victoria Police to assist in the execution of your search warrant. This should be discussed with your manager to ascertain the extent of the involvement of Victoria Police.

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16.4.2 Occupational Health and Safety (OH&S)

As an Operation Order is for use outside of business as usual activities you must consider any OH&S implications for the task at hand. Such things as reminding staff of lifting requirements and ensuring appropriate training has been given for those who may be working at height.



This is also the area in which treatments for any hazards that may be encountered and the reporting process for notifiable incidents. As part of the OH&S response ensure that staff are aware of such things as how to contact an ambulance and the nearest hospital.

16.4.3 Media strategy

Department's template is to be used for media strategies. If the event is not likely to attract media attention then this can be recorded in the Operation Order itself. Make sure that if this is the case, there is a statement that indicates that **all enquiries are to be directed in the first instance to Department's communications manager.**

No staff members are to make any comment in respect of the operation, without approval from executive management.

17. Computer forensics

17.1 Introduction

Computer forensics involves the preservation, identification, extraction, documentation and interpretation of computer data. Forensic technology can be utilised in many different ways.

Given that a number of practitioners rely on computers to organise and record their work the evidentiary value of computers and similar equipment to an investigation can be immense.

There are many factors to consider in gathering and using computer forensics in your investigations. This chapter provides a high level overview of things you should consider.

Importantly it should be noted that if there is a need to examine a computer or similar equipment this will need to be done by an external agency; however approval must be sought from your manager.

17.2 Role of computer forensics

Computers have become an integral part of everyday life in the home and at the workplace. Their prevalence in society has made them a rich repository of trace evidence in relation to crimes. These fall into two broad areas:

- new crimes committed using computers include hacking and denial of service. Without computers these crimes would not occur; and
- old crimes committed using new technology such as fraud or forgery. Computers may be used to commit the crimes; however they are not essential to the crime occurring.

Computers may also contain peripheral evidence of crimes such as email communications, financial records, drug recipes and similar corroborative or alibi evidence. Such evidence can assist in a criminal investigation as well as being a key element of the offence. Consequently, computer forensics can be of use in any circumstance in which a computer (or similar equipment) is used in the commission of an illegal act, or alternatively may contain evidence of an illegal act.

The type of evidence that may be recovered from a computer is wide ranging. Unlike a paper-based exhibit (which may only require limited examination), the same exhibit in a logical (computer based) format may require a number of examination types. Some examples include:

Content	Examinations can determine what types of data files are in the computer.
Comparison	Examinations can compare data files to known documents and data files.
Extraction	Data files can be extracted from the computer or computer storage media.

Deleted data files	Deleted data files can be recovered from the computer or computer storage media.
Keyword searching	Data files can be searched for a word or phrase and all occurrences recorded.
Passwords	Passwords can be recovered and used to decrypt encoded files.

It is extremely important for an investigator to understand the difference between traditional physical evidence and computer-based evidence. Because of this difference, computer evidence will require special considerations throughout the investigative process, from seizure to presentation.

There are many obstacles faced by an examiner when conducting an examination of computer-based evidence. The following are some issues an investigator may need to consider when undertaking an investigation that relies upon computer forensics:

- Computer evidence can readily be altered and deleted.
- Computer evidence can be invisibly and undetectably altered.
- Computer evidence can appear to be copied when in fact it is undergoing alteration.
- Whilst in transit, computer evidence can share the same transport pipeline as other data.
- Computer evidence is stored in a different format when it is printed or displayed.
- Computer evidence can be generally difficult for a layperson to understand.

17.3 What are the principles of electronic evidence?

There are four principles for the collection and preservation of electronic evidence:

1. No action taken by a suitably qualified computer forensics expert should change the data held on a computer or storage media which may subsequently be relied upon in Court.
2. In exceptional circumstances, where a person finds it necessary to access original data held on a computer or a storage device, that person must be competent to do so and be able to give evidence explaining the relevance and implications of their actions.
3. An audit trail or other record of all processes applied to computer-based electronic evidence should be created and preserved. An independent third party should be able to achieve the same results.
4. The person in charge of the investigation (the case officer) has overall responsibility for ensuring that the law and these principles are adhered to.

17.4 The use of computer forensics in an investigation

Prior to determining whether you may require the use of computer forensics in an investigation, a decision needs to be made as to the level of enquiry. Whilst computer forensics is a valued and frequently used tool by numerous government agencies, the employment of private practitioners can be costly. Consequently, before beginning any investigation, the appropriate level of enquiry

needs to be established. This may include criminal investigations, civil inquiries or internal administrative matters (such as the appropriate use of IT equipment).

The level of enquiry will enable management to make a judgement as to the expected weight of any computer evidence, the steps that need to be taken to collect the evidence and the costs associated with the decision to collect the evidence. It should be noted however, that any investigation conducted might not be restricted to one level only.

An understanding of computer forensics is beneficial to investigators. Knowledge of how electronic documents are created, stored, printed and deleted, allows an investigator to be in an informed position when attempting to identify potential sources of evidence. Knowing there is the potential for data to be recovered from a variety of different sites widens the scope of the enquiry and could potentially uncover additional offences.

Why use a forensic expert to identify, preserve, collect and examine the electronic data and not an investigator?

Forensic technology is a specialised area of expertise, which requires a forensic expert to ensure that any electronic evidence identified, collected, preserved and examined is effectively captured. If the data is not captured within the rules of evidence, then a court may rule the evidence captured is inadmissible.

Information and Communications Technology (ICT) is a complex and dynamic environment. Computers can contain a wealth of evidence and intelligence relevant to a particular enquiry. Hard disks, servers, off-site storage and mobile devices can provide vast amounts of data, which can be interrogated by using forensic techniques. It is important for investigators to be aware of the value of digital evidence and understand its potential volatility.

Investigators should be wary of using untrained staff to extract electronic evidence. Electronic evidence is similar to any other exhibit in that it must be reliable. One of the main differences however, is that unlike a physical exhibit, digital evidence can easily be tainted or lost.

17.5 Computers: what are my responsibilities?

The importance of computer based evidence in investigations needs to be emphasised. If you are relying on the seizure powers under the Act.

The following processes should be considered when an investigator is going to seize computer devices that may contain evidence. It is not an exhaustive list as each scene encountered will be different:

- Secure and take control of the area containing the potential evidence.
- Try and move all people away from any computers, servers, laptops, or mobile devices and power supplies.
- Photograph or video the entire scene so that all potential devices are recorded *in situ*.
- Sketch the scene.
- Allow any printers to finish printing.

- Do not under any circumstances switch the computer on.
- Is the computer switched off? Before an investigator makes an assessment it is important that you consult a forensic examiner, as important and potentially volatile data may be lost.
- Is the computer switched on? Record what is on the screen by photographing the scene and making a written note of the content.
- Be aware that some laptops may power on by opening the lid.
- Do not touch the keyboard or mouse. Before any further action is taken for a computer that is turned on, consult a forensic examiner.
- Before removing the power source to any mobile device, it is important that you consult a forensic examiner. If you disconnect power to the device important electronic data will be lost or destroyed.
- Unplug the power and other devices from sockets on the computer itself (not the wall socket). A computer that appears to be turned off may be in sleep mode and may be accessible remotely allowing the alteration or deletion of data.
- Search the area for diaries, notes, and pieces of paper for passwords. These are often located on or near the computer – check under keyboards!
- Make detailed notes of all actions taken.

17.6 What should you consider about devices?

- Any device that has the capacity to hold electronic data – think beyond computers here and consider mobile phones, iPhones, iPods, iPads, USB memory sticks, external hard drives and even gaming consoles such as Xbox and Playstations.
- If a device is to be previewed at the scene, then a computer forensic expert must perform this process.
- Do not under any circumstances turn a device on or connect a device to a computer or laptop to ‘see what it has saved on it’. This will overwrite data and will potentially render the evidence inadmissible.

The following list indicates the sorts of devices that may contain computer-based evidence. It should be remembered that because of continuing changes in technology this list should be used as a guide only:

- system box – main unit to which monitor and peripherals are attached. This may be in desktop, tower, notebook or even monitor form
- hard disk drives not fitted inside a computer such as removable bays or portable hard disk enclosures
- digital cameras
- back up tapes
- floppy disks
- other removable or archival media such as Zip, Jazz, Smart Media, Compact Flash
- optical disks such as compact disks (CDR/CDRW) or DVD discs
- memory sticks or USB keys

- other electronic storage devices including mobile phones, PDA's, iPhones, iPads, iPods, pagers, facsimile machines, answering machines, photocopiers;
- any proprietary peripheral equipment required to operate an exhibit such as monitors, keyboards, power supplies and cradles
- leads or cables (where required)
- hardware and/or software manuals
- dongles and
- any document or evidence which may contain a password.

17.7 What type of data is available?

- Files like Word, Excel, Powerpoint
- Emails
- Movies/videos
- Photos
- Sim card and mobile phone data
- Internet history
- Login information and
- Programs.

17.8 What are the common problems?

- Investigators must 'take a look' around to see what they can find.
- Many businesses rely too much on backups for the recovery of data including those files which have been deleted.
- Inexperienced people with good intentions 'have a look' to see what they can find, and by doing this you create another file (i.e. Ink files), you also overwrite data (hyberfile.sys, file slack).
- All electronic data is volatile and as a result data is changed.
- You can create user accounts.
- Important evidence can be lost.

17.9 Why collect electronic evidence?

Electronic devices can be used to support many offences or misconduct of builders, plumbers or surveyors because the use of computers and mobile devices are now available and used by much of the community. Electronic devices can be used to commit criminal acts or may be witness to a crime, providing evidence that can support or refute an allegation of an action.

17.10 What do I do if the computer is turned on?

Leave the computer alone and seek out a forensic expert to assist you.

17.11 What questions should I ask the owner or user of the computer or mobile device?

It is important to ask as many questions as possible to ensure that you elicit as much information as you can. The types of information you need are:

- Passwords or login details
- Pass phrases
- Any encryption information
- Who uses the computer/mobile device
- PIN (personal identification number – for mobile phones)
- What is machine normally used for (i.e. is it a server, personal machine etc).

17.12 If the computer or mobile device is off what do I do?

If the device is off, leave it off and contact a forensic expert to assist in the collation of evidence from the device.

17.13 What other types of electronic evidence can be collected?

It is important to collect as much electronic data as possible. Forensic experts generally have the technology to forensically extract electronic data from a range of devices, including personal computers, business computers and servers, mobile phones (currently 1915 different models of phones can be supported by many forensic experts), Blackberries, iPhones and USB devices.



18. Occupational Health and Safety

18.1 Introduction

The Department has a duty of care under the *Occupational Health and Safety Act 2004* (OH&S Act), to provide a safe work environment where employees are not exposed to hazards and risks of injury or harm from occupational violence or aggression.

Occupational violence and aggression is recognised as a significant workplace hazard. Numerous personal and business risks are associated with exposure to violence, including physical and emotional trauma, low morale, high staff turnover, financial costs, lost productivity, reduced public opinion and litigation.



18.2 Objectives

To meet its responsibilities under the OH&S Act, Department will provide a safe work environment where employees are not exposed to hazards and risks of injury or harm by focusing on prevention, preparedness, response and recovery. These objectives will be achieved by:

- providing guidance on the prevention of occupational violence and aggression; and
- applying a risk management approach to identify and assess risks to staff of occupational violence and aggression; and
- providing education and training to staff at risk of exposure to occupational violence and aggression; and
- outlining relevant support mechanisms to staff including internal support networks such as peer support, critical incident debriefing and the Employee Assistance Program (EAP) to optimise recovery.

18.3 Responsibilities

Managers are responsible for:

- ensuring that the policy commitments to reduce occupational violence risks are effectively implemented, promoted and managed across the business; and
- identification, assessment and control of client-initiated violence risks; and
- induction and training of employees in work practices that reduce the risks of occupational violence; and
- providing staff with standard operating procedures designed to reduce occupational risks; and
- actively working with employees and contractors to prevent the risk of occupational violence; and

- promoting the use of existing reporting mechanisms and procedures to enhance reporting of actual or threatened incidents and hazards; and
- investigating and reviewing all incidents of occupational health and safety with appropriate recording of findings to identify areas for improvement; and
- maintaining staff training records on client-initiated violence; and
- providing immediate and ongoing support for employees exposed to occupational health and safety issues; and
- monitoring and reviewing current work practices to proactively reflect and implement changes to continually improve occupational health and safety strategies; and
- developing management procedures to assist employees in addressing occupational health and safety issues; and
- when a new or changed work process is to be introduced, consulting with staff to identify, assess and control any risks.

Employees are responsible for:

- identification, assessment and control of health and safety issues in the work place; and
- ensuring they are conversant with the Department's occupational health and safety management plan; and
- ensuring they take all reasonable steps to ensure and care for their own health and safety; and
- ensuring they take all reasonable steps to ensure the care of the health and safety of persons who may be affected by their acts or omissions (e.g. not reporting an incident or behavioural issues by a client); and
- attending appropriate training; and
- not misusing or recklessly interfering with anything provided at the workplace; and
- following agreed directions or procedures in the event or threat of an incident; and
- identifying and reporting hazards, risks or threats to management; and
- reporting all incidents of health and safety issues using established reporting mechanisms; and
- working with management to prevent and minimise the risk of work hazards, risks or threats; and
- adopting work practices and behaviours designed to reduce hazard, risks or threats to workplace safety.

18.4 Risk management

Workplace hazards will be assessed appropriately and include consideration of occupational violence and aggression hazards using the following process:



Hazard identification: identify situations where workers and visitors to the workplace may be subjected to workplace violence.

Risk assessment: determine which situations are more likely to cause injury or harm to workers and visitors, and how serious the injuries or harm might be.

Risk control: take appropriate action to prevent or reduce the risk of injury and harm.

Monitor and review: Regularly check the implementation and effectiveness of the risk control measures.

All reports of aggression or violence will be investigated and risk assessments conducted by your manager, in consultation with a Health and Safety Representative to identify control measures that will avoid similar situations arising in the future. Your manager in consultation with staff and a Health and Safety Representative will complete an incident report analysis and develop plans to action trends on a regular basis. A report will be provided to your Manager and Commander to ensure all Divisional staff are aware of issues that have arisen and the preventive action being taken.

The reporting, recording and investigation of occupational hazards, incidents and threats are an integral part of the occupational health and safety management system of the Department.

18.5 Pre-planning and work scheduling

Investigators will be issued with mobile phones with broad coverage. Where possible investigators should work in pairs.

Investigators are required to record each address to be visited, pre-arrange and record the times of visits, organise for regular phone-ins to your team leader at predetermined intervals while in the field, and follow up phone-in/text to your team leader upon completion of the field work.

18.6 Responding to violence

Under no circumstances should any staff member knowingly place themselves or co-workers at risk. Where there is a threat of violence threatens or presents, investigators should retreat and seek further assistance, e.g. security officers (where available) or police.

Whilst in the field, investigators are expected to maintain an awareness of their environment and the presence of other risk factors. Where they consider a risk exists, staff should end the visit and contact their supervisor as soon as possible. Staff are authorised to contact emergency services directly, if required.

Where, despite all preventive actions being implemented, an assault is threatened, attempted or occasioned against an investigator, the incident must be reported according to established procedures, investigated, and solutions proposed and implemented as far as practicable, to prevent recurrence.

18.6.1 Immediate response options

Immediate responses to incidents will depend on a number of factors including the nature and severity of the event, who is involved in the event, and the skills, experience and confidence of the staff involved. Response procedures to minimise the impact of incidents will be developed as additional risks are identified.

If a violent incident does occur, investigators must notify their manager as soon as possible.

Depending on the nature and severity of the injury, the investigator should see a doctor/general practitioner for review and treatment of injuries or seek assistance to attend the emergency Department of a local hospital for more serious injuries requiring immediate treatment.

If a violent incident does occur, investigators must notify their manager as soon as possible.

If an investigator is assaulted, the matter should be reported to the police by either the investigator, or team leader with the consent of the employee.

18.6.2 Post incident response

When the incident is concluded the investigator should be provided with clear guidelines regarding support services if these have not already been provided, *including the option of taking leave or time out from duties should also be considered and discussed, as appropriate to the incident.* Appropriate psychological and operational debriefing should be arranged and coordinated by your managers. Operational debriefs are to be conducted on the same day, or next available business day.

Investigators are advised that the Employee Assistance Program will be available where required or requested.

18.6.3 Incident reporting

Actual or potentially violent or aggressive incidents must be reported and recorded via an Incident Report form (available on Commlink) and followed up by the team leader or manager, according to established procedures.

18.6.4 Incident investigation

The most effective way to prevent recurrence of an incident is to determine why it happened and whether it was preventable. Incident investigations should:

- be undertaken promptly by the manager or team leader in consultation with staff; and
- not apportion blame, and be conducted in a supportive and non-judgmental way; and
- identify underlying root causes and contributing factors by examining processes and systems in place; and
- consider all sources of relevant information, for example witnesses, incident reports, relevant work policies and procedures, the working environment, equipment used, level of supervision at the time, relevant training provided and expert advice, including occupational health and safety or risk management staff; and
- include an operational review if relevant; and
- identify areas for improvement and recommend control measures to prevent recurrence.

In addition, a management review of the incident should be undertaken. The purpose of a review is to critically analyse how the incident was managed with a view to setting new standards for management of future incidents as required.

18.6.5 Monitoring, evaluation and review

Undertaking a monitoring and review of processes is essential to determine the effectiveness of the strategies designed to reduce exposure to occupational violence and aggression. This will verify whether the introduced changes have reduced the risk from when it was previously assessed. This may require hazard identification and risk assessments to be repeated to ensure all identified risks to health and safety have been controlled so far as is reasonably practicable. The review of processes should be conducted on an annual basis.

Where the evaluation of risk control measures reveals some remaining risk, the process continues until the risk is minimised so far as is reasonably practicable. Satisfactory control of risk is often a gradual consultative process, involving trialling and refining measures that consider employee feedback, new technology and changes in knowledge. The review should also analyse data accessed in the initial preparation process, such as incident data to guide ongoing decisions about further actions.

18.7 Responding to other workplace incidents

The response to other incidents in the workplace shall be dealt with in the same fashion as that for violence albeit tailored to the nature of the incident, for example a fall from height.

19. Ethical conduct

19.1 Introduction

All Victorian public servants are expected to maintain high ethical and professional standards of behaviour. The Victorian Public Sector Code of Conduct sets out the minimum requirements for Victorian public servants. The Code is designed to help public sector employees understand the responsibilities and obligations of working in the public sector.

The key values are:

- Impartiality
- Integrity
- Accountability
- Respect
- Leadership
- Human rights
- Responsiveness.



These values and principles have been adopted and incorporated into the following standards that investigators must meet.

If there is any doubt as to the appropriate course of action to be taken by investigators in the course of your duties, raise the matter with your manager.

The *Ethical Code of Conduct* for Department investigators is the minimum standards to be met. Non-compliance with or a departure from the *Code* may be subject to performance management.

19.2 Ethical Code of Conduct for Department investigators

19.2.1 Professional and ethical decision-making

As a Department investigator you will encounter many, varied and complex situations. Whatever the circumstances, you need to be able to make informed, professional and ethical decisions. While legislation and organisational policy rules and guidelines will direct or inform you how to deal with certain matters, they cannot prescribe every situation or experience.

Using a decision-making framework that has regard to ethics, organisational values and human rights will help you make decisions that reflect organisational standards and community expectations. When interpreting and applying legislation, policy rules and guidelines, or when there is an absence of policy direction:

- use the organisational values to inform your behaviour and decision making
- ensure that your decisions are compatible with human rights as set out in the *Charter of Human Rights and Responsibilities Act 2006*
- seek advice from your manager or a Human Resources representative if you are unsure about how to deal with the situation.

