

## PROTECTED: FOR COMMENT: Public Health Command and RHPem resourcing project - scan and next steps

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 Date: Thu, 21 May 2020 15:48:39 +1000  
 Attachments: DRAFT - Environmental scan.pptx (2.39 MB); FINAL - Pub Health & RHPem Resourcing Project scope May 20.pptx (1.33 MB)

Dear Meena, Brett, Annaliese, Angie, Andrea and Pam

Thank you to you and your teams for contributing to the initial environmental scan for the Public Health, Enforcement and Compliance and Emergency Operations Command functions over the last week or so.

### Project Scope

As you know this is the first product for a resourcing project that Melissa Skilbeck and Jacinda de Witts have agreed to be joint sponsors for. As set out in the attached project scope endorsed by the sponsors, the project will develop the design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the re-establishment of business as usual RHPem functions.

### Feedback on draft environmental scan

The first stage of the project is the delivery of the environmental scan that seeks to understand structures in place across Public Health Command, Enforcement and Compliance and Emergency Operations, identify critical roles within these structures and provide some preliminary analysis on workforce supply and demand pressures.

The first draft of the scan is attached **for your review and comment by 9am Monday, 25 May – is it accurate and complete**. Please feel free to test your sections with relevant leaders in your teams but I'd ask you not to share widely, as this is still a draft.

### Reference group

Under the project scope, you or your nominee are invited to join a reference group to provide endorsement for products to be presented to the project sponsors, discuss key issues and recommend any solutions. For example, the initial scan identifies that there are corporate support functions across the structures that have been stood up and asks the question whether some of these should be managed more consistently (eg using same rostering system).

Mindful of your precious time, the project sponsors support a *virtual reference group* based largely out of session work with you with targeted meetings only as needed by the project team to progress the work. We are testing sending you a product at end of day Thurs for feedback by Monday. If this works, we would use a similar rhythm for future papers.

That said, given that part of the project is to get everyone on the same page about what we expect will involve competing priorities and challenges, I propose to hold a kick off meeting of the reference group. We are aiming for early next week depending on schedules. The focus is proposed to be: any general questions you have on the project scope; key interdependencies you want the project team to be aware of; and your feedback on the proposed key issues and

next steps on slide 11. We will send you an agenda ahead of the meeting.

You will see that the proposed next steps require continued work with you and Corporate Services partners. We have met with Marg and Gordon in particular and agreed to coordinate how we support the next steps with your logistics leads. Be assured, as set out in the project scope there are urgent sourcing and funding bid next steps already happening in parallel. I am also checking with Euan regarding a Health Coordinator representative/input regarding clinical workforce matters.

I will ask my office to speak to yours to see what might work best for a meeting time. Assuming not all of you will be able to attend a particular time, you are welcome to consider a suitable executive nominee/rostered alternate.

Feel free to call me or Anthony Pasquale, who is Project Director for this work if you have any questions in the meantime.

Cheers

**Nick Chiam**  
Deputy Secretary  
Organisational Transformation  
Department of Health & Human Services  
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# COVID-19 Public Health Emergency Response

ENVIRONMENTAL SCAN – DRAFT

Prepared by Organisational Transformation - for discussion

19 May 2020

Project Director: Anthony Pasquale

Project team: REDACTED

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# Contents

## Section 1

Introduction, summary covering:

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

## Section 2, 3 and 4

For each of the three functions in scope, the following format is followed:

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

# Section 1

## Introduction

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

# Environmental scan: Scope and summary text

## *Overview and purpose of this pack*

- In April 2020, the Australian National Cabinet indicated intention to pursue necessary public health action to minimise the impact of COVID-19. The Victorian Department of Health and Human Services is the lead for this COVID-19 health emergency response.
- An environmental scan has explored the structural and workforce arrangements in place across three of the department's core emergency response functions, namely, Public Health Command, Operations Soteria and Enforcement and Compliance. It the underpinning analysis for a *public health resourcing plan* sponsored by the Dep Secs, RHPPEM and Public Health Emergency Coordination and Operations.
- This report is broken up into specific sections for each of these core functions, including current 'as is' structures, design considerations and threshold sustainability issues to work through. The introductory section collates these issues into themes and proposes an establishment of a reference group to work through these matters.

## *Project scope*

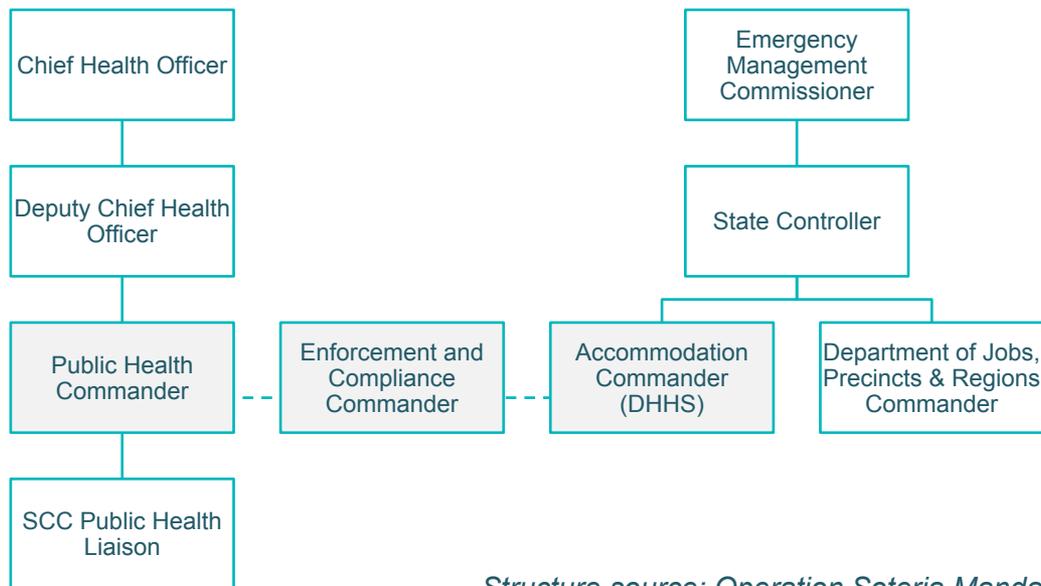
1. To design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the reestablishment of business as usual RHPPEM functions.
2. To identify critical roles and key staff who need to return to business as usual roles (within or outside DHHS) and work with corporate partners to ensure workforce planning (i.e. plan for supply and address immediate workforce gaps).

In planning how to transition to a "COVID-19 normal world", consideration must be given to the existing Clause 10 proposal and relevant funding submissions put to CCC in May 2020.

# Operation Soteria high level governance structure

Three specific functions from within this governance structure are covered in this *environmental scan*, including:

1. Enforcement and Compliance
2. Emergency Operations
3. Public health command



Structure source: Operation Soteria Mandatory Quarantine for all Victorian Arrivals Plan

# Key findings by theme

|                              |   |
|------------------------------|---|
| Design / structures          | Structural design is evolving across all three structures, making it difficult for corporate and logistics to support business needs, including an inability to formalise roles and structures, report, monitor, and source workforce.  |
| Operational policy           | Policy and operational demands are evolving, presenting challenge for operational policy development, consistency and implementation. Planning will need to consider operational resourcing, particularly for “second wave scenario”.   |
| Governance                   | Some structures, operating models, reporting lines and some functional relationships/accountabilities amongst senior leads are unclear; and matrix arrangements in operational areas may be better managed through clear hierarchy  |
| Business support duplication | Several functions across the three structures are providing program support that could be consolidated or at the least, managed consistently using the same systems and processes (e.g. rostering, logistics, public channels).   |
| BAU impact                   | BAU functions that have temporarily deployed expertise to the COVID-19 response (e.g. RHPEM) are increasingly under pressure, including some corporate / communications functions that have been embedded in new structures.  |
| Workforce                    | An overarching workforce / pipeline plan is required to address supply and demand pressures that are emerging in BAU and external pipelines due to continued demand for similar capability across different functions, capabilities that do not exist en masse in the VPS, executive oversight and up to 24/7 rosters that require significant volume of staff. |
| Corporate sequencing         | There is important corporate sequencing to work through to support the response, including industrial matters (i.e. standing up new teams and alignment with the existing RHPEM clause 10 proposal), budget positions (the availability and/or success of budget submission).   |

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# Workforce

## Overview

- In the absence of formal reporting (e.g. many staff "report" to the BAU manager), and the high volume of agency hire and deliberate policies that encourage rotation and flexible sourcing, workforce numbers should be viewed as indicative and subject to fluctuation.
- The scan found that as at 15 May approximately 1000 staff are rotating through various teams and structures across emergency accommodation, enforcement and compliance and public health. The high volume of rostered positions and teams contributes to this number – the actual number of *positions* is considerably fewer (but not yet confirmed).
- Indicatively, almost 60% of all functions are staffed from within DHHS or the Victorian Government, with the remaining 40% coming in from external, namely, local government and various agency hire spanning health services.
- Overall, RHPEM accounts for almost 30% of workforce across these functions, with over 200 staff formally deployed to the response.
- In April, these functions were estimated to need to grow to 1,400+ FTE to sustain the emergency response in 20-21. It is expected that this analysis should provide a basis for the Commanders leading these functions to validate their growth needs.

| Function                              | Staff       |
|---------------------------------------|-------------|
| <b>Public Health Command</b>          | <b>494</b>  |
| Public Health Emerg. Op. Coordination | 70          |
| Case, Contact and Outbreak            | 188         |
| Intelligence                          | 134         |
| Pathology                             | 13          |
| Physical Distancing                   | 5           |
| Public Health Coordination            | 65          |
| Public Information                    | 19          |
| <b>Enforcement and Compliance</b>     | <b>175</b>  |
| Leadership and oversight              | 2           |
| Operations                            | 135         |
| Policy and exemption                  | 38          |
| <b>Emergency accommodation</b>        | <b>400</b>  |
| Leadership and oversight              | 10          |
| Welfare Cell                          | 90          |
| Airport, Hotels and Clinical          | 300         |
| <b>Total</b>                          | <b>1070</b> |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Supply and demand challenges

- Until now, of the ~1000 staff rotating through roles, ~40% have been sourced within DHHS and its portfolio agencies, mainly RHPEM.
- A significant proportion – 42% – have been sourced externally, including health service and general agency hire, other VPS agencies and local councils.
- The high supply of external appointments, particularly those from local councils and other VPS agencies, is anticipated by a number of functional leads to shrink as restrictions begin to ease. External staff most at risk include, but are not limited to, **AOs and exemption case managers** from Enforcement and Compliance Command and **case contact and tracing officers** from Public Health Command.
- The uncertain nature of the public health event and dynamic policy and social settings and requirements will mean that these functions will not be able to managed in a "stable state" during the remainder of the COVID-19 response. A dedicated organisational design and workforce supply function may be required to support these functions may need to continue.

| Function                       | Staff |
|--------------------------------|-------|
| DHHS                           | 41%   |
| Children and Families          | 0%    |
| Corporate                      | 3%    |
| CSOD                           | 5%    |
| Health and Wellbeing           | 1%    |
| Housing and Infrastructure     | 0.2%  |
| RHPEM                          | 30%   |
| Strategy and Planning          | 1%    |
| Administrative Offices         | 1%    |
| External                       | 42%   |
| Casual Staff                   | 0%    |
| External (Councils and VicGov) | 14%   |
| External agency                | 28%   |
| VicGov                         | 17%   |
| Various (VicGov Mobility)      | 17%   |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Critical roles

All roles are important in the COVID-19 response. This slide lists *critical* roles identified by functional leads as 'roles in the structure they cannot do without, or easily replace' if the employee became unwell, run down or unavailable. These critical roles can be categorised as 1) leadership (i.e. executives or managers overseeing key functions) and 2) technical (i.e. technical roles where capability is limited or not readily available. Several roles already have people appointed to them, but require rostering/twinning support.

*Note: All structures in this report outline critical roles in red and high level role descriptions are in the appendices.*

### 1. Enforcement and compliance

*Commander; Deputy Commander AO Operations; Senior Authorised Officers; Manager Policy and Protocols; Exemption Case Managers*

### 2. Emergency Operations

*Deputy Commander; Deputy Commander Hotels; Deputy Commander Ports of Entry; Deputy Commander Welfare; Clinical Governance Lead; Welfare Operations Manager; CART practitioners; Hotel Site Lead*

### 3. Public Health Command

*Chief Health officer; Deputy Chief Health Officer; Deputy Commander Strategy & Planning; Deputy Commander Intelligence; Manager Intelligence Operations; Manager Surveillance & Response; Manager Strategy, Systems & Reporting Intelligence; Deputy Commander, Pathology and Infection Prevention and Control; Manager, Pathology Operations; Manager, Infection Prevention and Control Operations; Deputy Commander Case, Contact and Outbreak Management; Operations Lead, CCOM; Strategy and Policy Lead, CCOM; Team Leader Triage and Notification; Deputy Public Health Commander Physical Distance; SMA CD, Deputy Commander, Public Information; Public Information Officer; Deputy Public Information Officer; Director, Outbreak; Executive Lead, COVID Directions; Lead, Risk and Escalations, COVID Directions*

# Ongoing impact on BAU

## Health protection branch

Based in RHPEM, the role of the Health Protection Branch is to protect and manage public health risk through regulating, monitoring, ensuring compliance, incident response and health promotion and education (e.g. communicable diseases, environmental health hazards (other than pollution and waste) and food and drinking water safety).

Usually, the branch consists of ~150 staff, although, the establishment of public health incident management and regulatory functions to respond to COVID-19 means the Communicable Diseases and Environmental components have been diverted and considerably depleted. A paper submitted to Board in May 2020 outlines the risk to RHPEM responses more broadly and this slide highlights specific issues for Health Protection.

As we enter a 'new normal', a strategic decision will need to be made on how best to mitigate these risks, including considerations for reintegration of the COVID-19 response into BAU health protection.

### BAU risk impact

Regulatory prevention activities estimated to be 50% less (e.g. inspections for radiology, cooling towers, other communicable diseases, educate and inform); reduced/slower auditing responses (e.g. food / water safety); routine follow ups (e.g. congenital syphilis investigations).

### BAU workforce impact

OHS issues relating to fatigue, stress and uncertainty as staff perform different roles to manage BAU activity; reduced innovation; inability to manage new and existing performance management or misconduct

### Legislative

Complexity emerging with dual Chief Health Officer legislative responsibilities (i.e. not all powers can be delegated to deputy or acting (e.g. use of emergency powers); financial and people delegations

### Governance

Core branch executive split across different priorities; some reporting arrangements are complex under current shadow function arrangements

# Key issues to be addressed and next steps

## Key issues to be addressed based on this scan

- The *"as is" structures* in this scan should provide the basis to validate costings for sustaining these functions and for corporate services to work through corporate issues e.g. reporting lines. At this stage, all numbers in this pack should be treated as indicative and subject to further review.
- The *design considerations* indicate several teams where new or changed roles and responsibilities or reporting lines are needed.
- The *workforce analysis* shows where RHPEM staff are located and combined with critical role analysis should support strategies to mitigate risk in the return to BAU.
- The *workforce analysis* highlights functions that are vulnerable to external workforce departures, including AOs and case and contact tracing that require alternate sourcing strategies.
- The *critical roles* identified indicate immediate recruitment priorities (some of which are underway).

|   | Next steps and actions   | Lead                                      |
|---|--|---|
| 1 | Validate 20-21 resource costings.  | RHPEM<br>Coord / PH<br>Op Coord / Finance |
| 2 | Agree with Corporate Services how to progress key elements of this work, including a coordinated approach to IR, role and structural design, workforce reporting and project management. | OT / P&C /<br>Customer Support            |
| 3 | Agree and implement design changes, including Pub Health Command expansion.  | OT / P&C /<br>Customer Support            |
| 4 | Critical role recruitment in May and June.   | P&C / OT                                  |
| 5 | Alternate sourcing strategies.   | OT / P&C                                  |
| 6 | MCC submission to secure VPS supply  | RHPEM Coord                               |
| 7 | CCC submission to secure funding.  | RHPEM Coord                               |
| 8 | Develop, implement BAU restoration plan for RHPEM,   | OT / P&C /<br>Customer Support            |

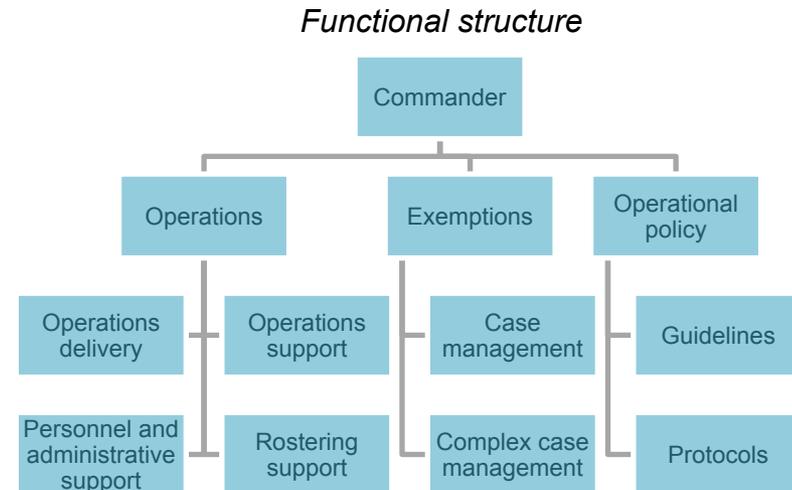
# Section 2

## Enforcement and Compliance

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

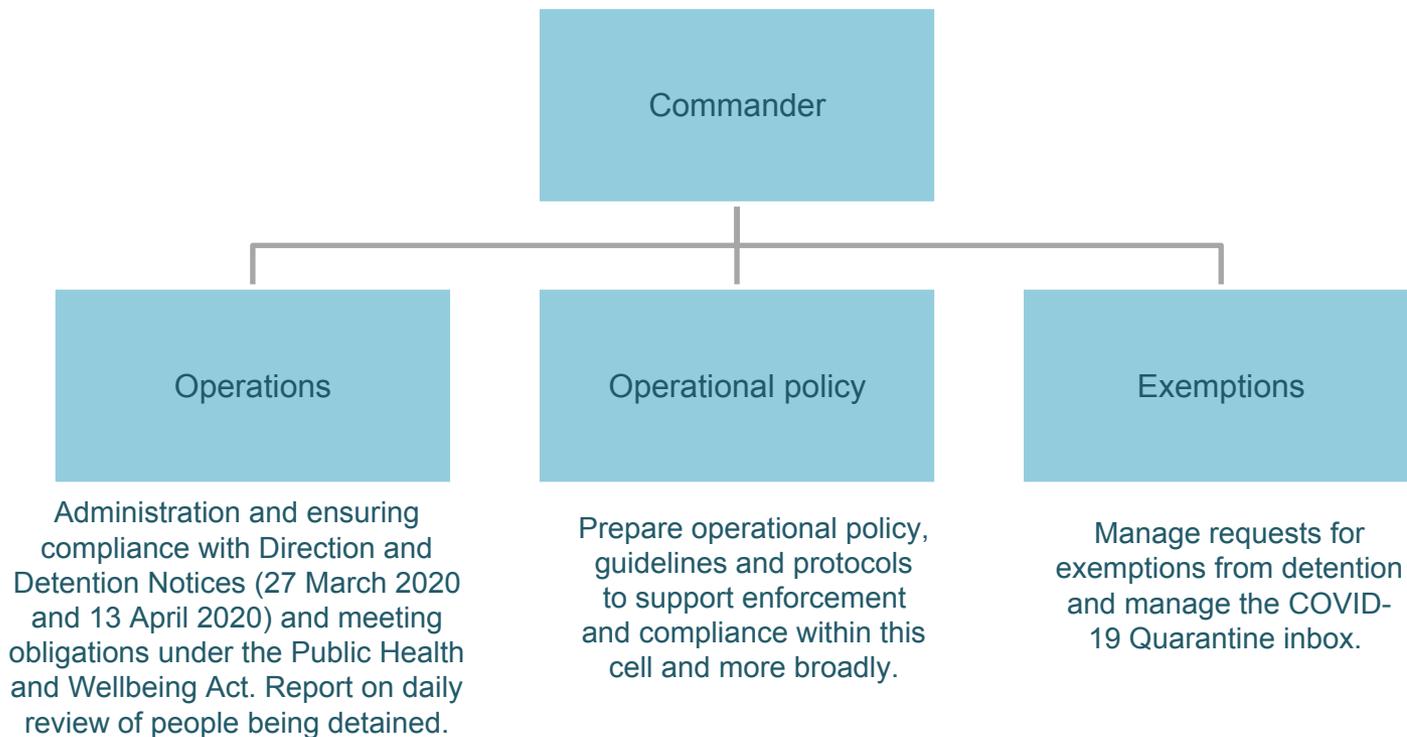
# Enforcement and Compliance: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID 19
- 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 and were made by the Deputy Chief Health Officer or Chief Health Officer.
- Beyond community wide directions, a mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government through a policy that a detention order would be used for all people arriving from overseas into Victoria.
- A Compliance and Enforcement Command has been stood up to provide advice and input into complex compliance matters and to execute enforcement and compliance on behalf of Chief Health Officer and their delegate.



# Enforcement and Compliance

## High level functional structure



# Enforcement and Compliance

## Operating model components

- Skype is the predominant communication software being used to accommodate external stakeholders.
- The Compliance and Welfare Management System (CWMS) has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System. Smart form for exemptions rolled out W/C 20/5 to allow direct applications to CWMS and reduce email traffic.
- Policy and Protocols team do not have access to the software.
- Microsoft Teams is used and there are several channels.

### Technology

- Emails allow several external channels used for requests for exemptions (e.g. people who will be detained, the MO, other departments, DFAT, consulates, shipping companies etc.)
- DJPR provides data and information to AOs about detainees and those in quarantine through daily Situational Reports.
- While the CWMS provides data on detainees, there are issues with this (e.g. timeliness) and a team is being set up to address this.

### Channels

- Pre arrival: request to be exempt from quarantine
- Airport: quarantine exemptions; issue detention notice cards and capture a picture of card in CWMS, and update CWMS; escort persons in quarantine to transport
- Hotel: Update detention notice card with room details; update CWMS
- During Quarantine: manage process flows and update CWMS for matters relating to requests for early exits; daily compliance checks; welfare checks; room, hotel or hospital transfers and transportation; hotel exits; security escalation; request to be exempt from quarantine.

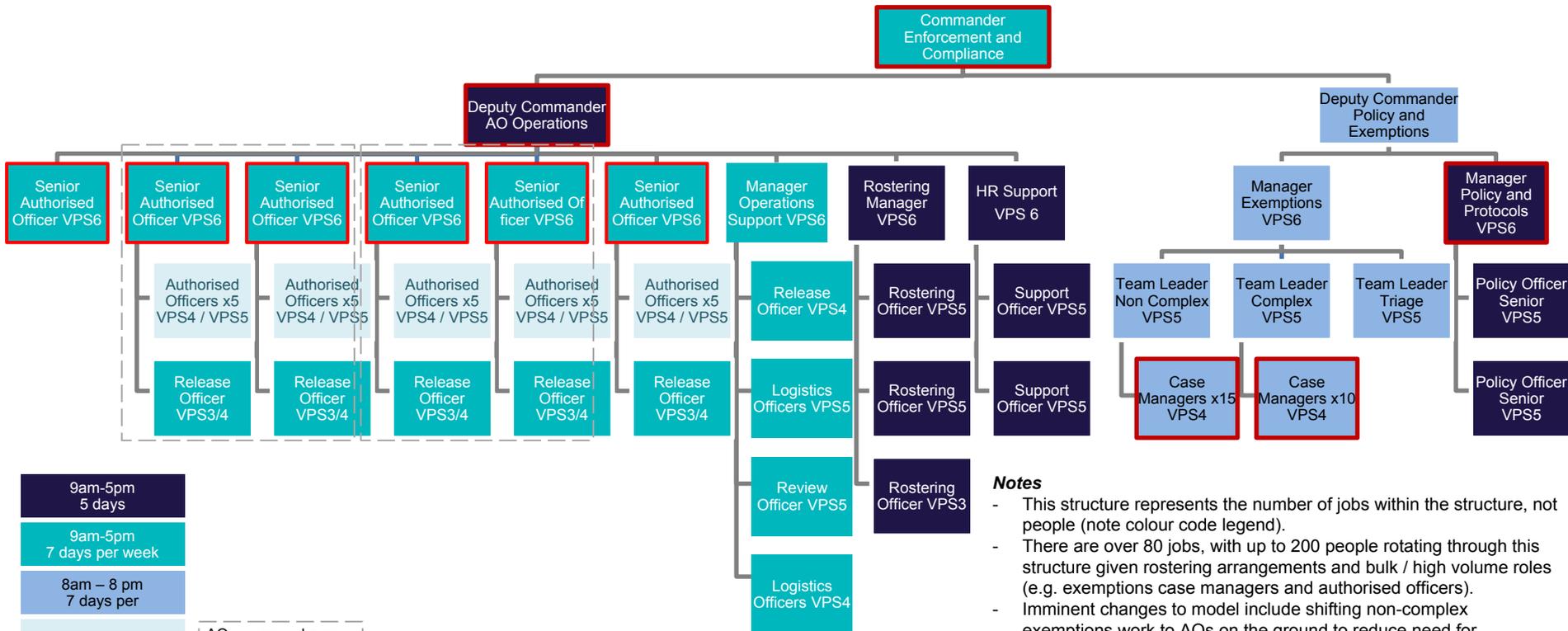
### Process

### Legislation

- Public Health and Wellbeing Act 2008 (PHWA)
- Sections 200(1) and 200(2) – (8) set out emergency powers and obligations
- Part 9 outlines general powers of Authorised Officers.
- s.183, s.188(2), s.193(1), s.203(1) set out infringements

# Enforcement and Compliance

## Detailed structure



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |

AOs managed across 8 hotels each

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- Notes**
- This structure represents the number of jobs within the structure, not people (note colour code legend).
  - There are over 80 jobs, with up to 200 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. exemptions case managers and authorised officers).
  - Imminent changes to model include shifting non-complex exemptions work to AOs on the ground to reduce need for exemptions case managements; and rostering may move to EOC.

# Enforcement and Compliance

## Workforce considerations

### Profile and high level issues

Structure includes a combination of bulk roles (Authorised Officers), generalist (administrative and corporate support) and specialist roles (exemptions and release officers).

Several rosters and up to 24/7 operations require high volume of FTE and associated issues (i.e. turnover, training etc.).

Predominant source of operational staff is existing RHPem staff (i.e. Human Services Regulator; Regulation and Reform; Health Protection) external (i.e. AOs from councils and government agencies) and other divisions (i.e. CSO; SCV).

Predominant source of program staff is existing agencies (i.e. case managers from Hays).

### Bulk versus individual roles

Executive roles overseeing operational and policy roles:

1. Commander (Meena / Murray)
2. Deputy Commander x2 (Anthony Kolmus Kolmus and Suzie/ Sarkis and Anna Peatt contract expiring)

Bulk roles performing both operational and operational policy roles:

1. AOs (team leaders, release officers, general support), sourced internally and externally
2. Exemption case managers sourced externally from Hays.

Generalist roles performing rostering, administration and corporate support:

1. Op policy roles from various sources
2. Rostering roles from Reg & Reform
3. HR and administrative support roles from RHPem (Standards and Regs)

### Sourcing challenges

Commander and deputy commander roles are executives from RHPem who are performing a dual role.

Case managers are not readily available and therefore sourced externally via Hays, noting there may be less need for them as non-complex exemption work moves to AOs on the ground.

AOs are sourced from various places and subject to fluctuating demand (e.g. people in hotels regularly changing).

Rostering approach duplicated across multiple functions.

Shadow corporate support functions established - should consider if these should be consolidated with others.

### Forecasted supply and demand

Internal EOs and AOs required to return to substantive positions in RHPem, coupled with anticipated shortages of external availability (e.g. as local councils resume their own regulatory functions, AOs will need to return).