All Department investigators are required by law to treat members of the public and their colleagues equitably; regardless of race, religion, sex, ethnic or national origin, physical characteristics or disability. Failure to do so could lead to misconduct action being taken under the *Public Administration Act 2004* or action under specific relevant legislation (such as the *Racial Discrimination Act 1975*, *Sex Discrimination Act 1984* or the *Disability Discrimination Act 1992*).

When making decisions investigators are expected to:

- observe legal requirements; and
- establish the facts; and
- avoid improper exercise of powers; and
- be both fair and prompt; and
- avoid malice; and
- appreciate the special needs of different groups and individuals.

19.3 Responsibilities of managers and team leaders

Managers and team leaders play an influential role in creating an environment that upholds the professional and ethical standards and values of the organisation. They do this through their own behaviour and through how they lead and support their employees.

If you are a manager or team leader you are expected to:

- Personally demonstrate ethical and professional behaviour, and reinforce these standards in your workplace.
- Take action at the earliest opportunity if you believe a staff member is not upholding the professional and ethical standards of the organisation.
- Provide your staff with adequate supervision and support, appropriate to their training, experience and duties.
- Encourage staff to make lawful, professional and ethical decisions, and support these decisions.
- Be responsible for the actions and decisions of staff when they are under your management or supervision, especially regarding matters of integrity and ethical standards.
- Acknowledge and reward good work performed by your staff.
- Manage and support the performance and professional development of your staff
- Address performance issues promptly and directly.
- Create a working environment that fosters open and honest communication and the use of initiative.
- Demonstrate a commitment to Department policies and strategies and communicate new policies or practices to staff.
- Contribute to the development of the organisation by identifying and implementing improvements to policy and practise and encouraging your staff to do the same.

- Be proactive in your attitude, behaviour and performance to act against harassment, bullying and discriminatory activities and/or language; you must take all reasonable precautions to prevent such behaviour.
- Delegate responsibility for particular functions or activities to other staff when appropriate; however, you are still accountable for the decisions and actions of those staff within the scope of the delegation.

19.4 Employee's responsibilities

19.4.1 Performance and conduct

As a Department investigator you are expected to:

- Conduct yourself, both during and outside working hours, in a manner that protects your reputation and the reputation of the organisation.
- Provide an impartial, prompt and professional service to internal and external customers.
- Take responsibility for and be prepared to account for your decision and actions.
- Take responsibility for your own performance in line with your professional development and assessment plans.
- Continuously improve your professional knowledge and skills and keep up to date with new or revised legislation, policies and organisational strategies.
- Cooperate fully with an investigation when witness to an incident and promptly make a statement if required.

19.5 Use of authority

Whatever your position, you may only act within the authority given to you in legislation and by the Department through your position accountabilities and organisational policies.

Other than in an official capacity, your position as an investigator should not be used to influence or affect persons who you or your family or friends are having a private dispute with. Department investigators must not investigate matters involving family, friends or other associates.

19.6 Fitness for work

You are expected to be fit for work for the health and safety of yourself, your colleagues and the public. If you have any doubt about your ability to perform your duties due to illness, injury, or due to taking medication notify your manager so that appropriate action can be taken, such as taking leave, modifying duties or obtaining welfare support or medical attention.

19.7 Alcohol and other drugs

You have a health and safety obligation to yourself, your colleagues and the public to be unaffected by alcohol or other drugs when performing your duties.

If you are experiencing problems with alcohol or other drugs use, Department can assist with welfare assistance and counselling. You are encouraged to talk to your manager, and seek welfare assistance available through the Employee Assistance Program (EAP).

19.8 Conflict of interest

A conflict of interest arises if your personal interests influence, or appears to influence, the impartial performance of your duties. Transparency and probity must be strictly observed in keeping with the Department value 'ensuring trust': in particular, being honest in dealings and applying sound judgement and common sense.

Conflicts of interest can damage the confidence and trust members of the public have in the Department and its staff, whether they are actual, potential or perceived conflicts. Having a conflict of interest is not unethical in itself; it can however become an issue if the situation is not appropriately managed.



You are required to identify actual, potential and perceived conflicts of interest between your role as a public servant and your private interests. You must take all reasonable steps to avoid conflicts of interest. If you identify a conflict of interest or if you are unsure if one exists, discuss the matter with your manager so that they can assist you to resolve the matter. All conflicts of interest must be resolved in favour of the public interest.

19.9 Gifts and benefits

In the Department, there are some common situations where conflict of interest issues can arise, including receipt of gifts and benefits, pecuniary interests and associations and secondary employment.

The offering of gifts and/or benefits may be seen as an attempt to influence a decision that you are required to make. Gifts can range from items of low value like calendars to goods that are more expensive and benefits like meals and other hospitality, entertainment, accommodation and travel or use of facilities.

In some circumstances it may be suitable to accept a gift or benefit, but in others, you may have to decline the offer. A gift may be accepted if there is no real or apparent conflict of interest involved and where refusal of the gift may cause offence to the gift donor. You must consider the value, purpose and risk of accepting the gift before making any decisions about accepting and keeping it. You must not solicit (ask for) gifts or benefits, accept gifts of money or accept gifts of influence.

Things to consider include:

- the intentions of the donor in giving you the gift
- the relationship between you and the donor
- the value of the gift
- whether you and others in the Department have been offered gifts from the same donor in the past (and therefore the cumulative value of such gifts becomes important) and
- whether you work in a high-risk area such enforcement deems it appropriate to accept.

Before making any decisions about accepting and keeping a gift, you must consider:

- the value, purpose and risk of accepting the gift
- your obligations under the Public Sector Values and Employment Principles specified in the *Public Administration Act 2004* (Vic), the Code of Conduct for Victorian Public Sector Employees (No.1 2007), the VPS Conflicts of Interest Policy Framework and Department Gifts and Hospitality Policy.

Acceptance of a gift may require it to be formally registered on the Gifts and Hospitality Register (Department). For further information refer to the Department Gifts, Favours and Hospitality Policy. In any case when a gift is accepted you must advise your manager in writing (email is sufficient).

Hospitality must only be accepted where it is associated with the demands of work (for example working meals or legitimate representational functions to meet and discuss business). Approval to accept such offers should be sought from your Director in advance. Tickets to sporting events, concerts and the like are not to be accepted.

Offers of travel or accommodation, where costs are to be borne by organisations other than Department, may only be accepted following the approval of the CEO of Department.

19.10 Secondary employment

According to Section 32 of the *Public Administration Act 2004*, investigators shall not, without the consent of the Director, engage in any remunerative employment outside the duties of his/her office or his/her duties as such officer.

19.11 Information handling

You have access to and are exposed to a significant amount of information that the Department obtains, receives and holds to carry out its regulatory functions and to manage the organisation. This information contains confidential and personal information that must be used, disclosed and managed sensitively and appropriately. You are responsible for the appropriate handling of confidential, private and sensitive information and maintaining the integrity of such information. If you are required to access such information you are to ensure the information is not left on your desk or visible on your computer screen when you step away from your desk.

Unless specifically authorised by law or Department policy, you must not access, use or disclose any information other than is legitimately required to perform your duties.

You are required to maintain the confidentiality, integrity and security of official information for which you are responsible. You should observe the 'need to know' principle at all times. However, you should not withhold information from other staff that have a legitimate reason to access it. You must not make improper use of information obtained during the course of your duties by using it to your own advantage, or that of persons associated with you. You are also required to protect the privacy of individuals in official dealings and should be familiar with the privacy principles as set down in the *Information Privacy Act 2000*.

19.12 Commenting on political matters

You must not comment on the administration of any government Departments as a Department investigator, see section 95, *Constitution Act 1975*.

During the performance of your duties you must:

- observe strict neutrality in all matters connected with politics; and
- not criticise the Government or any employee or act of the government.

You must not sign petitions or other applications concerning the administration of government Departments. When necessary, make representations of subjects through your manager and executive management.

Investigators are only to make public comment when authorised to do so in relation to their duties, and such comment is restricted to factual information and is to avoid the expression of personal opinion. Prior to making any comments investigators must first discuss this with their manager and Department's communications team.

Public comment includes public speaking engagements, comments to the media, letters to the media, books, journals, notices and use of electronic communications (such as email and the Internet) where it might reasonably be expected that the publication or circulation of the comment will spread to a wider audience, including the community at large.

When making a comment in a private capacity, you must ensure your comments are not related to any government activity that you are involved in or connected with and make it clear you are expressing your own view.

Inappropriate public comment includes:

- instances where personal statements or opinions could be perceived to be official comments
- criticism of the administration of Department
- expression of a negative opinion about the policies of Department
- personal criticism or comments on colleagues.

19.13 Contact with the media

All enquiries from the media seeking comments or interviews should be referred to the Manager, Communications. You should not express any views or comments on investigations, enquiries, or policies of Department to the media without express permission of your manager and the Manager, Communications.

19.14 Use of resources

19.14.1 Work related use

As a public service organisation, Department has an obligation to the community to properly manage its physical and financial resources. Any use of facilities and resources must be properly authorised and managed in accordance with relevant financial management and policy rules.

19.14.2 Personal use

Generally, you must not use Department facilities and resources for private gain. However, incidental and occasional personal use of Department facilities and equipment is permitted if it:

- constitutes a minor use of facilities and resources
- does not interfere with work responsibilities
- is endorsed by a manager.

You must not use work time or resources for activities connected with any secondary employment or running a business.

If you are unsure whether your intended use of Department facilities or resources is acceptable or not, seek advice from your manager.

Office resources should only be used for their official purpose unless otherwise authorised. Such resources include, but are not limited to:

- facilities
- office equipment/supplies
- vehicles
- computers
- Software
- internet
- telephones
- photocopiers.

Telephone and electronic mediums may be used for private, local calls of short duration if they do not interfere with work and such the use is short and infrequent. Telephone calls should be for local use only.

Laptop computers, recorders and cameras should only be taken out of the office for official use, unless otherwise authorised, and should be securely stored. You must not perform private business during work hours.

The guidelines for the use of official vehicles are:

- you must be appropriately licensed; and
- you must not carry unauthorised passengers; and

- you must not drive official vehicles while under the influence of alcohol or any other intoxicant or drug, or when the concentration of alcohol in the blood exceeds the legally prescribed limits; and
- you must obtain written permission before official vehicles may be garaged at private premises.

Refer to Department Fleet Policies and Guidelines – Motor Vehicle Policy, for further information and guidance.

Recruitment and procurement of goods and services are duties you may perform as part of your work. You should familiarise yourself with Department’s recruitment and procurement policies and take particular care when performing such duties that your behaviour meets standards consistent with reasonable expectations of the public.

The Department letterhead, logos and signage must only be used for official communications.

19.14.3 Use of email/internet

Department provides access to the internet for work purposes. Users of the system have an overriding duty to use the system lawfully, ethically and in accordance with Department Internet Usage Policy and the Victorian Public Sector Code of Conduct.

Material that is fraudulent, harassing, sexually explicit, profane, obscene, intimidating, defamatory or otherwise inappropriate must not be wilfully accessed using the system or stored on a Department computer.

You may use the system for reasonable personal usage consistent with the overall Department Internet Usage Policy and associated procedures. Such use must not interfere with any legitimate use of internet facilities, expose the Department to any legal risk or liability, nor can it put the reputation of the organisation at risk.

19.15 Official identification and security items

Identification and passes are issued to assist and identify you in the performance of your duties, and in exercising powers delegated to you. Department identification and passes must only be used for the purposes of undertaking the functions of the Department.

You must safely maintain identification, passes, keys and other security items. All identifying items, including business cards, must be surrendered upon cessation of employment. Any loss must be reported immediately to your manager.

19.16 Reporting misconduct and corruption

21.16.1 Obligation to report

Our integrity depends upon our personal conduct and willingness to act against misconduct. You are required to report any act or suspected act of corruption or misconduct committed by any other Department staff. If you undertake this duty you can expect support from the organisation.

You should report such acts or suspected acts directly to your manager or HR.

19.17 Reporting suspected breaches

In accordance with the key principles of the Victorian Public Sector Code of Conduct, you are required to perform your duties impartially and with integrity and accountability. If you believe that you or a colleague may have breached the *Code of Conduct*, you should raise this issue with your direct line manager. In the case of a colleague, you may wish to discuss the instance with the colleague before reporting it as a potential breach. If your concern relates to your direct line manager and you do not wish to raise it with him/her, you should bring the issue to the attention of the divisional Director.

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Release							
REDACTED	Active			3pm to 11pm Holiday Inn Flinders				
REDACTED	Awaiting Authorisation							
REDACTED	Active	3pm to 11pm Novotel South Wharf	11pm to 7am Novotel South Wharf (CLOSED)	11pm to 7am Pan Pacific	11pm to 7am Pullman on Swanston			3pm to 11pm Novotel on Collins
REDACTED	Team Leader	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)		
REDACTED	Awaiting Authorisation							
REDACTED	Active							
REDACTED	Active	7am to 3pm Holiday Inn Airport	7am to 3pm Park Royal Airport	7am to 3pm Park Royal Airport			7am to 3pm Holiday Inn Airport	7am to 3pm Holiday Inn Airport
REDACTED	Active	3pm to 11pm Stamford Plaza	3pm to 11pm Stamford Plaza			11pm to 7am Novotel on Collins	11pm to 7am Novotel on Collins	11pm to 7am Novotel on Collins
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	7am to 3pm Grand Chancellor	7am to 3pm Novotel South Wharf (CLOSED)	7am to 3pm Novotel South Wharf (Closed)			3pm to 11pm Novotel on Collins	3pm to 11pm Stamford Plaza
REDACTED	Inactive							
REDACTED	Release							
REDACTED	Release							
REDACTED	Release							
REDACTED	Inactive							
REDACTED	Active							
REDACTED	Active							
REDACTED	Active							3pm to 11pm Promenade
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	11pm to 7am Grand Chancellor	11pm to 7am Grand Chancellor	11pm to 7am Metropol			11pm to 7am Metropol	11pm to 7am Metropol

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Active		3pm to 11pm Pan Pacific	3pm to 11pm Pan Pacific	3pm to 11pm Holiday Inn Flinders	3pm to 11pm Mercure Welcome	3pm to 11pm Mercure Welcome	
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							
REDACTED	Active							
REDACTED	Active	3pm to 11pm Novotel on Collins	3pm to 11pm Novotel on Collins			11pm to 7am Metropol	11pm to 7am Stamford Plaza	11pm to 7am Pullman on Swanston
REDACTED	Active	Extra Staff 3pm - 11pm Four Points	Extra Staff 3pm - 11pm Travelodge Southbank	Extra Staff 3pm - 11pm Four Points	3pm to 11pm Novotel on Collins	Extra Staff 3pm - 11pm Four Points		
REDACTED	Active			3pm to 11pm Novotel South Wharf (Closed)	3pm to 11pm Pan Pacific	3pm to 11pm Novotel South Wharf Closed	3pm to 11pm Pan Pacific	11pm to 7am Promenade
REDACTED	Team Leader			3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)
REDACTED	Active					11pm to 7am Mercure Welcome	11pm to 7am Mercure Welcome	11pm to 7am Mercure Welcome
REDACTED	Active							
REDACTED	Active						7am to 3pm Grand Chancellor	Extra Staff 7am - 3pm Pan Pacific - support releases
REDACTED	Release		Extra Staff 10am-6pm or end releases - Releases at Metropol					
REDACTED	Inactive							
REDACTED	Active			7am to 3pm Pan Pacific	7am to 3pm Novotel South Wharf Closed, please report to Pan Pacific			Extra Staff 7am - 3pm Marriott (support releases)
REDACTED	Active	3pm to 11pm Travelodge Southbank (CLOSED)	3pm to 11pm Rydges Carlton **					
REDACTED	Release							
REDACTED	Senior AO			3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)
REDACTED	Inactive							
REDACTED	Active							
REDACTED	Inactive							
REDACTED	Active		11pm to 7am Four Points	11pm to 7am Four Points				
REDACTED	Inactive							
REDACTED	Active	11pm to 7am Four Points	11pm to 7am Marriott	11pm to 7am Marriott	11pm to 7am Marriott			11pm to 7am Four Points

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Release							
REDACTED	Active			Extra Staff 7am - 3pm Park Royal (support releases)	7am to 3pm Pan Pacific			
REDACTED	Inactive							
REDACTED	Team Leader	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)				
REDACTED	Active					3pm to 11pm Stamford Plaza	3pm to 11pm Stamford Plaza	3pm to 11pm Four Points
REDACTED	Active	3pm to 11pm Park Royal Airport			3pm to 11pm Park Royal Airport	3pm to 11pm Park Royal Airport	3pm to 11pm Park Royal Airport	3pm to 11pm Park Royal Airport
REDACTED	Active	3pm to 11pm Promenade	3pm to 11pm Promenade	3pm to 11pm Promenade	3pm to 11pm Promenade	3pm to 11pm Promenade		
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							
REDACTED	Active		7am to 3pm Pan Pacific	7am to 3pm Rydges Carlton **	7am to 3pm Rydges Carlton **			
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Release							
REDACTED	Awaiting Authorisation							
REDACTED	Active			3pm to 11pm Stamford Plaza	3pm to 11pm Stamford Plaza	3pm to 11pm Metropol	3pm to 11pm Metropol	3pm to 11pm Metropol
REDACTED	Awaiting Authorisation							
REDACTED	Active							
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active			3pm to 11pm Novotel on Collins	3pm to 11pm Pullman on Swanston	3pm to 11pm Grand Chancellor	3pm to 11pm Promenade	3pm to 11pm Pan Pacific
REDACTED	Active		3pm to 11pm Park Royal Airport	3pm to 11pm Park Royal Airport		3pm to 11pm Holiday Inn Airport	3pm to 11pm Holiday Inn Airport	

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Release		Extra Staff 10am-6pm or end releases - Releases at Metropol					
REDACTED	Active	11pm to 7am Holiday Inn Airport	11pm to 7am Park Royal Airport					
REDACTED	Active	7am to 3pm Park Royal Airport	7am to 3pm Holiday Inn Airport	7am to 3pm Holiday Inn Airport	7am to 3pm Park Royal Airport			7am to 3pm Park Royal Airport
REDACTED	Active							
REDACTED	Active	11pm to 7am Stamford Plaza	11pm to 7am Stamford Plaza	11pm to 7am Novotel on Collins	11pm to 7am Mercure Welcome Opening	11pm to 7am Stamford Plaza		
REDACTED	Active	3pm to 11pm Four Points			Extra Staff 3pm - 11pm Four Points	3pm to 11pm Pullman on Swanston - Opening	3pm to 11pm Grand Chancellor	3pm to 11pm Grand Chancellor
REDACTED	Active							
REDACTED	Team Leader				7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)
REDACTED	Active	3pm to 11pm Marriott	3pm to 11pm Four Points	Extra Staff 3pm - 11pm Metropol				3pm to 11pm Holiday Inn Airport
REDACTED	Active	11pm to 7am Promenade	11pm to 7am Promenade	11pm to 7am Promenade			3pm to 11pm Pullman on Swanston	3pm to 11pm Mercure Welcome
REDACTED	Release							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	11pm to 7am Holiday Inn Flinders			11pm to 7am Rydges Carlton **			
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Team Leader	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)		
REDACTED	Release							
REDACTED	Active	11pm to 7am Marriott						
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Awaiting Authorisation							
REDACTED	REDACTED	3pm to 11pm Metropol	3pm to 11pm Metropol	3pm to 11pm Metropol	3pm to 11pm Metropol			7am to 3pm Metropol
REDACTED	Active	7am to 3pm Four Points	7am to 3pm Stamford Plaza	7am to 3pm Stamford Plaza	7am to 3pm Stamford Plaza	7am to 3pm Stamford Plaza		
REDACTED	Active			7am to 3pm Grand Chancellor	7am to 3pm Mercure Welcome Opening			Extra Staff 7am - 3pm Park Royal for Transits and Arrivals
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							
REDACTED	Active	Extra Staff 3pm - 11pm Pan Pacific	Extra Staff 3pm - 11pm Pan Pacific	Extra Staff 3pm - 11pm Pan Pacific	Extra Staff 3pm - 11pm Metropol	Extra Staff 3pm - 11pm Pan Pacific		
REDACTED	Inactive							
REDACTED	Active	7am to 3pm Promenade	7am to 3pm Metropol			7am to 3pm Mercure Welcome	7am to 3pm Four Points	7am to 3pm Pullman on Swanston
REDACTED	Active		11pm to 7am Holiday Inn Flinders	11pm to 7am Travelodge Southbank (CLOSED)	11pm to 7am Holiday Inn Flinders	11pm to 7am Holiday Inn Flinders	11pm to 7am Promenade	
REDACTED	Active	3pm to 11pm Holiday Inn Airport		3pm to 11pm Holiday Inn Airport	3pm to 11pm Holiday Inn Airport	3pm to 11pm Holiday Inn Flinders		Extra Staff 7am - 3pm Marriott - support releases
REDACTED	Active			7am to 3pm Holiday Inn Flinders	7am to 3pm Four Points	7am to 3pm Novotel South Wharf Closed	7am to 3pm Stamford Plaza	Extra Staff 7am - 3pm Four Points
REDACTED	Awaiting Authorisation							
REDACTED	Active		3pm to 11pm Travelodge Southbank (CLOSED)	3pm to 11pm Rydges Carlton **	3pm to 11pm Rydges Carlton **			
REDACTED	Active	7am to 3pm Stamford Plaza	7am to 3pm Mercure Welcome (CLOSED)	7am to 3pm Mercure Welcome (CLOSED)			7am to 3pm Mercure Welcome	7am to 3pm Holiday Inn Flinders
REDACTED	Inactive		7am to 3pm Holiday Inn Flinders					
REDACTED	Awaiting Authorisation							
REDACTED	Active	7am to 3pm Travelodge Southbank (CLOSED)	7am to 3pm Travelodge Southbank (CLOSED)	7am to 3pm Travelodge Southbank (CLOSED)	7am to 3pm Pullman on Swanston	3pm to 11pm Pan Pacific		
REDACTED	Active			11pm to 7am Grand Chancellor	11pm to 7am Grand Chancellor	11pm to 7am Promenade	11pm to 7am Four Points	11pm to 7am Pan Pacific
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Active	Extra Staff 3pm - 11pm Metropol			7am to 3pm Metropol	7am to 3pm Metropol	7am to 3pm Metropol	7am to 3pm Grand Chancellor
REDACTED	Active	3pm to 11pm Pan Pacific	3pm to 11pm Marriott					
REDACTED	Active	11pm to 7am Novotel on Collins			7am to 3pm Marriott	7am to 3pm Four Points	Extra Staff 7am - 3pm Four Points	7am to 3pm Marriott (Closed at 5pm)
REDACTED	Inactive							
REDACTED	Active	7am to 3pm Holiday Inn Flinders	11pm to 7am Novotel on Collins	11pm to 7am Stamford Plaza	11pm to 7am Stamford Plaza			Extra Staff 11pm to 7am Promenade - on call for Rydges if required
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	7am to 3pm Novotel South Wharf	Extra Staff 7am - 3pm Holiday Inn Flinders			Extra Staff 10am - 6pm Park Royal (support releases)	7am to 3pm Marriott	Extra Staff 5.30am -1.30pm Marriott (support releases)
REDACTED	Active	Extra Staff 7am - 3pm Holiday Inn			7am to 3pm Holiday Inn Airport	7am to 3pm Park Royal Airport	7am to 3pm Park Royal Airport	7am to 3pm Novotel on Collins
REDACTED	Awaiting Authorisation							
REDACTED	Release							
REDACTED	Inactive							
REDACTED	Active			11pm to 7am Holiday Inn Airport	11pm to 7am Four Points		11pm to 7am Pan Pacific	11pm to 7am Stamford Plaza
REDACTED	Active	7am to 3pm Mercure Welcome (CLOSED)	7am to 3pm Novotel on Collins	Extra Staff 7am to 3pm Holiday Inn	Extra Staff 3pm - 11pm Park Royal			3pm to 11pm Holiday Inn Flinders
REDACTED	Active							
REDACTED	Active			3pm to 11pm Four Points	3pm to 11pm Four Points	3pm to 11pm Four Points	3pm to 11pm Four Points	
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Active	3pm to 11pm Holiday Inn Flinders						
REDACTED	Active	11pm to 7am Metropol	11pm to 7am Metropol			11pm to 7am Grand Chancellor	11pm to 7am Grand Chancellor	11pm to 7am Grand Chancellor

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	7am to 3pm Metropol			Extra Staff 7am - 3pm Metropol	7am to 3pm Holiday Inn Flinders	Extra Staff 7am - 3pm Metropol	7am to 3pm Stamford Plaza
REDACTED	Team Leader	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)		
REDACTED	Active	3pm to 11pm Rydges Carlton **	3pm to 11pm Holiday Inn Flinders					
REDACTED	Active	11pm to 7am Travelodge Southbank (CLOSED)	11pm to 7am Holiday Inn Airport	11pm to 7am Park Royal Airport	11pm to 7am Metropol	11pm to 7am Four Points		
REDACTED	Inactive							
REDACTED	Active	3pm to 11pm Grand Chancellor	3pm to 11pm Grand Chancellor	3pm to 11pm Grand Chancellor				7am to 3pm Rydges Carlton **
REDACTED	Active		7am to 3pm Promenade	7am to 3pm Metropol	7am to 3pm Grand Chancellor	7am to 3pm Grand Chancellor	3pm to 11pm Holiday Inn Flinders	
REDACTED	Active		11pm to 7am Pan Pacific		11pm to 7am Novotel on Collins	11pm to 7am Marriott	11pm to 7am Marriott	
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							
REDACTED	Active	7am to 3pm Marriott	7am to 3pm Marriott	7am to 3pm Marriott				7am to 3pm Mercure Welcome
REDACTED	Release							
REDACTED	Active			Extra Staff 3pm - 11pm Marriott	Extra Staff 3pm - 11pm Mecure	3pm to 11pm Marriott	3pm to 11pm Marriott	Extra Staff 3pm to 11pm - Promenade Assisting with arrivals
REDACTED	Inactive							
REDACTED	Active	11pm to 7am Pan Pacific			Extra Staff 7am - 3pm Park Royal (support releases)		7am to 3pm Pullman on Swanston	7am to 3pm Promenade
REDACTED	Active	11pm to 7am Park Royal Airport			11pm to 7am Park Royal Airport	11pm to 7am Park Royal Airport	11pm to 7am Park Royal Airport	11pm to 7am Park Royal Airport
REDACTED	Active	7am to 3pm Pan Pacific			7am to 3pm Holiday Inn Flinders	7am to 3pm Pan Pacific	7am to 3pm Pan Pacific	7am to 3pm Pan Pacific
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							
REDACTED	Active		7am to 3pm Grand Chancellor	7am to 3pm Promenade	7am to 3pm Promenade	7am to 3pm Promenade	7am to 3pm Promenade	
REDACTED	Inactive							

Roster by Name

Roster Name	Status	Sunday 24/05/2020	Monday 25/05/2020	Tuesday 26/05/2020	Wednesday 27/05/2020	Thursday 28/05/2020	Friday 29/05/2020	Saturday 30/05/2020
REDACTED	Awaiting Authorisation							
	Inactive							
	Team Leader	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)			7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)
	Release							
	Awaiting Authorisation							
	Active	7am to 3pm Novotel on Collins	7am to 3pm Four Points	7am to 3pm Novotel on Collins	7am to 3pm Novotel on Collins			7am to 3pm Four Points
	Active			11pm to 7am Holiday Inn Flinders	11pm to 7am Pan Pacific	11pm to 7am Pan Pacific	11pm to 7am Holiday Inn Flinders	11pm to 7am Holiday Inn Flinders
	Active	11pm to 7am Novotel South Wharf	11pm to 7am Rydges Carlton **	11pm to 7am Rydges Carlton **				
	Active	3pm to 11pm Mercure Welcome (CLOSED)	3pm to 11pm Mercure Welcome (CLOSED)	3pm to 11pm Marriott	3pm to 11pm Mercure Welcome Opening	3pm to 11pm Novotel on Collins		
	Active	11pm to 7am Rydges Carlton **			3pm to 11pm Marriott			
	Active		Extra Staff 10am - 6pm Metropol (support releases)	7am to 3pm Four Points	Extra Staff 7am - 3pm Mecure	7am to 3pm Marriott	Extra Staff 7am - 3pm Pan Pacific (support releases)	
	Release							
	Awaiting Authorisation							
	Release							Extra Staff 11am - 3pm Pan Pacific Releases only
	Active		Extra Staff 7am to 3pm Marriott	Extra Staff 7am to 3pm Marriott	Extra Staff 7am to 3pm Mecure	7am to 3pm Pullman on Swanston - Opening	7am to 3pm Holiday Inn Flinders	
	Awaiting Authorisation							
	Active		7am to 3pm Rydges Carlton **	Extra Staff 7am to 3pm Pan Pacific	Extra Staff 7am to 3pm Promenade			
	Active	7am to 3pm Rydges Carlton **						
	Active		11pm to 7am Travelodge Southbank (CLOSED)		11pm to 7am Promenade	11pm to 7am Pullman on Swanston - Opening		
	Active	Extra Staff 3pm to 11pm Mecure Welcome	3pm to 11pm Holiday Inn Airport	Extra Staff 3pm to 11pm Stamford Plaza	Extra Staff 3pm to 11pm Stamford Plaza	Extra Staff 3pm to 11pm Pan Pacific		
Active							3pm to 11pm Pullman on Swanston	

Roster by Name

Roster Name	Status	Sunday 31/05/2020	Monday 01/06/2020	Tuesday 02/06/2020	Wednesday 03/06/2020	Thursday 04/06/2020	Friday 05/06/2020	Saturday 06/06/2020
REDACTED	Release							
REDACTED	Active							
REDACTED	Awaiting Authorisation							
REDACTED	Active	Extra Staff 3pm to 11pm - was Novotel South Wharf redirected to Promenade	3pm to 11pm Marriott (RE-OPENED 1/06)	3pm to 11pm Pullman on Swanston	3pm to 11pm Novotel on Collins			3pm to 11pm Pullman on Swanston
REDACTED	Team Leader	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)		
REDACTED	Awaiting Authorisation							
REDACTED	Active							
REDACTED	Active	7am to 3pm Park Royal Airport	7am to 3pm Park Royal Airport	7am to 3pm Holiday Inn Airport			7am to 3pm Holiday Inn Airport	7am to 3pm Pullman on Swanston
REDACTED	Active	11pm to 7am Novotel on Collins	11pm to 7am Novotel on Collins			3pm to 11pm Novotel on Collins	3pm to 11pm Novotel on Collins	3pm to 11pm Novotel on Collins
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	3pm to 11pm Rydges Carlton **	3pm to 11pm Novotel South Wharf (RE- OPENED 1/06)- COVID+	3pm to 11pm Novotel South Wharf (RE- OPENED 1/06)- COVID+			3pm to 11pm Novotel South Wharf (RE- OPENED 1/06)- COVID+	3pm to 11pm Novotel South Wharf (RE- OPENED 1/06)- COVID+
REDACTED	Inactive							
REDACTED	Release							Extra Staff 10am to end of releases Grand Chancellor
REDACTED	Release							
REDACTED	Release							
REDACTED	Inactive							
REDACTED	Active							
REDACTED	Active						11pm to 7am Mercure Welcome	11pm to 7am Mercure Welcome
REDACTED	Active							Extra Staff 7am to 3pm Grand Chancellor (support releases)
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	11pm to 7am Grand Chancellor	11pm to 7am Grand Chancellor	11pm to 7am Grand Chancellor			11pm to 7am Grand Chancellor	11pm to 7am Grand Chancellor

Roster by Name

Roster Name	Status	Sunday 31/05/2020	Monday 01/06/2020	Tuesday 02/06/2020	Wednesday 03/06/2020	Thursday 04/06/2020	Friday 05/06/2020	Saturday 06/06/2020
REDACTED	Active		3pm to 11pm Promenade	3pm to 11pm Promenade	3pm to 11pm Novotel South Wharf (RE-OPENED 1/06)- COVID+	3pm to 11pm Novotel South Wharf (RE-OPENED 1/06)- COVID+	3pm to 11pm Promenade	
	Inactive							
	Inactive							
	Awaiting Authorisation							
	Active							
	Active	11pm to 7am Pullman on Swanston	11pm to 7am Pullman on Swanston			11pm to 7am Mercure Welcome	11pm to 7am Metropol	11pm to 7am Metropol
	Active	3pm to 11pm Pullman on Swanston	3pm to 11pm Stamford Plaza	11pm to 7am Pullman on Swanston	11pm to 7am Grand Chancellor			3pm to 11pm Pan Pacific
	Active		11pm to 7am Pan Pacific	11pm to 7am Pan Pacific	11pm to 7am Pan Pacific	11pm to 7am Pan Pacific	11pm to 7am Pan Pacific	
	Team Leader			3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)
	Active	11pm to 7am Mercure Welcome	11pm to 7am Metropol			3pm to 11pm Holiday Inn Flinders	3pm to 11pm Holiday Inn Flinders	3pm to 11pm Promenade
	Active		3pm to 11pm Grand Chancellor	3pm to 11pm Metropol	3pm to 11pm Promenade	3pm to 11pm Grand Chancellor	3pm to 11pm Grand Chancellor	
	Active	Extra Staff 7am - 3pm Pan Pacific (support releases)					Extra Staff 7am to 3pm - Stamford Plaza support releases	Extra Staff 7am to 3pm Grand Chancellor (support releases)
	Release		Extra Staff 10am to 5pm Pan Pacific - releases only			Extra Staff 10am to end of releases Holiday Inn Flinders		
	Inactive							
	Active			3pm to 11pm Marriott	3pm to 11pm Grand Chancellor	3pm to 11pm Pullman on Swanston	3pm to 11pm Pan Pacific	
	Active							
	Release							
	Senior AO	3pm to 11pm Team Leader (TL)						
	Inactive							
	Active							
	Inactive							
	Active							
	Inactive							
Active	11pm to 7am Holiday Inn Flinders	11pm to 7am Park Royal Airport	11pm to 7am Marriott	11pm to 7am Marriott			11pm to 7am Marriott	

Roster by Name

Roster Name	Status	Sunday 31/05/2020	Monday 01/06/2020	Tuesday 02/06/2020	Wednesday 03/06/2020	Thursday 04/06/2020	Friday 05/06/2020	Saturday 06/06/2020
REDACTED	Awaiting Authorisation							
	Inactive							
	Inactive							
	Inactive							
	Release							
	Active			Extra Staff 7am to 3pm Metropol support releases	Extra Staff 7am to 3pm Metropol (support releases)	Extra Staff 7am to 3pm Four Points (support releases)	7am to 3pm Novotel on Collins	Extra Staff 7am - 3pm Metropol (support releases)
	Inactive							
	Team Leader		3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)			3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)
	Active	3pm to 11pm Four Points						
	Active	3pm to 11pm Park Royal Airport			3pm to 11pm Park Royal Airport	3pm to 11pm Park Royal Airport	3pm to 11pm Park Royal Airport	3pm to 11pm Park Royal Airport
	Active	7am to 3pm Promenade	7am to 3pm Pan Pacific	7am to 3pm Promenade	7am to 3pm Promenade	7am to 3pm Promenade		
	Inactive							
	Awaiting Authorisation							
	Active							
	Inactive							
	Inactive							
	Inactive							
	Release							
	Awaiting Authorisation							
	Active			Extra Staff 3pm to 11pm Metropol	Extra Staff 3pm - 11pm Metropol	3pm to 11pm Metropol	3pm to 11pm Metropol	3pm to 11pm Metropol
	Awaiting Authorisation							
	Active							
	Awaiting Authorisation							
	Inactive							
Inactive								
Active			3pm to 11pm Four Points	3pm to 11pm Four Points	3pm to 11pm Holiday Inn Airport	3pm to 11pm Holiday Inn Airport	3pm to 11pm Mercure Welcome	
Active		3pm to 11pm Metropol	3pm to 11pm Mercure Welcome	11pm to 7am Four Points	11pm to 7am Four Points	11pm to 7am Four Points		

Roster by Name

Roster Name	Status	Sunday 31/05/2020	Monday 01/06/2020	Tuesday 02/06/2020	Wednesday 03/06/2020	Thursday 04/06/2020	Friday 05/06/2020	Saturday 06/06/2020
REDACTED	Release							
	Active					7am to 3pm Stamford Plaza	7am to 3pm Stamford Plaza	7am to 3pm Stamford Plaza
	Active	7am to 3pm Holiday Inn Airport	7am to 3pm Holiday Inn Airport	7am to 3pm Park Royal Airport	7am to 3pm Park Royal Airport			7am to 3pm Holiday Inn Airport
	Active							
	Active	11pm to 7am Four Points	11pm to 7am Marriott (RE-OPENED 1/06)	11pm to 7am Stamford Plaza	11pm to 7am Stamford Plaza	11pm to 7am Stamford Plaza		
	Active	3pm to 11pm Stamford Plaza			3pm to 11pm Stamford Plaza	3pm to 11pm Stamford Plaza	3pm to 11pm Pullman on Swanston	3pm to 11pm Four Points
	Active							
	Team Leader				7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)
	Active	3pm to 11pm Holiday Inn Airport						3pm to 11pm Holiday Inn Airport
	Active	3pm to 11pm Mercure Welcome	3pm to 11pm Pan Pacific	3pm to 11pm Holiday Inn Airport			3pm to 11pm Four Points	11pm to 7am Four Points
	Release		Extra Staff 10am to early afternoon Pan Pacific - releases only					
	Inactive							
	Inactive							
	Inactive							
	Active							
	Awaiting Authorisation							
	Awaiting Authorisation							
	Awaiting Authorisation							
	Inactive							
	Inactive							
	Team Leader	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	
	Release							
	Active	11pm to 7am Stamford Plaza					11pm to 7am Stamford Plaza	11pm to 7am Stamford Plaza
Inactive								
Awaiting Authorisation								

Roster by Name

Roster Name	Status	Sunday 31/05/2020	Monday 01/06/2020	Tuesday 02/06/2020	Wednesday 03/06/2020	Thursday 04/06/2020	Friday 05/06/2020	Saturday 06/06/2020
REDACTED	Awaiting Authorisation							
REDACTED	Team Leader	7am to 3pm Metropol			3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)	3pm to 11pm Team Leader (TL)
REDACTED	Active	7am to 3pm Novotel on Collins	7am to 3pm Pullman on Swanston	7am to 3pm Holiday Inn Flinders	7am to 3pm Holiday Inn Flinders	7am to 3pm Mercure Welcome		
REDACTED	Active			7am to 3pm Pan Pacific	7am to 3pm Mercure Welcome	7am to 3pm Metropol	7am to 3pm Four Points	7am to 3pm Promenade
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							
REDACTED	Active	3pm to 11pm Grand Chancellor	3pm to 11pm Mercure Welcome	11pm to 7am Novotel on Collins	11pm to 7am Promenade			3pm to 11pm Grand Chancellor
REDACTED	Inactive							
REDACTED	Active	7am to 3pm Travelodge Southbank - Contact TL to be redirected	7am to 3pm Metropol			7am to 3pm Four Points	7am to 3pm Metropol	7am to 3pm Pan Pacific
REDACTED	Active		11pm to 7am Mercure Welcome	11pm to 7am Mercure Welcome	11pm to 7am Mercure Welcome	11pm to 7am Marriott	11pm to 7am Marriott	
REDACTED	Active	7am to 3pm Mercure Welcome	3pm to 11pm Four Points	3pm to 11pm Grand Chancellor	3pm to 11pm Metropol			3pm to 11pm Stamford Plaza
REDACTED	Active			7am to 3pm Pullman on Swanston	Extra Staff 7am - 3pm Four Points - support releases	7am to 3pm Holiday Inn Flinders	7am to 3pm Mercure Welcome	7am to 3pm Grand Chancellor
REDACTED	Awaiting Authorisation							
REDACTED	Active							
REDACTED	Active	Extra Staff 7am - 3pm Pan Pacific (support releases)	7am to 3pm Mercure Welcome	7am to 3pm Mercure Welcome			7am to 3pm Marriott	7am to 3pm Novotel on Collins
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							
REDACTED	Active	3pm to 11pm Promenade	3pm to 11pm Holiday Inn Flinders	3pm to 11pm Holiday Inn Flinders	3pm to 11pm Pan Pacific	3pm to 11pm Pan Pacific		
REDACTED	Active			3pm to 11pm Pan Pacific	3pm to 11pm Holiday Inn Flinders	3pm to 11pm Four Points	3pm to 11pm Stamford Plaza	3pm to 11pm Holiday Inn Flinders
REDACTED	Awaiting Authorisation							
REDACTED	Awaiting Authorisation							