# Enforcement and Compliance

## Key features of the structure and design considerations

### Function features

- Three executives overseeing the function.
- Heavy operational structure with focus on legislation.
- Embedded administrative support (i.e. HR rostering support).
- High level of redeployment of staff (i.e. AOs) across other emergency response functions.

### Design considerations

1. The Deputy Commander AO Operations has a large span of control and may not require some direct reports (e.g. rostering team could report to Manager Operational Support).
2. Potential for rostering function / capacity to be fully absorbed/provided elsewhere for scale to reduce temporary rostering roles in structure.
3. Rostering Team Leader is currently VPS6 given complexities and could transition to a VPS5.
4. While policy capability exists and is readily available, there is a gap in capability availability for operational policy design and development (i.e. guidelines, protocols etc.).
5. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles.
6. Require an enduring structure to retain staff, reduce re-training for and increase consistency of specialised regulatory decisions and responses.

# Enforcement and Compliance

## Key issues to resolve

### Focus

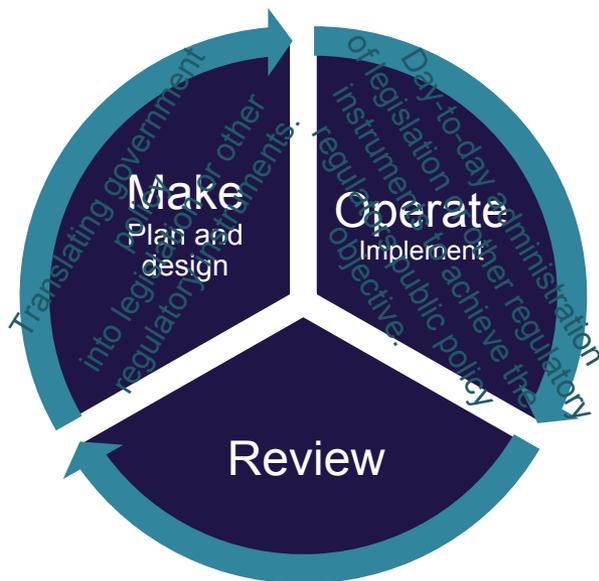
Several design, workforce supply and demand and transition issues need to be addressed.

### Issues to be worked through...

1. The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance function (i.e. there is some confusion about reporting lines and relationships to other emergency functions such as public health command, emergency management or RHPEM).
2. No regulatory capability framework that articulates the skills required and emerging gaps (e.g. there is arguably a lack of available operational regulatory policy capability i.e. strong policy exists but not required moving forward).
3. Need for consistent and dedicated corporate support (beyond access to mobility pool) to assist source/recruit, onboard and roster technical staff to eliminate shadow functions and focus on core business.
4. High volume of staff sourced from Regulation and Reform branch in RHPEM.
5. Fluctuating nature of demand for AOs and associated sourcing and retention challenges (i.e. reliance on external supply that will dry up as restrictions are lifted, short term nature of contracts, turnover and training impacts).

# Enforcement and Compliance

## Regulatory capability considerations (IPAA framework, 2015)



Assessing whether regulatory instruments or processes are continuing to meet their specified objectives.

### Make

- identification of a need to modify behaviours to achieve a policy goal that is best addressed by regulation
- the selection and application of the regulatory instrument(s), bearing in mind the compliance burden that is being imposed

### Operate

- information and education to raise awareness of the regulatory program and support regulated entities to comply with regulations
- the setting of standards
- application and/ or assessment processes
- stakeholder engagement in design and implementation
- monitoring of compliance
- enforcement of the law to address non-compliance

### Review

- evaluation of the regulatory program and its governance.
- following evaluation, implementation of any required changes to the regulatory framework or how it is administered
- periodic reassessment of whether the regulation is still appropriate to contemporary needs or if some alternative government intervention might be preferable

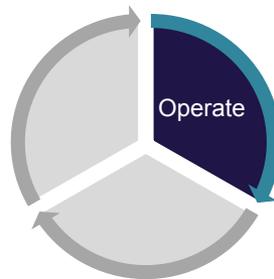
# Enforcement and Compliance

## Core capabilities for specific roles against IPAA regulatory framework



Roles: Lead Commander; deputy commanders; operational policy

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Roles: Team Leaders; Supervisors; Authorised Officers

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Roles: Lead Commander; deputy commanders; operational policy

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review (with Public Health Command)

# Section 3

## Emergency Operations

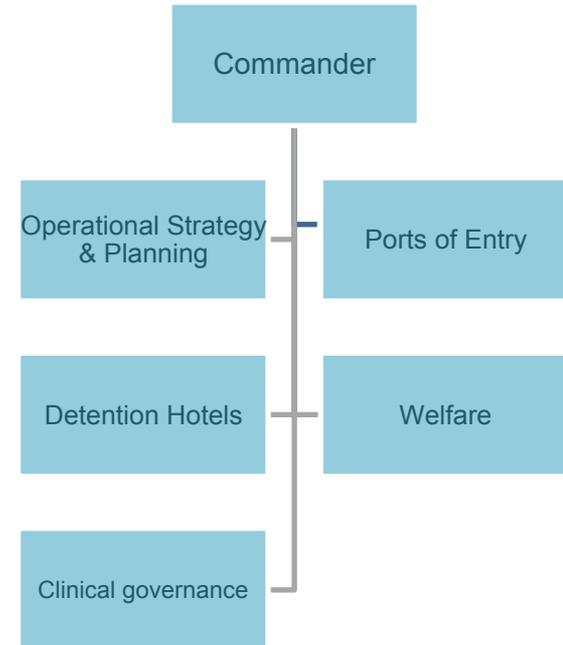
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# Emergency operations

## Background

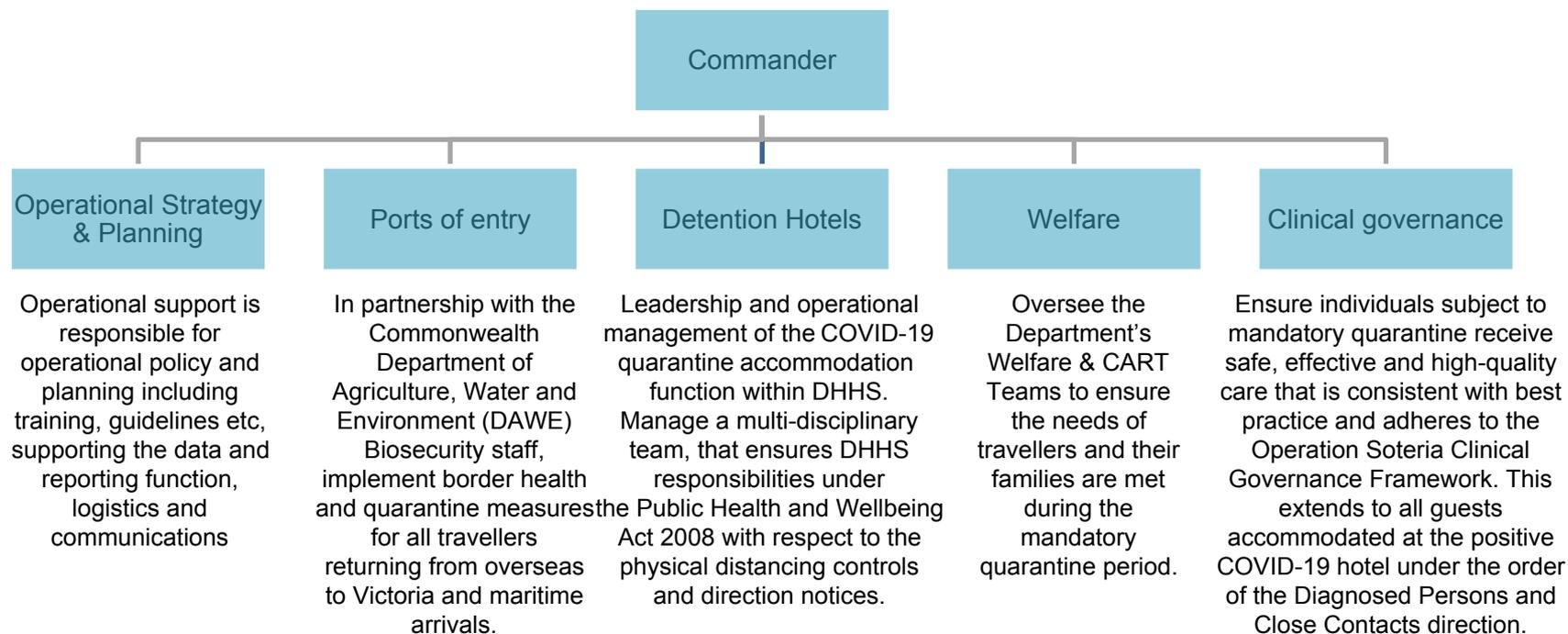
- Following the Australian National Cabinet direction that from 28 March 2020, all passengers returning from international destinations undergo 14 days enforced quarantine in hotels to curb the spread of COVID-19, Operation Soteria was established by the Victorian Government to achieve safe, authorised mandatory detention upon arrival into Victoria.
- The Emergency Operations Cell (EOC) led by the DHHS Commander COVID-19 Accommodation is responsible for:
  - Delivering secure quarantine accommodation to all overseas travellers and others assigned accommodation, in collaboration with DJPR, VicPol, DoT, DET, DPC, ABF, AFP
  - provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
  - ensuring the safety, health 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.
- An emergency accommodation structure has been stood up to support detention accommodation and ports of entry.

### *Functional structure*



# Emergency operations

## Functional structure and description



# Emergency operations

## Operating model components

- Teams is the predominant internal communication software being used to accommodate external stakeholders.
- Telephony and other conventional communication channels are used.
- The Compliance and Welfare Management System has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System.
- Data team to manage and oversee performance reporting data, data flows, audits and improvements

Technology

Channels

- Airport: Work with Biosecurity officer to ensure health check is performed; coordinate transport to hospital (as required); Issue airport arrival survey (to be filled in the bus
- Hotel at entry: Organise hotel check-in; collect airport arrival survey (and file); manage basic safety check.
- Hotel During Quarantine: daily health check (onsite nurse or via call); long welfare survey (within day 3); short welfare survey (day 9/10); referral to nurse or CART for escalation; complex assessment; development plan for complex cases); facilitate COVID-19 testing (Day 3 and 11); organise required medical services, e.g. medical practitioners, ambulance; respond to guest requirements and incidents
- Coordinate DJPR, VicPol, DoT, ABF, AFP to achieve program outcomes

Process

Legislation

- ABF (Border force) re plane arrivals
- AFP and DoT and Vic Pol re transport and security
  - DJPR re hotels, security and transport
  - CWMS for health and welfare reporting
    - Covid Directions email
    - Welfare Call Centre
- Covid Quarantine email

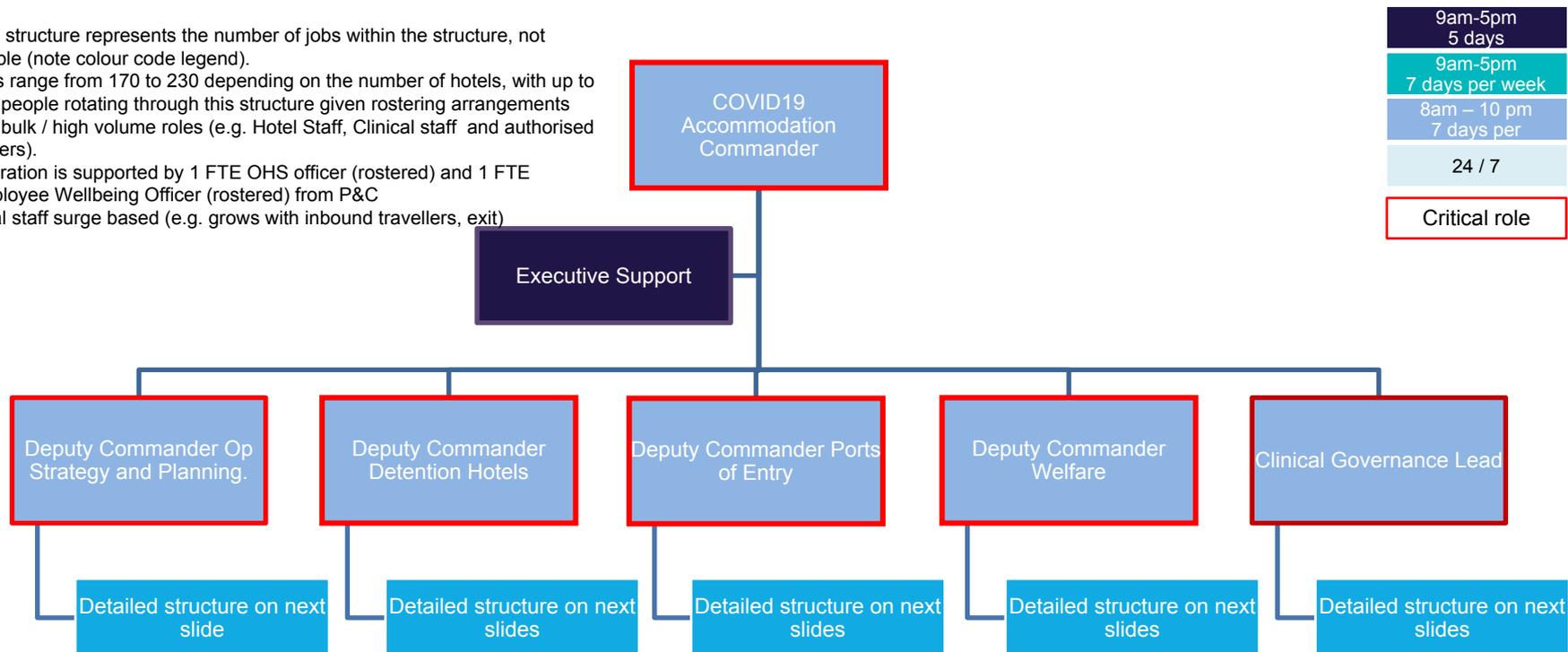
- Public Health and Wellbeing Act 2008 (PHWA)
  - Charter of Human Rights

# Emergency operations

## Overall structure

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Jobs range from 170 to 230 depending on the number of hotels, with up to 400 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. Hotel Staff, Clinical staff and authorised officers).
- Operation is supported by 1 FTE OHS officer (rostered) and 1 FTE Employee Wellbeing Officer (rostered) from P&C
- Total staff surge based (e.g. grows with inbound travellers, exit)



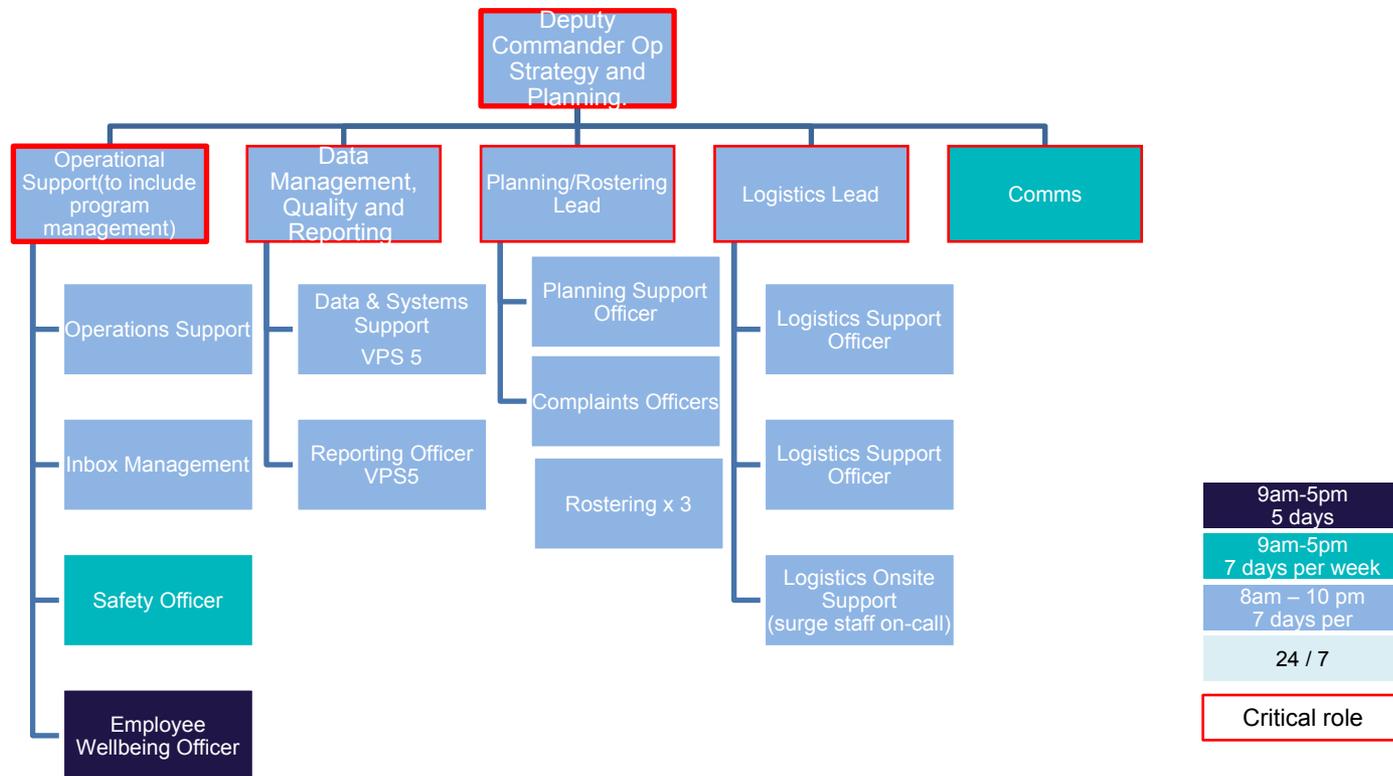
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# Emergency operations

## Operational Strategy and Planning detailed structure

### Notes

- Program management function currently in Welfare Cell will be transferred to this function.



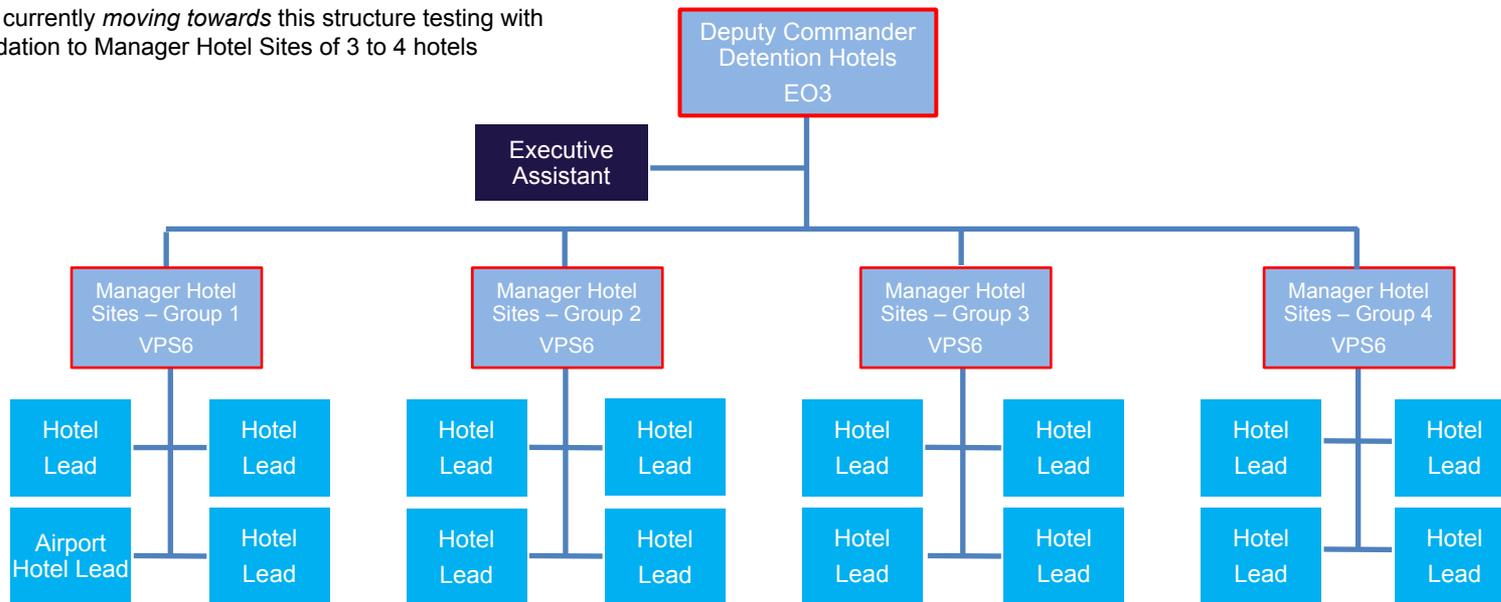
**PROTECTED**

# Emergency operations

## Detention hotels model

### Notes

- This structure shows site lead level only, - detailed matrix structure available on next slide.
- EOC is currently *moving towards* this structure testing with consolidation to Manager Hotel Sites of 3 to 4 hotels



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

7 day per week  
7am-10pm

Critical role

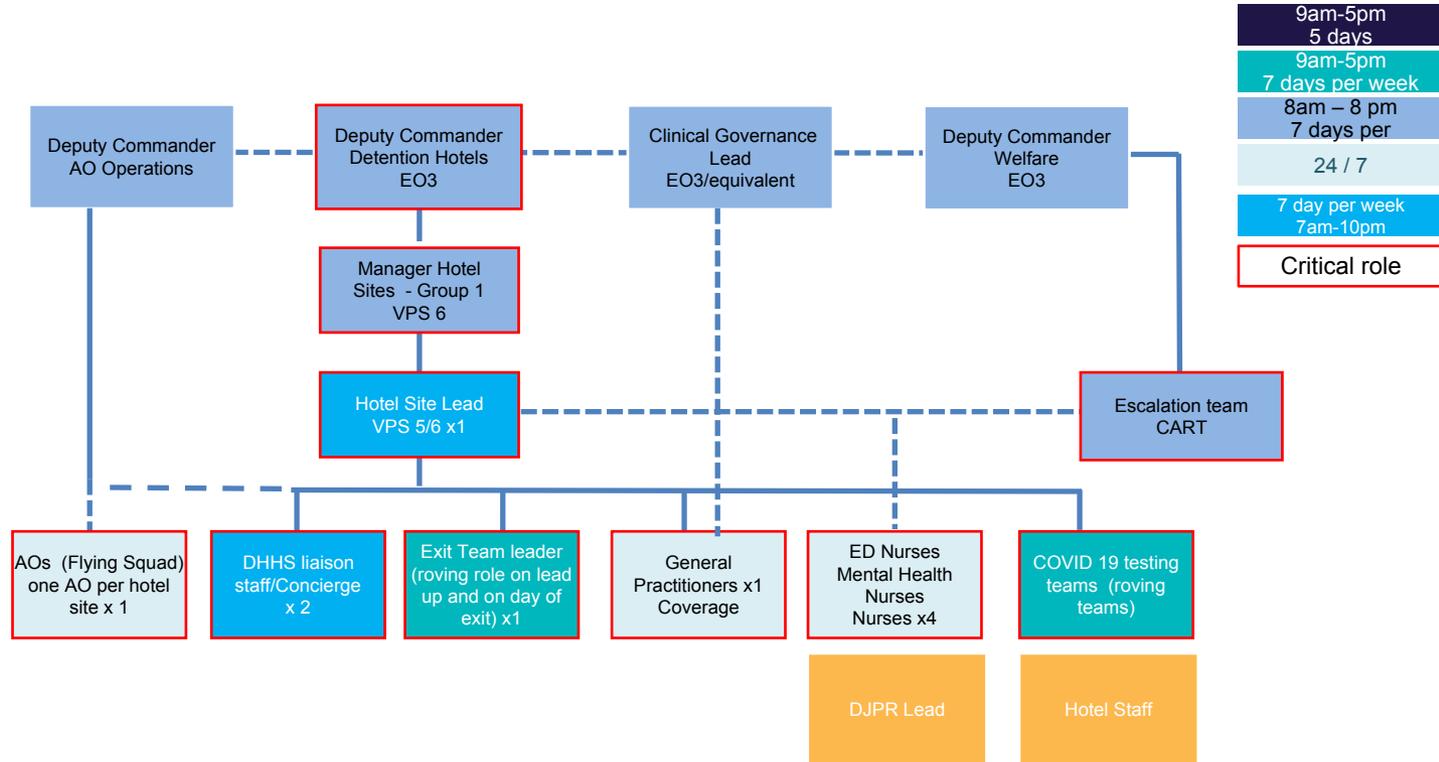
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# Emergency operations

## Example of detailed matrix structure at hotel sites

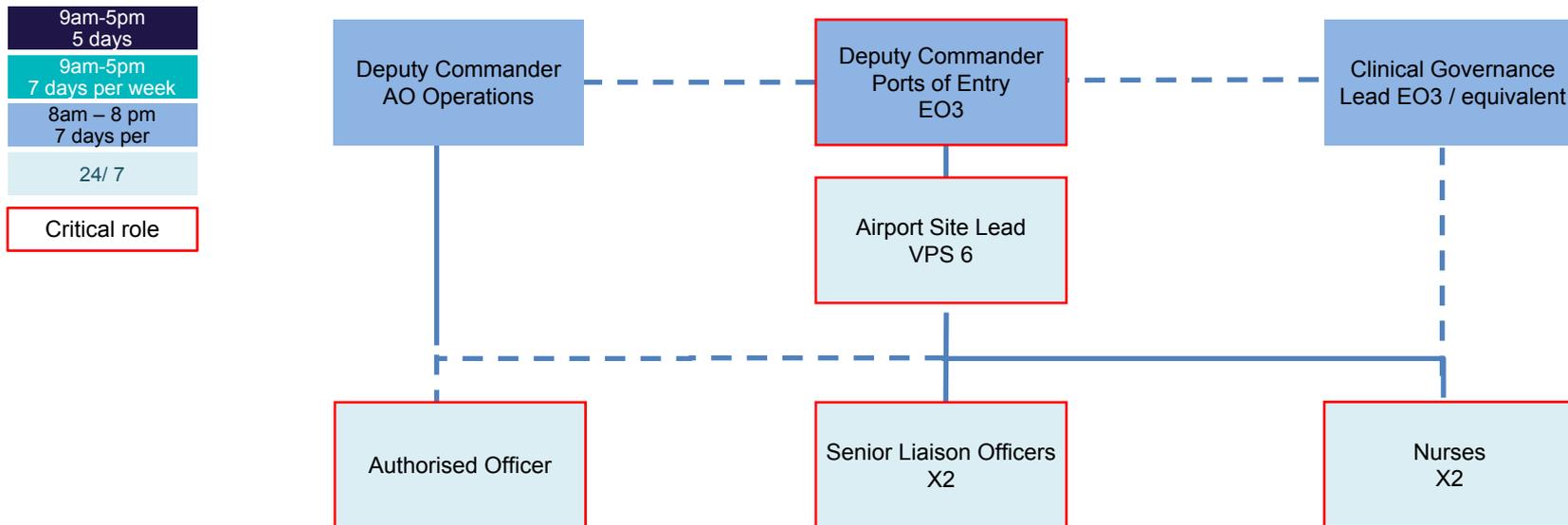
### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- 10 – 16 Hotel sites (this surges or contracts as required) sit under the Dep Commander Hotels 10 roles per site range between 100 to 160 staff
- Hotel Site Lead manages matrix team and is point for day to day issues, and escalations.
- Representatives have clear roles, responsibilities and obligations under the Act or protocol.
- Exit Team Leader involves a roving role on lead up and on day of exit)
- The following is the average number of medical staff at a hotel site, noting this changes depending on the need:
  - 1 ED nurse per shift 7days a week
  - 2 general nurses
  - 1 Mental health nurse
  - 1 GP 8am to 6pm 7 days a week
  - 1 clinical lead (GP) telephone consultation
- Testing occurs at 3 to 4 hotels per day with a compliment 1 DHHS support officer per hotel and up to 12 testing team of 2 nurse and one personal care attendant .