Roster by Name

Roster Name	Status	Sunday 31/05/2020	Monday 01/06/2020	Tuesday 02/06/2020	Wednesday 03/06/2020	Thursday 04/06/2020	Friday 05/06/2020	Saturday 06/06/2020
REDACTED	Active	7am to 3pm Pullman on Swanston			7am to 3pm Novotel South Wharf (RE-OPENED 1/06)- COVID+	7am to 3pm Novotel South Wharf (RE-OPENED 1/06)- COVID+	7am to 3pm Novotel South Wharf (RE-OPENED 1/06)- COVID+	7am to 3pm Novotel South Wharf (RE-OPENED 1/06)- COVID+
REDACTED	Active					11pm to 7am Novotel South Wharf (RE-OPENED 1/06)- COVID+	11pm to 7am Novotel South Wharf (RE-OPENED 1/06)- COVID+	11pm to 7am Holiday Inn Flinders
REDACTED	Active	7am to 3pm Stamford Plaza			7am to 3pm Marriott	7am to 3pm Marriott	3pm to 11pm Mercure Welcome	Extra Staff 10am - 6pm Stamford Plaza (support releases)
REDACTED	Inactive							
REDACTED	Active	11pm to 7am Rydges Carlton **	11pm to 7am Novotel South Wharf (RE-OPENED 1/06)- COVID+	11pm to 7am Novotel South Wharf (RE-OPENED 1/06)- COVID+	11pm to 7am Novotel South Wharf (RE-OPENED 1/06)- COVID+			11pm to 7am Novotel South Wharf (RE-OPENED 1/06)- COVID+
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Active	7am to 3pm Holiday Inn Flinders	7am to 3pm Stamford Plaza			7am to 3pm Park Royal Airport	7am to 3pm Pullman on Swanston	7am to 3pm Mercure Welcome
REDACTED	Active	Extra Staff 7am - 3pm Park Royal			7am to 3pm Holiday Inn Airport	7am to 3pm Holiday Inn Airport	7am to 3pm Park Royal Airport	7am to 3pm Park Royal Airport
REDACTED	Awaiting Authorisation							
REDACTED	Release							
REDACTED	Inactive							
REDACTED	Active			11pm to 7am Holiday Inn Airport	11pm to 7am Holiday Inn Airport		11pm to 7am Holiday Inn Airport	11pm to 7am Holiday Inn Airport
REDACTED	Active	3pm to 11pm Pan Pacific		3pm to 11pm Stamford Plaza	3pm to 11pm Pullman on Swanston			Extra Staff 7am - 3pm Metropol (support releases)
REDACTED	Active			7am to 3pm Novotel South Wharf (RE-OPENED 1/06)- COVID+				
REDACTED	Active		7am to 3pm Novotel on Collins	7am to 3pm Novotel on Collins	7am to 3pm Novotel on Collins	7am to 3pm Novotel on Collins		
REDACTED	Inactive							
REDACTED	Inactive							
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Active							
REDACTED	Active	11pm to 7am Pan Pacific	11pm to 7am Promenade			11pm to 7am Pullman on Swanston	11pm to 7am Promenade	11pm to 7am Promenade

Roster by Name

Roster Name	Status	Sunday 31/05/2020	Monday 01/06/2020	Tuesday 02/06/2020	Wednesday 03/06/2020	Thursday 04/06/2020	Friday 05/06/2020	Saturday 06/06/2020
REDACTED	Awaiting Authorisation							
REDACTED	Inactive							
REDACTED	Team Leader	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)			7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)	7am to 3pm Team Leader (TL)
REDACTED	Release							
REDACTED	Awaiting Authorisation							
REDACTED	Active	7am to 3pm Four Points	7am to 3pm Four Points	7am to 3pm Four Points	7am to 3pm Four Points			7am to 3pm Four Points
REDACTED	Active			11pm to 7am Holiday Inn Flinders	11pm to 7am Holiday Inn Flinders	11pm to 7am Holiday Inn Flinders	11pm to 7am Pullman on Swanston	11pm to 7am Pullman on Swanston
REDACTED	Active							
REDACTED	Active	3pm to 11pm Novotel on Collins	3pm to 11pm Novotel on Collins	3pm to 11pm Novotel on Collins	3pm to 11pm Mercure Welcome	3pm to 11pm Mercure Welcome		
REDACTED	Active							
REDACTED	Active		7am to 3pm Holiday Inn Flinders	7am to 3pm Grand Chancellor	7am to 3pm Grand Chancellor	Extra Staff 7am - 3pm Stamford Plaza (support releases)	7am to 3pm Promenade	
REDACTED	Release							
REDACTED	Awaiting Authorisation							
REDACTED	Release				Extra Staff 10am - end releases Metropol releases	Extra Staff 10am - end releases Four Points releases		
REDACTED	Active	7am to 3pm Grand Chancellor	7am to 3pm Grand Chancellor	7am to 3pm Marriott	7am to 3pm Pullman on Swanston	Extra Staff 7am to 3pm Holiday Inn Flinders (support releases)		
REDACTED	Awaiting Authorisation							
REDACTED	Active							
REDACTED	Active							
REDACTED	Active	11pm to 7am Promenade	11pm to 7am Stamford Plaza	11pm to 7am Metropol		11pm to 7am Metropol		
REDACTED	Active	3pm to 11pm Holiday Inn Flinders	3pm to 11pm Holiday Inn Airport	3pm to 11pm Park Royal Airport	3pm to 11pm Holiday Inn Airport	3pm to 11pm Promenade		
REDACTED	Active							Extra Staff 7am -3pm Promenade (support releases)

CITY 1

Base hotel: Pan Pacific, 2 Convention Centre Pl, South Wharf VIC 3006

REDACTED

Crown Metropol - mobile
 Crown Promenade - mobile
 Pan Pacific Hotel - mobile
 Novotel Melbourne South Wharf - mobile
 Crowne Plaza Hotel - mobile

REDACTED

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
24/05/2020	Sunday	City 1	Team Leader (TL)	REDACTED					
24/05/2020	Sunday	City 1	Metropol				3pm - 11pm Metropol	REDACTED	Release of 1 from Crown Metropol No additional staff required
24/05/2020	Sunday	City 1	Promenade						
24/05/2020	Sunday	City 1	Pan Pacific				3pm - 11pm Pan Pacific	REDACTED	Release of 30 from Novotel South Wharf If support is required, check for AOs rostered to empty hotels (potentially Travelodge Southbank), alternatively call on team leader.
24/05/2020	Sunday	City 1	Novotel South Wharf						
24/05/2020	Sunday	City 1	Crowne Plaza (CLOSED)						
24/05/2020	Sunday	City 1							
25/05/2020	Monday	City 1	Team Leader (TL)	REDACTED	REDACTED	REDACTED	10am-6pm or end releases - Releases at Metropol	REDACTED	Release of 171 from Metropol Extra staff x3 rostered.
25/05/2020	Monday	City 1	Metropol				10am-6pm or end releases - Releases at Metropol		
25/05/2020	Monday	City 1	Promenade				10am - 6pm Metropol (support releases)		Provisional - 150 detainees arriving at Promenade 25-5-20
25/05/2020	Monday	City 1	Pan Pacific				3pm - 11pm Pan Pacific		Provisional - 50 detainees arriving at Pan Pacific 25-5-20
25/05/2020	Monday	City 1	Novotel South Wharf (CLOSED)						
25/05/2020	Monday	City 1	Crowne Plaza (CLOSED)						
25/05/2020	Monday	City 1							
26/05/2020	Tuesday	City 1	Team Leader (TL)	REDACTED					
26/05/2020	Tuesday	City 1	Metropol				3pm - 11pm Metropol	REDACTED	Release of 6 from Promenade No additional staff required.
26/05/2020	Tuesday	City 1	Promenade						Provisional - 90 detainees arriving 26-5-20 to Promenade approx 11.30am
26/05/2020	Tuesday	City 1	Pan Pacific				3pm - 11pm Pan Pacific	REDACTED	
26/05/2020	Tuesday	City 1	Novotel South Wharf (Closed)	REDACTED			7am to 3pm Pan Pacific		
26/05/2020	Tuesday	City 1	Crowne Plaza (CLOSED)						
26/05/2020	Tuesday	City 1							
27/05/2020	Wednesday	City 1	Team Leader (TL)	REDACTED					
27/05/2020	Wednesday	City 1	Metropol				7am - 3pm Metropol	REDACTED	358 detainees arriving at Metropol 27-5-20 at approx 9pm and 18 arriving approx 10pm
27/05/2020	Wednesday	City 1	Promenade				7am to 3pm Promenade		
27/05/2020	Wednesday	City 1	Pan Pacific				3pm - 11pm Metropol		
27/05/2020	Wednesday	City 1	Novotel South Wharf Closed, please report to Pan Pacific	REDACTED					
27/05/2020	Wednesday	City 1	Crowne Plaza (CLOSED)						
27/05/2020	Wednesday	City 1							
28/05/2020	Thursday	City 1	Team Leader (TL)	REDACTED		REDACTED			
28/05/2020	Thursday	City 1	Metropol						REDACTED moved from Novotel South Wharf to Metropol - emailed and phone msg
28/05/2020	Thursday	City 1	Promenade						
28/05/2020	Thursday	City 1	Pan Pacific				3pm - 11pm Pan Pacific	REDACTED	
28/05/2020	Thursday	City 1	Novotel South Wharf Closed				3pm to 11pm Pan Pacific		
28/05/2020	Thursday	City 1	Crowne Plaza (CLOSED)						
28/05/2020	Thursday	City 1							

CITY 1

CITY 1

Base hotel: Pan Pacific, 2 Convention Centre Pl, South Wharf VIC 3006 **RED**

Crown Metropol - mobile
 Crown Promenade - mobile
 Pan Pacific Hotel - mobile
 Novotel Melbourne South Wharf - mobile
 Crowne Plaza Hotel - mobile

REDACTED

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
29/05/2020	Friday	City 1	Team Leader (TL)	REDACTED	REDACTED	REDACTED			
29/05/2020	Friday	City 1	Metropol				7am - 3pm Metropol	REDACTED	Metropol arrivals 29-5-20 58 detainees at 9am, 31 detainees at 9.30pm and 7 detainees at 10pm
29/05/2020	Friday	City 1	Promenade						
29/05/2020	Friday	City 1	Pan Pacific				7am - 3pm Pan Pacific (support releases)	REDACTED	Release of 43 from Pan Pacific Extra staff x1 rostered for releases. Call on Extra Staff in City 1 if additional support is required.
29/05/2020	Friday	City 1	Novotel South Wharf Closed						
29/05/2020	Friday	City 1	Crowne Plaza (CLOSED)						
29/05/2020	Friday	City 1							
30/05/2020	Saturday	City 1	Team Leader (TL)	REDACTED					
30/05/2020	Saturday	City 1	Metropol				3pm to 11pm - Promenade Assisting with arrivals	REDACTED	
30/05/2020	Saturday	City 1	Promenade				11am - 3pm Pan Pacific Releases only		
30/05/2020	Saturday	City 1	Pan Pacific				7am - 3pm Pan Pacific - support releases		Release of 145 from Pan Pacific Extra staff x2 are rostered to support releases.
30/05/2020	Saturday	City 1	Novotel South Wharf Closed				11pm to 7am Promenade - on call for Rydges if required		
30/05/2020	Saturday	City 1	Crowne Plaza (CLOSED)						#REF!
30/05/2020	Saturday	City 1							
31/05/2020	Sunday	City 1	Team Leader (TL)	REDACTED					Release of 117 from Pan Pacific Extra staff x2 are rostered to support releases.
31/05/2020	Sunday	City 1	Metropol				7am to 3pm was Novotel South Wharf redirected to both Novotel Collins and Promenade.	REDACTED	
31/05/2020	Sunday	City 1	Promenade				7am - 3pm Pan Pacific (support releases)		67 detainees arriving at Promenade 31-5-20
31/05/2020	Sunday	City 1	Pan Pacific				7am - 3pm Pan Pacific (support releases)		
31/05/2020	Sunday	City 1	Novotel South Wharf Closed				3pm to 11pm - was Novotel South Wharf redirected to Promenade		
31/05/2020	Sunday	City 1	Crowne Plaza (CLOSED)						
31/05/2020	Sunday	City 1							
01/06/2020	Monday	City 1	Team Leader (TL)	REDACTED					
01/06/2020	Monday	City 1	Metropol				10am to 5pm Pan Pacific - releases only	REDACTED	Release of 84 from Pan Pacific Additional staff x2 are rostered to support releases.
01/06/2020	Monday	City 1	Promenade				10am to early afternoon Pan Pacific - releases only		REDACTED was sent to Novotel South Wharf to help with move of clients from Rydges
01/06/2020	Monday	City 1	Pan Pacific						
01/06/2020	Monday	City 1	Novotel South Wharf (RE- OPENED 1/06)- COVID+		REDACTED				Nb - not advised of opening until email 31/05 late evening
01/06/2020	Monday	City 1	Crowne Plaza (CLOSED)						
01/06/2020	Monday	City 1							
02/06/2020	Tuesday	City 1	Team Leader (TL)	REDACTED					
02/06/2020	Tuesday	City 1	Metropol				3pm to 11pm Metropol	REDACTED	Release of 45 from Metropol Extra staff x1 rostered.
02/06/2020	Tuesday	City 1	Promenade				3pm to 11pm Promenade		Release of 40 from Promenade No additional staff required.
02/06/2020	Tuesday	City 1	Pan Pacific				7am to 3pm Metropol support releases	REDACTED	covering both Metropol & Promenade 11pm to 7am
02/06/2020	Tuesday	City 1	Novotel South Wharf (RE- OPENED 1/06)- COVID+						
02/06/2020	Tuesday	City 1	Crowne Plaza (CLOSED)						
02/06/2020	Tuesday	City 1							

CITY 1

Base hotel: Pan Pacific, 2 Convention Centre Pl, South Wharf VIC 3006 **REDACTED**

Crown Metropol - mobile **REDACTED**
 Crown Promenade - mobile **CTED**
 Pan Pacific Hotel - mobile **CTED**
 Novotel Melbourne South Wharf - mobile
 Crowne Plaza Hotel - mobile

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
03/06/2020	Wednesday	City 1	Team Leader (TL)	REDACTED					REDACTED - Working from home
03/06/2020	Wednesday	City 1	Metropol				10am - end releases Metropol releases	REDACTED	Release of 88 from Metropol Extra staff x2 rostered.
03/06/2020	Wednesday	City 1	Promenade				3pm - 11pm Metropol		Release of 22 from Promenade No additional staff.
03/06/2020	Wednesday	City 1	Pan Pacific				7am to 3pm Metropol (support releases)		
03/06/2020	Wednesday	City 1	Novotel South Wharf (RE-OPENED 1/06)- COVID+						
03/06/2020	Wednesday	City 1	Crowne Plaza (CLOSED)						
03/06/2020	Wednesday	City 1							
04/06/2020	Thursday	City 1	Team Leader (TL)	REDACTED		REDACTED			Release of 5 from Rydges (now Novotel South Wharf) No additional staff required
04/06/2020	Thursday	City 1	Metropol						
04/06/2020	Thursday	City 1	Promenade						
04/06/2020	Thursday	City 1	Pan Pacific						
04/06/2020	Thursday	City 1	Novotel South Wharf (RE-OPENED 1/06)- COVID+						
04/06/2020	Thursday	City 1	Crowne Plaza (CLOSED)						
04/06/2020	Thursday	City 1							
05/06/2020	Friday	City 1	Team Leader (TL)	REDACTED					
05/06/2020	Friday	City 1	Metropol						
05/06/2020	Friday	City 1	Promenade						
05/06/2020	Friday	City 1	Pan Pacific						
05/06/2020	Friday	City 1	Novotel South Wharf (RE-OPENED 1/06)- COVID+						
05/06/2020	Friday	City 1	Crowne Plaza (CLOSED)						
05/06/2020	Friday	City 1							
06/06/2020	Saturday	City 1	Team Leader (TL)	REDACTED			7am -3pm Promenade (support releases)	REDACTED	Release of 68 from Metropol Extra staff x2 rostered.
06/06/2020	Saturday	City 1	Metropol				7am - 3pm Metropol (support releases)		
06/06/2020	Saturday	City 1	Promenade				7am - 3pm Metropol (support releases)		Release of 45 from Promenade Extra staff x1 rostered.
06/06/2020	Saturday	City 1	Pan Pacific						
06/06/2020	Saturday	City 1	Novotel South Wharf (RE-OPENED 1/06)- COVID+						
06/06/2020	Saturday	City 1	Crowne Plaza (CLOSED)						
06/06/2020	Saturday	City 1							

CITY 2

CITY 2

Base Hotel: Stamford Plaza, 111 Little Collins St, Melbourne VIC 3000 **REDACTED**

Holiday Inn Melbourne on Flinders - mobile **REDACTED**
 Stamford Plaza - mobile **REDACTED**
 Novotel Melbourne on Collins - mobile **REDACTED**
 Travelodge Hotel Melbourne Southbank - mobile **REDACTED**

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments	Roster Comments
24/05/2020	Sunday	City 2	Team Leader (TL)	REDACTED						
24/05/2020	Sunday	City 2	Holiday Inn Flinders	REDACTED						
24/05/2020	Sunday	City 2	Stamford Plaza	REDACTED						
24/05/2020	Sunday	City 2	Novotel on Collins	REDACTED					Provisional - 100 Detainees arriving 24-5-20 at Novotel on Collins	
24/05/2020	Sunday	City 2	Travelodge Southbank (CLOSED)	REDACTED						
25/05/2020	Monday	City 2	Team Leader (TL)	REDACTED			7am - 3pm Holiday Inn Flinders	REDACTED		
25/05/2020	Monday	City 2	Holiday Inn Flinders	REDACTED						
25/05/2020	Monday	City 2	Stamford Plaza	REDACTED					Provisional - 90 detainees arriving (Stamford)	
25/05/2020	Monday	City 2	Novotel on Collins	REDACTED						
25/05/2020	Monday	City 2	Travelodge Southbank (CLOSED)	REDACTED			3pm - 11pm Travelodge Southbank	REDACTED		
25/05/2020	Monday	City 2		REDACTED						
26/05/2020	Tuesday	City 2	Team Leader (TL)	REDACTED	REDACTED	REDACTED	3pm to 11pm Stamford Plaza	REDACTED		REDACTED Personal Leave 26/06
26/05/2020	Tuesday	City 2	Holiday Inn Flinders	REDACTED	REDACTED	REDACTED				
26/05/2020	Tuesday	City 2	Stamford Plaza	REDACTED	REDACTED	REDACTED				
26/05/2020	Tuesday	City 2	Novotel on Collins	REDACTED	REDACTED	REDACTED				
26/05/2020	Tuesday	City 2	Travelodge Southbank (CLOSED)	REDACTED	REDACTED	REDACTED				
26/05/2020	Tuesday	City 2		REDACTED						
27/05/2020	Wednesday	City 2	Team Leader (TL)	REDACTED						
27/05/2020	Wednesday	City 2	Holiday Inn Flinders	REDACTED						
27/05/2020	Wednesday	City 2	Stamford Plaza	REDACTED			3pm - 11pm Four Points	REDACTED		
27/05/2020	Wednesday	City 2	Novotel on Collins	REDACTED			3pm to 11pm Stamford Plaza	REDACTED		
27/05/2020	Wednesday	City 2		REDACTED						
27/05/2020	Wednesday	City 2		REDACTED						
28/05/2020	Thursday	City 2	Team Leader (TL)	REDACTED	REDACTED	REDACTED				
28/05/2020	Thursday	City 2	Holiday Inn Flinders	REDACTED	REDACTED	REDACTED			87 detainees arriving at Holiday Inn Flinders at approx. 11pm 28-5-20 7 detainees arriving at Holiday Inn Flinders at approx. 11.50pm 28-5-20	
28/05/2020	Thursday	City 2	Stamford Plaza	REDACTED	REDACTED	REDACTED				
28/05/2020	Thursday	City 2	Novotel on Collins	REDACTED	REDACTED	REDACTED				REDACTED personal leave (7am-3pm Novotel on Collins)
28/05/2020	Thursday	City 2		REDACTED	REDACTED	REDACTED				
28/05/2020	Thursday	City 2		REDACTED	REDACTED	REDACTED				
29/05/2020	Friday	City 2	Team Leader (TL)	REDACTED	REDACTED	REDACTED				
29/05/2020	Friday	City 2	Holiday Inn Flinders	REDACTED	REDACTED	REDACTED				
29/05/2020	Friday	City 2	Stamford Plaza	REDACTED	REDACTED	REDACTED				REDACTED Personal leave
29/05/2020	Friday	City 2	Novotel on Collins	REDACTED	REDACTED	REDACTED				REDACTED Personal Leave day
29/05/2020	Friday	City 2		REDACTED	REDACTED	REDACTED				
29/05/2020	Friday	City 2		REDACTED	REDACTED	REDACTED				

CITY 2

CITY 2

Base Hotel: Stamford Plaza, 111 Little Collins St, Melbourne VIC 3000 (REDACTED)

Holiday Inn Melbourne on Flinders - mobile (REDACTED)
 Stamford Plaza - mobile (REDACTED)
 Novotel Melbourne on Collins - mobile (REDACTED)
 Travelodge Hotel Melbourne Southbank - mobile (REDACTED)

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments	Roster Comments
05/06/2020	Friday	City 2	Team Leader (TL)	REDACTED	REDACTED	REDACTED	7am to 3pm - Stamford Plaza support releases	REDACTED	Release of 47 from Stamford Plaza Extra staff x1 rostered	
05/06/2020	Friday	City 2	Holiday Inn Flinders	REDACTED	REDACTED	REDACTED				
05/06/2020	Friday	City 2	Stamford Plaza	REDACTED	REDACTED	REDACTED				
05/06/2020	Friday	City 2	Novotel on Collins	REDACTED	REDACTED	REDACTED			REDACTED emailed 1-6-20 advised that she cannot work 5-6-20 as needed for DELWP work	
05/06/2020	Friday	City 2	Travelodge Southbank (CLOSED)	REDACTED	REDACTED	REDACTED				
05/06/2020	Friday	City 2		REDACTED	REDACTED	REDACTED				
06/06/2020	Saturday	City 2	Team Leader (TL)	REDACTED	REDACTED	REDACTED	10am - 6pm Stamford Plaza (support releases)	REDACTED	Release of 56 from Stamford Plaza Extra staff x1 rostered.	
06/06/2020	Saturday	City 2	Holiday Inn Flinders	REDACTED	REDACTED	REDACTED				
06/06/2020	Saturday	City 2	Stamford Plaza	REDACTED	REDACTED	REDACTED			Release of 4 from Novotel on Collins No additional staff required.	
06/06/2020	Saturday	City 2	Novotel on Collins	REDACTED	REDACTED	REDACTED				
06/06/2020	Saturday	City 2	Travelodge Southbank (CLOSED)	REDACTED	REDACTED	REDACTED				
06/06/2020	Saturday	City 2		REDACTED	REDACTED	REDACTED				

CITY 3

Base Hotel: Marriot City Centre, Corner Exhibition &, Lonsdale St, Melbourne VIC 3000

REDACTED

Melbourne Marriott Hotel - mobile
 Mercure Welcome Melbourne - mobile
 Pullman on Swanston - mobile
 Grand Chancellor - mobile
 Rydges on Swanston - mobile

REDACTED

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
24/05/2020	Sunday	City 3	Team Leader (TL)	REDACTED	REDACTED	REDACTED			
24/05/2020	Sunday	City 3	Marriott	REDACTED	REDACTED	REDACTED			
24/05/2020	Sunday	City 3	Mercure Welcome (CLOSED)	REDACTED	REDACTED	REDACTED	3pm to 11pm Mercure Welcome	REDACTED	
24/05/2020	Sunday	City 3	Grand Chancellor	REDACTED	REDACTED	REDACTED			
24/05/2020	Sunday	City 3	Rydges Carlton **	REDACTED	REDACTED	REDACTED			
24/05/2020	Sunday	City 3		REDACTED	REDACTED	REDACTED			
25/05/2020	Monday	City 3	Team Leader (TL)	REDACTED	REDACTED	REDACTED			
25/05/2020	Monday	City 3	Marriott	REDACTED	REDACTED	REDACTED	7am to 3pm Marriott	REDACTED	
25/05/2020	Monday	City 3	Mercure Welcome (CLOSED)	REDACTED	REDACTED	REDACTED			
25/05/2020	Monday	City 3	Grand Chancellor	REDACTED	REDACTED	REDACTED			
25/05/2020	Monday	City 3	Rydges Carlton **	REDACTED	REDACTED	REDACTED			Release of 15 from Rydges No additional staff required.
25/05/2020	Monday	City 3		REDACTED	REDACTED	REDACTED			
26/05/2020	Tuesday	City 3	Team Leader (TL)	REDACTED	REDACTED	REDACTED	7am to 3pm Marriott	REDACTED	
26/05/2020	Tuesday	City 3	Marriott	REDACTED	REDACTED	REDACTED	3pm - 11pm Four Points		
26/05/2020	Tuesday	City 3	Mercure Welcome (CLOSED)	REDACTED	REDACTED	REDACTED	3pm - 11pm Marriott		
26/05/2020	Tuesday	City 3	Grand Chancellor	REDACTED	REDACTED	REDACTED			
26/05/2020	Tuesday	City 3	Rydges Carlton **	REDACTED	REDACTED	REDACTED			
26/05/2020	Tuesday	City 3		REDACTED	REDACTED	REDACTED			
27/05/2020	Wednesday	City 3	Team Leader (TL)	REDACTED	REDACTED	REDACTED			
27/05/2020	Wednesday	City 3	Marriott	REDACTED	REDACTED	REDACTED	7am to 3pm Mercure	REDACTED	
27/05/2020	Wednesday	City 3	Mercure Welcome Opening	REDACTED	REDACTED	REDACTED	3pm - 11pm Mercure		350 detainees arriving at Mercure 27-5-20 at approx 8.00am
27/05/2020	Wednesday	City 3	Pullman on Swanston	REDACTED	REDACTED	REDACTED	7am - 3pm Mercure		
27/05/2020	Wednesday	City 3	Grand Chancellor	REDACTED	REDACTED	REDACTED			
27/05/2020	Wednesday	City 3	Rydges Carlton **	REDACTED	REDACTED	REDACTED			
27/05/2020	Wednesday	City 3		REDACTED	REDACTED	REDACTED			
28/05/2020	Thursday	City 3	Team Leader (TL)	REDACTED	REDACTED	REDACTED			
28/05/2020	Thursday	City 3	Marriott	REDACTED	REDACTED	REDACTED			
28/05/2020	Thursday	City 3	Mercure Welcome	REDACTED	REDACTED	REDACTED			36 detainees arriving at Mercure at approx. 9pm on 28-5-20 15 detainees arriving at Mercure at approx. 10pm on 28-5-20
28/05/2020	Thursday	City 3	Pullman on Swanston - Opening	REDACTED	REDACTED	REDACTED			158 detainees arriving at Pullman at approx. 8am on 28-5-20 105 detainees arriving at Pullman at approx. 9pm on 28-5-20
28/05/2020	Thursday	City 3	Grand Chancellor	REDACTED	REDACTED	REDACTED			
28/05/2020	Thursday	City 3	Rydges Carlton **	n/a	n/a	n/a			

CITY 3

CITY 3
 Base Hotel: Marriot City Centre, Corner Exhibition &, Lonsdale St, Melbourne VIC 3000

Melbourne Marriott Hotel - mobile
 Mercure Welcome Melbourne - mobile
 Pullman on Swanston - mobile
 Grand Chancellor - mobile
 Rydges on Swanston - mobile

REDACTED

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
28/05/2020	Thursday	City 3							
29/05/2020	Friday	City 3	Team Leader (TL)	REDACTED					
29/05/2020	Friday	City 3	Marriott						
29/05/2020	Friday	City 3	Mercure Welcome				7am - 3pm Four Points	REDACTED	
29/05/2020	Friday	City 3	Pullman on Swanston						Darren covering both Mecure and Pullman tonight
29/05/2020	Friday	City 3	Grand Chancellor						
29/05/2020	Friday	City 3	Rydges Carlton **	n/a	n/a	n/a			
29/05/2020	Friday	City 3							
30/05/2020	Saturday	City 3	Team Leader (TL)	REDACTED		REDACTED			
30/05/2020	Saturday	City 3	Marriott (Closed at 5pm)				7am - 3pm Marriott (support releases)	REDACTED	Marriot
30/05/2020	Saturday	City 3	Mercure Welcome				7am - 3pm Marriott - support releases		
30/05/2020	Saturday	City 3	Pullman on Swanston				5.30am - 1.30pm Marriott (support releases)		Release of 164 from Marriott Extra staff x2 are rostered to support releases. Call on extra staff in City 2 if additional support required.
30/05/2020	Saturday	City 3	Grand Chancellor						
30/05/2020	Saturday	City 3	Rydges Carlton **						
30/05/2020	Saturday	City 3							
31/05/2020	Sunday	City 3	Team Leader (TL)	REDACTED	REDACTED				
31/05/2020	Sunday	City 3	Marriott (Closed) - Contact TL to be redirected						
31/05/2020	Sunday	City 3	Mercure Welcome		REDACTED				
31/05/2020	Sunday	City 3	Pullman on Swanston						
31/05/2020	Sunday	City 3	Grand Chancellor						
31/05/2020	Sunday	City 3	Rydges Carlton **						
31/05/2020	Sunday	City 3							
01/06/2020	Monday	City 3	Team Leader (TL)	REDACTED					
01/06/2020	Monday	City 3	Marriott (RE-OPENED 1/06)						121 detainees arriving at Marriott 1-6-20
01/06/2020	Monday	City 3	Mercure Welcome						
01/06/2020	Monday	City 3	Pullman on Swanston						
01/06/2020	Monday	City 3	Grand Chancellor						
01/06/2020	Monday	City 3	Rydges Carlton ** CLOSED						
01/06/2020	Monday	City 3							
02/06/2020	Tuesday	City 3	Team Leader (TL)	REDACTED					REDA Working from Home
02/06/2020	Tuesday	City 3	Marriott						
02/06/2020	Tuesday	City 3	Mercure Welcome						
02/06/2020	Tuesday	City 3	Pullman on Swanston						
02/06/2020	Tuesday	City 3	Grand Chancellor						

CITY 3

CITY 3

Base Hotel: Marriot City Centre, Corner Exhibition &, Lonsdale St, Melbourne VIC 3000

REDACTED

Melbourne Marriott Hotel - mobile
 Mercure Welcome Melbourne - mobile
 Pullman on Swanston - mobile
 Grand Chancellor - mobile
 Rydges on Swanston - mobile

REDACTED
 ED

PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
02/06/2020	Tuesday	City 3	Rydges Carlton ** CLOSED						
02/06/2020	Tuesday	City 3							
03/06/2020	Wednesday	City 3	Team Leader (TL)	REDACTED					
03/06/2020	Wednesday	City 3	Marriott						
03/06/2020	Wednesday	City 3	Mercure Welcome						
03/06/2020	Wednesday	City 3	Pullman on Swanston						
03/06/2020	Wednesday	City 3	Grand Chancellor						
03/06/2020	Wednesday	City 3	Rydges Carlton ** CLOSED						
03/06/2020	Wednesday	City 3							
04/06/2020	Thursday	City 3	Team Leader (TL)	REDACTED		REDACTED			
04/06/2020	Thursday	City 3	Marriott						
04/06/2020	Thursday	City 3	Mercure Welcome						
04/06/2020	Thursday	City 3	Pullman on Swanston						
04/06/2020	Thursday	City 3	Grand Chancellor						
04/06/2020	Thursday	City 3	Rydges Carlton ** CLOSED						
04/06/2020	Thursday	City 3							
05/06/2020	Friday	City 3	Team Leader (TL)	REDACTED					REDACTED Working from Home
05/06/2020	Friday	City 3	Marriott						
05/06/2020	Friday	City 3	Mercure Welcome						
05/06/2020	Friday	City 3	Pullman on Swanston						
05/06/2020	Friday	City 3	Grand Chancellor						
05/06/2020	Friday	City 3	Rydges Carlton ** CLOSED						
05/06/2020	Friday	City 3							
06/06/2020	Saturday	City 3	Team Leader (TL)	REDACTED			10am to end of releases Grand Chancellor	REDACTED	REDACTED Working from Home
06/06/2020	Saturday	City 3	Marriott				7am to 3pm Grand Chancellor (support releases)		Release of 144 from Grand Chancellor Extra staff x2 rostered.
06/06/2020	Saturday	City 3	Mercure Welcome				7am to 3pm Grand Chancellor (support releases)		
06/06/2020	Saturday	City 3	Pullman on Swanston						
06/06/2020	Saturday	City 3	Grand Chancellor						
06/06/2020	Saturday	City 3	Rydges Carlton ** CLOSED						
06/06/2020	Saturday	City 3							

AIRPORT

AIRPORT Base Hotel: Park Royal Airport, Arrival Dr, Melbourne Airport VIC 3045 REDACTED *PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY*									
Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
24/05/2020	Sunday	Airport	Team Leader (TL)	REDACTED					
24/05/2020	Sunday	Airport	Park Royal Airport						
24/05/2020	Sunday	Airport	Holiday Inn Airport				7am - 3pm Holiday Inn	REDACTED	
24/05/2020	Sunday	Airport	Four Points				3pm - 11pm Four Points		
24/05/2020	Sunday	Airport							
25/05/2020	Monday	Airport	Team Leader (TL)	REDACTED					
25/05/2020	Monday	Airport	Park Royal Airport						
25/05/2020	Monday	Airport	Holiday Inn Airport						
25/05/2020	Monday	Airport	Four Points						
25/05/2020	Monday	Airport							
26/05/2020	Tuesday	Airport	Team Leader (TL)	REDACTED					
26/05/2020	Tuesday	Airport	Park Royal Airport				7am - 3pm Park Royal (support releases)	REDACTED	Release of 41 from Park Royal Extra staff x1 rostered for releases
26/05/2020	Tuesday	Airport	Holiday Inn Airport				7am to 3pm Holiday Inn		Provisional - 5 detainees arriving at Park Royal 26-5-20
26/05/2020	Tuesday	Airport	Four Points						Provisional - 54 detainees arriving at Four Points 26-5-20 approx 10pm
26/05/2020	Tuesday	Airport							
27/05/2020	Wednesday	Airport	Team Leader (TL)	REDACTED					
27/05/2020	Wednesday	Airport	Park Royal Airport				3pm - 11pm Park Royal	REDACTED	Release of 66 from Park Royal Extra staff x1 rostered for releases
27/05/2020	Wednesday	Airport	Holiday Inn Airport				7am - 3pm Park Royal (support releases)		
27/05/2020	Wednesday	Airport	Four Points						
27/05/2020	Wednesday	Airport							
28/05/2020	Thursday	Airport	Team Leader (TL)	REDACTED					
28/05/2020	Thursday	Airport	Park Royal Airport				10am - 6pm Park Royal (support releases)	REDACTED	Release of 50 from Park Royal Extra staff x1 rostered for releases
28/05/2020	Thursday	Airport	Holiday Inn Airport	REDACTED	REDACTED				Release of 59 from Holiday Inn Extra staff x1 rostered for releases
28/05/2020	Thursday	Airport	Four Points	REDACTED			3pm - 11pm Four Points	REDACTED	Stacy covering both airport hotels, Sam Barbante moved to Four Points - sent an email.
28/05/2020	Thursday	Airport							
29/05/2020	Friday	Airport	Team Leader (TL)	REDACTED					5 detainees arriving Park Royal 29-5-20 at 4am
29/05/2020	Friday	Airport	Park Royal Airport						Release of 2 from Park Royal No additional staff required
29/05/2020	Friday	Airport	Holiday Inn Airport						Stacy covering both airport hotels
29/05/2020	Friday	Airport	Four Points						
29/05/2020	Friday	Airport							
30/05/2020	Saturday	Airport	Team Leader (TL)	REDACTED					142 detainees arriving Park Royal 30-5-20 approx 11am
30/05/2020	Saturday	Airport	Park Royal Airport				7am - 3pm Park Royal for Transits and Arrivals	REDACTED	Release of 1 from Park Royal - Transit fo 49 people need additional AO for 7am shift

REDACTED

AIRPORT

AIRPORT Base Hotel: Park Royal Airport, Arrival Dr, Melbourne Airport VIC 3045 (REDACTED) *PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY* Park Royal Melbourne Airport - mobile (REDACTED) Holiday Inn Melbourne Airport - mobile (REDACTED) Four Points Docklands - mobile (REDACTED)									
Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
30/05/2020	Saturday	Airport	Holiday Inn Airport	REDACTED					REDACTED covering both airport hotels
30/05/2020	Saturday	Airport	Four Points				7am - 3pm Four Points	REDACTED	
30/05/2020	Saturday	Airport							
31/05/2020	Sunday	Airport	Team Leader (TL)	REDACTED					
31/05/2020	Sunday	Airport	Park Royal Airport				7am - 3pm Park Royal	REDACTED	REDACTED covering both airport hotels
31/05/2020	Sunday	Airport	Holiday Inn Airport						
31/05/2020	Sunday	Airport	Four Points						
31/05/2020	Sunday	Airport							
01/06/2020	Monday	Airport	Team Leader (TL)	REDACTED					33 detainees arriving Holiday Inn Airport 1-6-20
01/06/2020	Monday	Airport	Park Royal Airport						REDACTED covering both airport hotels
01/06/2020	Monday	Airport	Holiday Inn Airport						REDACTED was at 4 Points now moved to Holiday Inn airport
01/06/2020	Monday	Airport	Four Points						REDACTED moved from Airport to Four Points
01/06/2020	Monday	Airport							
02/06/2020	Tuesday	Airport	Team Leader (TL)	REDACTED					
02/06/2020	Tuesday	Airport	Park Royal Airport						Release of 32 from Park Royal No additional staff required.
02/06/2020	Tuesday	Airport	Holiday Inn Airport						Peter Hough covering both airport hotels
02/06/2020	Tuesday	Airport	Four Points						
02/06/2020	Tuesday	Airport							
03/06/2020	Wednesday	Airport	Team Leader (TL)	REDACTED					Release of 209 from Four Points Additional staff x2 rostered.
03/06/2020	Wednesday	Airport	Park Royal Airport						
03/06/2020	Wednesday	Airport	Holiday Inn Airport				7am to 3pm Four Points - support releases	REDACTED	
03/06/2020	Wednesday	Airport	Four Points				7am - 3pm Four Points - support releases		
03/06/2020	Wednesday	Airport							
04/06/2020	Thursday	Airport	Team Leader (TL)	REDACTED			10am - end releases Four Points releases	REDACTED	Release of 76 from Four Points Extra staff x2 rostered
04/06/2020	Thursday	Airport	Park Royal Airport				7am to 3pm Four Points (support releases)		
04/06/2020	Thursday	Airport	Holiday Inn Airport						Release of 37 from Holiday Inn Airport No extra staff required
04/06/2020	Thursday	Airport	Four Points						
04/06/2020	Thursday	Airport							
05/06/2020	Friday	Airport	Team Leader (TL)	REDACTED					
05/06/2020	Friday	Airport	Park Royal Airport						
05/06/2020	Friday	Airport	Holiday Inn Airport						