# Emergency operations

## Airport site detailed structure



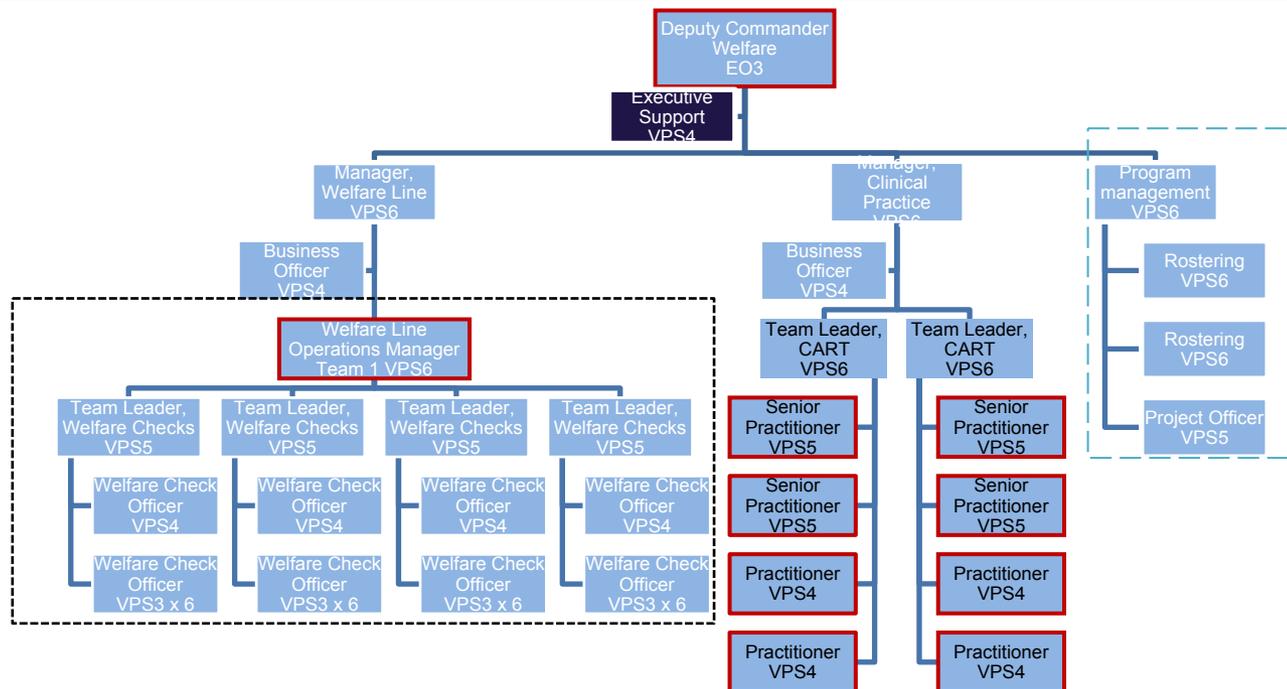
|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 24/ 7                      |
| Critical role              |

### Notes:

1. Moving towards this structure (i.e. Clinical Governance role is yet to be filled)
2. This structure surges demand including large flights, multiples flights arriving and transiting passengers. Same roles, increase people
3. Airport Site Lead manages matrix team of AOs, Medical Staff and DHHS staff on day to day issues ,escalates issues and provides support to on site team and reports to Deputy Commander Ports of Entry
4. Deputy Commander Ports of Entry manages day to day issues of the on site team including rostering in consultation with Deputy Commander AO Operations and Clinical Governance Lead
5. Deputy Commander AO Operations provides daily briefings to all AOs

# Emergency operations

## Welfare detailed structure



|   |
|---|
| 9am-5pm<br>5 days                         |
| 9am-5pm<br>7 days per week                |
| 8am – 8 pm<br>7 days per                  |
| 24 / 7                                    |
| <b>Critical role</b>                      |
| Team duplicated (i.e. two teams, not one) |
| Temporary team, expiring May 2020         |

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 100 staff rotate through this structure.
- Program management team to be picked up by Deputy Commander Op Strategy and Planning.

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# Emergency operations

## Workforce considerations

| Profile and high level issues  | Bulk v individual roles  | Sourcing challenges  | Forecasted supply and demand  |
|--|--|--|---|
| <p>Dynamic environment influences operational structures and models.</p> <p>Workforce includes a combination of bulk roles, generalist and specialist roles (clinical).</p> <p>There are different levels of rostered roles ranging from BAU to 24/7 operations that require high volume of FTE and associated issues (i.e. turnover, training etc.).</p> <p>Predominant source of Welfare Cell (i.e. phone line and CART function) are internal staff (i.e. mobility pool and critical skills register), but also external / volunteers (i.e. agency and causals). Airports are predominantly Operational Division and Hotels include internal (i.e. mobility pool) and VPS departments (e.g. DET and DJPR).</p> <p>Program management support staff are from CSOD, due to return in May.</p> | <p>Executives overseeing operational roles:</p> <ol style="list-style-type: none"> <li>1. Commander (Pam / Merrin)</li> <li>2. Deputy Commander x 3 (Michael MefflinEO3, Colleen Clark/Anita Morris, Sandy Austin/Melody Bush)</li> </ol> <p>Bulk roles performing operational roles:</p> <ol style="list-style-type: none"> <li>1. CART practitioners</li> <li>2. Welfare calls to hotels (outbound only)</li> <li>3. DHHS support at hotels (e.g. site lead)</li> </ol> <p>Generalist roles performing rostering, administration and corporate support:</p> <ol style="list-style-type: none"> <li>1. Program support, including rostering (from CSO)</li> </ol> <p>Specialist roles performing clinical support and complex assessments:</p> <ol style="list-style-type: none"> <li>1. Senior practitioners and clinical roles in both CART and site operations.</li> </ol> | <p>The EOC is staffed predominantly by Ops EM and Operations EM surge staff. All Ops EM Directors are working in EOC and covering their own BAU.</p> <p>Practitioners are at risk of depleting critical resources in OPP and CSO more broadly. Program support that is typically based in CSOD is in high demand, but at risk of depleting CSO functions.</p> <p>Rostering approach duplicated across multiple functions</p> | <p>Supporting rostering and consolidating program support functions important to reduce reliance on CSO functions in medium term.</p> |

# Emergency operations

## Key features and design considerations

### Function features

- There are several (TBC) executive positions overseeing the function, although, multiple executives rotate through given operational requirements.
- Regularly accommodate surge and contraction with very tight time frames.
- Work with integrated teams to support on the ground operations.
- Responsible for end to end welfare from airport to hotel, to ongoing social supports.

### Design considerations

1. Span of control for a medium term response needs to be considered in the structure (current structure represents an immediate emergency response need to rethink the structure and governance that considers the response will be longer but still time limited – therefore integrated response).
2. Clinical Governance role needs refinement (i.e. incorporate clear oversight and secondary consultation and escalation role for clinical staff).
3. Need for communications capacity to work closely with other emergency response functions (e.g. enforcement and compliance BAU) and assist inter-agency operations.
4. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles. Alternatively, the rostering function could be supported by, or consolidated with Public Health Command).
5. Call centre and communications outbound and inbound need to be reconsidered (greater integration of broader info lines)
6. Data management and quality and reporting needs to be improved across the program

# Emergency operations

## Key tensions to resolve

| Focus  | Items to be worked through...  |
|--|--|
| <p>Several design, workforce supply and demand and transition issues need to be addressed.</p> <p>There is a particular focus on decision making processes and governance need to accommodate an interim, complex response</p> | <ul style="list-style-type: none"> <li>• Complexity working in a matrix model in an operational emergency response 'on the ground' (i.e. this is not an ideal model for an emergency); and developing an interim response that is a hybrid of emergency and BAU</li> <li>• High volume of staff sourced from BAU functions, including emergency management staff from all Operations Divisions and central, program management, clinical and practitioner staff from CSO, balanced with an operation that faces frequent surge/contraction.</li> <li>• Clarity of roles, relationships, governance and indirect impact of existing functions (e.g. the State Health Coordinator) and new functions such as 'hotel for hero'.</li> <li>• Impact of policy and regulatory decisions that change client volume and operating models as we transition from response to recovery (i.e. impact of state of emergency, second wave responses etc.).</li> <li>• Potential to maximise value of call centre function by grouping some on site and strengthen relationship with DJPR (note this would require different capability); and exploring opportunities for integration and interaction with other DHHS call centre functions.</li> <li>• Resolve issues relating to the spread of data accountability and custodianship across emergency response functions and resource accordingly (currently, EOC are managing welfare issues and E&amp;C are managing their regulatory issues).</li> </ul> |

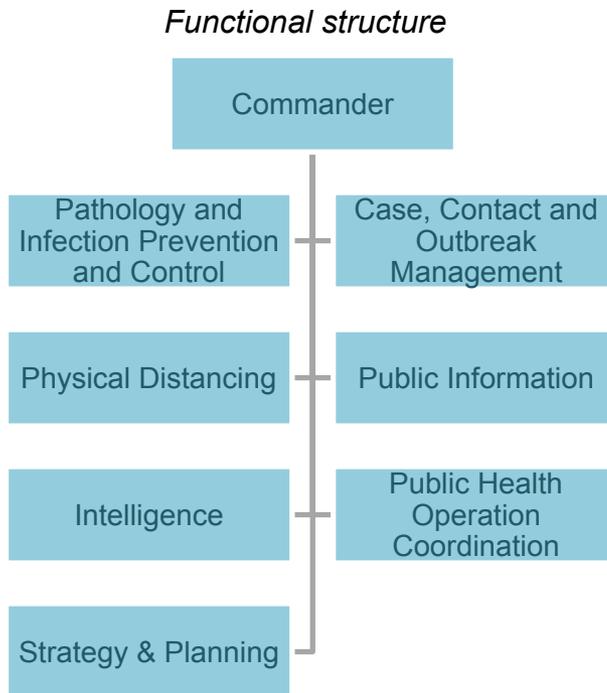
# Section 4

## Public Health Command

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and tensions to resolve
6. Capability considerations

# Public Health Command: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID-19.
- The establishment of the Public health Command Structure sets policy, operational policy and manages public health operations to effectively:
  - Reduce introduction of new cases from overseas
  - Find every case of COVID-19 through contact tracing
  - Ensure suspected and confirmed cases are rapidly isolated
  - Effectively manage outbreaks of COVID-19
  - Reduce community transmission
  - Protect population groups who are most vulnerable to complications of COVID-19 by:
    - Safeguard the provision of healthcare within the health system
    - Mitigate societal and economic harms from interventions to prevent COVID-19
  - Prepare to vaccinate the population against COVID-19 (when available)



# Public Health Command

## Operating model components

- [PIPC] Microsoft Teams and SharePoint.
- [CCOM] PHESS; 365 and Teams; Whisper (cloud based comms platform from Telstra for mass messaging); Soprano (text message services); TRIM; Pure Cloud external
- [PI] Teams; SharePoint database; web and social media platforms.
- [PD] Need to explore using 'Compliance and Welfare Management System' when communicating test results to mitigate privacy issues, or PHESS.
- [I] Compliance and Welfare Management System

### Technology

### Channels

- [PHOC] COVID-19 Directions (various)
- [PIPC] Emails / telephony to health services (i.e. labs) [I]
  - [CCOM] labs access and input directly into PHESS;
- 1300 (case notification, general advice to GPs, doctors etc)
  - [PI] Various shared inboxes.
  - Joint shared team mailbox (whole of Victorian Government).
  - [PI] Hotline stood up internally and externally.
- [PD] VicGov Corona Virus (physical distance option)

- [CCOM] Case and contact tracing process and procedures
- [PI] Adhere to Unit manual.
- [PI] Intelligence gathering communications process through to multiple recipients.
- [PD] Typical policy development processes
- [PD] Communicating COVID results to people in quarantine (interim) (to be moved to Clinical Lead in Soteria).
- [I] data gathering across airport and hotel sites (needs improvement)

### Process

### Legislation

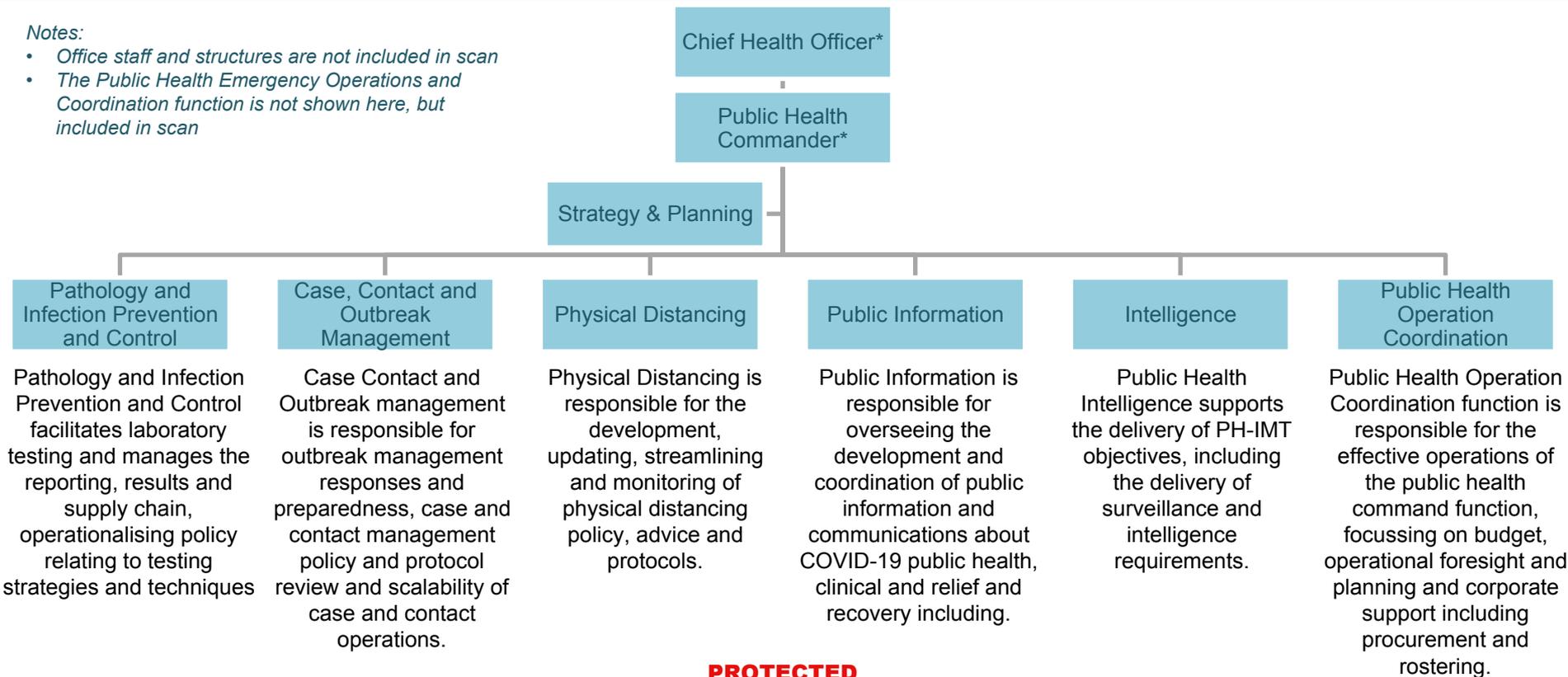
- [PIPC; PI; PD; I] Public Health and Wellbeing Act 2008 (CHO Alerts).
- [PIPC] Occupational Health & Safety Act 2004 (Cth)
  - [PIPC] Therapeutic Goods Act 1989 (Cth)
  - [PI; PD] Emergency Management Act 2012.
- [PI, PD] Emergency Management Manual (EMV)
  - [PI, PD] Victorian Warning Protocol
- [PI, PD] 4.01 Standard Operating Procedures

# Public Health Command

## Functional structure and description

### Notes:

- Office staff and structures are not included in scan
- The Public Health Emergency Operations and Coordination function is not shown here, but included in scan

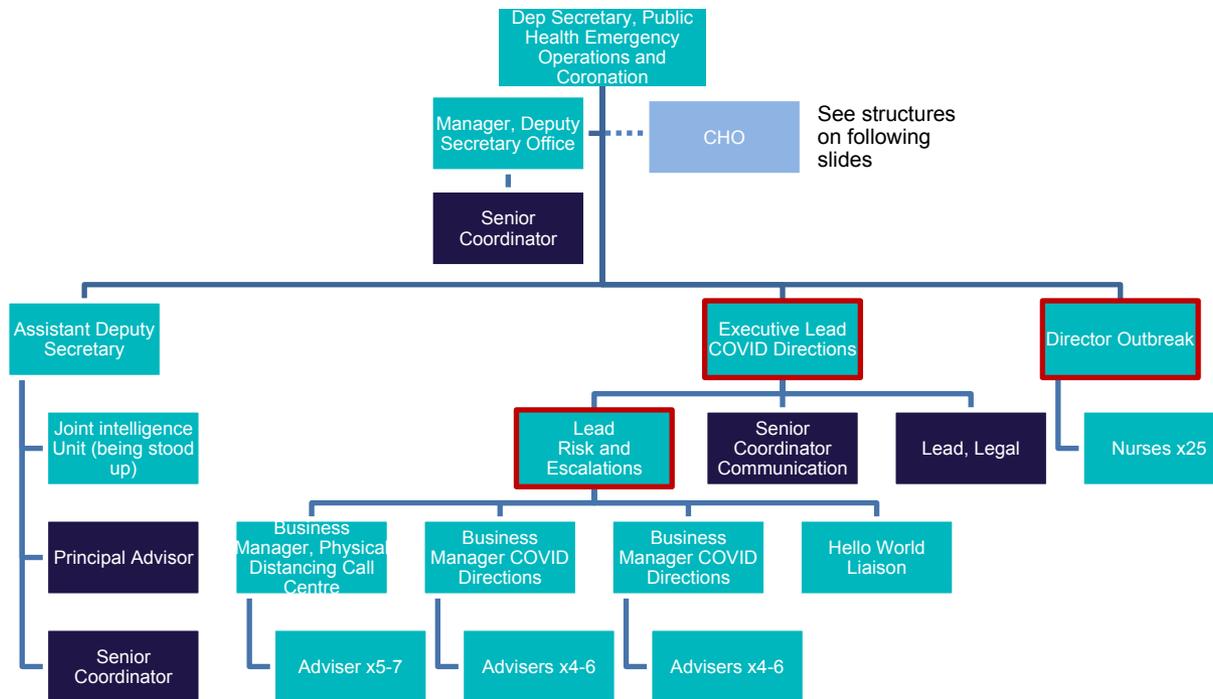


# Public Health Command

## Public Health Emergency Operations and Coordination

### Notes

- Excluding structures below the CHO, there are approximately 30 jobs, plus nurses, excluding new intelligence function. Up to 70 staff rotate through this structure
- Outbreak team currently being stood up.
- Joint intelligence unit is currently being stood up and will draw on existing intelligence unit.
- Up to 25 nurses are sourced from various places.
- Critical need for resources under COVID Directions as Hello World contract continues to be reviewed.
- Additional capacity to support whole go government work is being considered under COVID Directions.



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

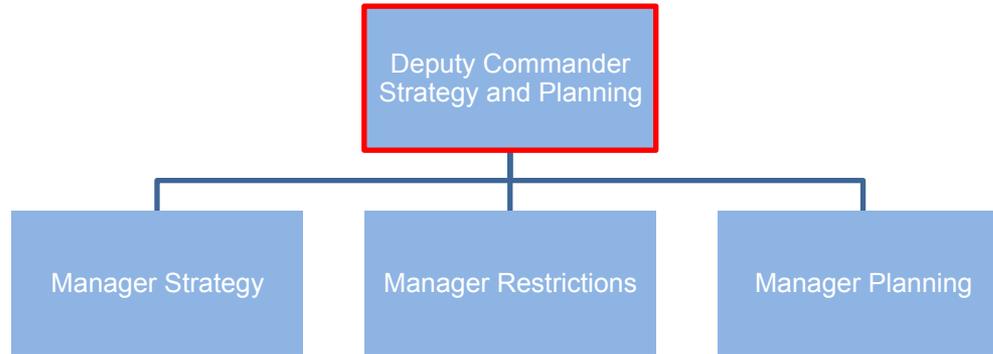
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# Public Health Command

## Strategy & Planning – Proposed structure

### Notes:

- Deputy Commander has three staff (i.e. one public health manager with departmental experience and 2 medical practitioners on short term contracts).
- Function requires urgent review of capacity, including level of resourcing for this function.



9am-5pm  
5 days

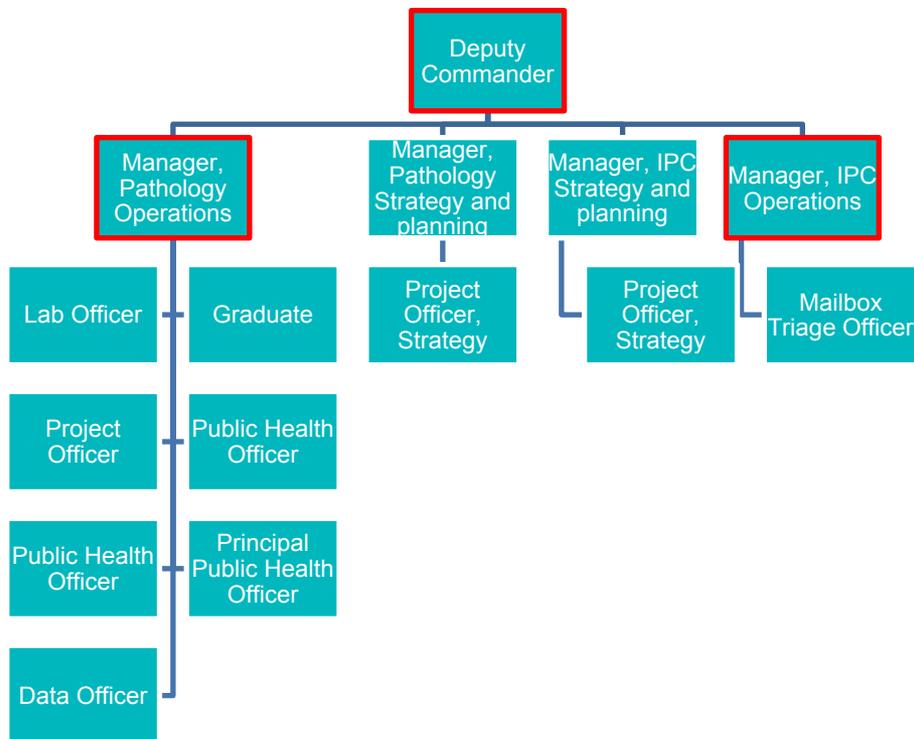
9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

# Public Health Command

## Pathology and Infection Prevention and Control



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 17 people rotate through this structure.
- Outreach team previously here now reporting to Jacinda.
- IPC operations rely on SCV, and infection control consultants VICNISS.

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

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# Public Health Command

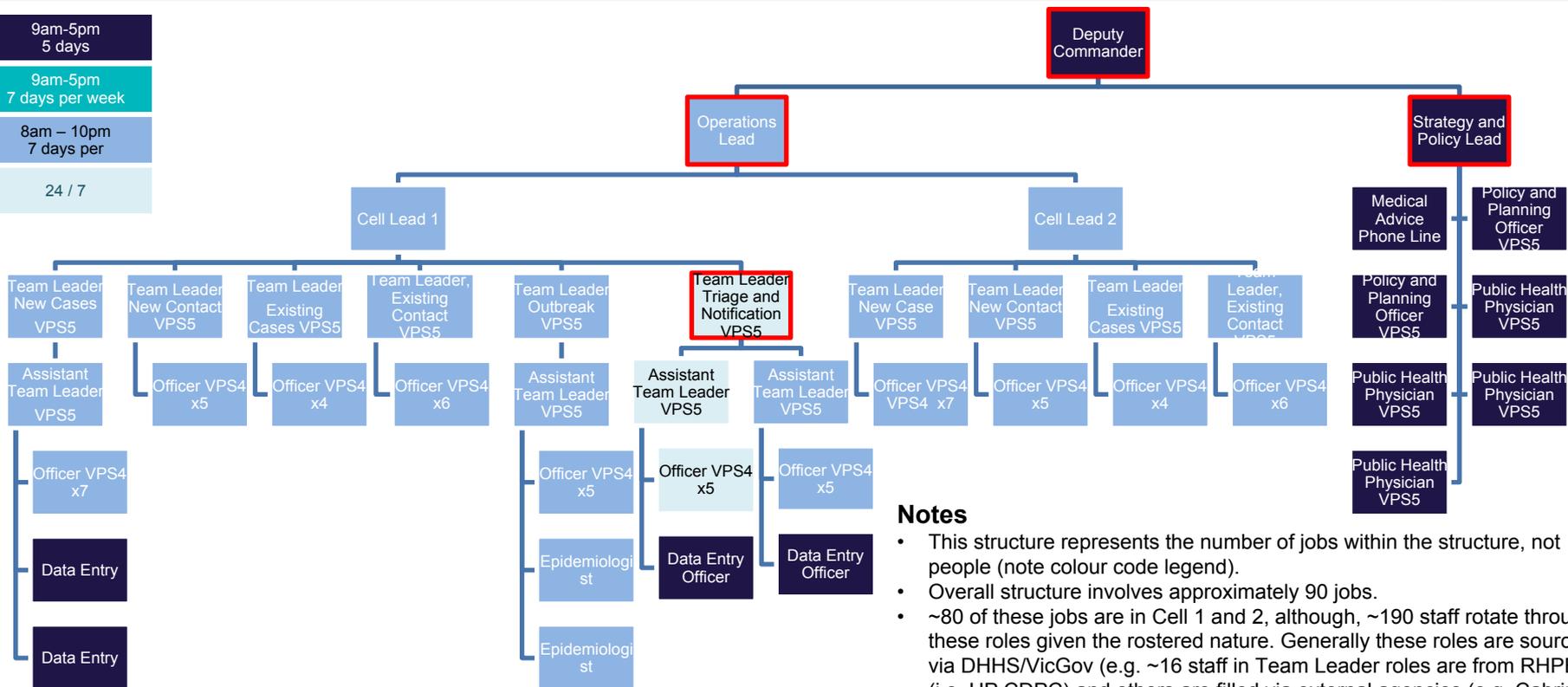
## Case, Contact and Outbreak Management

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 10pm  
7 days per

24 / 7



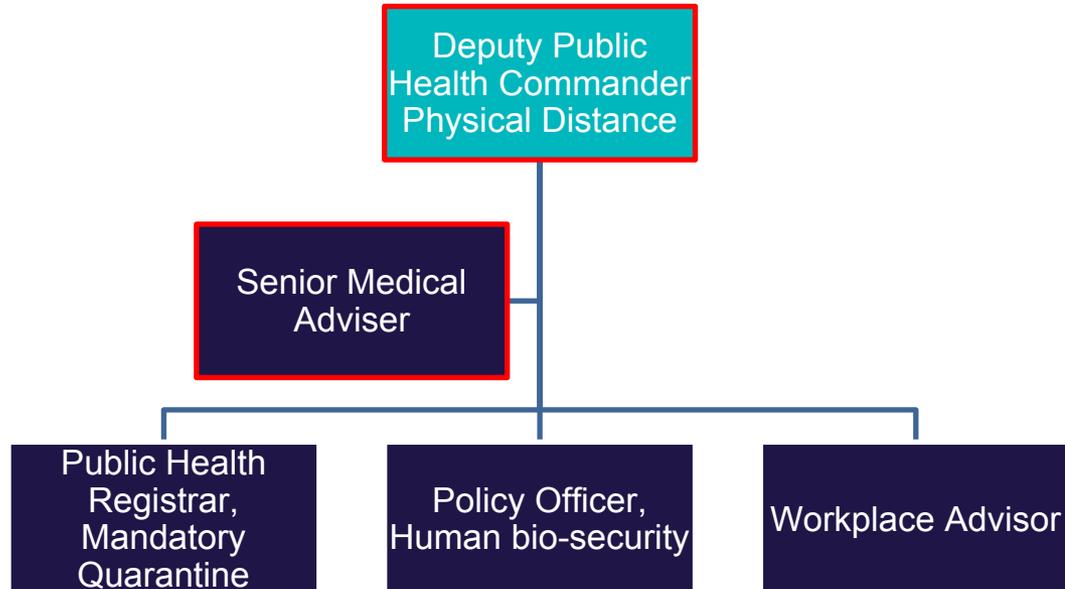
### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Overall structure involves approximately 90 jobs.
- ~80 of these jobs are in Cell 1 and 2, although, ~190 staff rotate through these roles given the rostered nature. Generally these roles are sourced via DHHS/VicGov (e.g. ~16 staff in Team Leader roles are from RHPem) (i.e. HP CDPC) and others are filled via external agencies (e.g. Cabrini).
- Medical advice line is shared 1 day per person from Strategy team.

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# Public Health Command

## Physical Distancing



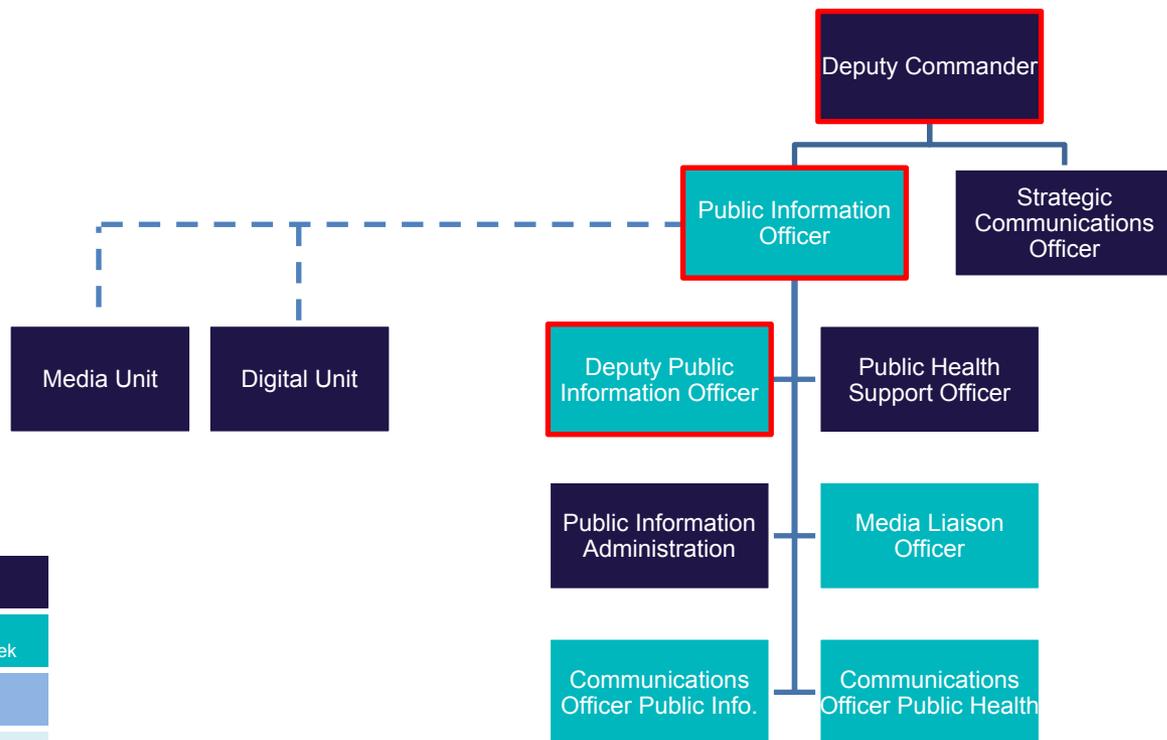
|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Workplace adviser function currently being developed

# Public Health Command

## Public Information



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 20 staff rotating through this structure, plus dotted line relationship to media and digital teams within Strategy and Planning
- Team has an operational focus, with majority of staff on rosters (e.g. 4 days on, 4 off), reflected here as 9-5 7 days a week.

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# Public Health Command Intelligence

- 9am-5pm  
5 days
- 9am-5pm  
7 days per week
- 8am – 8 pm  
7 days per
- 27 / 7

Deputy Public Health  
Commander: Intelligence

Intelligence  
Operations

Strategy, Surveillance  
Systems, Integrated  
Reporting

Surveillance  
and  
Response

Lead,  
Intelligence  
Coordination

Lead,  
Disease  
Surveillance

Lead,  
Informatics

COVID  
Surveillance  
Systems

Expanded  
Testing

Water  
Surveillance

Lead, Situational  
Awareness and  
Research Coord

Lead, Outbreak  
Management  
Team

Modelling &  
Forecasting

Lead, Flu  
Management

Lead, Data  
and Reporting  
Team

Lead Development  
Team

Informatics  
team x 30  
(i.e. staff 57)

Epi/Data  
Analytics

Epi/Data  
Analytics

Project Coord.

Deputy Team  
Leader

Deputy Team  
Leader

Analyst

Team TBC

Team TBC

Analyst

Analyst

Analyst

Officers x8

Data Liaison

Officers x8

Epidemiologis  
t Cell

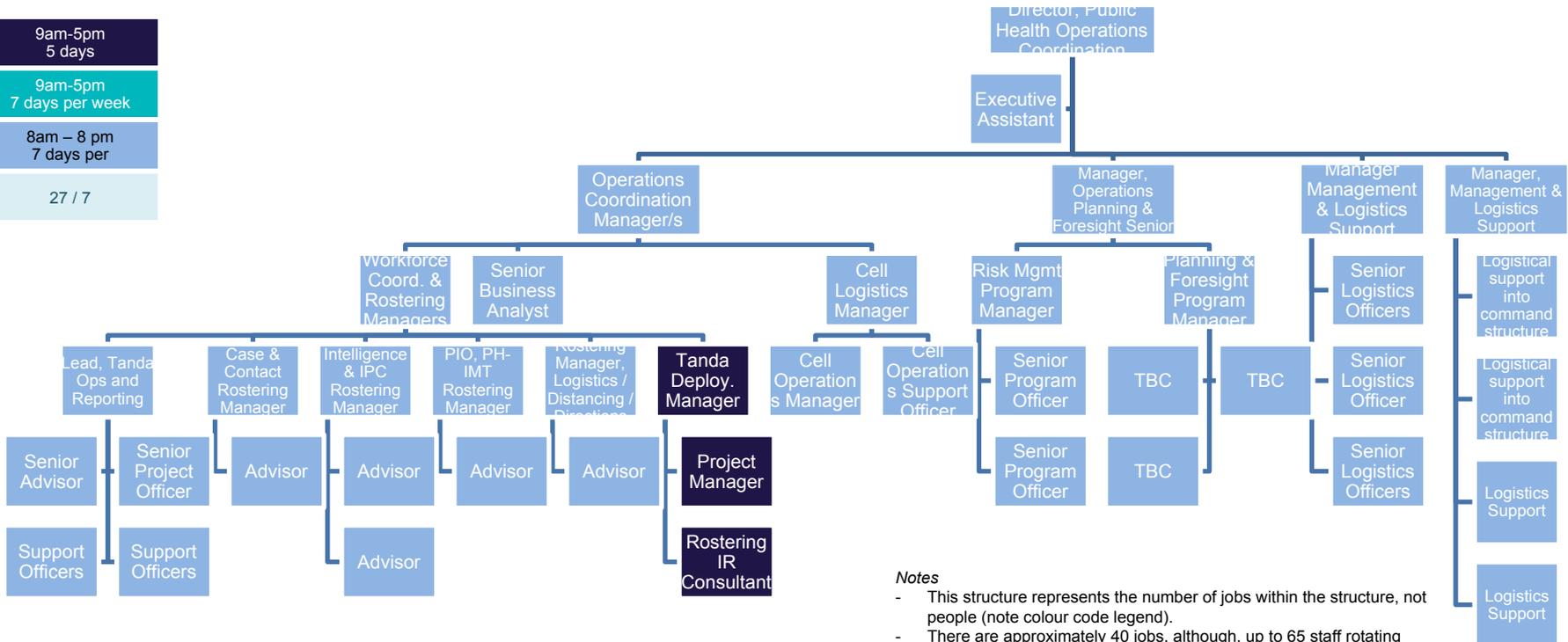
**Notes**

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 130 people rotating through this structure
- Two volume bulk / high volume workforces including informatics and disease surveillance (further design work required for this area).
- Intelligence coord forecasted growth from ~90 to ~140 people
- Note other team members include MAEs and students

# Public Health Command

## Public Health Operation Coordination Function

|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |



**Notes**

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- There are approximately 40 jobs, although, up to 65 staff rotating through this structure

# Public Health Command

## Workforce considerations

| Profile and high level issues   | Bulk v individual roles   | Sourcing challenges  | Forecasted supply and demand  |
|---|---|--|---|
| <p>Structure includes a combination of bulk roles (epidemiologist, intelligence surveillance, informatics, investigations), generalist (coordination and logistics) and specialist roles (medical practitioners on information lines).</p> <p>Up to 24/7 operations require high volume of staff and creates complex workforce arrangement (i.e. rostering, turnover, training etc.).</p> <p>Predominant source of operational staff is from Health Protection (epidemiologist, environmental health officers from communicable diseases and other areas) and Prevention and Population Health.</p> <p>There is considerable agency hire and from hospitals (e.g. nursing staff) and VISA appointments.</p> | <p>Executive roles overseeing operational and policy roles:</p> <ol style="list-style-type: none"> <li>1. Several executives (Simon, Kira, Bruce, Fin, Nicole, Katherine and AvD).</li> </ol> <p>Bulk roles performing both operational and operational policy roles:</p> <ol style="list-style-type: none"> <li>1. Epidemiologist</li> <li>2. Disease surveillance</li> <li>3. Case contact and tracing officers</li> <li>4. Data and informatics</li> <li>5. Physicians, nurses, GPs</li> </ol> | <p>Several executives who normally provide BAU leadership in RHPEM are 100% dedicated to the PHC.</p> <p>The supply line from other Victorian Government agencies, health services, universities, local councils (e.g. AOs') is likely to reduce as restrictions are lifted.</p> <p>BAU staff from RHPEM and across the department and VPS have been drawn on to support COVID-19, although, continue to have BAU commitments which create a gap and organisational risk.</p> <p>AOs are sourced from various channels and subject to fluctuating demand, as well as necessary onboarding delays (e.g. screening).</p> | <p>Even short term COVID-19 response is assumed to be months, therefore there are considerable BAU risks and sourcing challenges ahead (highlighted in sourcing challenges).</p> <p>A paper submitted to the Missions Coordination Committee (21 May 2020) outlines workforce pressures, highlighting how contact tracing, infection prevention and control and outbreak squads will grow considerably. It explains how there will be continued demand for data interpretation and reporting skills, project managers and officers, communications staff, and other logistics and business support.</p> |

# Public Health Command

## Key features and design considerations

| Focus   | Items to be worked through...   |
|---|---|
| <ul style="list-style-type: none"> <li>• Large and growing workforce with several rostering requirements to meet varying operational needs.</li> <li>• Workforce source is combination temporary 'lift and shift' of DHHS functions, individual secondments or assignments and external agency hire (health service and generalist).</li> </ul> | <ol style="list-style-type: none"> <li>1. Urgent role design and work value assessment to be undertaken to inform recruitment strategy and pipeline management. Risks exist where substantive roles are not being filled in many of the teams (e.g. staff in the Pathology and Infection Prevention and Control team) and also the placement of people in roles that they are not suited to.</li> <li>2. High operational workforce has lower level classified roles and staff. On balance, the volume and ratio of senior to junior roles is low (i.e. arguably not enough senior staff at VPS5, VPS6 and executive level, particularly given the profile of the work and ministerial interaction).</li> <li>3. There is limited support for executive, ministerial, budget management and coordination support for each public health commander (particularly the 2-3 areas with high volumes of staff).</li> <li>4. Confirmation of placement of outreach function (was being established in the Pathology and Infection Prevention and Control team).</li> <li>5. Profile and future focus on Outbreak Response in Case, Contact and Outbreak Management may need to be elevated to the report to the deputy commander role.</li> <li>6. Reporting lines for management in the Physical Distancing Hotline need to be clarified and embedded, with consideration to the public health significance of this pandemic.</li> </ol> |

# Public Health Command

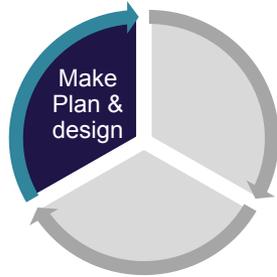
## Key tensions to resolve

| Focus   | Items to be worked through...   |
|---|---|
| <p>Several design, workforce supply and demand and transition issues need to be addressed</p> | <ul style="list-style-type: none"><li>• The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance, operations and public health response, including some confusion about accountabilities and reporting lines</li><li>• Timing and tenure of individual roles and appointments remains unclear for individuals, creating business risk (e.g. retention) and personal risk (e.g. uncertainty).</li><li>• Decision to resource and/or expand rostering support / teams to other emergency response teams.</li><li>• Urgency for a dedicated workforce plan that considers supply management, noting the concern that availability of workforce from agency hire, hospital, students and other external sources (including AOs) will reduce as restrictions are lifted (i.e. people go back to their day jobs). This will also create risks associated with turnover (e.g. retraining, business continuity etc.)</li><li>• High volume of staff from Health Protection in RHPem creating a BAU risk.</li><li>• Technical nature of some roles not readily available through existing supply lines (e.g. Critical Skills Register leading to reliance on external agency hire). This includes epidemiologist, lab staff etc.</li><li>• Some capability / skill / content gaps in policy development (e.g. in the Physical Distancing team).</li></ul> |

# Public Health Command

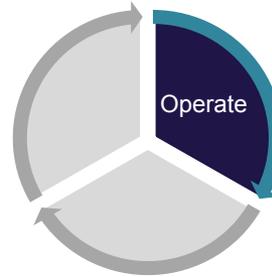
## Core capabilities in regulatory cycle

Description of roles and functions that fit within each part of the regulatory cycle TBC by PHC.



Functions/roles: TBC

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Functions/roles: TBC

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Functions/roles: TBC

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review

# Appendices

## Supporting information

1. Job cards
2. Stakeholders engaged

# Job Cards

## Enforcement and Compliance

# Job card - Commander Enforcement and Compliance

## Accountabilities

- Overall leadership and management of the COVID-19 enforcement and compliance function within DHHS, including oversight of compliance matters under all public health directions, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 enforcement and compliance legislation, protocols and data pertaining to enforcement and compliance matters.
- Provide authoritative advice and input into complex compliance matters, including support to the Chief Health Officers and delegates on compliance and enforcement related matters.
- Conduct daily review of those subject to detention and provide advice and guidance on necessary actions to be taken.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Deputy Commander AO Operations

## Accountabilities

- Overall leadership and delivery of regulatory operational function as it relates to the departments COVID-19 enforcement and compliance response.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Job card – Senior Authorised Officer (e.g. Team Leader)

### **Accountabilities**

- Lead a multi-disciplinary team, that ensures DHHS responsibilities under the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions are delivered effectively, efficiently and that any issues are escalated appropriately.
- Hotel cell: Ensure passengers/guests/client are compliant with detention notices and physical distancing policies; Detention notices are updated as required; Manage transfers requests to leave, and exit process and protocols; Escalate issues.
- Airport cell: Ensure passengers are served detention notices lawfully; compliant with detention notices and physical distancing policies; and triaged and transported appropriately.
- Release AOs: Carry out the release process for releasing people from quarantine.

### **Capabilities**

- Team supervision
- People management skills

### **Specialist expertise**

- Working knowledge of the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions

# Job card – Manager Policy and Protocols (VPS6)

## Accountabilities

- Provide high quality business intelligence, authoritative advice and sound policy recommendations to senior management and government based on comprehensive research.
- Oversee the development of policy and initiatives that meet government and departmental objectives within resourcing, timeline and budget parameters.
- Review and report on high priority issues, risks and trends and prepare and present comprehensive reports, ministerial briefs and cabinet and agency submissions on complex issues.
- Pro-actively build and maintain effective working relationships and facilitate the flow of information across the department and with key external stakeholders.
- Maintain an understanding of Commonwealth and State legislative and policy reform directions to influence policy development.
- Represent the department on key stakeholder committees and groups concerned with achieving government and departmental objectives, lead relevant committee and governance processes.
- **Keep accurate and complete records of your work activities in accordance with legislative requirements and the department's records, information security and privacy policies and requirements.**
- **Take reasonable care for your own health and safety and for that of others in the workplace by working in accordance with legislative requirements and the department's occupational health and safety (OHS) policies and procedures.**
- **Demonstrate how the actions and outcomes of this role and work unit impact clients and the department's ability to deliver, or facilitate the delivery of, effective support and services.**

## Capabilities

- Team supervision
- People management skills

## Specialist expertise

- A tertiary qualification in fields related to emergency management, community services, health administration or business management would be desirable.

# Job card – Exemptions

## ***Team Leader Complex***

- Oversee the day to day work of the Case Managers (Category 2): provide direction and guidance to case managers, review evidence, ensure quality of advice and briefs to support senior executive decision making.
- Manage complex and sensitive liaison with multiple parties.
- Alert Manager, Exemptions to any issues of risk, particularly relating to the welfare of people in quarantine, and including resource management and rostering issues.

## ***Team Leader Non Complex***

- Oversee the day to day work of the Case Managers (Category 1): provide direction and guidance to case managers, review evidence, ensure quality of exemption letters and advice and briefs to support senior executive decision making, escalate issues to Manager as appropriate, ensure consistency and timeliness of urgent matters.
- Alert Manager, Exemptions to any issues of risk, including resource management and rostering issues.

## ***Both***

- Work creatively and analytically in a problem-solving environment demonstrating teamwork, innovation and excellence.
- Provide leadership and motivate case managers to meet team goals, adhering to their responsibilities and milestones.
- Work collaboratively with other Team Leaders to support the shared objectives of the Exemptions team and broader Compliance Cell.

## **Capabilities**

- People management and/or team leader experience desirable
- Strong people skills in challenging, high volume and fast paced environments.
- Excellent attention to detail and time management skills with the ability to multi-task.
- Problem solving skills.
- Good written and verbal communication skills (experience in having difficult conversations and/or delivering difficult information would be desirable).

## **Qualifications**

- A tertiary qualification in policy, law or business, or in fields related to emergency management, community services, health administration or business management.

# Job Cards

## Emergency Accommodation

# Job Card – Commander, Operation Soteria

## Accountabilities

- Overall leadership and management of the COVID-19 detention accommodation & ports of entry functions within DHHS, including oversight of strategy, health & wellbeing of detained people, operational matters, recruitment, management and occupational health and safety.
- Coordination and approval of operational policy & standard operating procedures pertaining to Operation Soteria.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.
- Oversee data quality, management, quality assurance and reporting

## Capabilities

- Proven senior executive experience operating within a rapidly changing environment.
- Demonstrated experience in managing a multi disciplined workforce.
- Outstanding communication skills and the ability to foster relationships with partner stakeholders.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Hotels

## Accountabilities

- Leadership and operational management of the COVID-19 quarantine accommodation function within DHHS.
- Manage a multi-disciplinary team, that ensures DHHS responsibilities under the *Public Health and Wellbeing Act 2008* with respect to the physical distancing controls and direction notices are adhered.
- Provide oversight and quality assurance mechanisms to deliver high quality, safe and effective care to persons in mandatory quarantine.
- Active consultation with the Deputy Commander, Welfare and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate and represents best practice within the clinical governance framework.
- Promotes safety leadership to ensure the health and wellbeing of DHHS staff, and staff from other agencies contracted who are undertaking activity at the hotel.
- Lead the development of operational policy & standard operating procedures pertaining to Hotel Accommodation.
- Provides the Commander, Operation Soteria with situational awareness and intelligence to inform emerging issues and appropriate risk management.
- Provide authoritative advice and input into complex welfare and human service matters.
- Work collaboratively with all stakeholders to ensure all optimal outcomes for guests in mandatory quarantine.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- An ability to work in high emotion environment.
- Manage a multi-disciplined team.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Experience in working within a Clinical Governance Framework.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Ports of Entry

## Accountabilities

- In partnership with the Commonwealth Department of Agriculture, Water and Environment (DAWE) Biosecurity staff, implement border health measures for all travellers returning from overseas to Victoria.
- Oversee the adherence and enforcement functions and procedures for the direction and detention for Airport and Maritime Arrivals issued under *the Public Health and Wellbeing Act 2008*.
- Oversee the logistics of travellers that arrive at Victorian airports and maritime ports to their designated quarantine hotel.
- Oversee the implementation of Exemptions to the General Quarantine Policy for transitional passengers.
- Support the Commander, Operation Soteria participate in the *Managing Returns to Australia Working Group*.
- Lead the development of operational policy & standard operating procedures pertaining to Ports of Entry.
- Provide authoritative advice and input into complex matters to ensure the health and safety of travellers.
- Work collaboratively and liaise with external stakeholders at the Airport to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, AFP, DAWE, AV DFAT, DoT, Airport Chaplain and other jurisdictions as required.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.
- Demonstrated experience in leading Multi Disciplined Incident Management Teams.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Knowledge of Airport and Maritime operations, procedures and policies would be advantageous.

# Job Card - Deputy Commander, Welfare

## Accountabilities

- Oversee the Department's Welfare & CART Teams to ensure the needs of travellers and their families are met during the mandatory quarantine period.
- Ensure health and welfare screening take place soon after arrival so that existing and emerging health and welfare concerns can be risk assessed and addressed in a timely manner.
- Partnering with travellers, healthcare providers and other Victorian departments to facilitate effective engagement, coordinate support and timely effective care.
- Active consultation with the Deputy Commander, Hotels and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate within the context of mandatory quarantine.
- Manage the completion of psychological assessments required to support Detention Exemption applications and Financial Hardship bridging accommodation applications.
- Ensure continuous review of systems and practices to promote continuous learning.
- Provision of a daily welfare report to the Commander, Operation Soteria to ensure oversight and accountability for the mandatory quarantine process.
- Lead the development of operational policy & standard operating procedures pertaining to Welfare for travellers.

## Capabilities

- Demonstrated experience in leading multi-disciplined teams.
- Proven ability in decision making in a complex environment.
- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Qualifications or extensive experience in working within a health related environment.
- Demonstrated experience in working within a Clinical Governance Framework and applying Public Health Standards and the Charter of Human Rights.

# Job Card - Clinical Lead (Mandatory Quarantine)

## Accountabilities

- Ensure that individuals in mandatory quarantine (Operation Soteria) receive safe, effective and high-quality care that is consistent with best practice
- Integrate public health and operational oversight of the nursing, medical and mental health care provided in mandatory quarantine
- Proactively identify and manage clinical risk in mandatory quarantine
- Reports to the Deputy Chief Health Officer and Deputy State Controller Operation Soteria
- Provides information to the Deputy Public Health Commanders, the Physical Distancing Compliance Lead, the Emergency Operations Centre (EOC) and other team members as required
- Provides up to date clinical, public health and operational information to clinical staff working across the hotels (nurses, doctors, mental health clinicians); including guidelines, factsheets, FAQs and other materials
- Ensure that the public health standards for the care of returned travellers in mandatory quarantine are upheld
- Advise, Liaise and develop policy with Public Health Command (Physical Distancing Cell) and the EOC and assist the EOC to operationalise this policy

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job Card – Welfare Line, Operations Manager

## Accountabilities

- Ensure the efficient and effective operations of shifts within the Welfare Check shift, including supervision and support to up to four team leaders and their staff.
- Perform all operational duties associated with the Welfare Line, including adequate rostering and resourcing, preparation of call list for next shift (as applicable), appropriate sign off on team member time sheets, beginning and end of shift briefing for all staff, OHS obligations are being met during shifts.
- Ensure Welfare Check Officers and team leaders are equipped with the relevant tools and aware of supports available to members of the community, including access the departments nominated interpreting service to ensure information is provided in a culturally responsive and equitable way.
- Ensure all team leaders and staff are briefed accordingly at the beginning of shifts and that regular work in progress standards are met during shifts.
- Ensure each team has an allocated Team Leader and allocate call list to Team Leaders
- Ensure that orientation of new team leaders and Welfare Line Officer, to ensure that all members of the team are able to perform their role.
- Ensure continuity and workflow across teams and shifts from day to day, including quality control over matters relating to email queries and outstanding tasks/ referrals as handed over from previous shift.
- Identify and respond to issues as they arise during the shift as they relate to service delivery, systems, staff and escalate issues to the Manager, Welfare Line as necessary

## Capabilities

- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Work confidently with individuals with a range of vulnerabilities
- Adaptable and uses initiative
- Emotionally regulated
- Resilient

## Specialist expertise

- A recognised tertiary qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent)

# Job Card – CART Practitioners

## Accountabilities

- Risk assessment and analysis - gathers information through a variety of sources and technologies in order to identify, plan and respond to the psychosocial risks relating to each situation. Applies a strong risk lens, professional judgement, and evidence informed frameworks to analyse the available evidence and inform decision making.
- Case Support – provides secondary consultation and manages complex cases. Draws insights from assessment and analysis to formulate a meaningful and effective case plan, including safety plans, and reviews case progress and outcomes with a strong focus on managing dynamic risk. Collaborates with others to ensure adequate risk management and robust referral pathways that are tailored to individual needs and circumstances.
- Critical enquiry - uses evidence based frameworks to investigate issues, and is able to understand the root cause of each issue as well as the potential implications.
- Standardised reporting - uses standardised tools and reporting frameworks when recording case data, and when documenting care solutions provided.
- Reflective practice - critically reflects on what they are doing in their role and uses this reflection to influence their practice. Supports other practitioners in individual and group reflective practice supervision.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent) and includes a practical component such as counselling or case work practice
- A current Working with Children Check (WWCC) card.

# Job Card – Hotel Site Lead

## Accountabilities

- Oversee the operations at the hotel within these functions to ensure care of travelers in mandatory quarantine:
- Ensure a safe environment for people returning from overseas who are required to enter a period of compulsory quarantine at the hotel.
- Provide leadership, direction and support for staff in a multidisciplinary environment.
- Contribute to the development and implementation of policies and processes to support running of hotel and wellbeing of guests
- Coordinate welfare and relief supports to those in quarantine.
- Manage and make complex decisions in time critical situations and escalate issues that cannot be resolved at the local level to the Emergency Operations Centre for resolution.
- Lead support staff duties and activities onsite at the hotel.
- Effectively build relationships and work collaboratively with hotel management and staff, authorised officer, medical staff, security, other government departments and Victoria Police onsite at the hotel.
- Oversee the check in/out process for guests returning to Australia.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Works in operational environment with multiple stakeholders

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- Emergency management and/or regulatory experience in an operational environment.

# Job Cards

## Public Health Command

# Job card – Chief Health Officer

## Accountabilities

- Victoria's Chief Health Officer is responsible for the provision of public health advice to the Minister, the Department of Health and Human Services and the Victorian community including the exercise of statutory powers under the Public Health and Wellbeing Act 2008.
- The Chief Health Officer is expected to provide high level leadership and vision for public health in Victoria and will have experience in public health programs at a State or National level.
- The role requires strong capability and engagement with technical experts and leaders across both government and the broader health sector. The Chief Health Officer is required to be proactive and systematic in the approach to dealing with complex problems and has an innate ability to understand and operate in a government environment.
- The Chief Health Officer is the government's spokesperson on matters relating to public health and must be a confident public persona with excellent judgement, communication skills, and an ability to be trusted.