AIRPORT

AIRPORT Base Hotel: Park Royal Airport, Arrival Dr, Melbourne Airport VIC 3045 REDACTED *PLEASE NOTE TEAM LEADERS ROSTERED 11PM-7AM ARE ONCALL ONLY*									
Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am	Extra Staff Information	Extra Staff	Comments
05/06/2020	Friday	Airport	Four Points	REDACTED					
05/06/2020	Friday	Airport		REDACTED					
06/06/2020	Saturday	Airport	Team Leader (TL)	REDACTED					
06/06/2020	Saturday	Airport	Park Royal Airport	REDACTED					
06/06/2020	Saturday	Airport	Holiday Inn Airport	REDACTED					
06/06/2020	Saturday	Airport	Four Points	REDACTED					
06/06/2020	Saturday	Airport		REDACTED					

Park Royal Melbourne Airport - mobile
 Holiday Inn Melbourne Airport - mobile
 Four Points Docklands - mobile

REDACTED

Team Leaders

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am
24/05/2020	Sunday	City 1	Team Leader (TL)	REDACTED		
24/05/2020	Sunday	City 2	Team Leader (TL)	REDACTED		
24/05/2020	Sunday	City 3	Team Leader (TL)	REDACTED		
24/05/2020	Sunday	Airport	Team Leader (TL)	REDACTED		
25/05/2020	Monday	City 1	Team Leader (TL)	REDACTED		
25/05/2020	Monday	City 2	Team Leader (TL)	REDACTED		
25/05/2020	Monday	City 3	Team Leader (TL)	REDACTED		
25/05/2020	Monday	Airport	Team Leader (TL)	REDACTED		
26/05/2020	Tuesday	City 1	Team Leader (TL)	REDACTED		
26/05/2020	Tuesday	City 2	Team Leader (TL)	REDACTED		
26/05/2020	Tuesday	City 3	Team Leader (TL)	REDACTED		
26/05/2020	Tuesday	Airport	Team Leader (TL)	REDACTED		
27/05/2020	Wednesday	City 1	Team Leader (TL)	REDACTED		
27/05/2020	Wednesday	City 2	Team Leader (TL)	REDACTED		
27/05/2020	Wednesday	City 3	Team Leader (TL)	REDACTED		
27/05/2020	Wednesday	Airport	Team Leader (TL)	REDACTED		
28/05/2020	Thursday	City 1	Team Leader (TL)	REDACTED		
28/05/2020	Thursday	City 2	Team Leader (TL)	REDACTED		
28/05/2020	Thursday	City 3	Team Leader (TL)	REDACTED		
28/05/2020	Thursday	Airport	Team Leader (TL)	REDACTED		
29/05/2020	Friday	City 1	Team Leader (TL)	REDACTED		
29/05/2020	Friday	City 2	Team Leader (TL)	REDACTED		
29/05/2020	Friday	City 3	Team Leader (TL)	REDACTED		
29/05/2020	Friday	Airport	Team Leader (TL)	REDACTED		

Team Leaders

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am
30/05/2020	Saturday	City 1	Team Leader (TL)	REDACTED		
30/05/2020	Saturday	City 2	Team Leader (TL)	REDACTED		
30/05/2020	Saturday	City 3	Team Leader (TL)	REDACTED		
30/05/2020	Saturday	Airport	Team Leader (TL)	REDACTED		
31/05/2020	Sunday	City 1	Team Leader (TL)	REDACTED		
31/05/2020	Sunday	City 2	Team Leader (TL)	REDACTED		
31/05/2020	Sunday	City 3	Team Leader (TL)	REDACTED		
31/05/2020	Sunday	Airport	Team Leader (TL)	REDACTED		
01/06/2020	Monday	City 1	Team Leader (TL)	REDACTED		
01/06/2020	Monday	City 2	Team Leader (TL)	REDACTED		
01/06/2020	Monday	City 3	Team Leader (TL)	REDACTED		
01/06/2020	Monday	Airport	Team Leader (TL)	REDACTED		
02/06/2020	Tuesday	City 1	Team Leader (TL)	REDACTED		
02/06/2020	Tuesday	City 2	Team Leader (TL)	REDACTED		
02/06/2020	Tuesday	City 3	Team Leader (TL)	REDACTED		
02/06/2020	Tuesday	Airport	Team Leader (TL)	REDACTED		
03/06/2020	Wednesday	City 1	Team Leader (TL)	REDACTED		
03/06/2020	Wednesday	City 2	Team Leader (TL)	REDACTED		
03/06/2020	Wednesday	City 3	Team Leader (TL)	REDACTED		
03/06/2020	Wednesday	Airport	Team Leader (TL)	REDACTED		
04/06/2020	Thursday	City 1	Team Leader (TL)	REDACTED		
04/06/2020	Thursday	City 2	Team Leader (TL)	REDACTED		
04/06/2020	Thursday	City 3	Team Leader (TL)	REDACTED		
04/06/2020	Thursday	Airport	Team Leader (TL)	REDACTED		

Team Leaders

Date	Day	Area	Hotel	7am to 3pm	3pm to 11pm	11pm to 7am
05/06/2020	Friday	City 1	Team Leader (TL)	REDACTED		
05/06/2020	Friday	City 2	Team Leader (TL)	REDACTED		
05/06/2020	Friday	City 3	Team Leader (TL)	REDACTED		
05/06/2020	Friday	Airport	Team Leader (TL)	REDACTED		
06/06/2020	Saturday	City 1	Team Leader (TL)	REDACTED		
06/06/2020	Saturday	City 2	Team Leader (TL)	REDACTED		
06/06/2020	Saturday	City 3	Team Leader (TL)	REDACTED		
06/06/2020	Saturday	Airport	Team Leader (TL)	REDACTED		

Senior AO Roster

	SUN 24/05	MON 25/05	TUES 26/05	WED 27/05	THUR 28/05	FRID 29/05	SAT 30/05	
REDACTE	OFF	OFF	7:00am - 3:00pm	7:00am - 3:00pm	7:00am - 3:00pm	Available	3:00pm - 11:00pm	REDACTED
REDACTED	7:00am - 3:00pm	7:00am - 3:00pm	3:00pm - 11:00pm	OFF	OFF	7:00am - 3:00pm	Available	REDACTED
REDACTE	3:00pm - 11:00pm	OFF	OFF	3:00pm - 11:00pm	3:00pm - 11:00pm	3:00pm - 11:00pm	OFF	REDACTED
REDACTED	Available	3:00pm - 11:00pm	OFF	OFF	Available	Available	7:00pm - 3:00pm	REDACTED
REDACTE			Available	Available				REDACTED
Overnight Oncall for VICPOL	AK	PP	PP	GS	AK	AK	NC	
	SUN 31/05	MON 01/06	TUES 02/06	WED 03/06	THUR 04/06	FRID 05/06	SAT 05/06	
REDACT	OFF	OFF	7:00am - 3:00pm	7:00am - 3:00pm	7:00am - 3:00pm	Available	7:00am - 3:00pm	REDACTED
REDACT	7:00am - 3:00pm	7:00am - 3:00pm	3:00pm - 11:00pm	OFF	OFF	7:00am - 3:00pm	Available	REDACTED
REDACTE	3:00pm - 11:00pm	OFF	OFF	3:00pm - 11:00pm	3:00pm - 11:00pm	3:00pm - 11:00pm	3:00pm - 11:00pm	REDACTED
REDACTED	Available	3:00pm - 11:00pm	OFF	OFF	Available	Available	Available	REDACTED
REDACTED			Available	Available				REDACTED
Overnight Oncall for VICPOL	AK	GS	NC	EH	AK	GS	NC	
	<p>RE - Covering City 3 and airport TL Position</p>		<p>RED - Covering City 3 and airport TL Position</p>					

Detention Authorisation_Enforcement and Compliance command v2 final.pdf

From: "Murray Smith (DHHS)" REDACTED
To: COVID-19 Authorised Officers REDACTED, COVIDquarantine
REDACTED
Cc: "Nicole Brady (DHHS)" REDACTED, DHHSOpSoteriaEOC
REDACTED
Date: Sun, 24 May 2020 18:56:45 +1000
Attachments: Annex 1 Detention Authorisation_Enforcement and Compliance command v2 final.pdf
(2.56 MB)

Hello,

Please find attached the Enforcement and Compliance Command Policy and Procedures document.

Enforcement and Compliance staff - Authorised officers and exemption staff will follow the procedures and policy set out in this document, subject to any Operational Instructions being issued that override the use of the policy and procedures. Should you have any questions about these please direct them to your immediate supervisor in the first instance.

Nicole and EOC - For your information and inclusion in relevant plans or operation orders.

Everyone - please note this document is not for public release and is classified as 'sensitive'.

Regards,

Murray Smith
Commander | COVID 19 Enforcement and Compliance
Regulation | Health Protection and Emergency Management Division
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000
REDACTED
w. www.dhhs.vic.gov.au

Use of Microsoft Teams

From: "Murray Smith (DHHS)" [REDACTED]
To: COVID-19 Authorised Officers [REDACTED]
Cc: [REDACTED]
Date: Sat, 23 May 2020 13:56:29 +1000

Hello,

As I continue to engage with Authorised Officers across the group it has become apparent that the use of Microsoft Teams has been presenting some challenges.

As I understand some of the issue is staff not being familiar with the use of Teams. To assist you in getting a basic knowledge of Teams, below are links to three video tutorials. I have chosen three to give you the option of which one you want to watch (or multiple videos if you are so inclined).

Get started with Microsoft Teams (48 mins)

https://www.youtube.com/watch?v=jKnV6H6wbNA&list=PLXPr7gfUMmKzR7_jXN5s886apYoHNC3Xk&index=2

Getting started with Microsoft Teams – 10 videos of about 2 minute length in each (20 mins)

https://www.youtube.com/watch?v=jugBQqE_2sM&list=PLXPr7gfUMmKwYKFSqoPN-aHQppI7rQLf

Say hello to Microsoft Teams (16 mins)

https://www.youtube.com/watch?v=5AUOnizqALQ&list=PLXPr7gfUMmKzR7_jXN5s886apYoHNC3Xk

Please ensure you take the time to review at least one of the links so you can become more efficient in using Teams.

Regards,

Murray Smith

Commander | COVID 19 Enforcement and Compliance
Regulation | Health Protection and Emergency Management Division
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

w. www.dhhs.vic.gov.au



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.

Reminder of infection control and the protocols document

From: "Murray Smith (DHHS)" [REDACTED]
 To: COVID-19 Authorised Officers <[REDACTED]>
 Cc: "Leanne Hughson (DHHS)" [REDACTED], "Stuart Bailey (DHHS)"
 [REDACTED] "Amanda Stevens (DHHS)"
 [REDACTED] "Steve Ballard (DHHS)"
 [REDACTED] [REDACTED]
 [REDACTED]
 Date: Sat, 11 Jul 2020 13:49:42 +1000

Hello,

It has been a very difficult time for all of us with the demands placed on Authorised Officers. I have been very impressed by your collective agility to respond to emerging issues that get given to us at very short notice. I appreciate your efforts and, like you, look forward to a day when our work becomes a bit more predictable. I suspect given the current climate that day may be some time before it arrives. It is in these moments that protocols and procedures can slip. My experience is this slippage occurs from a positive desire to get the job done. While I admire this approach the risk is that when dealing with matters such as infection control or depriving someone's liberty the consequences can be much more significant than some more routine operations that you may see others engaged with.

Please ensure you regularly review the protocol and processes available on Microsoft Teams to make sure you have the most recent information available to you with respect to operations. Below are some excerpts to assist you in understanding how you can protect yourself and your colleagues from infection.

Infection control 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 snugly 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.

Some further points below provide information about reducing the risk of infection:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- 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.
- Don't shake hands, hug or kiss 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 Senior AO 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 suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

A number of us have been required to be tested and self-isolate (including me) which is rather frustrating. As authorised officers we are required to put our confidence in others that they are following the appropriate directions when entering their environments. We know that this will soon become a public question to be answered by others in a judicial review. Importantly, I have confidence in how we conduct our activities and how you all have committed to the task of saving lives across Victoria.

Regards,

Murray Smith

Commander | COVID 19 Enforcement and Compliance

Regulation | Health Protection and Emergency Management Division

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

m [REDACTED]

w. www.dhhs.vic.gov.au



The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.

Operational Instruction - Movement of people under detention between hotels

From: "Murray Smith (DHHS)" [REDACTED]
To: COVID-19 Authorised Officers [REDACTED]
Date: Sat, 11 Jul 2020 14:51:17 +1000
Attachments: 11072020144737-0001.pdf (78.52 kB)

Hello,

I hope this email finds you well. Please find attached an operational instruction to assist you in working through movement of people under detention between hotels.

Regards,

Murray Smith
Commander | COVID 19 Enforcement and Compliance
Regulation | Health Protection and Emergency Management Division
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000
[REDACTED]
w. <https://protect-au.mimecast.com/s/NWz6C3Q8N8c8848gCqiv94?domain=dhhs.vic.gov.au>

COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

OPERATIONAL INSTRUCTION 5 / 2020

EFFECTIVE DATE: 11 July 2020

SUBJECT: MANAGEMENT OF DETAINEE MOVEMENT FROM HOTEL TO HOTEL

PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the process to be followed for transferring detainees from one hotel to another hotel to ensure Corrections Victoria security oversight.

APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers of *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

BACKGROUND

On occasions there will be a need to move a person from one hotel to another while they are under the authority of a detention notice issued under the Act.

INSTRUCTION

At the hotel where the detainee was lodged

1. Confirm that the DHHS Team Leader (Op Soteria) is aware of the request to move detainee.
2. Await advice from DHHS Team Leader that the person(s) are to be relocated and when it is to occur. Note the DHHS Team Leader is to arrange transport and the designated hotel about the transfer including identifying how many rooms are required.
3. Once relocation has been confirmed, the AO at the currently lodged hotel must give a courtesy call to the receiving AO at the designated hotel to advise of the impending relocation. Confirm the end of mandatory quarantine date for the person(s) concerned.
4. Prepare temporary release documentation for each person being relocated advising that they are being transported to another hotel.
5. When the transport is ready, contact the person(s) to be relocated and arrange for security to give the person(s) face masks and gloves and to escort them to the foyer.
6. Don face mask and gloves (or perform hand hygiene) before and after the interaction with the person

7. Take images of the Temporary Release notice in the app as a record of the temporary release to move to the designated hotel.
8. Release the person(s) to the transport.
9. Contact the authorised officer at the designated hotel to notify that the person(s) is currently being transported to the hotel.

At the designated hotel

Arrival

10. The DHHS Team Leader (Op Soteria) should confirm the room configuration requirements and have rooms chosen and ready prior to the case leaving the other hotel.
11. Check that security team are aware of the impending arrival
12. The DHHS Team Leader should confirm the arrangements to be put in place to transport the person(s) to the room(s) to minimise the time spent outside their room. For example, a nurse wearing appropriate PPE to escort them from the transport straight to that pre-determined room.
13. Issue a new detention notice to each person with the same end of detention date as on their original notice.
14. Use the 'change place' feature in the App to change the hotel and room number making a note of the reason. Take an image of the new detention notice. At this stage check that the end of detention date in the app is correct.
15. Deliver the detention notice(s) to the detainee(s) by placing it under the detainee's door.
16. Then immediately phone the detainee, confirm over the phone their receipt of that Direction and Detention Notice, remind of the conditions and confirm their understanding of conditions of detention.

Extension of hotel stay

17. If the person needs to stay on post-quarantine period for compassionate reasons and this additional stay has been approved by the DHHS Team Leader, the AO is to complete the following process.
18. Make a note in the contact log; issue the '**End of Detention**', take an image of the notice using camera function in app **but do not use the release function in the app**. The app is our record of who is in the hotel.
19. At the conclusion of this additional period of hotel stay, and where authorised by the Senior AO, make a note in the app using the contact log and release the person from the hotel using the app.
20. Under the new Detention arrangements, all detainees in hotel quarantine must undergo 11 day testing and this remains throughout the detainees detention period no matter which hotel they move to.
21. Failure to undergo the testing will result in a Direction for Continuation of Detention Notice being issued on 14 day and they will be required to stay for another 10 day period

REDACTED



Murray Smith, Commander COVID-19 Enforcement and Compliance

Quarantine and Welfare User Guide COVID-19 Compliance Application

User Guide V1.0

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1 COVID-19 Quarantine and Welfare User Guide - Overview

1.1 Purpose

This User Guide focuses on the Quarantine and Welfare System which has been created for various business groups.

This document aims to serve as a guide to performing key functions relevant to the Quarantine and Welfare IT system.

NOTE:

This is not a comprehensive guide of all the processes and functions performed as part of the Compulsory Quarantine process and the Welfare checking process.

Users of the system should refer to their supervisor for policy and procedure related matters.

1.2 Quarantine and Welfare System Overview

The Quarantine and Welfare System is comprised of two applications:

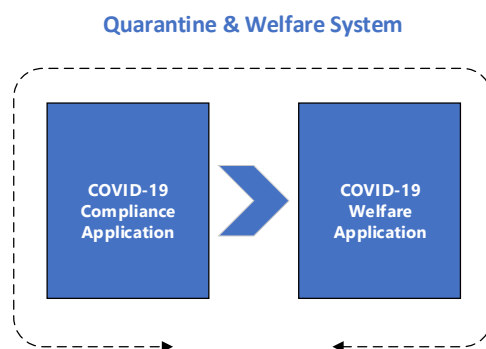
1. COVID-19 Compliance Application

This application supports Authorised Officers to maintain Detainee and Detention Order records.

2. COVID-19 Welfare Application

This application supports Welfare Call Centre staff to look after the health and wellbeing of Detainees and keep appropriate records.

This application receives Detainee records from the COVID-19 Compliance Application.



1.3 Scope

This User Guide is specific to the COVID-19 Compliance Application.

This User Guide provides instructions for the user on the following high-level functions:

- How to connect to the COVID-19 Compliance Application
- How to view detainee records
- Adding & Editing Detainee Records
- Adding & Viewing Daily Check Records
- Granularity of each Quarantine and welfare system
- Restrictions and Usage Guidelines

1.4 Intended Audience

The intended audience of this user guide is Authorised Officers who will use the COVID-19 Compliance Application.

1.5 Support Services

Support for this application is available through the following channels:

1. Telephone support – TBC
2. Online support - TBC

2. How to Connect to the Application

The following is a brief guide on how to connect to the COVID-19 Compliance Application using a digital device.

Users will be required to have a DHHS user id and Multi Factor Authentication enabled.

If you do not have a DHHS user id or Multi Factor Authentication enabled, please contact your supervisor and/or appropriate support services detailed in section **1.6 Support Services**.