## Capabilities

- Leadership
- Communication skills
- Influence and negotiation
- Problem solving
- Self-management

## Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency.

## Job card – Deputy Chief Health Officer

### Accountabilities

- The Deputy Chief Health Officer is a senior clinical leadership role providing authoritative advice and leadership in supporting the Chief Health Officer, Deputy Secretary and Secretary and staff in the Health Protection Branch. The role will act in place of the Chief Health Officer for periods of leave and rostered weekend relief. As the Deputy Chief Health Officer, you will participate in emergency management activities, contribute to the coordination of the prevention and response to public health incidents and represent the department on state and national committees as required.
- The position oversees five teams comprising approximately 80 staff: Immunisation, Communicable Disease Prevention & Control, Communicable Disease Epidemiology & Surveillance, Public Health Medical and Partner Notification & Support.

### Capabilities

- Leadership
- People management
- Communications skills
- Influence and negotiation
- Problem solving

### Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency
- Postgraduate qualification in Public Health and Fellowship of the Australasian Faculty of Public Health Medicine

# Job Card - Deputy Public Health Commander Intelligence

## Accountabilities

- Overall leadership and management of intelligence section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

Source Mary Benson:

## Capabilities

- An understanding of the Victorian health and human services system
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Specialist expertise

- ??.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Manager, Intelligence Operations

## **Accountabilities**

- .

## **Capabilities**

## **Specialist expertise**

- .

# Job card – Manager, Surveillance and Response

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Strategy, Systems & Reporting Intelligence

## **Accountabilities**

- .

## **Capabilities**

## **Specialist expertise**

- .

## Job card – Infomatics

### **Accountabilities**

- .

### **Capabilities**

### **Specialist expertise**

- .

# Job card – Deputy Commander, Pathology and Infection Prevention and Control

## Accountabilities

- Overall leadership and management of the Pathology and Infection Prevention and Control section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience
-

# Job card – Manager, Pathology Operations

## Accountabilities

- Overall leadership and management of the Pathology Operations section within DHHS, including facilitation of laboratory testing with multiple laboratories, reporting, results, and supply chain management.

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Infection Prevention and Control Operations

## Accountabilities

- Overall leadership and management of the Infection Prevention and Control Operations section within DHHS. This includes responding to Infection Prevention and Control questions, developing policy, and Infection Prevention and Control recons (technical advice).

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Commander, Case, Contact and Outbreak Management

## Accountabilities

- Overall leadership and management of the Case Contact and Outbreak Management section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

-

# Job card – Operations Lead, CCOM

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Strategy and Policy Lead, CCOM

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Team Leader, Triage and Notification

## Accountabilities

- Reports to Cell Public Health Lead.
- Provides management advice and support to team on public and community recommendations regarding COVID-19.
- Provides management advice and support to team on health sector queries regarding COVID-19.
- Develop and refine notification workflows to case and contact management team.
- Communicate situational awareness to sector lead

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Public Health Commander, Physical Distance

## Accountabilities

- Overall leadership and management of the Physical Distance function within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job card – Senior Medical Adviser

## Accountabilities

- Respond to requests for specialist medical advice (SMA) in different and evolving categories of need (clinician hotline and internal requests).
- Contribute and develop rapid guidelines, factsheets and FAQs for immediate use by health sector and relevant community.
- Contribute to policy and strategy responding to issues in the various fields of activity to prevent COVID-10 transmission (including infection control)

## Capabilities

### Specialist expertise

- MD/MBBS or RN 1 (Clinical Nurse Specialist or Consultant) and/or MPH (VPS 6) Favourable: fellowship of specialty Australasian college/faculty (VPS 6.2 or SMA) and/or recent clinical experience and/or outbreak management

# Job card – Deputy Commander, Public Information

## Accountabilities

- Overall leadership and management of the Public Information section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Ensure that timely, tailored and relevant information is developed to support the Chief Health Officer, Public Health Commander and Deputy Commander –Intelligence & Public Information and Class 2 Controller.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

- .

# Job card – Public Information Officer

## Accountabilities

- Manage the DHHS Public Information Section.
- Approve all public and internal communications.
- Support Chief Health Officer, Public Health Commander and Deputy Commander – Intelligence & Public Information and Class 2 Controller by developing timely, tailored and relevant information to the community during an emergency.
- Liaise with other sections and departments to coordinate the development of key messages and communications products.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required).
- As a general guide, this is a VPS6 role

# Job card – Deputy Public Information Officer

## Accountabilities

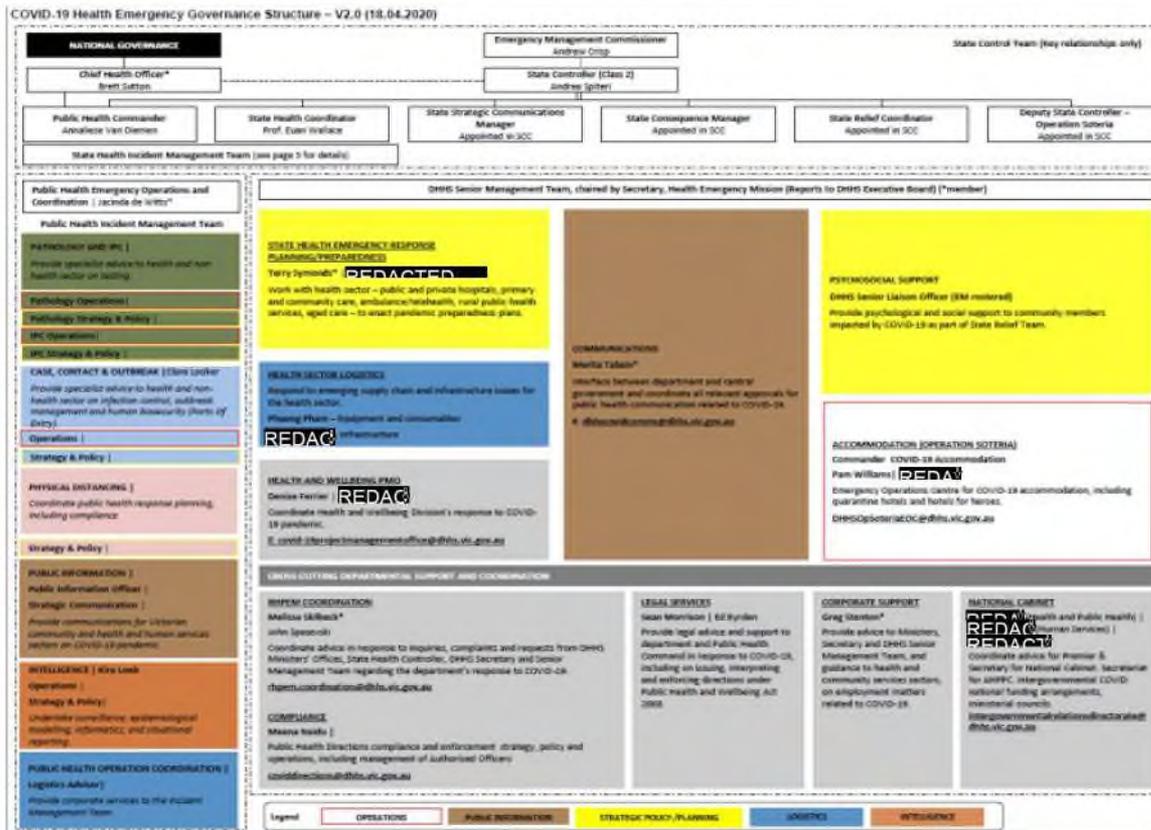
- Support the Public Information Officer (PIO) in managing the DHHS Public Information section.
- Provide quality assurance and monitoring of information produced at DHHS.
- Support the PIO by developing timely, tailored and relevant information to the community during an emergency.
- Liaison with other sections and departments to coordinate key messaging.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required)
- This is a VPS6 position

# Health emergency governance structure



# Key stakeholders engaged

The project team has engaged the following leaders to contribute to the report:

- **Operation Soteria**

- Pam Williams, Merrin Bambert, Michael Mefflin, REDACTED

- **Enforcement and Compliance**

- Meena Naidu, Anthony Kolmus, Anna Peatt, REDACTED

- **Public Health Command**

- Annaliese van Diemen, Kira Leeb, REDACTED Sarah McGuinness, Clare Looker, Mat Williams, Katherine Ong, Bruce Bolam, REDACTED Claire Harris, REDACTED

REDACTED

## Papers for Directions meeting at 4pm today

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**From:** Meena Naidu (DHHS) <REDACTED>  
**To:** Brett Sutton (DHHS) <REDACTED> Annaliese Van Diemen (DHHS) <REDACTED> Finn Romanes (DHHS) <REDACTED> Melissa Skilbeck (DHHS) <REDACTED> Sean Morrison (DHHS) <REDACTED>  
**Cc:** <REDACTED> (DHHS) <REDACTED> <REDACTED> (DHHS) <REDACTED>  
**Date:** Tue, 31 Mar 2020 15:44:20 +1100  
**Attachments:** Exemptions policy options.docx (31.14 kB); DRAFT Covid-19 protocol - general.docx (61.25 kB); DRAFT Covid-19 protocol - Minors as detainees.docx (56.08 kB); DRAFT Covid-19 protocol - non-compliant.docx (56.88 kB); DRAFT Covid-19 protocol - post 14 day isolation.docx (55.52 kB); DRAFT Covid-19 protocol - Temporary leave from hotel.docx (57.22 kB)

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Hi all

Attached are the draft protocols for the AOs as well as a draft policy for exemptions. They are not all complete as we are trying to work through the various issues in the live environment and are still checking things with legal. But they give a starting point for us to do things and stay compliant with the law.

Kind regards

Meena

**Meena Naidu** | Director, Health and Human Services Regulation and Reform

Regulation, Health Protection and Emergency Management Division

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

REDACTED | e. REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



## CCC submission on hotel quarantine sustainability - required work for this week - contact people by 4pm today please

**From:** "Melissa Skilbeck (DHHS)" REDACTED  
 REDACTED

**To:** "Andrea Spiteri (DHHS)" REDACTED, "Pam Williams (DHHS)" REDACTED, "Meena Naidu (DHHS)" REDACTED, "Annaliese Van Diemen (DHHS)" REDACTED, "Jacinda de Witts (DHHS)" REDACTED, "Jason Helps (DHHS)" REDACTED, "Angie Bone (DHHS)" REDACTED, "Anna Peatt (DHHS)" REDACTED, "Brett Sutton (DHHS)" REDACTED

**Cc:** "John Spasevski (DHHS)" REDACTED, REDACTED (DHHS)" REDACTED

**Date:** Tue, 21 Apr 2020 14:06:00 +1000

All

We are requested to provide a submission to CCC on hotel quarantine sustainability – due date to be confirmed – but likely to be next week which will require final draft this week.

John Spasevski and REDACTED have agreed to hold the pen and coordinate inputs – they will send an invitation to discuss a first draft following receipt of inputs prior to the end of this week

As this question has a number of dimensions, I propose the following approach to inputs across our teams:

1. Background – [EOC]
  - statistics from dashboard on use and activity in hotels – including cost (ref accommodation CCC submission coming for this Thursday)
  - best information from NCM on future demand/numbers of returned travellers
2. Public health risk management – [PH]
  - Revisit the original risk on which quarantine was based
  - Analyse the actual cases among detainees – are there particular risks still warrant concern?
  - Does the overall class of returned travellers require additional quarantine (more than Isolation on diagnosis directions requirements) ongoingly/post reduction in other restrictions?
3. Operational sustainability – [EOC/compliance]
  - Describe current operating model including hotel availability, hotel operations, security, compliance, VicPol etc
  - what we've done to improve ops/welfare
  - Note sustainability challenges – draw on other DHHS essential services, hotel availability, and public/pax acceptability esp after other restrictions lifted (and govt functions required)
4. Longer term options (on assumption quarantine is required in some form) – initial scoping of options for discussion of first draft – options below could be combined
  - An high-enforcement isolation on diagnosis at home option [compliance]
  - Bracelets or other electronic monitoring [compliance]
  - Accommodation option for those without home isolation means [EOC]
  - Hotel-based quarantine in a different mode [EOC]
5. Recommendations – to be considered for discussion of first draft [All]
  - Investments needed to make safer/sustainable?
  - Scoping of discussion for AHPPC for national decision (already noted at AHPPC for future discussion, as advised by Brett)

Please return email to John Spasevski (cc:me) by 4pm today advising who will be his contact for all coordination of this submission

Thank you in advance

Regards,  
 Melissa

**Melissa Skilbeck**

Deputy Secretary | Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000  
 t. (03) REDACTED | m: REDACTED | e: REDACTED | w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

## FW: Daily Reports 22-24 April

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**From:** "Meena Naidu (DHHS)" <REDACTED>  
**To:** "Annaliese Van Diemen (DHHS)" <REDACTED>  
**Cc:** "Brett Sutton (DHHS)" <REDACTED>  
**Date:** Tue, 28 Apr 2020 22:18:47 +1000  
**Attachments:** 20200422 - Briefing to report on the exercise of detainment powers to the Chief Health Officer and Minister.docx (38.96 kB); 20200423 - Briefing to report on the exercise of detainment powers to the Chief Health Officer and Minister.docx (39.44 kB); 20200424 - Briefing to report on the exercise of detainment powers to the Chief Health Officer and Minister.docx (38.96 kB); Current - Master sheet of people subject to detainment - 20200424.xlsx (669.18 kB)

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Hi Annaliese

Please find attached the daily reports for the above dates. The team has reminded me that these also need to go to Brett on the way to the Minister so have cc'd him in.

Please note I'll be sending through other outstanding reports shortly.

Kind regards

Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance**

**Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division

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

p. REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 22 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 22 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 23 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

- The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
- Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
- The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
- This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

### 5. As of 23 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- The following detainees were granted exemptions on the grounds of inappropriate accommodation:
  - REDACTED Novotel Collins St
  - REDACTED Novotel Collins St
  - REDACTED – Novotel Collins St
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 24 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 24 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

## FW: Daily Report 21 April

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**From:** "Meena Naidu (DHHS)" <REDACTED>  
**To:** "Annaliese Van Diemen (DHHS)" <REDACTED>  
**Cc:** "Brett Sutton (DHHS)" <REDACTED>  
**Date:** Tue, 28 Apr 2020 22:22:13 +1000  
**Attachments:** image005.jpg (6.54 kB); image006.jpg (3.09 kB); 20200421 - Briefing to report on the exercise of detainment powers to the Chief Health Officer and Minister.docx (39.24 kB); Current - Master sheet of people subject to detainment - 20200421.xlsx (601.08 kB)

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Hi Annaliese, Brett  
Please find attached daily report for 21 April.  
Kind regards  
Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance**  
**Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

[w. www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 21 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 21 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- A detainee, [REDACTED] date of birth [REDACTED] in room [REDACTED] at the Crowne Plaza (quarantined along with [REDACTED] and [REDACTED] [REDACTED]) was aggressive to nursing staff and Team Leader on site and threatened to abscond, due to complaints around the quality of food. The AO on shift defused the situation, alongside security and the Team Leader and nursing staff on site. Following a warning, [REDACTED] has thus far caused no further incidents.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the

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Prepared by: [REDACTED] (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, [REDACTED] ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM [REDACTED] ...../...../2020

Approved by: Brett Sutton, Chief Health Officer [REDACTED] ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.

14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPem, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020





Health  
and Human  
Services



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

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 20 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

### 5. As of April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- A detainee, [REDACTED] at the Crowne Plaza [REDACTED] reportedly attempted to leave the hotel, after becoming upset at the fact that [RE] was not able to purchase alcohol. Police were called and attended, speaking with [REDACTED] and (in conjunction with the AO on site) warned that if [RE] left [RE] room again [RE] would potentially be fined. [REDACTED] then calmed and no further incident was identified.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.

Prepared by: [REDACTED] (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, [REDACTED] ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, [REDACTED] ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, [REDACTED] ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 21 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 21 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- A detainee, [REDACTED] date of birth [REDACTED] in room [REDACTED] at the Crowne Plaza (quarantined along with [REDACTED] and [REDACTED]) was aggressive to nursing staff and Team Leader on site and threatened to abscond, due to complaints around the quality of food. The AO on shift defused the situation, alongside security and the Team Leader and nursing staff on site. Following a warning, [REDACTED] has thus far caused no further incidents.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the

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Prepared by: [REDACTED] (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRF [REDACTED] ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, [REDACTED] ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, [REDACTED] ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.

14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 22 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 22 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED .../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTE .../.../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTE .../.../2020

Copy to: Kym Peake, Secretary ...../...../2020

- 15. However, to protect people’s privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
- 16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
- 17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../.../2020  
Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020  
Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 23 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 23 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- The following detainees were granted exemptions on the grounds of inappropriate accommodation:
  - REDACTED – Novotel Collins St
  - REDACTED – Novotel Collins St
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTE ...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTE ...../2020

Copy to: Kym Peake, Secretary ...../2020

12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 24 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 24 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR REDACTED ...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTE ...../2020

Approved by: Brett Sutton, Chief Health Officer REDACTED ...../2020

Copy to: Kym Peake, Secretary ...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED /.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPem, REDACTED /.../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED /.../2020

Copy to: Kym Peake, Secretary /.../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 25 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 25 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ./.../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEN, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 26 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 26 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

- REDACTED
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED .../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED .../.../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED .../.../2020

Copy to: Kym Peake, Secretary ...../...../2020

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 27 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 27 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

- REDACTED
- 
- 
- 
- 
- 
- 

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED .../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED, ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED /.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTE ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTE ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 28 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 28 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED /.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED .../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED 5 ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

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Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 29 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
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## Additional information

5. As of 29 April 2020:

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### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
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### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
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12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

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Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

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Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 30 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 30 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 01 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### Additional information

5. As of 01 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

REDACTED

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 02 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 02 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSR, REDACTED .../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPem, REDACTED .../.../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED .../.../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 03 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### Additional information

5. As of 03 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

- REDACTED
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### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 04 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 04 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- There as one release today via exemption being granted – **REDACTED**

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers,

Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

including the use of emergency powers to individually detain people as set out in Attachment A.

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPem, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 05 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.



10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 06 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 06 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- There were no releases today.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers,

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Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

including the use of emergency powers to individually detain people as set out in Attachment A.

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 07 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 07 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

○ REDACTED

○

○

○

\*\*\* REDACTED have been granted exemption, however are staying within the hotel voluntarily until the next available flight which is on 11 May 2020.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

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Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

## FW: Daily Reports 22-24 April

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**From:** "Meena Naidu (DHHS)" <REDACTED>  
**To:** "Annaliese Van Diemen (DHHS)" <REDACTED>  
**Cc:** "Brett Sutton (DHHS)" <REDACTED>  
**Date:** Tue, 28 Apr 2020 22:18:47 +1000  
**Attachments:** 20200422 - Briefing to report on the exercise of detention powers to the Chief Health Officer and Minister.docx (38.96 kB); 20200423 - Briefing to report on the exercise of detention powers to the Chief Health Officer and Minister.docx (39.44 kB); 20200424 - Briefing to report on the exercise of detention powers to the Chief Health Officer and Minister.docx (38.96 kB); Current - Master sheet of people subject to detention - 20200424.xlsx (669.18 kB)

---

Hi Annaliese

Please find attached the daily reports for the above dates. The team has reminded me that these also need to go to Brett on the way to the Minister so have cc'd him in.

Please note I'll be sending through other outstanding reports shortly.

Kind regards

Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance**  
**Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

[w. www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 22 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 22 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

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Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../2020

Approved by: Brett Sutton, Chief Health Officer **REDACTED** ...../2020

Copy to: Kym Peake, Secretary ...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

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 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEM REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 23 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

### 5. As of 23 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- The following detainees were granted exemptions on the grounds of inappropriate accommodation:
  - REDACTED – Novotel Collins St
  - REDACTED – Novotel Collins St
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.

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Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
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15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
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Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEN, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 24 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### Additional information

5. As of 24 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPem, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

## FW: Daily Report 21 April

---

**From:** "Meena Naidu (DHHS)" <REDACTED>  
**To:** "Annaliese Van Diemen (DHHS)" <REDACTED>  
**Cc:** "Brett Sutton (DHHS)" <REDACTED>  
**Date:** Tue, 28 Apr 2020 22:22:13 +1000  
**Attachments:** image005.jpg (6.54 kB); image006.jpg (3.09 kB); 20200421 - Briefing to report on the exercise of detainment powers to the Chief Health Officer and Minister.docx (39.24 kB); Current - Master sheet of people subject to detainment - 20200421.xlsx (601.08 kB)

---

Hi Annaliese, Brett  
Please find attached daily report for 21 April.  
Kind regards  
Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance**  
**Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

[w. www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 21 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 21 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- A detainee, [REDACTED] date of birth [REDACTED] in room [REDACTED] at the Crowne Plaza (quarantined along with [REDACTED] [REDACTED] and [REDACTED]) was aggressive to nursing staff and Team Leader on site and threatened to abscond, due to complaints around the quality of food. The AO on shift defused the situation, alongside security and the Team Leader and nursing staff on site. Following a warning, [REDACTED] has thus far caused no further incidents.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the

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Prepared by: [REDACTED] (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, [REDACTED] ...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, [REDACTED] ...../2020

Approved by: Brett Sutton, Chief Health Officer [REDACTED] ...../2020

Copy to: Kym Peake, Secretary ...../2020

state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.

14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
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17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Endorsed by: Meena Naidu, Director HHSRP **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

## FW: Current daily reports/mastersheet

**From:** "Meena Naidu (DHHS)" <REDACTED>  
**To:** "Annaliese Van Diemen (DHHS)" <REDACTED>  
**Cc:** "Brett Sutton (DHHS)" <REDACTED>, "Murray Smith (DHHS)" <REDACTED>  
**Date:** Sat, 09 May 2020 20:55:59 +1000  
**Attachments:** Daily Reports - 20200508.zip (2.08 MB)

Hi Annaliese, Brett

I'm conscious there are a number of outstanding Review briefs. For ease of reference the team has consolidated into a single folder so you have access to them all. WE have a new staff member joining on Monday who will be taking on this function so that it is more timely and more informative. I've also been discussing this with the EY team working at the EOC to make sure it better fits the bill, now that there is considerably more information available about the detainees. We'll discuss a new template for the brief with you Annaliese sometime next week that is hopefully more meaningful.

Also, for your information, Murray Smith has joined the team to twin for me in the Enforcement role. Brett – I think you probably know Murray quite well from his time at AHPRA.

Kind regards  
 Meena

**I am current redeployed to support the COVID-19 response**

**Meena Naidu**

**Enforcement and Compliance Commander  
 COVID-19 Enforcement and Compliance Command**

Regulation, Health Protection and Emergency Management Division  
 Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

Project Officer:

REDACTED



**From:** REDACTED (DHHS) <REDACTED>  
**Sent:** Friday, 8 May 2020 5:31 PM  
**To:** Meena Naidu (DHHS) <REDACTED>  
**Cc:** Anthony J Kolmus (DHHS) <REDACTED>; Noel Cleaves (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>  
**Subject:** Current daily reports/mastersheet

Good evening Meena,

Please see the attached .zip folder with the current up to date daily reports and mastersheet (shouldn't be any passwords this time).

Many thanks,

REDACTED

**Senior AO/Compliance Manager - Currently deployed to COVID-19 - Quarantine Compliance**

REDACTED

State-wide Manager - Regulatory Compliance & Enforcement  
 Human Services Regulator | Health & Human Services Regulation & Reform Branch  
 Regulation, Health Protection & Emergency Management Division  
 Department of Health & Human Services | 50 Lonsdale Street, Melbourne, VIC 3000

REDACTED

| [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)



Health  
and Human  
Services



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

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 20 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
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4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### **Additional information**

5. As of April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- A detainee, [REDACTED] at the Crowne Plaza (room [REDACTED]) reportedly attempted to leave the hotel, after becoming upset at the fact that [REDACTED] was not able to purchase alcohol. Police were called and attended, speaking with [REDACTED] and (in conjunction with the AO on site) warned that if [REDACTED] left [REDACTED] room again, [REDACTED] would potentially be fined. [REDACTED] then calmed and no further incident was identified.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
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### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

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Endorsed by: Meena Naidu, Director HHSRR, [REDACTED] ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, [REDACTED] ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, [REDACTED] ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

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Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 21 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
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**Comments**

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**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

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Approved by: Brett Sutton, Chief Health Officer [REDACTED] /...../2020

Copy to: Kym Peake, Secretary /...../2020

state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.

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Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 22 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### **Additional information**

5. As of 22 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

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Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../2020

Copy to: Kym Peake, Secretary ...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED .../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPM, REDACTED, ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED, ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 23 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

### 5. As of 23 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- The following detainees were granted exemptions on the grounds of inappropriate accommodation:
  - REDACTED – Novotel Collins St
  - REDACTED – Novotel Collins St
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR REDACTED .../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED .../.../2020

Approved by: Brett Sutton, Chief Health Officer REDACTED .../.../2020

Copy to: Kym Peake, Secretary .../.../2020

12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 24 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### **Additional information**

5. As of 24 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. Any symptomatic cases have been appropriately isolated on a red zone floor within the respective hotel or conveyed to hospital.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
Endorsed by: Meena Naidu, Director HHSRR, REDACTED ..../.../2020  
Approved by: Melissa Skilbeck, Deputy Secretary RHPem, REDACTED ...../...../2020  
Approved by: Brett Sutton, Chief Health Officer, REDACTED ..../...../2020  
Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 25 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 25 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ..../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ..../.../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ..../.../2020

Copy to: Kym Peake, Secretary ..../.../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRF, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED /...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 26 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### Additional information

5. As of 26 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

- REDACTED
- [REDACTED]
- [REDACTED]
- [REDACTED]

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED .../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED .../.../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED .../.../2020

Copy to: Kym Peake, Secretary ...../...../2020

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 27 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 27 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

- REDACTED
- 
- 
- 
- 
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- 

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 28 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 28 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

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Endorsed by: Meena Naidu, Director HHSRR, REDACTED ..../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ..../.../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ..../.../2020

Copy to: Kym Peake, Secretary ..../.../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 29 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 29 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED, ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED, ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED, ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
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 Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 30 April 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 30 April 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
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### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

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Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 01 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

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2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
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### Additional information

5. As of 01 May 2020:

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- The following people were released via exemption:

REDACTED

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
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### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
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12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

### ***Further reporting requirements to Parliament***

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15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
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Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 02 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 02 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEN REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 03 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

### Additional information

5. As of 03 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

REDACTED



### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: **REDACTED**, (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 04 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 04 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- There as one release today via exemption being granted – **REDACTED**

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers,

Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRF, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

including the use of emergency powers to individually detain people as set out in Attachment A.

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPem, **REDACTED** ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 05 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

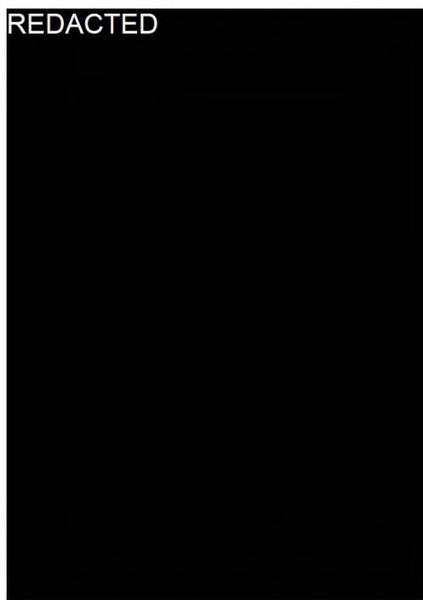
1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 05 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

REDACTED



### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detainment of returning overseas travellers to Victoria as soon as practicable.

***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: **REDACTED** (Authorised) State-wide Manager, RCET  
 Endorsed by: Meena Naidu, Director HHSRR, **REDACTED** ...../...../2020  
 Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, **REDACTED** ...../...../2020  
 Approved by: Brett Sutton, Chief Health Officer, **REDACTED** ...../...../2020  
 Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 06 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 06 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- There were no releases today.