1. On your digital device, click on the following **Icon** on your machines desktop.

Alternatively or enter the following URL into your devices web browser:

```
https://apps.powerapps.com/play/a18f9213-1ef0-4761-931e-  
f2c9c12d544d?tenantId=c0e0601f-0fac-449c-9c88-  
a104c4eb9f28&source=portal&screenColor=rgba(253%2C%20193%2C%202%2  
C%201)
```

2. Enter your **DHHS email address**.
3. Enter the **code** that is sent to your mobile device.
4. The COVID-19 Compliance Application is opened and ready to go.

TIP: If you do not have the ICON on your device once you have done step 4 you can save the link as a favourite to your desktop and create your own shortcut.

3. Application Home Screen

3.1. Overview

Upon connecting to the application, the Home Screen of COVID-19 Compliance Application is displayed.

From the Home Screen users are required to nominate the place of detention.

The application requests this information as subsequent screens will only display information relating to the nominated 'Place of Detention'.

This reduces the amount of information that is displayed and helps reduce confusion.

Compulsory Quarantine Process

Please Select the Place of Detention:

Crown Promenade

Go

VICTORIA GOVERNMENT 2022

3.2. Selecting the Place of Detention

1. Select the **Place of Detention**

Please Select the Place of Detention:

Note:

Over time additional places will be added and available to select. If the place of detention is not available in the list, please contact your supervisor and/or appropriate support services detailed in section **1.6 Support Services**.

2. Click the **Go** button.

3. The Quarantine List screen is displayed.

4. Quarantine List Screen

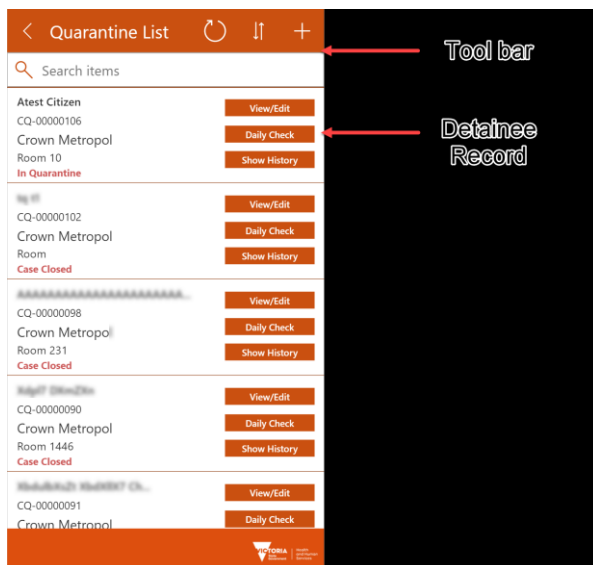
The Quarantine List screen provides users the ability to add new with the ability to manage Detainee/Detention Order records.

This screen show summary information in relation to detainees including:






- Name
- Detention Record Reference
- Detention Place
- Room
- Detention Status (In Quarantine, Case Closed)

From this screen users can:

- Filter & search detainee records
- Manage detainee/detention order records
- Manage daily check records



The following is a summary of the key functions available on the top tool bar of this screen. The following sections of this guide will provide additional information.

	This button returns the user to the Home screen, where they can nominate another place of detention.
	This button refreshes the records. This is useful if you cannot locate a particular record.
	This button allows to sort records alphabetically.
	This button allows users to add a detainee/detention order.
 Search items	The user can search for a detainee's record by entering data including: Detainee Name Compliance ID Room

5. Managing Detainee/Detention Order Records

5.1. Overview

The Quarantine List screen provides users with the ability to manage Detainee/Detention Order records.

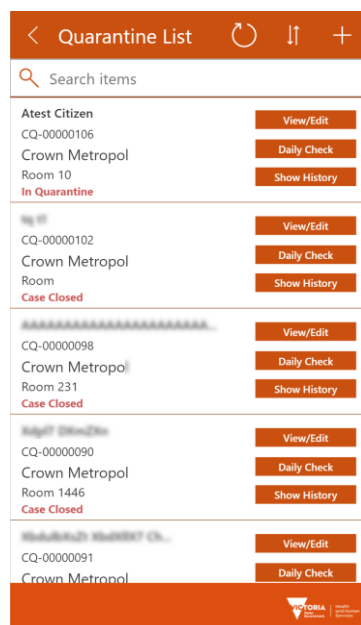
From this screen users can:


- Add a new Detainee/Detention Order
- Search and view an existing Detainee/Detention Order
- Edit an existing Detainee/Detention Order

5.2. Adding a new Detainee/Detention Order

1. Start the application and navigate to Quarantine List screen, as detailed in [Section 3.2](#).

Commented [EF(1): Don't think this is correct? Should be a link?



2. Select the  icon.
3. The Detainee and Initial Check Details screen is displayed.

This screen captures both Mandatory Detention Data (eg. detainees name, contact information) and optional Additional Information (eg. Usual residence, comments).

TIP: Users should complete as much of the data on screen as possible. If you do not have all the data in hand, you can edit the record at a later point.

Fields which must be entered before you can save the record are identified with a red asterisk. *


4. Enter Mandatory Detention Data for the Detainee:

First Name	First name of detainee.
Middle Name	Middle name of detainee.
Last Name	Last name of detainee.
Has returned from overseas?	Select Yes , if candidate has returned from overseas. Note: If the detainee has not returned from overseas however is accompanying a minor or other person who is detained, select No .
Country arrived from	Drop down list of valid countries, you can select one from the list or type the details
Was this serviced in accordance with law.	Yes/No
Mobile Phone (Contact)	This is a free text field. If a mobile phone is not available another number or email address could be used.
Served by (Authorised Officer)	Select from the drop down list the Authorised Officer. If a suitable Authorised Officer is not available in the list please contact your supervisor and/or appropriate support services

	detailed in section 1.6 Support Services .
Location Direction Given	Enter the location where the detention order was served. This could be Melbourne Airport, a sea port, hotel or other location.
Place of Detention	Select from the drop down list the place of detention. If the place of detention is not available in the list please contact your supervisor and/or appropriate support services detailed in section 1.6 Support Services .
Room Number	The room number of the hotel, place of detention.
Further Details (Place)	If the place of detention is not a hotel (for example is a home or other place), further details as to this place should be captured.
Date Notice Given	The date notice was given. This defaults to the current days date.
Flight Number/Ship	The reference number of the flight or ship. Eg. QA-123
Date of Birth	Date of birth include day, month and year.
Sex	Select Male, Female, Other

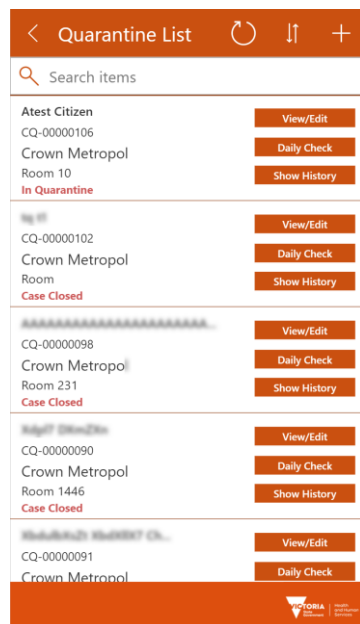
5. Enter Additional Information for the Detainee:

Usual Residential Street Address	The detainees usual residential address.
Suburb of Residence	Enter the suburb of the residence.
Postcode of Residence	Entre the postcode of the residence
State of Residence	Select from the drop down list the state of the residence.
Flight Arrival Date	This is the date the detainee arrived.
Expected Detention End Date	This defaults to 14 days after the arrival date, however can be edited by the user.
Comments	Any additional comments for noting.
Room Phone Number/Ext	The place of detention phone number and extension.

6. To save the Detainee/Detention order click the submit icon  at the top right of the screen.
7. The Quarantine List screen is displayed.

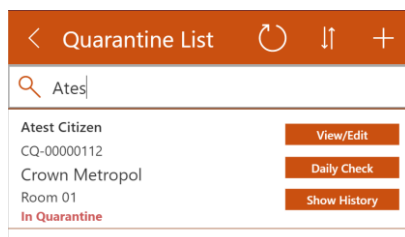
5.3. Viewing an existing Detainee/Detention Order record

1. Start the application and navigate to Quarantine List screen, as detailed in Section 3.2.

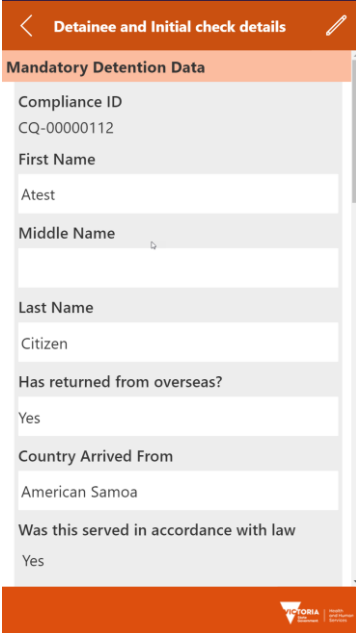


2. On the tool bar in the **Search Items** field you can search for a detainee's record by entering data including:

- Detainee Name
- Compliance ID
- Room



3. Click the **View/Edit** button.
4. The Detainee and Initial Check Details screen is displayed.



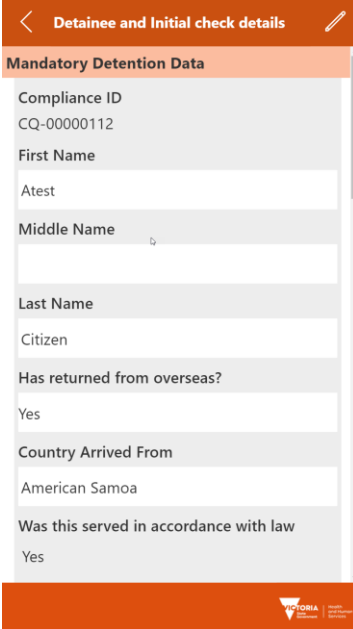
The screenshot shows a mobile application interface with an orange header bar containing a back arrow, the text "Detainee and Initial check details", and an edit icon. Below the header is a scrollable list of fields under the heading "Mandatory Detention Data". The fields and their values are:


Field	Value
Compliance ID	CQ-00000112
First Name	Atest
Middle Name	
Last Name	Citizen
Has returned from overseas?	Yes
Country Arrived From	American Samoa
Was this served in accordance with law	Yes

The bottom of the screen features an orange footer bar with the "VICTORIA" logo and the text "Department of Health and Human Services".

5.4. Editing an existing Detainee/Detention Order record

1. Start the application and navigate to Quarantine List screen, as detailed in Section 3.2.
2. Viewing an existing Detainee/Detention Order record, as detailed in Section 5.3.
3. The Detainee and Initial Check Details screen is displayed.



< Detainee and Initial check details 

Mandatory Detention Data

Compliance ID
CQ-0000112

First Name
Atest


Middle Name



Last Name
Citizen

Has returned from overseas?
Yes

Country Arrived From
American Samoa

Was this served in accordance with law
Yes



4. Click the edit icon  at the top right of screen.
5. Edit details as necessary.
6. To save the Detainee/Detention order click the submit icon  at the top right of the screen.
7. The Quarantine List screen is displayed.

6. Managing Daily Check Records

6.1. Overview

The Daily Checks screen allows Authorising Officers to record details when they check-in with a detainee.

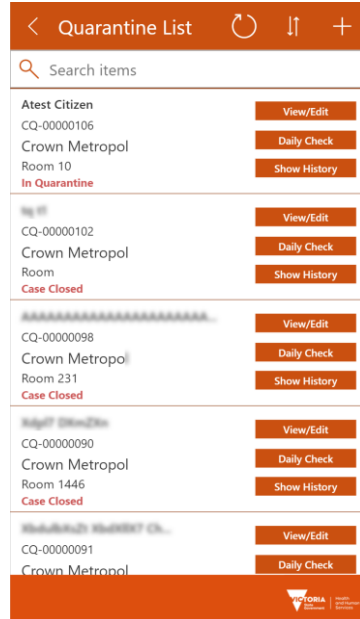
It is particularly important that the daily check record is created if there is any change to a detention order. This includes change to the place of detention, or if a detainee has permission to leave for a short term reprieve.

The Daily Checks screen also captures the status of a detention order, and is important to change the status from “In Quarantine” to “Case Closed” when a case has been closed.

Users can view a history of Daily Checks recorded.

6.2. Adding a new Daily Check record

1. Start the application and navigate to Quarantine List screen, as detailed in Section 3.2.



2. For a given Detainee click the **Daily Check** button.

TIP: If you cannot find a detainee, you can search for them following using the process detailed in **Section 5.3**.

3. The Daily Record screen is displayed for the Detainee.

The screenshot shows a mobile application interface for a detainee's daily record. At the top, there is a header with a close button (X), the detainee's name 'Atest Citizen CQ-0000112', and a checkmark. Below the header, there are several sections:

- * Change in Location:** A toggle switch is turned off, labeled 'No'. To the right, there is a 'Day' field with a red box containing the number '1'.
- * Place of Detention:** A dropdown menu is open, showing 'Crown Metropol' as the selected option.
- * Room Number:** A text input field containing '01'.
- Further Details (Place):** An empty text input field.
- Reason for Change:** An empty text input field.
- Permission to Leave:** A toggle switch is turned off, labeled 'No'.

At the bottom of the screen, there is a red footer bar with the 'VICTORIA' logo and the text 'Department of Health and Human Services'.


TIP: Users should complete as much of the data on screen as possible.

Fields which must be entered before you can save the record are identified with a red asterisk. *

4. Enter Daily Check Data for the Detainee:

Change in Location	Yes or No
Place of Detention	Select from the drop down list the place of detention. If the place of detention is not available in the list please contact

	your supervisor and/or appropriate support services detailed in section 1.6 Support Services .
Room Number	The room number of the hotel, place of detention.
Further Details (Place)	If the place of detention is not a hotel (for example is a home or other place), further details as to this place should be captured.
Reason for Change	This field is mandatory if there has been a change in location. Detail an explanation why the change was required.
Permission to leave	Yes or No
Details of Permission	This field is mandatory if permission to leave has been granted. Detail an explanation why the permission was granted.
Permission End Date & Time	This field is mandatory if permission to leave has been granted. The date and time the permissions to leave has been granted through until.
Compliance Check Performed	Yes or No
Compliance Check Comments	Yes or No
Date of Notice Change	This defaults to the current date, however can be edited by the user.
Authorised Officer	Select from the drop down list the Authorised Officer. If a suitable Authorised Officer is not available in the list please contact your supervisor and/or appropriate support services detailed in section 1.6 Support Services .
Status	In Quarantine or Case Closed
Date and Time of Check	Data and time check performed.

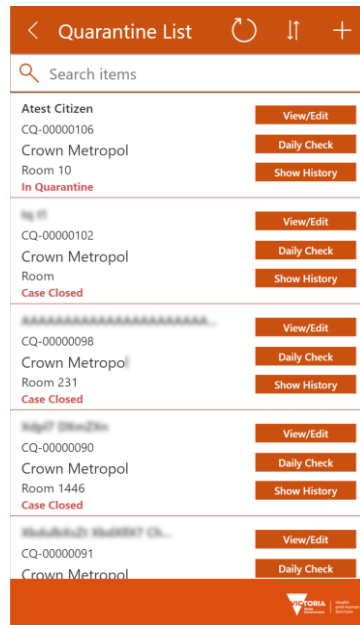
5. To save the Daily Check record click the submit icon  at the top right of the screen.

Note: Once submitted a daily check record is not editable.

6. The Quarantine List screen is displayed.

6.3. Show Daily Check History

1. Start the application and navigate to Quarantine List screen, as detailed in Section 3.2.



2. For a given Detainee click the **Show History** button.

TIP: If you cannot find a detainee, you can search for them following using the process detailed in **Section 5.3**.

3. The Compliance History screen is displayed for the Detainee.

< Compliance History

ID : CQ-0000112
Name : Atest Citizen
Room & Place : 01 Crown Metropol


Compliance Status on 05/04/2020 14:54 by *William Frost*

Compliance Check Performed	✓
Compliance Check Satisfactory	✓

Compliance Status on 05/04/2020 14:10 by *William Frost*

Compliance Check NOT Performed	✗
Compliance Check NOT Satisfactory	✗

↳



Release from mandatory quarantine

Information for people exiting quarantine

Advice prepared as at 10 April 2020

Summary

This information is for returned travellers who are nearing the end of their 14 days of mandatory quarantine. It is intended to help you plan and prepare for your release from quarantine, and to enable you to make necessary arrangements.

No-one will be detained beyond the period of legal detention. Department of Health and Human Services (DHHS) are preparing for your departure now, with the aim of ensuring the process is smooth and timely for all involved.

Please read this document carefully and ensure that you understand the release process, and what you need to do now to get ready for release.

Timing

When will I be released?

Travellers in mandatory quarantine will be able to leave by midnight on the day the detention notice expires. You will not be kept in detention past this time. The day your detention expires is as follows:

Day you arrived in Victoria	Day and time when your detention order expires
Sunday 29 March 2020	Midnight Sunday 12 April 2020
Monday 30 March 2020	Midnight Monday 13 April 2020
Tuesday 31 March 2020	Midnight Tuesday 14 April 2020
Wednesday 1 April 2020	Midnight Wednesday 15 April 2020
And so on	

What time period will checkout happen on the release day?

The release period will be from 12 pm on the day the detention notice expires. People in mandatory quarantine must not leave their rooms on that day until they are asked to do so by staff.

Will everyone leave at the same time or together?

People will be organised to leave in a planned and staged process during the release period. Because we are likely to have many people departing on the same day, we need to factor in transport arrangements, the maintenance of physical distancing as you check out, and where you need to travel to.

Can I request the time I get to check out?

You will receive a call from the Government Support Service in the lead up to your release day to arrange transport. You will be able to submit your preferences for release times. Preferences will be accommodated where possible and according to need (e.g. if you need to catch an onward flight).

What is the latest time I can leave?

No quarantined person will be kept in compulsory quarantine past midnight on the day the detention notice expires.

Checkout process

What does the release process entail?

The release process will consist of an organised check out procedure (the compliance check out). This will mean people 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. You will also need to settle any monies owing to the hotel for additional meals and drinks if you have not already done so. Physical distancing must be maintained throughout this process.

What happens during the compliance checkout?

Prior to your departure, you will be given a compliance form with your documented end date and time of detention. The DHHS authorised officer will confirm the period of detention with you and will ask you to sign the compliance form. You need to be signed out by a DHHS authorised officer before you can leave.

Will I be given any proof that I have completed mandatory quarantine?

You will be given a letter from the Victorian Department of Health and Human Services as proof that you have completed the required quarantine period in Victoria, and the time period in which you completed it.

Health check

Will there be a health check before leaving?

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release. This is voluntary and you are not obliged to complete this check.

What happens if I have a temperature or symptoms at the health check or before leaving?

If you have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of your detention. You will not be detained for longer than the 14-day quarantine period, even if you have symptoms consistent with coronavirus (see below). However, if you do have symptoms at the health check, when you are released you will need to seek medical care and self-isolate as appropriate, as do all members of the community.

Things to start planning now

Transport for Victorians

If you live in metropolitan Melbourne, an authorised driver will be available to take you to your destination at no cost to you. If you live outside metropolitan Melbourne, the driver will be available to take you to an appropriate public transport connection, to meet a family member or friend to take you home, or to the airport to collect your car.

Family and friends are not permitted to meet you at the hotel for health and safety reasons, but your driver can take you to an arranged meeting point within the Melbourne metropolitan area

Transport onwards or interstate

If you live interstate, you can make your onward travel arrangements now.

If you need to book a flight to somewhere else, including interstate, please make this booking now. If you have trouble booking a flight, the Government Support Service can assist. Call them on **1800 960 944** for assistance. Please be aware that states and territories have their own quarantine arrangements in place, and some states may require a second 14-day quarantine period for travellers coming from Victoria. Just because you have completed 14 days of quarantine in Victoria does not automatically mean you will be exempt from 14-day quarantine in other states. We recommend you call the Commonwealth Government's National Coronavirus Helpline on **1800 020 080** to find out travel requirements and restrictions that may be in place at your destination.

If I am going to the airport to fly out the next day, where can I stay?

If you need somewhere to stay before catching a flight in the coming days, please contact the Government Support Service on **1800 960 944** as soon as possible. We may be able to assist you with accommodation.

My car has been at the airport for 14 days longer than expected – will there be a late fee?

If you parked in a Melbourne Airport operated carpark, the airport has agreed to waive any overstay parking fees associated with travellers who have been in quarantine.

How do I get my luggage?

Any luggage which is not in your room will be provided to you when you complete the compliance check out.

I've been given some toys/games/chocolates - can I take them with me?

You can take with you any items that you have been given during your stay. Please note that doesn't include items belonging to the room such as linen, pillows, and appliances.

Lost property – who do I contact if I leave something behind?

If you have left something behind please contact the Government Support Service **1800 960 944** and they will assist in locating your property. Please take time to do a complete check of your room (including the room safe and under furniture) prior to check out.

Restrictions

What measures should I take when I leave?

You must still take the same precautions as everyone else in Victoria once you are released from quarantine. Physical distancing and strict hygiene measures are still required, as you can still become infected with COVID-19 after release. A summary has been provided with this fact sheet, but these restrictions change over time, so you should regularly visit the department's physical distancing webpage: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>.

Do the current restrictions apply to me?

There are currently measures in place in Victoria called the 'Stay at Home' Directions. These apply to everyone in Victoria, even if you have completed a 14-day quarantine. If you can stay home, you must stay home. You can be fined for breaching these directions.

Coronavirus infection

Am I still at risk of coronavirus infection?

Just because you have completed quarantine does not mean you are not at risk of getting infected with coronavirus in the community. You must still practise stringent hand hygiene and physical distancing, and must stay at home unless necessary to go out.

For more information, visit the department's physical distancing webpage:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

For more information on the directions, see: <https://www.dhhs.vic.gov.au/state-emergency>

Am I still considered high risk for infection with COVID-19?

According to the existing evidence, the longest incubation period for COVID-19 is 14 days. Your travel history is no longer considered a risk factor for infection with COVID-19, as you have completed the required 14 days of quarantine. However, you will now face the same risks as others in the community and are required to comply with current DHHS guidelines for the broader community.

What if I have been diagnosed with COVID-19 while in quarantine?

If you were diagnosed with COVID-19 during the quarantine period, you are required to self-isolate until you meet the discharge from self-isolation criteria as per current DHHS guidelines. However, you will be released from mandatory quarantine. If you do not have somewhere that you can safely self-isolate, please ask DHHS during your welfare check for assistance in arranging accommodation while you are in isolation.

What if I am awaiting a COVID-19 test result?

If you are awaiting a COVID-19 test result, you are considered a suspected case. You will still be released from mandatory quarantine. You will, however, be required to self-isolate at your home or in other accommodation until the result of your test is known. If you need assistance with arranging accommodation to self-isolate in, please ask DHHS during your welfare check for assistance in arranging accommodation while you are in isolation.

If I am a suspected or confirmed case and I want to travel home, what precautions do I need to take?

Arrangements will be made for residents who are suspected or confirmed cases to checkout separately from other residents. You will be given a face mask to wear when you leave your room. You must take appropriate physical distancing and infection control precautions at checkout, when leaving the accommodation and when travelling home. You should travel by private car where possible, sit in the rear seat and wear a face mask. You must self-isolate until you are discharged from isolation by the department and your treating doctor. If you are a suspected case, you must self-isolate until you receive your test results.

What should I do if I develop symptoms after release?

If you develop fever or acute respiratory symptoms after you are released from quarantine, you should stay at home and call your GP or the COVID-19 hotline (**1800 675 398**) for advice. If you are very unwell you must seek medical review.

Other

Who can I go to if I have other questions?

If you have further questions which aren't addressed in this document, or other specific needs, please ask at your welfare check before release so we can assist you to access help. You can also contact the Government Support Service on **1800 960 944**.

How can I access support if I am feeling anxious?

There are a range of support services available in the community that you can access:

- **Beyond Blue** 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. **Phone: 13 11 14 (24 hours/7 days)**. **Text: 0477 13 11 14 (6pm – midnight AEDT, 7 nights)**. **Chat online: www.lifeline.org.au/crisis-chat (7pm - midnight, 7 nights)**
- **Phoenix Australia, the Centre for Post-Traumatic Mental Health**, offers advice, tips and resources at phoenixaustralia.org

What if I need to get a prescription before I am released?

If you need to get an urgent prescription filled before you are released from quarantine, please ask during the welfare check at least 24 hours before your release day. If it is not urgent, you will be asked to fill the prescription yourself after you have been released from quarantine.

What if I need medical care after I am released?

After your release, your medical care should be managed by your usual healthcare provider. If requested, the details of any medical treatment you received while in quarantine can be provided to your regular doctor.

We appreciate that this has been a difficult period for you. Thank you for doing your part to protect Australia from coronavirus.

Physical distancing requirements in Victoria – as at 9 April 2020

Please refer to the website regularly for updates: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

Personal actions to reduce your exposure

- Stay at home. Don't visit friends, and don't visit family at this time.
- You should only be outside for one of the following four reasons:
 - 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
- Do not travel overseas, interstate, take a cruise or travel domestically in Victoria unless absolutely necessary.
- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and for smokers, quitting.
- Do not participate in community gatherings including community sport. Gatherings of more than two people are not allowed except for members of your immediate household and for work or education purposes.

Take the following hygiene actions:

- 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 percent 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.
- Do not share drink bottles, crockery or cutlery.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a distance of at least 1.5 metres is kept between yourself and others.
- Get vaccinated for flu (influenza). This will help reduce the strain on the healthcare system as it deals with coronavirus. Vaccines are now available from your GP and pharmacy.
- Clean and disinfect high touch surfaces regularly e.g. phones, keyboards, door handles, light switches, bench tops.

Prepare for quarantine or self-isolation

- Shop for what you need, and only what you need.
- Ensure you have enough non-perishable food for you and your family for 14 days.
- Ensure you have enough medication for you and your family for 14 days.
- Plan with friends and family how you would manage if you need to self-isolate for 14 days.

Take personal action to protect your community

- If you have had close contact with a person with COVID-19, you must quarantine for 14 days. You will be notified by the Department of Health and Human Services and advised of what you must do.
- If you're in quarantine or isolation, you can't:
 - leave that place except in an emergency.
 - allow other people into the home if they don't live there.
 - be closer than 1.5 metres to others in the home.
- Stay at home and avoid all gatherings of more than two people including yourself. This minimises the chances of transmission, protects the health system and saves lives.
- You should only be outside for one of the following four reasons:
 - 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
- If you are with other people e.g. in supermarket, you must observe the rule of 1 person for every 4 square metres to ensure a safe physical distance. Keep 1.5 metres away from others.
- The Victorian Government has already ordered the closure of a range of facilities including hotels, pubs and clubs (excluding bottle shops within those venues), casinos, cinemas, nightclubs, entertainment venues, gyms and indoor sporting centres. See: [Directions from Chief Health Officer](#).
- There are now further closures of non-essential businesses, limitations on certain activities, and closure of a range of venues, attractions and facilities where large numbers of people would otherwise be in close proximity.
- If you need to leave your home, keep the time short.
- Do not attend places of worship unless you are attending a funeral or wedding.
- Weddings may be held in places of worship (or other venues), but only with the couple, celebrant and two witnesses in attendance.
- Funerals may be held in places of worship, funeral parlours or other venues, with a maximum of ten mourners in attendance.
- Do not take part in community sports, including golf.
- Do not go camping or hiking. Many sites have been closed including high visitation sites, historic sites and camp sites. For more information check the Parks Victoria website.
- Where possible, use debit and credit cards instead of cash and make use of online and self-serve transactions (for example, Myki top ups).
- If using a change room do not share items like towels and soap bars, and wash your hands after changing.
- Only travel when necessary and use public transport in less busy periods if you can. Walk or cycle if possible.
- If you are elderly or vulnerable avoid public transport.
- Ride in the back of taxis, uber and ride shares.
- Any gathering of more than 2 people except for members of your immediate household and for work or education purposes, is a risk for transmitting coronavirus and is not allowed.



Coronavirus (COVID-19) mandatory quarantine

Questions and answers – exiting mandatory quarantine

Summary

This information is for returned travellers nearing the end of their 14-day mandatory quarantine.

Read this document carefully to ensure you understand the release process.

Timing

When will I be able to leave?

The date you will be able to leave is included on your detention notice.

What time is checkout?

Checkout will be from 12pm on the day your detention notice expires. You must not leave your room on this day until you are asked to do so by staff.

Will everyone leave at the same time?

Exit from mandatory quarantine will be staged. Many people may depart on the same day so we must plan for transport needs, extra travel requirements and physical distancing as you check out.

Can I request my check out time?

The Government Support Service will call you before your release day to discuss your check out arrangements. You can submit a preferred release time. Preferences will be accommodated where possible and according to need (e.g. if you need to catch an onward flight).

What is the latest time I can leave?

You will not be kept in mandatory quarantine past midnight on the day the detention notice expires.

Checkout process

What is a release notice?

You will be provided with a release notice approximately 24 hours before you are due to checkout. Upon checkout, you will have to show your release notice to a Department of Health and Human Services Authorised Officer to confirm the period of detention and they will ask you to sign a master list before you leave.

What else should I expect from the checkout process?

You will need to settle any monies owing to the hotel for additional meals, drinks and outgoing phone calls. Physical distancing must be maintained throughout this process.

Will I be given proof that I completed mandatory quarantine?

You will be given a release notice from the Department of Health and Human Services as proof that you have completed the required quarantine period in Victoria, and the time period in which you completed it. This is an important document that you must keep, especially if you plan to travel interstate.

Health check

Will there be a health check before leaving?

You can request a temperature and symptom check by a nurse approximately 24 hours before release. This check is voluntary.

What if I have a temperature or symptoms at my health check or before leaving?

If you have a temperature or other symptoms consistent with coronavirus (COVID-19) at your health check or before leaving, this will not affect the completion of your mandatory quarantine.

You will not be detained for longer than the 14-day quarantine period. However, if you do have symptoms you will need to seek medical care and self-isolate. If you need to travel interstate, please discuss your options with staff.

What if I need to get a prescription before I am released?

If you need an urgent prescription filled before you are released from quarantine, ask for assistance during your welfare check. If it is not urgent, you will be asked to fill the prescription yourself after you have been released from quarantine.

What if I need medical care after I am released?

After your release, your medical care should be managed by your GP. If requested, the details of any medical treatment you received while in quarantine can be provided to your regular doctor.

Start planning now

Transport for Victorians

If you live in metropolitan Melbourne, we will have drivers available to take you to your destination at no cost to you.

If you live outside metropolitan Melbourne, the driver will be available to take you to an appropriate public transport connection, or to meet a family member or friend to take you home, or to the airport to collect your car.

Let the Government Support Service know about any accessibility needs when they call about your departure plans and they will arrange with the transport service.

Family and friends are not permitted to meet you at the hotel for health and safety reasons, but your driver can take you to an arranged meeting point within the Melbourne metropolitan area

Transport onwards or interstate

Please be aware that states and territories have their own quarantine arrangements in place, and some states may require a second 14-day quarantine period for travellers coming from Victoria. Completing 14 days of quarantine in Victoria does not mean you will be exempt from quarantine in other states.

We recommend you call the Commonwealth Government's National Coronavirus Helpline on **1800 020 080** to find out what travel requirements and restrictions are in place at your destination.

If you live interstate, you should make your onward travel arrangements now. Interstate flights and other transport are your own expense.

If you have difficulty booking a flight, **Corporate Travel Management** can assist with travel bookings. Call **1300 015 123** from 8am – 6pm, or **1800 836 000** from 6pm – 8am.

If I am going to the airport to fly out the next day, where can I stay?

If you are unable to arrange your own hotel accommodation and need somewhere to stay before catching a flight, please advise the Government Support Service when they contact you to discuss your departure.

My car has been at the airport for 14 days longer than expected – will there be a late fee?

If you parked in a Melbourne Airport operated carpark, the airport has agreed to waive any overstay parking fees associated with travellers who have been in mandatory quarantine.

If your car is parked with a different operator you will need to contact them directly to discuss your parking fees.

How do I get my luggage?

Any luggage which is not in your room will be given to you when complete your check out.

I've been given some toys/games/chocolates - can I take them with me?

You can take any items that have been given to you during your stay. That doesn't include items belonging to the room such as linen, pillows and appliances.

Lost property – who do I contact if I leave something behind?

If you have left something behind, please contact the Government Support Service on **1800 960 944** for assistance in locating your property.

Restrictions

What measures should I take when I leave?

Once you are released from quarantine, you must still take the same precautions as everyone else in Victoria.

Physical distancing and strict hygiene measures are still required, as you can still become infected with coronavirus (COVID-19) after release.

A summary has been provided with this fact sheet, but these restrictions change over time, so you should visit the department's physical distancing webpage regularly: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>.

Do the current restrictions apply to me?

The 'Stay at Home' Directions apply to everyone in Victoria, even if you have completed a 14-day quarantine. Stay home. Protect our health system. Save Lives There are only four reasons to leave home:

- 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

You can be fined for breaching these directions.

Coronavirus infection

Am I still at risk of coronavirus (COVID-19) infection?

Completing quarantine does not mean you have a reduced risk of contracting coronavirus (COVID-19) in the community. You must practise hand hygiene and physical distancing and stay home.

For more information, visit the department's physical distancing webpage:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

Am I still considered at high risk of coronavirus (COVID-19) infection?

Existing evidence tells us that the longest incubation period for coronavirus (COVID-19) is 14 days.

Your travel history is no longer considered a risk factor for coronavirus (COVID-19) infection, as you have completed the required 14 days of quarantine.

You now face the same infection risks as others in the community and you are required to comply with the 'Stay at Home' directions for all Victorians.

What if I have been diagnosed with coronavirus (COVID-19) while in quarantine?

If you are diagnosed with coronavirus (COVID-19) during the quarantine period, you will still be released from mandatory quarantine after 14 days. If you are coronavirus (COVID-19) positive when exiting mandatory quarantine, you will need to comply with the self-isolation rules set for all community members by Victoria's Chief Health Officer.

You must self-isolate until you have a noted improvement in symptoms, you have had no fever for at least 72 hours and at least 10 days have passed since the onset of your symptoms. The department will make this assessment and let you know when you meet these criteria.

If you do not have somewhere that you can safely self-isolate, please ask for assistance during your welfare check.

What if I am waiting on a coronavirus (COVID-19) test result?

If you are waiting on a coronavirus (COVID-19) test result, you are considered a suspected case, but you will be released from mandatory quarantine. You will need to comply with the self-isolation rules set by Victoria's Chief Health Officer for all community members

You must self-isolate at home or in other accommodation until the result of your test is known. If you need help arranging accommodation to self-isolate, ask for assistance during your welfare check.

If I am a suspected or confirmed case and I want to travel home, what precautions do I need to take?

Arrangements will be made for suspected or confirmed cases to checkout separately from others.

- You will be given a face mask to wear when you leave your room.
- You must take appropriate physical distancing and infection control precautions at checkout, when leaving the accommodation and when travelling home.
- You should travel by private car where possible, sit in the rear seat and wear a face mask.
- You must self-isolate until you are discharged from isolation by the department and your treating doctor.
- If you are a suspected case, you must self-isolate until you receive your test results.

If you are from interstate and need to self-isolate after your release, the department will be able to advise and assist you in arranging accommodation and transport.

What should I do if I develop symptoms after release?

If you develop fever or acute respiratory symptoms after you are released from quarantine, you should stay at home and call your GP or the coronavirus (COVID-19) hotline on **1800 675 398** for advice.

If you are very unwell you must seek urgent medical attention.

Mental health support services

How can I access support if I am feeling anxious?

There are a range of support services available that you can access:

- If you need support from the **on-site nurse** please contact the Government Support Service on 1800 960 944 and they will arrange for the nurse to contact you
- **Beyond Blue** 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. **Phone: 13 11 14 (24 hours/7 days). Text: 0477 13 11 14 (6pm – midnight AEDT, 7 nights). Chat online: www.lifeline.org.au/crisis-chat (7pm - midnight, 7 nights)**
- **Phoenix Australia, the Centre for Post-Traumatic Mental Health**, offers advice, tips and resources at phoenixaustralia.org

We appreciate that this has been a challenging period for you. Thank you for doing your part to protect Australia from coronavirus.

Physical distancing requirements in Victoria – as at 9 April 2020

Please refer to the website regularly for updates: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

Personal actions to reduce your exposure

- Stay at home.
- You should only be outside for one of the following four reasons:
 - 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
- If it isn't for medical, care or compassionate needs, don't visit friends, and don't visit family at this time.
- Do not travel overseas, interstate, take a cruise or travel domestically in Victoria unless absolutely necessary.
- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and for smokers, quitting.
- Do not participate in community gatherings including community sport. Gatherings of more than two people are not allowed except for members of your immediate household and for work or education purposes.

Take the following hygiene actions:

- 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 percent 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.
- Do not share drink bottles, crockery or cutlery.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a distance of at least 1.5 metres is kept between yourself and others.
- Get vaccinated for flu (influenza). This will help reduce the strain on the healthcare system as it deals with coronavirus. Vaccines are now available from your GP and pharmacy.
- Clean and disinfect high touch surfaces regularly e.g. phones, keyboards, door handles, light switches, bench tops.

Prepare for quarantine or self-isolation

- Shop for what you need, and only what you need.
- Ensure you have enough non-perishable food for you and your family for 14 days.
- Ensure you have enough medication for you and your family for 14 days.
- Plan with friends and family how you would manage if you need to self-isolate for 14 days.

Take personal action to protect your community

- If you have had close contact with a person with coronavirus (COVID-19), you must quarantine for 14 days. You will be notified by the Department of Health and Human Services and advised of what you must do.
- If you're in quarantine or isolation, you can't:
 - leave that place except in an emergency.
 - allow other people into the home if they don't live there.
 - be closer than 1.5 metres to others in the home.
- Stay at home and avoid all gatherings of more than two people including yourself. This minimises the chances of transmission, protects the health system and saves lives.
- You should only be outside for one of the following four reasons:
 - 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
- If you are with other people e.g. in a supermarket, you must observe the rule of 1 person for every 4 square metres to ensure a safe physical distance. Keep 1.5 metres away from others.
- The Victorian Government has already ordered the closure of a range of facilities including hotels, pubs and clubs (excluding bottle shops within those venues), casinos, cinemas, nightclubs, entertainment venues, gyms and indoor sporting centres. See: [Directions from Chief Health Officer](#).
- There are now further closures of non-essential businesses, limitations on certain activities, and closure of a range of venues, attractions and facilities where large numbers of people would otherwise be in close proximity.
- If you need to leave your home, keep the time short.
- Do not attend places of worship unless you are attending a funeral or wedding.
- Weddings may be held in places of worship (or other venues), but only with the couple, celebrant and two witnesses in attendance.
- Funerals may be held in places of worship, funeral parlours or other venues, with a maximum of ten mourners in attendance.
- Do not take part in community sports, including golf.
- Do not go camping or hiking. Many sites have been closed including high visitation sites, historic sites and camp sites. For more information check the Parks Victoria website.
- Where possible, use debit and credit cards instead of cash and make use of online and self-serve transactions (for example, Myki top ups).
- If using a change room do not share items like towels and soap bars, and wash your hands after changing.
- Only travel when necessary and use public transport in less busy periods if you can. Walk or cycle if possible.
- If you are elderly or vulnerable avoid public transport.
- Ride in the back of taxis, uber and ride shares.
- Any gathering of more than 2 people except for members of your immediate household and for work or education purposes, is a risk for transmitting coronavirus and is not allowed.