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers,

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

including the use of emergency powers to individually detain people as set out in Attachment A.

15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRF REDACTED ..../.../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPem, REDACTE ...../...../2020

Approved by: Brett Sutton, Chief Health Officer REDACTE ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

[TRIM TBC]

**Minister for Health and Minister for Ambulance Services  
Report on directions to detain returning travellers – updated 07 May 2020**

**Action required by: N/A**

**Recommendation/s**

That you:

- |   |   |
|---|---|
| <p>1. <b>Note</b> a direction and detention notice was issued by the Deputy Chief Health Officer under section 200 of the <i>Public Health and Wellbeing 2008</i> on 28 March 2020- this direction requires anyone arriving in Victoria from overseas on or after midnight on 28 March 2020 to be placed in quarantine for 14 days in a nominated accommodation facility.</p> | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |
| <p>2. <b>Note</b> Authorised Officers have issued detention notices to individuals returning to Australia through a Victorian airport or port and reviewed the requirements for their continuing detention as set out in <u>Attachment A</u>.</p>   | <p><input type="checkbox"/> Noted /<br/><input type="checkbox"/> Please discuss</p> |

**Comments**

.....  
**Jenny Mikakos MP**  
Minister for Health  
Minister for Ambulance Services

Date:    /    / 2020

**Key issues**

1. The Minister for Health has issued a state of emergency under section 198 of the *Public Health and Wellbeing Act 2008 (PHW Act)* to address the public health emergency posed by COVID-19, and the Chief Health Officer has delegated powers to Authorised Officers under section 200 of the PHW Act to give notice to returning travellers that they must undertake individual detention for 14 days in a nominated accommodation facility.
2. Attachment A sets out the names of each person an Authorised Officer has issued a detention notice to because they have returned to Australia through a Victorian airport or port. Importantly, those named in Attachment A have been issued a notice of detention and an Authorised Officer has determined that those people's detention should continue since they have been issued with a notice (see Additional Information).
3. The Authorised Officers' issuing of the notice or the Authorised Officer's review of each person's detention is, and continues to be, necessary to eliminate or reduce the serious public health risk posed by people returning from overseas spreading COVID-19 throughout Victoria.
4. This is based on the Australian Health Protection Principal Committee's advice that the global spread of COVID-19 means the only way to reduce or eliminate the risk it poses to public health is to detain all overseas travellers arriving in Australia for up to 14 days.

## Additional information

5. As of 07 May 2020:

- Health and wellbeing checks have continued, to ensure that people potentially suffering from symptoms of COVID-19 are being identified and cared for with the proper medical treatment. The Rydges Hotel is now being used for identified positive cases at other hotels and patients are now transported there, instead of being held in 'red zones'.
- Fresh air breaks for detainees have been continually facilitated where possible and able to be safely conducted. This has been undertaken in conjunction with the AOs, site security, DHHS Team Leaders on site and the hotel management. There have been no instances where detainees have attempted to abscond or have refused to return to rooms following their fresh air breaks.
- The following people were released via exemption:

REDACTED

### ***The detention regime under the Public Health and Wellbeing Act 2008***

6. Under sub-section 200(1)(a) of *Public Health and Wellbeing Act 2008*, an Authorised Officer may detain any person or group of persons in the emergency area for a period that is reasonably necessary to eliminate or reduce a serious risk to public health.
7. The Authorised Officer's ability to exercise emergency powers occurs when a declaration of a state of emergency has occurred under section 198 and the Chief Health Officer has authorised an Authorised Officer to exercise emergency powers under sub-section 199(2) of the *Public Health and Wellbeing Act*.

### ***Reporting detention arrangements to the Chief Health Officer and Minister for Health***

8. The *Public Health and Wellbeing Act* requires Authorised Officers to notify the Chief Health Officer as soon as practicable in writing that a person has been detained as well as when, following a review of that order every subsequent 24 hours from the start of detention, a decision has been made to continue a person's detention.
9. The written notice must include the name of the person who is detained as well as the reason why they are detained.
10. The Chief Health Officer must, as soon as reasonably practicable, advise the Minister for Health of any notice received from Authorised Officers about the exercise of emergency powers to detain a person to eliminate or reduce a serious risk to public health.
11. This briefing's endorsement by the Chief Health Officer and recommended noting by the Minister for Health acquits these requirements.
12. The requirements to provide the Chief Health Officer and Minister for Health with advice means subsequent briefs will be progressed to report on the detention of returning overseas travellers to Victoria as soon as practicable.

### ***Further reporting requirements to Parliament***

Prepared by: REDACTED (Authorised) State-wide Manager, RCET

Endorsed by: Meena Naidu, Director HHSRR, REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM, REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

13. The *Public Health and Wellbeing Act* requires that that when a declaration of a state of emergency is made or varied, the Minister for Health must report to Parliament on the state of emergency and the exercise of any public health risk powers or emergency powers as soon as practicable at the next meeting of Parliament.
14. If the declaration of a state of emergency is extended on Monday 13 April 2020, the report to Parliament when it sits next will detail the exercise of emergency powers, including the use of emergency powers to individually detain people as set out in Attachment A.
15. However, to protect people's privacy and avoid providing Parliament with a voluminous report, the department will provide a summary of the number of people subject to detention requirements, the reasons for their detention and any issues that emerged from when the detainment of returning overseas travellers commenced to the end of the current term of the declaration of state of emergency.
16. If these detainment arrangements continue, the report to Parliament will detail why the exercise of emergency powers are likely to continue to occur to detain overseas travellers.
17. If an extended period passes before Parliament sits, the report to Parliament will document the various declarations and variations to declarations as well as the resulting exercise of public health risk powers and emergency powers under each declaration of a state of emergency.

---

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Endorsed by: Meena Naidu, Director HHSRR REDACTED ...../...../2020

Approved by: Melissa Skilbeck, Deputy Secretary RHPEM REDACTED ...../...../2020

Approved by: Brett Sutton, Chief Health Officer, REDACTED ...../...../2020

Copy to: Kym Peake, Secretary ...../...../2020

# COVID-19 Draft Physical Distancing Plan

**From:** "Finn Romanes (DHHS)" REDACTED

**To:** "Meena Naidu (DHHS)" REDACTED "Merrin Bamert (DHHS)"  
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**Cc:** "Simon Crouch (DHHS)" REDACTED "Brett Sutton (DHHS)"  
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**Date:** Wed, 01 Apr 2020 20:57:50 +1100

**Attachments:** COVID-19 DHHS Physical Distancing Plan.DOCX (406.07 kB)

Dear colleagues

The attached draft plan is provided for your urgent review.

Please track change any areas you are recommending are changed and email me and an officer will collate and we will propose a final version to go back.

**Comments requested by midday tomorrow.** If not possible, your suggestions will be incorporated into Version 2 later in the week.

If possible, if you work in a team on physical distancing, coordinate your comments through your lead back to me so there are fewer rather than more comments.

Once changes come in, I will circulate formally to the DIMT by 4pm tomorrow for provision to Deputy Chief Health Officer and Chief Health Officer for endorsement.

Regards

Finn

Dr Finn Romanes

Deputy Public Health Commander - Planning

Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services  
 State Government of Victoria

# COVID-19 – DHHS Physical Distancing Plan

Confidential and internal draft plan

1 April 2020

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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.

### 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>

Statements with content directly bearing on social distancing include the following statements with media event dates and date of the statement. 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 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 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 regarding 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 DHHS clear the person but allows a person not in their home to go directly there after diagnosis.

### 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.

### 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.

### **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 4m<sup>2</sup> 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

REDACTED

### 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 coronavirus (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 5**. This will be updated regularly **REDACTED**

### 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**. **REDACTED**

### 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. **REDACTED**

Development is underway of a detailed evaluation proposal / approach to evidence collation the current summary of comparisons for physical distancing is at **Appendix 7**. **REDACTED**

## 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 quarantine (self-isolation) 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 Victoria 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. **Fiona Sparks**

#### 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 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](mailto: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.

### **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](mailto: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**

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 behaviour through spot checks, reiterating obligations, providing education and outlining penalties for non-compliance, issuing infringements;
- informing DHHS about alleged non-compliance and requesting DHHS support and response;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

### **Contacting the Victoria Police Special Operations Centre**

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

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

## **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 **[Matthew McCrone, Charles Alpren, Nick Chiam]**

### **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. [REDACTED]

Once 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 [Charles Alpren].

### **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 [Katherine Ong].

### **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 Whispir to send messages to contacts in the department's public health monitoring systems. [Charles Alpren, [REDACTED]

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. [Fiona Sparks]

### **Management of exemption requests not relating to mandatory quarantine**

Exemption requests are now being discouraged.

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

The Authorised Officer should provide advice to the requestor consistent with the *COVID -19 DHHS Physical Distancing Plan*. The Plan is an internal document and is not for provision to members of the public.

Further information and consultation for an exemption of physical distancing can be contacted on 1800 675 398.

The process for management of exemption of physical distancing/ essential services requests is as follows:

The Public Health Commander, through authorised officers, should properly consider any request for an exemption.

The process is:

- Members of the public who wish to ask for an exemption have the option of submitting a request in writing to the COVID Directions inbox (i.e. in writing); requestor can be advised to make submission for exemption of Physical Distancing/ essential services through [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)
- Authorised officers should also use the COVID Directions inbox to submit requests for exemption to be assessed;

- All requests for exemption 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;
- Requests will be reviewed in an initial assessment and will be 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 the exemption is rejected and will not proceed further. Explanations to parties should emphasise the Directions and rules and how to stay safe.
- In considering an exemption, an Authorised Officer will then consider the application and may contact the Requestor to ascertain further information. In reviewing the request, the Authorised Officer will consider the extent to which there is a risk of transmission associated with the proposed exemption, across factors including:
  - Compliance – compliance with measures is an important factor for higher risk groups
  - Proximity of people - possibly the next most important factor
  - Frequency of interactions - possibly the next most important factor
  - Likelihood of surface touching - reason for hand hygiene focus
  - Air environment (affecting likelihood of ‘jumping’ across) - reason outdoors is less risky – droplets less likely to travel
- After this initial assessment process, priority 1 requests will be:
  - Referred immediately to the Director E+C including with a short email summary including a recommendation;
  - The Director E+C submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and calls the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
  - Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
  - Public Health Commander communicates the outcome and the Director E+C is authorised to enact the outcome.
  - Police will then be advised where exemptions are granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.
- After this initial assessment process, priority 2 requests will be:
  - The Director HP+EM then submits in writing the application to the Director of Enforcement and Compliance with title ‘For Decision: Detention Exception Request’;
  - Captured in writing and batched together for consideration once a day for the review by a panel where available;
  - Where available, a **panel** could include a legal services representative, a delegate of the Director E+C and the DPHC Planning or delegate;
  - The panel will then rapidly assess and decide on each priority 2 request;
  - The outcome of the decisions (grant or reject) is then enacted by the Directions Cell, under the management of the Director HP+EM.
  - Police will then be advised where exemptions are granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.
- After this process, priority 3 requests will be:
  - Officer of the department writes back to indicate the exemption has not been granted, and should consider using scripts as provided at **Appendix 7**.
- The Authorised Officer must 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 exemptions granted are communicated publicly, if at all.

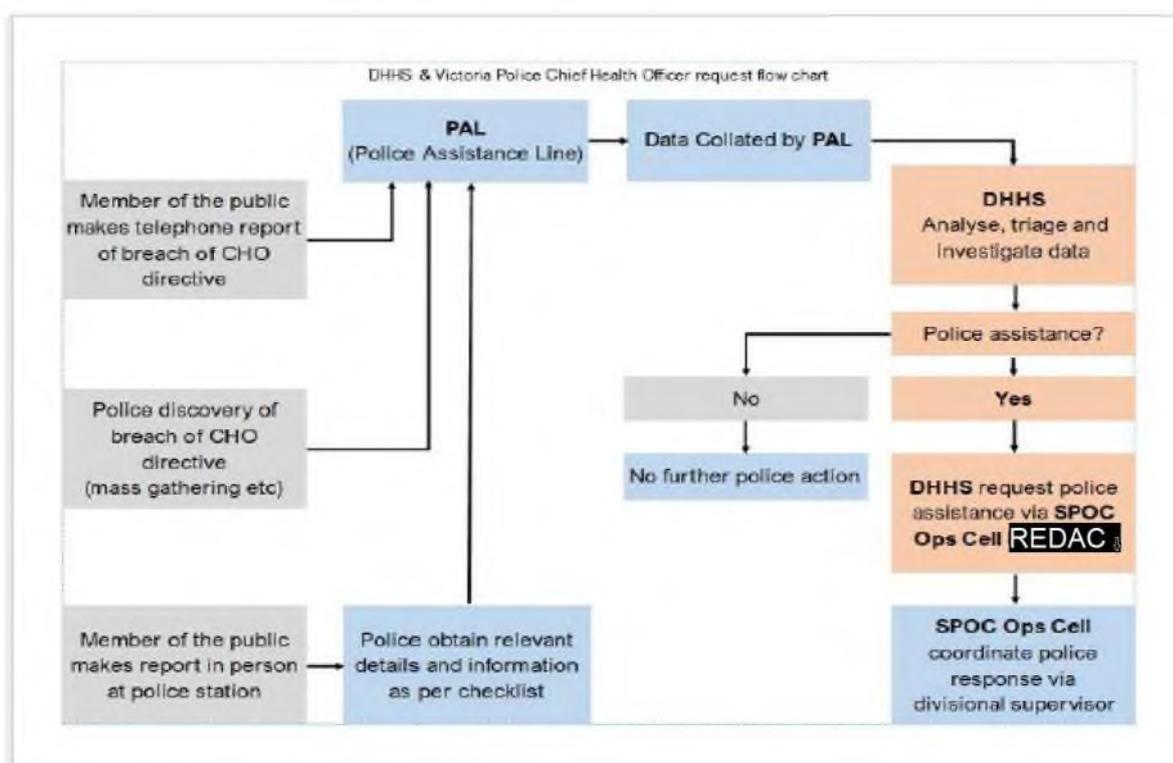
## Protocols for investigating and managing potential breaches of Directions

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.

### General procedure

The following flow diagram outlines a general process flow for managing alleged breaches of a direction. It excludes education and spot checks performed by the Victoria Police COVID-19 taskforce.

Diagram 1 Flow diagram for managing alleged breaches



### Mass Gatherings No.2

#### Recording of details and initial assessment

Reports of an alleged breach of the Mass Gatherings Direction (No.2) will be referred to the Victoria Police Advice Line 131 444.

Following a report of an alleged mass gathering, Victoria Police will seek the following details:

- contact details of the caller
- name, address, contact details of the person allegedly breaching the direction such as the organiser of the mass gathering and/or the person who owns, controls or operates the premises
- relationship to the caller
- location, time and description of the gathering, e.g. private residence or public place, name of venue or operator
- estimated number of people planned for, or at, the gathering
- place and intended time of the mass gathering
- whether the gathering is indoors or outdoors.

Consideration should also be given to:

- whether the circumstances meet the definition of a mass gathering and exclusions including less than 100 people in a single undivided indoor space and there is not more than one person per 4 metres squared
- whether a mass gathering is planned, currently occurring or finished

#### Action to achieve compliance and address non-compliance

##### *Planned mass gatherings*

Following a report of a planned mass gathering, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au). Or to the DHHS EMLO at the SPOC. The DHHS EMLO at the SPOC needs to work with the compliance and enforcement team to enact further action.

DHHS will then:

- urgently email or phone the organiser and/or person who owns, controls or operates the premises to deter the mass gathering from occurring. DHHS will reiterate obligations, outline penalties for non-compliance and advise assistance may be sought from Victoria Police if the mass gathering proceeds.
- seek confirmation that the mass gathering will be cancelled
- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to the organiser and/or person who owns, controls or operates the premises to cancel the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be cancelled
- seek assistance of Victoria Police through Victoria Police SPOC operation cell **REDACT** if DHHS determines a site visit and issuing a direction on site is needed.

##### *Currently occurring or recurring mass gatherings*

Following a report of a currently occurring mass gathering, Victoria Police will determine if attendance is feasible. If Victoria Police attends, Victoria Police will:

- contact DHHS via the DHHS EMLO at the SPOC
- seek to identify a person who:
  - owns, controls or operates the premises; and/or
  - is organising the mass gathering
- seek to influence compliance by reiterating obligations, providing education such as a fact sheet and outlining penalties for non-compliance.

Noting DHHS has limited capacity to attend a mass gathering while it is occurring (particularly after hours), DHHS will:

- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider providing information about obligations through a phone call, email or standard letter if breach is inadvertent or low risk in nature and future compliance is likely
- consider issuing a verbal or written direction (through an authorised officer) to stop the mass gathering. For a written direction, this may be undertaken after the mass gathering has finished
- seek confirmation that the mass gathering will be stopped or does not breach the direction in future
- consider a site visit and seek assistance from Victoria Police through SPOC operation cell 8335 5283 to stop the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be stopped.

### *Finished mass gatherings*

Following a report of a finished mass gathering, Victoria Police will refer the matter to DHHS via for action. DHHS will:

- contact the organiser and/or person who owns, controls or operates the premises to:
  - obtain reasons why the mass gathering occurred
  - reiterate obligations, provide further education and penalties
  - seek confirmation there will be no breach of the direction in the future
- consider the risk of the mass gathering including location, density of people, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to prevent a further mass gathering if the mass gathering is high risk in nature and there is a likelihood the mass gathering will recur.

### **Aged Care Facilities**

#### Recording of details and initial assessment

Reports of an alleged breach of the Aged Care Facilities Direction will be referred to the Victoria Police Advice Line 131 444. Victoria Police will seek to obtain:

- contact details of the caller
- name, address and contact details of the person allegedly breaching the direction
- description of the breach
- relationship to the caller.

#### Actions to achieve compliance and address non-compliance

Following a report of a breach of the Aged Care Facilities Direction, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for action. DHHS will:

- contact the operator of the aged care facility to reiterate obligations, provide further education and outline penalties
- contact the person breaching the direction to reiterate obligations, provide further education and outline penalties
- seek confirmation there will be no breach of the direction in the future
- consider issuing a verbal or written direction (through an authorised officer) if:
  - a high risk is identified
  - there is an indication the breach will recur

### **Non-essential business closure**

#### Recording of details and initial assessment

Reports of an alleged breach of the non-essential business closure will be referred to the Victoria Police Advice Line 131 444. Following a report. Victoria Police will seek the following details:

- contact details of the caller
- name and address of the non-essential business
- details of the alleged breach, such as the type of business and when it is operating

#### Actions to achieve compliance and address non-compliance

Following a report of an alleged operation of a non-essential business, DHHS will:

- contact the person who owns, controls or operates the business to provide a verbal or written direction (through an authorised officer) if;

- a high risk is identified
- there is no reasonable indication the person will comply; or
- provide information about obligations through a phone call, email or standard letter if the breach is inadvertent or low risk in nature and future compliance is likely
- seek a response to the allegation including confirmation there will be ongoing compliance with the direction.

### **Repeated breaches and deliberate intentions to not comply**

Following allegations of repeated breaches and/or a deliberate intention to not comply with any of the directions, DHHS will:

- obtain further information about the reason for alleged breach
- phone the person to further reiterate obligations, reason for self-isolation penalties and subsequently issue a verbal or written direction (through an authorised officer)
- consider a site visit to issue the direction with the assistance of Victoria Police by contacting the SPOC operation cell **REDACTE**

### **Opportunistic identification of non-compliance**

There may be times when Victoria Police identifies a breach of the direction through the normal course of business. For example:

- a person in a public place voluntarily identifies as having returned from overseas within 14 days;
- a mass gathering;
- operation of a non-essential business.

In this instance, Victoria Police should seek to influence compliance by reiterating obligations, providing education and outlining penalties for non-compliance. Victoria Police should ensure the details are recorded through the Police Advice Line and referred to DHHS [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) if follow up is needed.

Additional materials to be worked on and added:

### **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 **[Meena Naidu]**

## Plan for people returning from overseas to Victoria

### Background to mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by a Detention order that came into effect at midnight on Saturday 28 March 2020 and 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;
- To provide for the healthcare 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;
  - 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

#### Directions and exemptions

The Chief Health Officer and Deputy Chief Health Officer have instituted this Direction.

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

- Deputy Chief Health Officer – issuing of Directions including the detention direction;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on exemption requests where allowed or relevant;
- Director Regulation and Compliance – lead for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention directions (for example including moving a person from one room to another);
- Director Health Protection and Emergency Management – lead for welfare and healthcare sector for detention sector;
- Director Primary Care - lead for medical services to people in detention.

#### Information management for people in mandatory detention

A business system is being developed to manage the welfare and health issues 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. [Meena Naidu]

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention. [Charles Alpren and Nick Chiam]

The Enforcement and Compliance section will ensure identities 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.

### **Authorised officer\* and Chief Health Officer obligations**

Only authorised officers 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.

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

- 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, is to continue to be subject to detention.

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.*

## **Process by stage**

### **Airport and transit process**

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 the DHHS Authorised Officer (AO).
- 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.

### **Authorised officer actions at the airport**

DHHS Authorised Officers:

- introduce themselves and show their Authorised Officer identification\* (**mandatory AO obligation**)
- must provide a copy of the direction and detention notice to each passenger (or parent/guardian of a minor) and:
  - explain the reasons or detention (**mandatory AO obligation**)

- warn the person that refusal or failure to comply with a reasonable excuse is an offence (mandatory AO obligation)
- ensure the notice of direction and detention:
  - is signed by the detainee and dated
  - has a hotel name and room number
  - has a reference number.
- record issue and receipt of the notice through a scanned photograph and enter in database
- facilitate a translator to explain the notice and reasons for detention
- facilitate any reasonable request for communication, such as a phone call
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- cross reference detainees with passenger manifest
- ensure detainee boards the bus (see policy for unaccompanied children)
- record actions taken in writing, including the above mandatory obligations, use of translator and any other arising issues.

If it is not practicable to explain the reason for detention, the AO must do so as soon as practicable. This could be at the hotel, however every effort should be made to provide the direction at the airport. (mandatory AO obligation).

### **People who are unwell at the airport**

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 and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer can be organised to return to the hotel;
- If the person is unwell and requires admission, they should be admitted and the lead for enforcement and compliance informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, and be placed in a COVID-19 floor of the hospital if positive, or in a general part of the hotel if tested negative for COVID-19.

### **Arrival at hotel – check in**

- Detainee provides notice of direction and detention to hotel staff to allocate room.
- Detainee provides notice of direction and detention back to AO to confirm the arrival date, time and room on notice.
- AO takes photo of notice of direction and detention and enters into database.
- After nurses conducts medical and welfare check, 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.

Passengers will be sent to their allocated room. They will be informed a person will contact them in the afternoon or next day to undertake a more formal assessment of longer-term needs and, that a welfare check will occur daily.

### **Welfare and health service provision**

- Residents will have a welfare check (as specified below) each day.
- DHHS officers conducting welfare checks email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.

- A welfare survey will be conducted by an Authorised Officer of DHHS.
  - Completed welfare surveys are handed to AOs at the hotel.
  - 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 service to be organised by Primary Care Sector. 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.
- \* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

### **Requirement for review each day**

**This is mandatory AO obligation.** Each 24-hour period, DHHS AO:

- Will undertake a electronic review of detainment arrangements by viewing the business system spreadsheet. This includes reviewing:
  - all detainees at the hotel
  - days in detention so that 14-day self-isolation period is adhered to
  - any other issues that have arisen
  - determining whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of Covid-19 and form most Covid-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>1</sup> becomes aware of, such as:
  - person's health and wellbeing
  - covid-18 symptoms on arrival
  - medical record of being previously infected with Covid-19
  - 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, which may be rationale for discontinuing 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).

## 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

## Written notice to Chief Health Officer and advice to Minister

**This is a mandatory obligation.** DHHS authorised officers must give written notice (after a review) to the Chief Health Officer as to whether continued detainment for the next 24 hours is reasonably necessary to eliminate or reduce the risks to health. The written notice must set out the reasons for continuing or discontinuing detention.

The timing of the written notice to the CHO should occur within 48 hours of an AO undertaking the review. A process to conduct this written notification using an extract from PHESS will be established. The CHO must then advise the Minister of each notice received.

## Occupational health and safety for Authorised Officers

Procedures will set out procedures for authorised officers when attending off site locations during the State of Emergency. It is understood that Emergency Management Branch will provide masks to all DHHS employees.

**[Find and include the procedure for PPE / offsite attendance]**

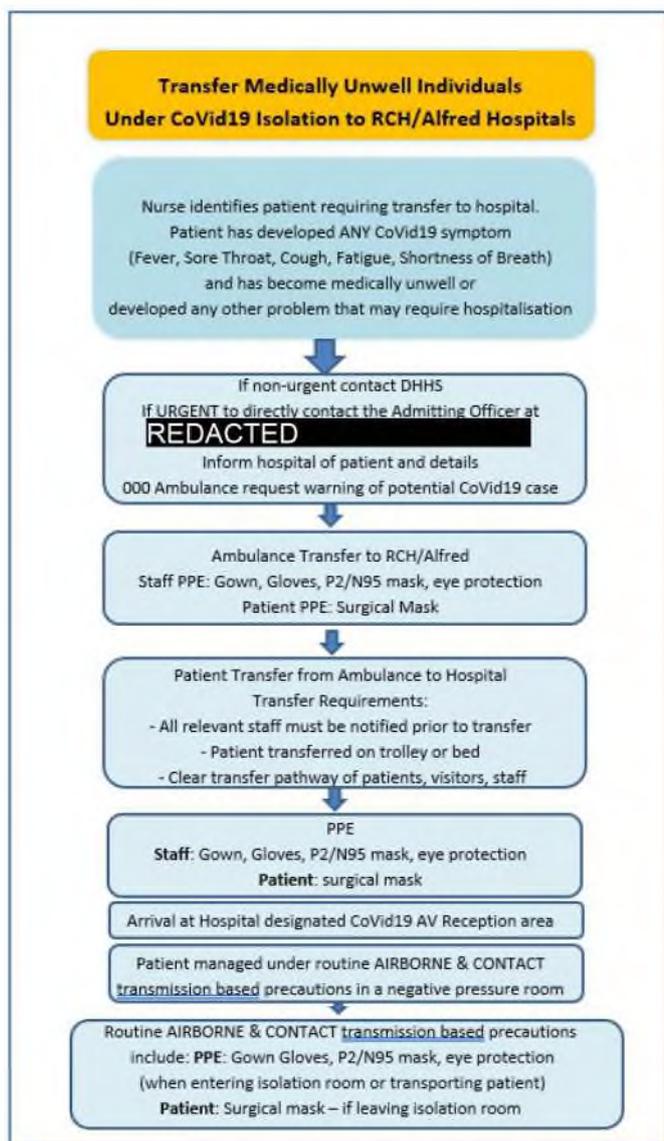
## Actions to detect and test for COVID-19 amongst people in mandatory detention

The following are the actions to enact this:

- Residents 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 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 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 passenger 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 passengers, 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 must be notified prior to the transfer.
- 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 passengers.

### Resident risks and wellbeing

#### 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    |                             |

### 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 Authorised Officers 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.

## Tiers of risk for persons in mandatory detention

### Principles

- 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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>Residents who are by themselves.   | Phone call every second day      |
| Tier 3    | Low risk – everyone else.  | Daily text message (via Whispir) |

### Priority areas for resident wellbeing

#### 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.

#### 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.

#### Smoking policy for people in detention

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

#### Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation

to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

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

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

#### COVID-19 and smoking

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

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

#### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable 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**

- 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.

**Personal protective equipment (PPE)**

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

1. Apply standard infection prevention and control precautions at all times:
  - a. maintain 1.5 metre distance
  - b. wash your hands or use anti-bacterial agents frequently
  - c. avoid touching your face.

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

### **Temporary leave from the place of detention**

The Isolation (Diagnosis) Direction (made 25 March 2020) requires that persons in Victoria diagnosed with COVID-19 self-isolate in a premises (including use of a hotel room) until meeting departmental criteria for discharge and clearance from isolation permitted.

Persons diagnosed with COVID-19 and self-isolating are not permitted to leave the premises, except in the following three (3) circumstances:

1. *For the purposes of obtaining medical care or supplies –*
  - in particular circumstances, DHHS authorised officers and Victoria Police officers may need to determine if medical care is required and how urgent that care may be. DHHS officers may wish to discuss the detainee's medical needs with their manager or a departmental medical officer to assist in determining urgency
  - where possible, authorised officers or Victoria Police officers should attempt to provide the needed medical supplies. If not possible, detainees may be permitted to obtain medical supplies; the detainee should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to.
2. *In any other emergency situation –*
  - 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 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.
3. *In limited outdoor circumstances when it is possible to avoid close contact with other persons and not to enter any other building:*
  - detainees may be permitted to leave their premises for outdoors temporarily; this may include the need for 'fresh air', a cigarette, a short walk etc
  - while temporarily outdoors, detainees are not permitted to enter any other building that is not their (self-isolating) premises
  - detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to
  - a register of detainees should be utilised to determine which detainees are temporarily outside their premises at any one time.

### **Release from mandatory detention**

Checklist of considerations prior to release:

- Review the case file and ensure the 14 day detention has been met;

- 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 whatever mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

### **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.

## **Duties and Requirements**

### **DHHS duties**

Two activities must be completed by DHHS every day (Meena and Merrin):

- the legal obligation for being detained
  - The detention of each resident must be reviewed at least once every 24 hours for the period they are in detention, in order to determine whether the detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.
  - this can be via an AO looking over the database / spreadsheet to ensure they are meeting the legal obligations of detention.
  - this is not a call or face to face unless there is an issue that arises.
- Meeting our duty of care for detainment and completed regular (TBD) welfare check as per the **script designed by Di White (still to come)**.
- Legal requirement of transport to be organised at all times.

**Any queries/issues with AOs to go through Meena first.**

## **Policy on permissions and application of mandatory detention**

### **Objective of policy on permissions and application of ‘exemptions’**

The term ‘exemption’ and this section of this plan is to guide judgment that a person does or does not require to be in mandatory detention, or when a person wants permission to leave their room.

### **Potential mechanisms for exemptions**

Noting that there are broadly two mechanisms available to the 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 Public Health Commander), or
- There could be permission given by the authorised officer (with agreement of the Public Health Commander) 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 leave detention**

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be very rare 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 NSW Health have exempted an 'unaccompanied child' from detention provisions in that state.

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**

The Public Health Commander, through authorised officers, should properly consider a request for permission to leave a room where detention is being conducted, or an 'exemption'.

The process is:

- Members of the public who wish to ask for permission – including people who are in mandatory quarantine – have the option of submitting a request in writing to the COVID Directions inbox (i.e. in writing);
- Authorised officers should also use the COVID Directions inbox to submit requests for permission to be assessed;
- 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;
- Requests will be reviewed in an initial assessment and will be 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 the exemption is rejected and will not proceed further. Logged.
- **A decision tool for authorised officers and officers of the department that are applying this process for recommendations to the chain of command is at Appendix.**
- After this initial assessment process, priority 1 requests will be:
  - Referred immediately to the Director E+C including with a short email summary including a recommendation;
  - The Director E+C submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and calls the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
  - Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
  - Public Health Commander communicates the outcome and the Director E+C is authorised to enact the outcome.
- After this initial assessment process, priority 2 requests will be:
  - The Director HP+EM then submits in writing the application to the Director of Enforcement and Compliance with title 'For Decision: Detention Exception Request';
  - Captured in writing and batched together for consideration once a day for the review by a panel where available;
  - Where available, a **panel** could include a legal services representative, a delegate of the Director E+C and the DPHC Planning or delegate;

- The panel will then rapidly assess and decide on each priority 2 request;
- The outcome of the decisions (grant or reject) is then enacted by the Directions Cell, under the management of the Director HP+EM.
- After this process, priority 3 requests will be:
  - Officer of the department writes back to indicate the exemption has not been granted and should consider using scripts as provided at **Appendix 6**.

### **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.

#### When an unaccompanied minor is normally resident in Victoria

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

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

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

### **Potential non-compliance and escalation**

#### **Options to facilitate compliance**

The authorised officer may:

- Provide detainee opportunity to communicate including any request for a third-party communicator (such as translator);
- Issuing a warning if the detainee chooses not to comply with the requirements;

- Issuing a Penalty Infringement Notice ;
- Directing Victoria Police or accommodation security to physically detain the non-compliant individual for transfer to their secure site.

#### **Potential non-compliance and escalation**

If a DHHS authorised officer becomes aware that a detainee has left their premises for any reason not permitted, Victoria Police should be notified of the detainee's details, potential reasons for the detainee leaving, where they may have gone and whether they have returned to their (self-isolating) premises.

DHHS authorised officers may consider enforcement activity, dependant on the nature of any breach.

#### **Transfer of uncooperative detainee to secure accommodation**

Separate mode of transport for uncooperative detainees to secure site for 14-day isolation. Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

#### **Unauthorised departure from secure accommodation**

If there is reason to believe a detainee is not complying with the notice of direction isolation requirement :

- Notify security or Police to check the detainee is in their room
- If the detainee has left their room, authorised officer/police/security to advise the detainee they are required to comply with the notice of direction isolation requirement.

## Communication and education

### Call centre for physical distancing queries

A call centre for public advice on physical distancing has been established. This will be staffed by authorised officers and managed by a Director Health Protection and Emergency Management.

The internal number is **(03) 9096 0609**, and it is open for calls from 8am to 8pm seven days a week. Members of the public should call 1800 675 398, and select Option 2.

A review of the workforce and escalation arrangements for this call centre is underway. [Sandy Austin, Ben Rimmer]

### Current communications with the Victorian public and health sector

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](http://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](http://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](http://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](http://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
- Daily media release from the department and Premier's office.

#### Social media posts on physical distancing

- Daily posts on DHHS and VicEmergency social media accounts.
- Live streams of press conferences on Facebook

#### 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.

### **Aged Care Directions Facilities**

More content to be added. REDACTED

### **Non-essential business closure**

More content to be added. REDACTED

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

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

### **2.1.3 Modelling the impact of physical distancing interventions in China**

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number ( $R_t$ ) 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** 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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>Language:    |

### Script

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

|  |
|--|
|  |
|  |

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

### Introductory questions

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

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

2. Are you a lone occupant in your hotel room? Yes/No if No:

a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

| Name | Relationship | Age<br>(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?

|  |
|--|
|  |
|  |

### End of survey

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



## Appendix 6 – Decision tool for exemption requests for people in mandatory quarantine

INSERT MATRIX - REDA

The following vulnerability assessment matrix will help officers consistently triage or reach safe decisions as to whether an exemption request is a priority 1 (urgent), priority 2 (less urgent) or priority 3 (not accepted / rejected).

The Public Health Commander may identify specific instances where an exemption request must always be classified as Priority 1 and as such generates an urgent assessment. Current instances where this determination has been made are:

- A medical emergency in a person in mandatory detention (such as acute chest pain consistent with an acute myocardial infarction);
- An unaccompanied minor where there is no identified legal guardian and in exceptional circumstances.

## **Appendix 7 – Scripts for physical distancing call centre**

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

# FOR APPROVAL - DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - 4 March 2020

**From:** "Finn Romanes (DHHS)" REDACTED

**To:** "Annaliese Van Diemen (DHHS)" REDACTED "Brett Sutton (DHHS)" REDACTED

**Cc:** "Meena Naidu (DHHS)" REDACTED "Merrin Bamert (DHHS)" REDACTED  
 REDACTED, "Sandy Austin (DHHS)"  
 REDACTED, "Andrea Spiteri (DHHS)"  
 REDACTED, "Kym Arthur (DHHS)"  
 REDACTED (DPC)" REDACTED  
 "Pam Williams (DHHS)" REDACTED, "Noel Cleaves (DHHS)"  
 REDACTED  
 "Melody Bush (DHHS)"  
 "Michael Mefflin (DHHS)"  
 >, REDACTED (DHHS)"  
 "Clare Looker (DHHS)"  
 "Simon Crouch (DHHS)"  
 REDACTED (DHHS)"  
 "Katherine Ong (DHHS)"  
 "Bruce Bolam (DHHS)"  
 "Kira Leeb (DHHS)" REDACTED  
 "Charles Alpren (DHHS)" REDACTED, "Ed Byrden (DHHS)"  
 REDACTED REDACTED (DHHS)"

**Date:** Fri, 03 Apr 2020 18:03:11 +1100

**Attachments:** COVID-19 DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - Draft 4 March 2020.DOCX (321.12 kB)

Dear Annaliese and Brett

Please find attached the draft Plan for Approval.

Not every aspect of the operational and compliance arrangements for mandatory quarantine are complete, but I commend this plan as an interim formal statement of policy, process and procedure in order that it is all in one place, to guide this complex societal and public health intervention package.

Rather than put this document formally to a further large group for review, I have consulted widely and commend the attached.

There will be many opportunities to tweak aspects over the coming days.

I'm sure we can work again on many aspects, and there will be more changes to Directions and approach required.

Finn

Dr Finn Romanes

Deputy Public Health Commander - Planning

Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services  
 State Government of Victoria

# 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 4m<sup>2</sup> 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

## Peer influence, education and community awareness to guide approach

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

## Exercising a Direction and considerations of enforcement

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

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

## Victoria Police COVID 19 Taskforce Sentinel

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

## Victoria Police support to DHHS compliance activity

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

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

## Contacting the Victoria Police Special Operations Centre

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

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

## Infringements

On 28 March 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.

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

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

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

## **Protocols for investigating and managing potential breaches of Directions**

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

### Action to achieve compliance and address non-compliance

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

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

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

## **Reporting and evaluation of compliance and enforcement**

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

## Plan for people returning from overseas to Victoria

### Background to the mandatory quarantine (detention) intervention

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

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

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

### Governance and oversight of the mandatory quarantine (detention) intervention

#### Lead roles

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

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

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

#### Information management for people in mandatory detention

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

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

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

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

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

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

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

## **Enforcement and Compliance Command for Mandatory Quarantine**

### **Deliverables of the enforcement and compliance function**

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

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

### **Authorised officer\* and Chief Health Officer obligations**

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

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

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

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

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

The notice to the CHO must include:

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

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

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

### Required authorised officer actions at the airport

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

DHHS Authorised Officers\*:

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

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

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

### Authorised Officer review of transport arrangements

AO should consider the following:

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

### People who are unwell at the airport

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

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

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

### **Requirement for review each day**

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

To inform decision-making, a DHHS AO must:

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

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

### **Additional roles of the AO**

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

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

### **Charter of Human Rights considerations in decision-making making process**

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

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

### **Mandatory reporting (mandatory AO obligation)**

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

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

The notice to the CHO must include:

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

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

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

### **Grant of leave from the place of detention**

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

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

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

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

### **Potential mechanisms for grant of leave from detention**

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

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

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

### **Potential reasons for permission to grant leave from detention**

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

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

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

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

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

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

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

### **Considerations**

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

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

There should then be a presumption that these requests are forwarded immediately (within two hours) to [COVID-19.vicpol@dhhs.vic.gov.au](mailto: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](mailto: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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>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](mailto: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**

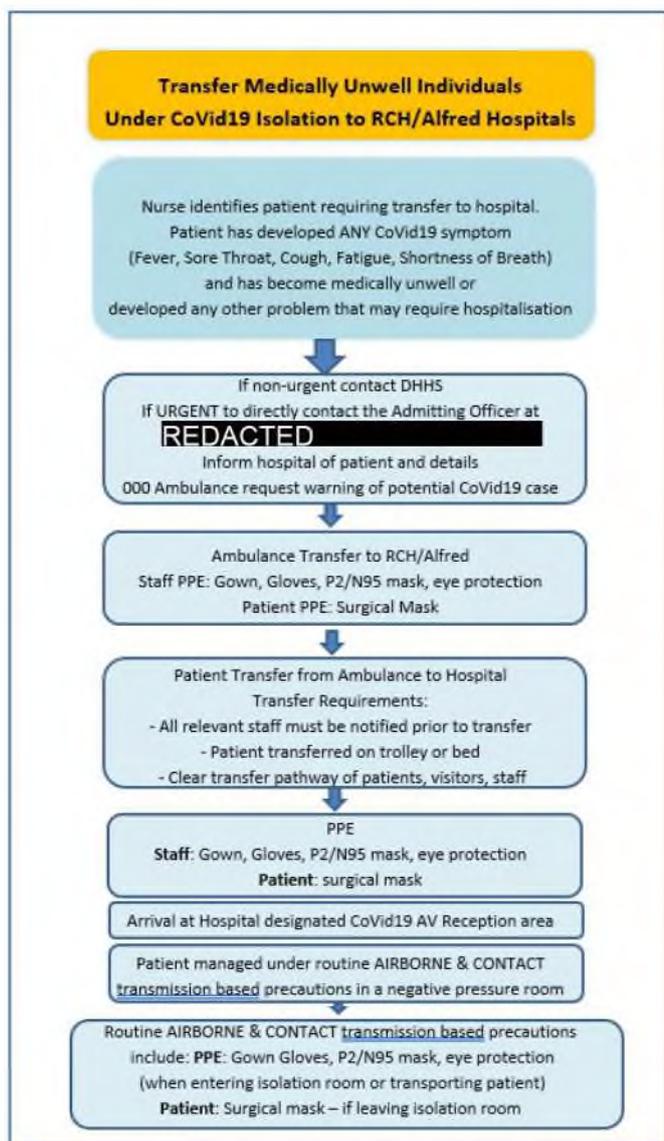
The following are the actions to enact this:

- 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 (O<sub>2</sub> 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](http://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](http://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](http://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](http://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 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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>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<br>(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?

|  |
|--|
|  |
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|  |

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?

|  |
|--|
|  |
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|  |

### Safety questions

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

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|  |
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|  |

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

|  |
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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?

|  |
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|  |

*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?

|  |
|--|
|  |
|--|



## **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**

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.

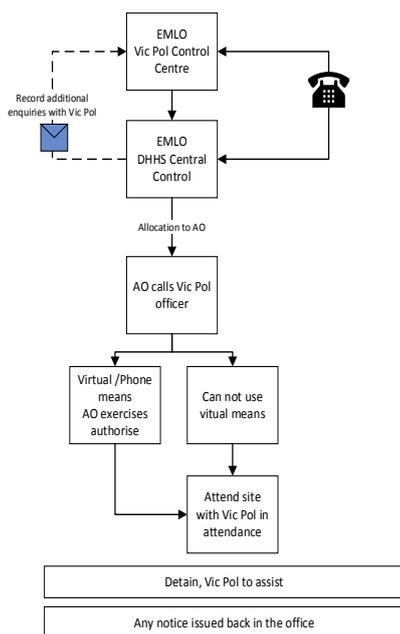
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

#### 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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury        | Low / Medium                         | Only attend a site with Victoria Police   |
| Other infectious agent |                                      | Follow personal protective measures   |

## Papers for Directions meeting at 4pm today

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**From:** "Meena Naidu (DHHS)" REDACTED

**To:** "Brett Sutton (DHHS)" REDACTED "Annaliese Van Diemen (DHHS)" REDACTED "Finn Romanes (DHHS)" REDACTED "Melissa Skilbeck (DHHS)" REDACTED, "Sean Morrison (DHHS)"

**Cc:** REDACTED REDACTED

**Date:** Tue, 31 Mar 2020 15:44:20 +1100

**Attachments:** Exemptions policy options.docx (31.14 kB); DRAFT Covid-19 protocol - general.docx (61.25 kB); DRAFT Covid-19 protocol - Minors as detainees.docx (56.08 kB); DRAFT Covid-19 protocol - non-compliant.docx (56.88 kB); DRAFT Covid-19 protocol - post 14 day isolation.docx (55.52 kB); DRAFT Covid-19 protocol - Temporary leave from hotel.docx (57.22 kB)

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Hi all

Attached are the draft protocols for the AOs as well as a draft policy for exemptions. They are not all complete as we are trying to work through the various issues in the live environment and are still checking things with legal. But they give a starting point for us to do things and stay compliant with the law.

Kind regards  
Meena

**Meena Naidu | Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



# COVID-19 compliance

## Procedure for dealing with uncooperative detainees

### Purpose of this process

To outline the procedure for DHHS authorised officers (*Public Health and Wellbeing Act 2008*) when returned travellers from overseas are uncooperative at the airport in complying with the compulsory 14-day isolation requirement.

### Information for authorised officers

Role of authorised officer and under what direction...

### Options to facilitate compliance

- Provide detainee opportunity to communicate including any request for a third-party communicator (such as translator)
- Issuing a warning if the detainee chooses not to comply with the requirements
- Issuing a Penalty Infringement Notice
- Directing Victoria Police or accommodation security to physically detain the non-compliant individual for transfer to their secure site.
- Anything else???

### Transfer of uncooperative detainee to secure accommodation

Separate mode of transport for uncooperative detainees to secure site for 14-day isolation. Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc. **What information is provided to the hotel accommodation provided?**

### Unauthorised departure from secure accommodation

The *Protocol for temporary leaving of secure accommodation* outlines approved reasons detainees can leave their secure accommodation. If there is reason to believe a detainee is not complying with the notice of direction isolation requirement :

- Notify security or Police to check the detainee is in their room
- If the detainee has left their room, authorised officer/police/security to advise the detainee they are required to comply with the notice of direction isolation requirement.
- Does the authorised officer need to direct Police or security to assist with the facilitation of detainees back to their secure accommodation ?

### Information management

Ensure details are recorded on the detainee case file.

## COVID-19 Health Emergency Governance Structure v2.0 (18.04.2020) - With sub structures.pptx

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**From:** "Melissa Skilbeck (DHHS)" [REDACTED]

**To:** DHHS-M-Executive Board & Support Staff <dhhs-m-executiveboard&supportstaff@dhhs.vic.gov.au>

**Cc:** "Andrea Spiteri (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Euan Wallace (DHHS)" [REDACTED], "Denise Ferrier (DHHS)" [REDACTED], [REDACTED] (DHHS)", "John Spasevski (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED], "Kym Arthur (DHHS)" [REDACTED]

**Date:** Sun, 19 Apr 2020 16:40:23 +1000

**Attachments:** COVID-19 Health Emergency Governance Structure v2.0 (18.04.2020) - With sub structures.pdf (587.57 kB)

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Dear Colleagues

To ensure that we continue to meet our obligations under the State Emergency Response Plan, and department's accountabilities to continue critical services and supports, please find attached the latest **COVID-19 Health Emergency Governance Structures**.

The attachment includes an updated top level structure. It also includes sub-structures, representing Health Coordination; RHPEM Coordination; National Cabinet support; and COVID-19 Emergency Operation Centre (EOC) Operation Soteria.

The RHPEM Coordination Team is in the final stages of developing a SharePoint site where these structures, and accompanying information, will be housed and maintained as structure evolve in line with our response. I expect to be able to come back to you later this week with further information.

Regards, Melissa

**Melissa Skilbeck**

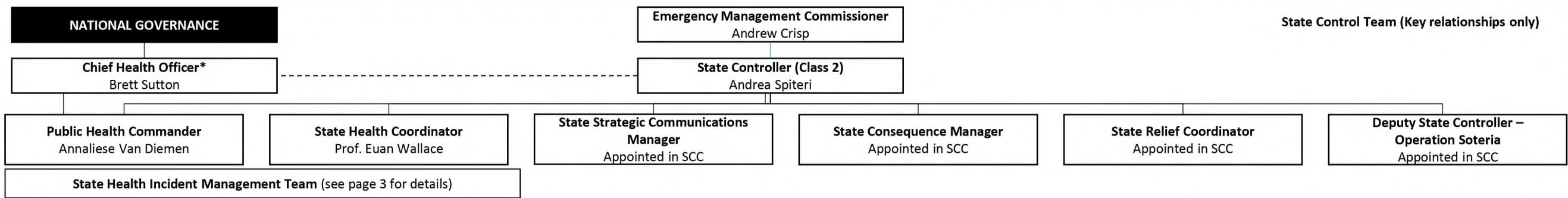
Deputy Secretary | Regulation, Health Protection and Emergency Management

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

[REDACTED]

w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

COVID-19 Health Emergency Governance Structure – V2.0 (18.04.2020)



**Public Health Emergency Operations and Coordination** | Jacinda de Witts\*

**Public Health Incident Management Team**

**PATHOLOGY AND IPC** |  
*Provide specialist advice to health and non-health sector on testing.*

**Pathology Operations** |

**Pathology Strategy & Policy** |

**IPC Operations** |

**IPC Strategy & Policy** |

**CASE, CONTACT & OUTBREAK** | Clare Looker  
*Provide specialist advice to health and non-health sector on infection control, outbreak management and human biosecurity (Ports Of Entry).*

**Operations** |

**Strategy & Policy** |

**PHYSICAL DISTANCING** |  
*Coordinate public health response planning, including compliance*

**Strategy & Policy** |

**PUBLIC INFORMATION** |  
**Public Information Officer** |  
**Strategic Communication** |  
*Provide communications for Victorian community and health and human services sectors on COVID-19 pandemic.*

**INTELLIGENCE** | Kira Loeb  
**Operations** |  
**Strategy & Policy** |  
*Undertake surveillance; epidemiological modelling; informatics; and situational reporting.*

**PUBLIC HEALTH OPERATION COORDINATION** |  
**Logistics Advisor** |  
*Provide corporate services to the Incident Management Team.*

**DHHS Senior Management Team, chaired by Secretary, Health Emergency Mission (Reports to DHHS Executive Board) (\*member)**

**STATE HEALTH EMERGENCY RESPONSE PLANNING/PREPAREDNESS**

**Terry Symonds\*** | Helen Mason | **REDACT**

Work with health sector – public and private hospitals, primary and community care, ambulance/telehealth, rural public health services, aged care – to enact pandemic preparedness plans.

**HEALTH SECTOR LOGISTICS**

Respond to emerging supply chain and infrastructure issues for the health sector.

**Phuong Pham** – Equipment and consumables  
**Deanne Leaver** - Infrastructure

**HEALTH AND WELLBEING PMO**

**Denise Ferrier** | **REDACT**

Coordinate Health and Wellbeing Division’s response to COVID-19 pandemic.  
**E: covid-19projectmanagementoffice@dhhs.vic.gov.au**

**COMMUNICATIONS**

**Merita Tabain\***

Interface between department and central government and coordinate all relevant approvals for public health communication related to COVID-19.  
**E: dhhscomms@dhhs.vic.gov.au**

**PSYCHOSOCIAL SUPPORT**

**DHHS Senior Liaison Officer (EM-rostered)**

Provide psychological and social support to community members impacted by COVID-19 as part of State Relief Team.

**ACCOMMODATION (OPERATION SOTERIA)**

**Commander COVID-19 Accommodation**  
**Pam Williams** | **REDACT**

Emergency Operations Centre for COVID-19 accommodation, including quarantine hotels and hotels for heroes.  
**DHHSOpSoteriaEOC@dhhs.vic.gov.au**

**CROSS-CUTTING DEPARTMENTAL SUPPORT AND COORDINATION**

**RHPEM COORDINATION**

**Melissa Skilbeck\***  
John Spasevski

Coordinate advice in response to inquiries, complaints and requests from DHHS Ministers’ Offices, State Health Controller, DHHS Secretary and Senior Management Team regarding the department’s response to COVID-19.  
**rhpem.coordination@dhhs.vic.gov.au**

**COMPLIANCE**

**Meena Naidu** |

Public Health Directions compliance and enforcement strategy, policy and operations, including management of Authorised Officers  
**coviddirections@dhhs.vic.gov.au**

**LEGAL SERVICES**

**Sean Morrison** | Ed Byrden

Provide legal advice and support to department and Public Health Command in response to COVID-19, including on issuing, interpreting and enforcing directions under Public Health and Wellbeing Act 2008.

**CORPORATE SUPPORT**

**Greg Stenton\***

Provide advice to Ministers, Secretary and DHHS Senior Management Team, and guidance to health and community services sectors, on employment matters related to COVID-19.

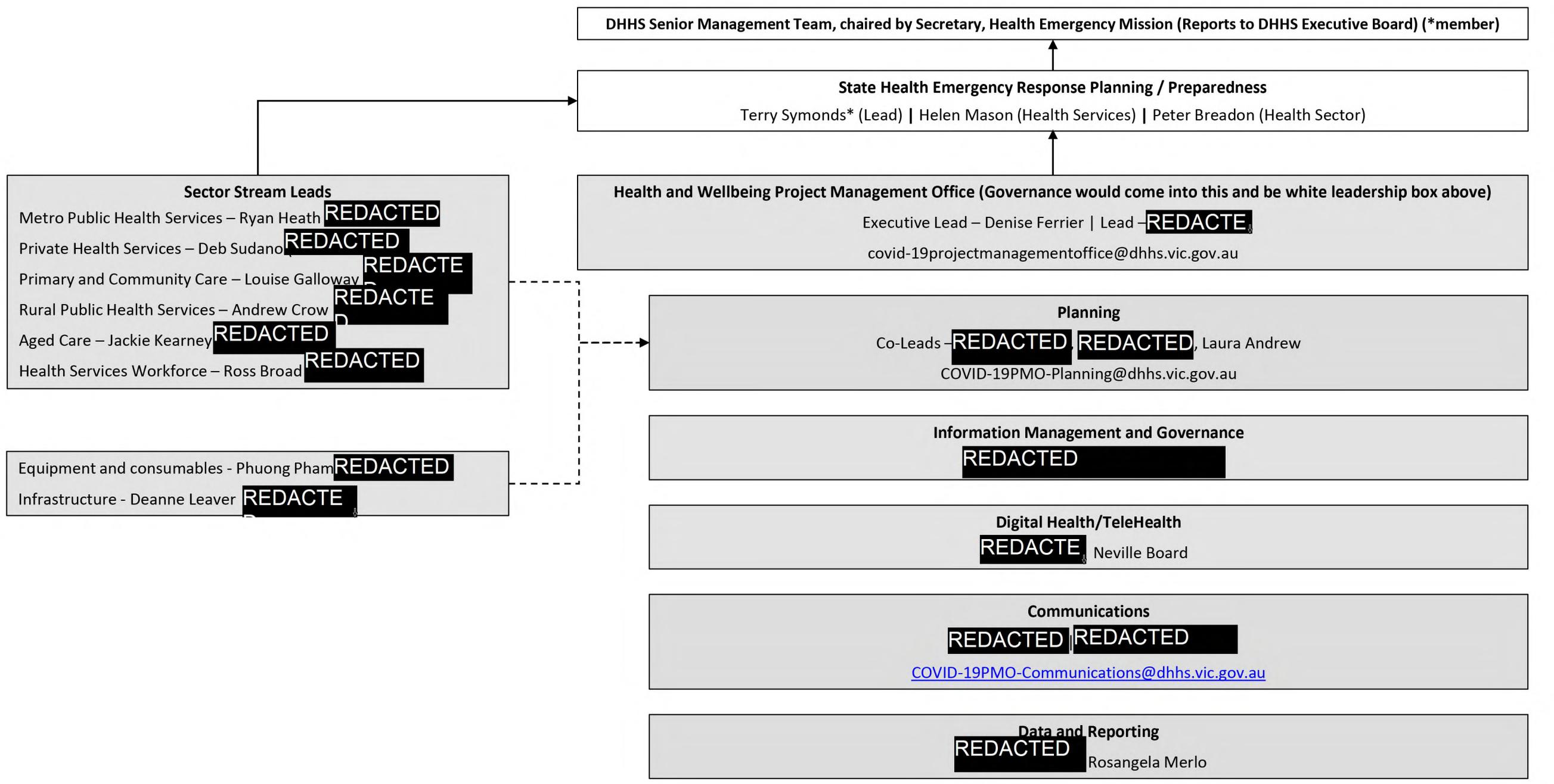
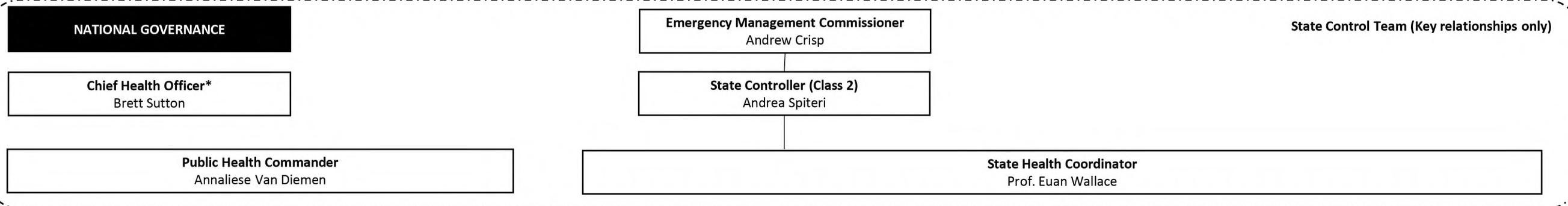
**NATIONAL CABINET**

**REDACT** (Health and Public Health) | Lauren Kaerger (Human Services) | Christina Dickinson

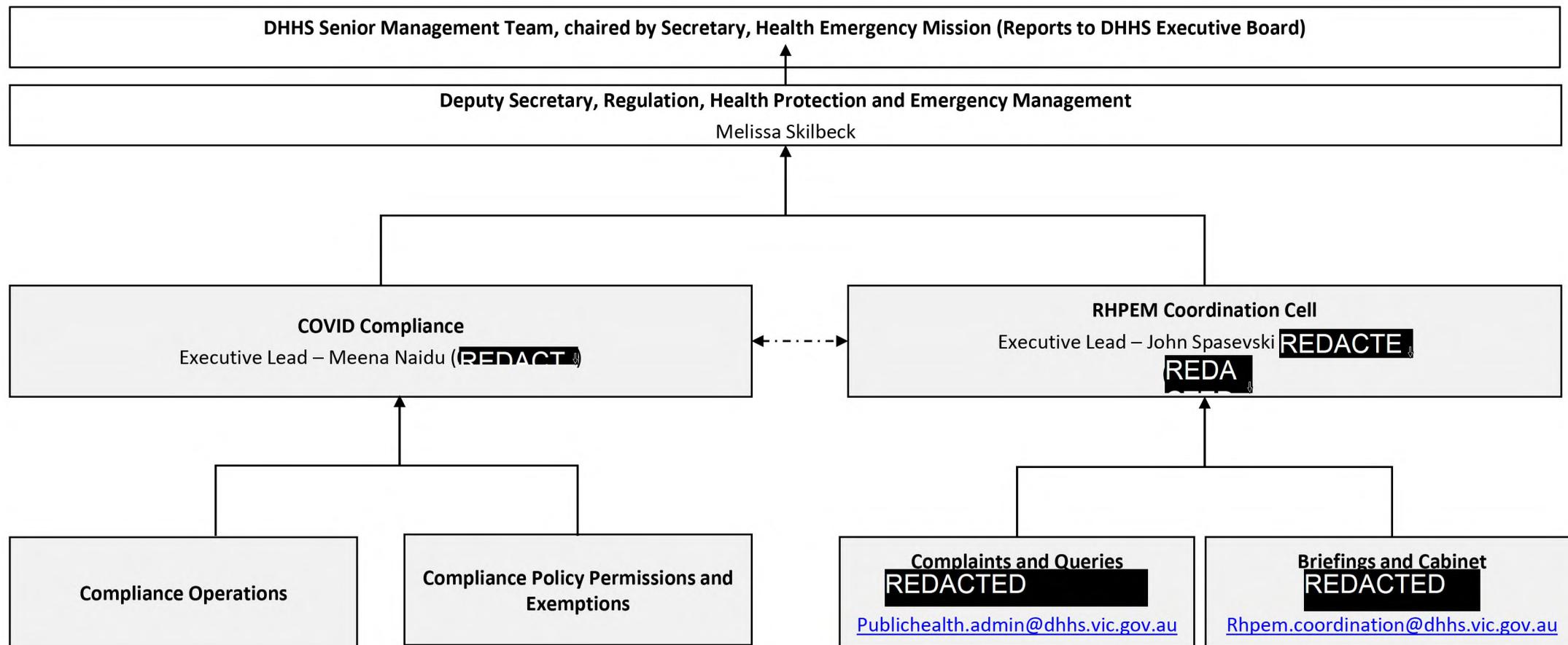
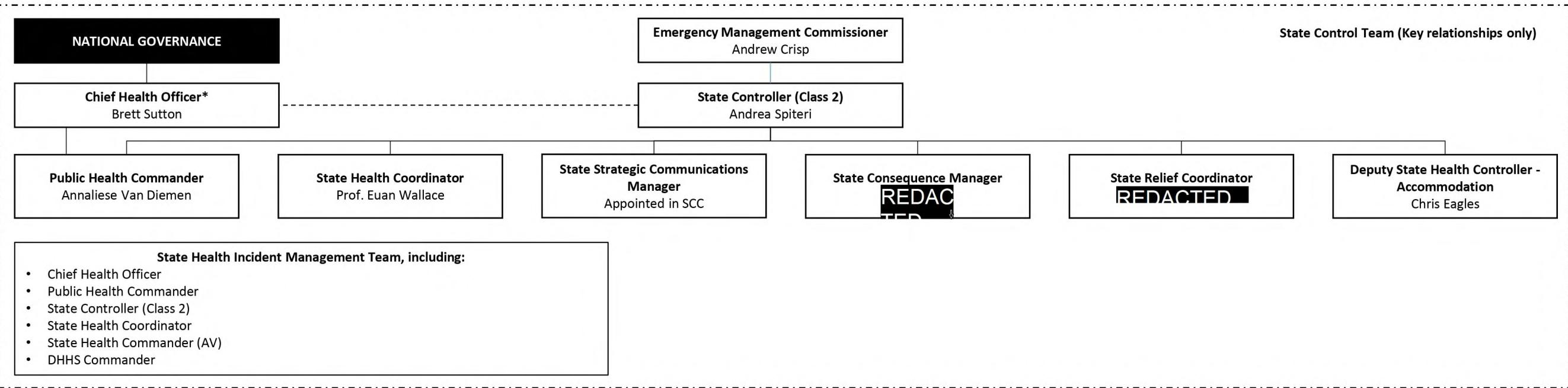
Coordinate advice for Premier & Secretary for National Cabinet. Secretariat for AHPPC. Intergovernmental COVID: national funding arrangements, ministerial councils.  
**intergovernmentalrelationsdirector@dhhs.vic.gov.au**



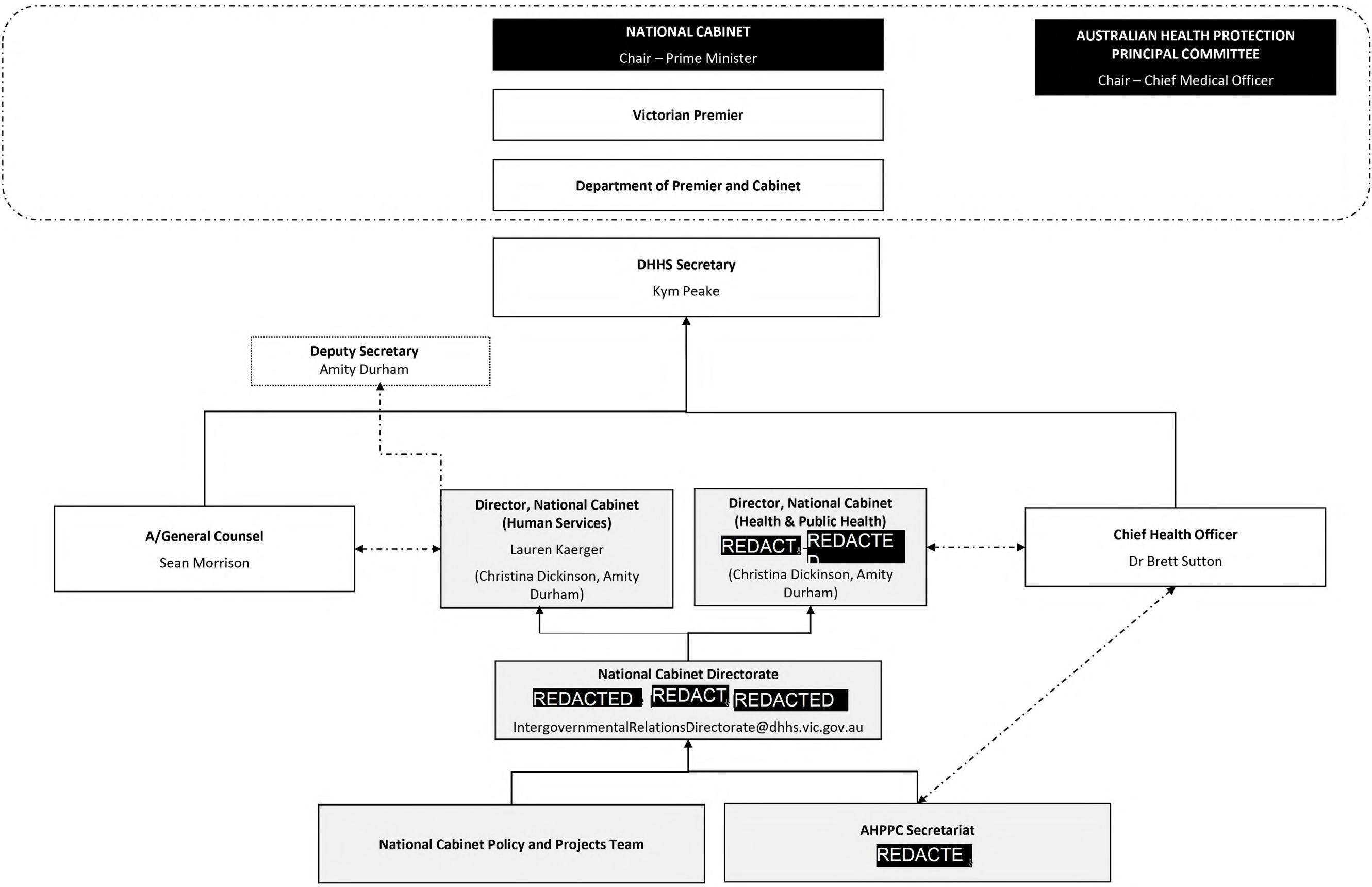
# COVID-19 DHHS Governance Structure – V2.0 (18.04.2020) – HEALTH COORDINATION (preparedness)



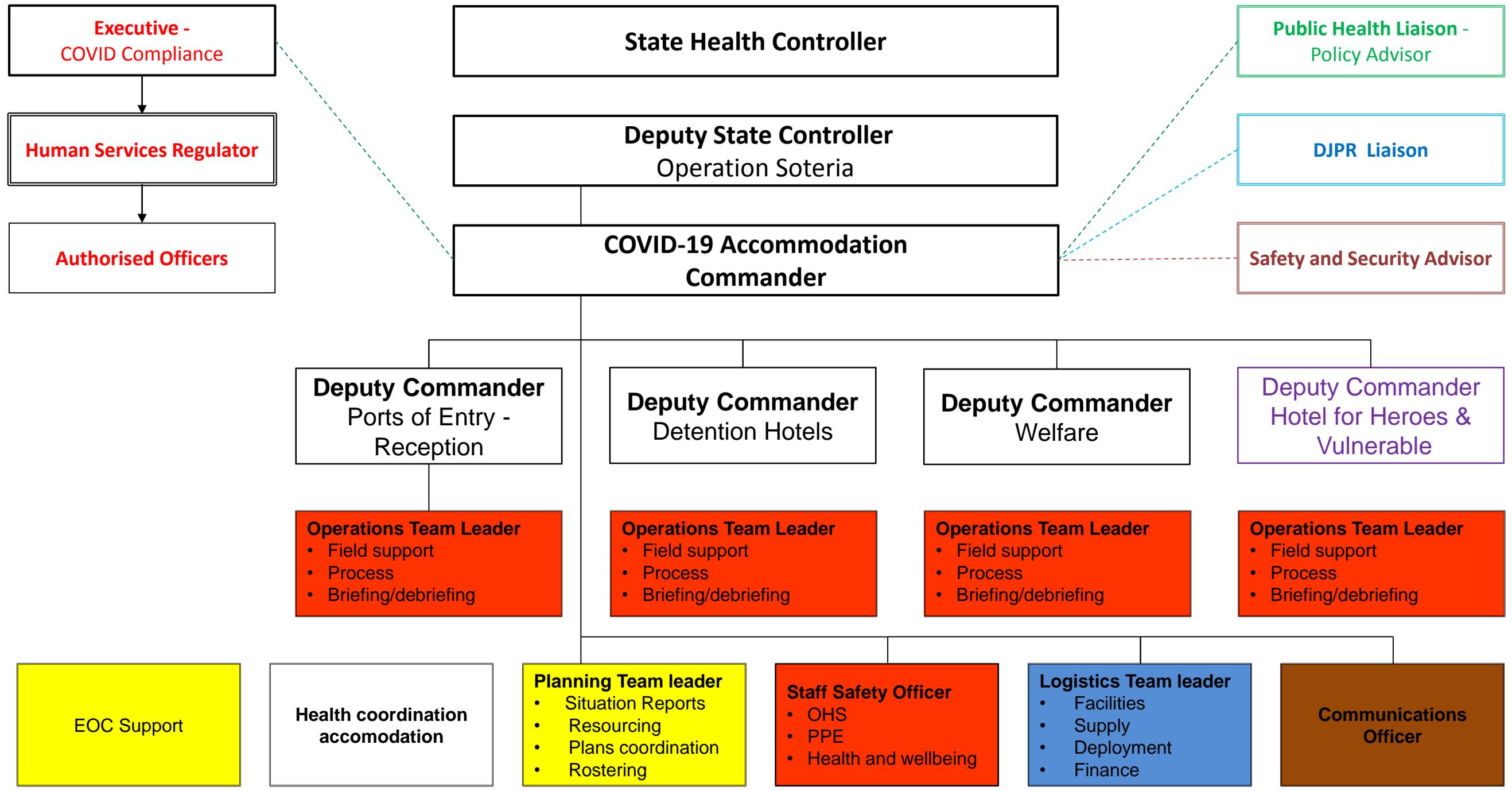
# COVID-19 DHHS Governance Structure – V2.0 (18.04.2020) – RHPEM COORDINATION



# COVID-19 DHHS Governance Structure – V2.0 (18.04.2020) – NATIONAL CABINET TEAM

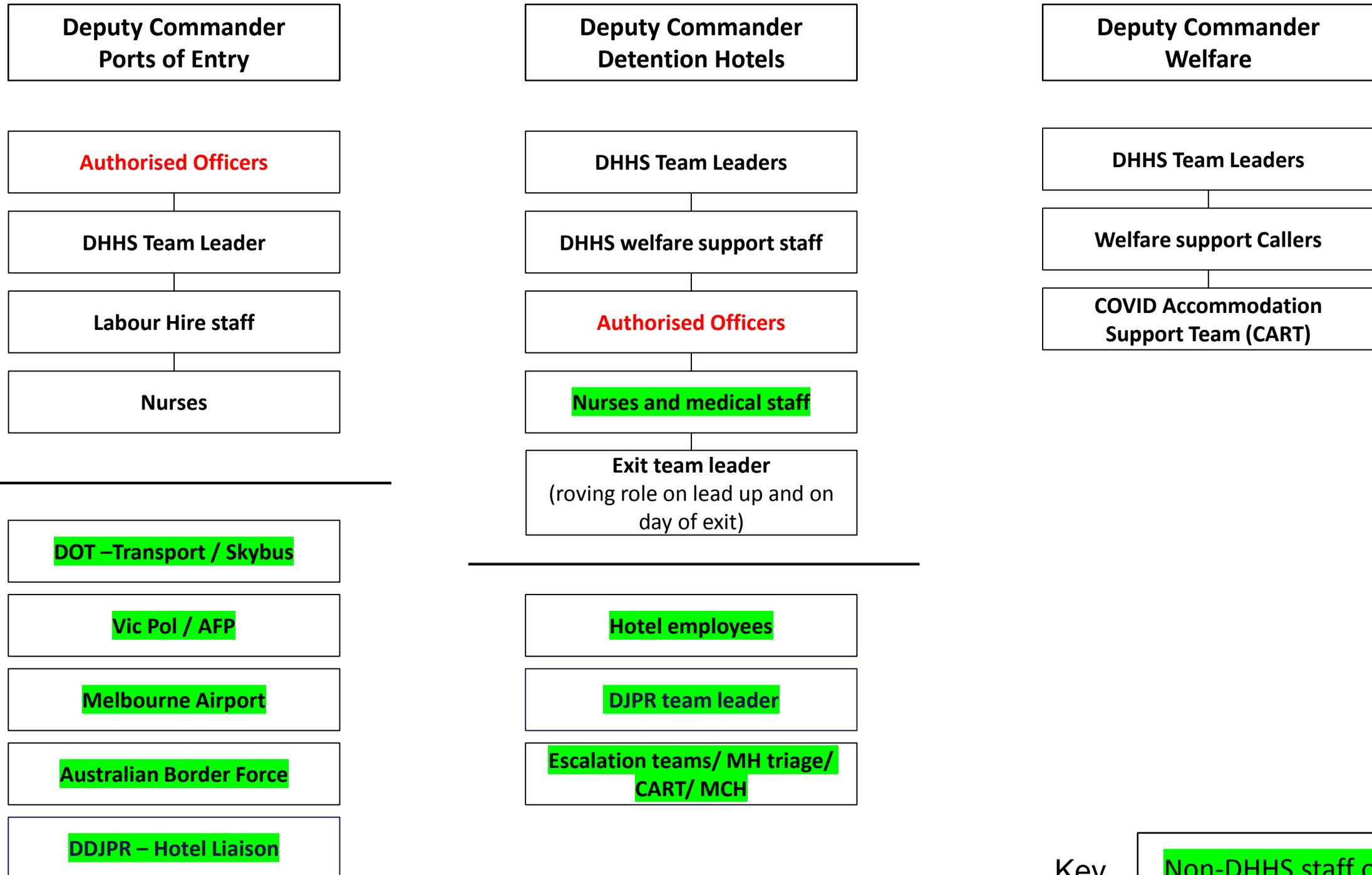


# COVID-19 Emergency Operation Centre (EOC) Operation Soteria v2.0 18 April 2020



# Operation Soteria – on site teams

## v2.0 18 April 2020



Key

Non-DHHS staff on site

## Papers for Directions meeting at 4pm today

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**From:** "Meena Naidu (DHHS)" REDACTED

**To:** "Brett Sutton (DHHS)" REDACTED, "Annaliese Van Diemen (DHHS)" REDACTED, "Finn Romanes (DHHS)" REDACTED, "Melissa Skilbeck (DHHS)" REDACTED, "Sean Morrison (DHHS)" REDACTED

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Regulation, Health Protection and Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



# COVID-19 compliance

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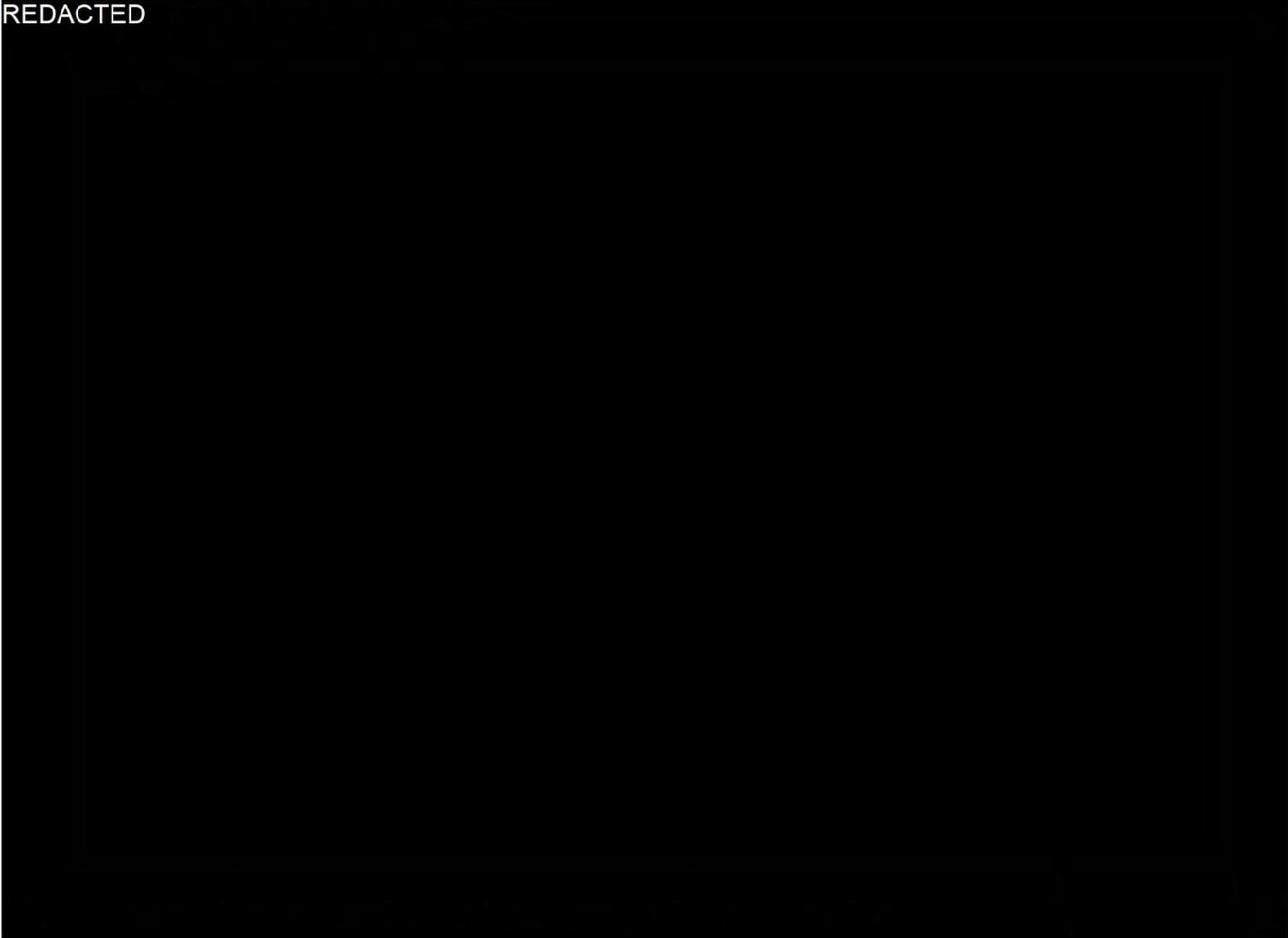


*I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past and present.*

**From:** AHPPC Secretariat

**Sent:** Friday, 24 April 2020 5:40 PM

REDACTED



**Subject:** COVID-19 Pandemic Health Intelligence Plan [SEC=OFFICIAL]

Good evening members

*Shortly you will receive an email from Prof Brendan Murphy with further guidance around the COVID-19 Pandemic Health Intelligence Plan.*

**COVID-19 Pandemic Health Intelligence Plan and Appendix - advice from Brendan post National Cabinet to come**

As discussed today in AHPPC, over the weekend it is hoped that members will review the attached COVID-19 Pandemic Intelligence Plan with the expectation that proposed feedback will be **provided back to AHPPC Secretariat by 5pm Sunday**. At AHPPC's teleconference on Sunday there will be time set aside for members to be able to raise any significant issues prior to emailing your tracked changed feedback.

**Measure Matrix – Template to come**

As discussed today in AHPPC today by Prof Paul Kelly and Dr Jenny Firman, can members please provide AHPPC Secretariat a list of measures within their jurisdiction, including advice around when and how they could be adjusted. NIR will collate with their input into a matrix table which will include AHPPC advice measures, National Cabinet measures and jurisdiction level measures. If you can please **provide this input to AHPPC Secretariat by 12pm Saturday**.

REDACTED

Kind regards,



**Australian Health Protection Principal Committee (AHPPC)**  
*of the Australian Health Ministers' Advisory Council (AHMAC)*

Office of Health Protection | Australian Government Department of Health  
**REDACTED** | E: [ahppc.secretariat@health.gov.au](mailto:ahppc.secretariat@health.gov.au)  
A: MDP 140, GPO Box 9848, CANBERRA ACT 2601, Australia

*I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past and present.*

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## CURRENT DECLARATIONS, DIRECTIONS, REQUIREMENTS AND ORDERS MADE BY CTH/STATES/TERRITORIES IN RELATION TO COVID-19

This table has been prepared based on the information available to the Commonwealth as at 24 April 2020.

| Cth | Summary of Current Measures   | Date Commenced | Date Repealed | Authorising Legislation             | Source  |
|-----|---|----------------|---------------|-------------------------------------|---|
|     | <p>Amends the <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020</a>.</p> <p>The key changes are to:</p> <ul style="list-style-type: none"> <li>require a person entering a designated area to have not been in a foreign country, rather than outside Australian territory, in the 14 days immediately prior to entry;</li> <li>add as a designated area the Town of Weipa in Queensland;</li> <li>remove as designated areas, the Dunjiba Community and Yarilena Community, in South Australia;</li> <li>exclude certain areas near Katherine, Barkly and Alice Springs as designated areas in the Northern Territory.</li> </ul> | 24 April 2020  |               | Section 477(1) Biosecurity Act 2015 | <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Amendment (No. 2) Determination</a>       |
|     | <p>Amends the <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020</a>.</p> <p>The key changes are to:</p> <ul style="list-style-type: none"> <li>limit the operation of the essential activities exemption to cases of urgency; or when persons are operating in a manner agreed with a human biosecurity officer to minimise the extent to which other persons in the area are exposed to the persons carrying out those operations.</li> <li>allow a person with an urgent need to carry out an essential activity related to commercial primary</li> </ul>  | 8 April 2020   |               | Section 477(1) Biosecurity Act 2015 | <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) (Amendment (No. 1) Determination 2020</a> |

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| <p>production or broadcasting services to enter a designated area; and,</p> <ul style="list-style-type: none"> <li>allow the Director of Human Biosecurity, a chief human biosecurity officer for a State or Territory, a human biosecurity officer, a biosecurity official and an official performing functions under an Australian law relating to public health or biosecurity to enter a designated area in the course of the person's duties as an official.</li> </ul>   |               |  |   |  |
| <p>Amends the <a href="#">Biosecurity (Exit Requirements) Determination 2020</a> to add Nauru to the list of countries for which exit screening of individuals applies.</p>  | 2 April 2020  |  | Subsection 45(2)<br><i>Biosecurity Act</i>          | <a href="#">Biosecurity (Exit Requirements) Amendment (Nauru) Determination 2020</a>   |
| <p>Requirement that a person must not engage in price gouging in relation to essential goods, a person engages in price gouging if:</p> <ul style="list-style-type: none"> <li>the person supplies, or offers to supply, the goods during the COVID-19 human biosecurity emergency period; and</li> <li>the person purchased the goods in a retail transaction on or after 30 January 2020; and</li> <li>the value of the consideration for which the person supplies, or offers to supply, the goods is more than 120% of the value of the consideration for which the person purchased the goods.</li> </ul> <p>Applies regardless of whether at the time of purchase the person intended to supply the goods, or offer to supply the goods.</p> <p>The calculation of 120% of the value does not include the costs reasonably incurred by the person in transporting or delivering the goods.</p> <p>Essential goods:</p> | 31 March 2020 |  | Section 477(1)<br><i>Biosecurity Act 2015 (Cth)</i> | <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Essential Goods) Determination 2020</a> |

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|  | <ul style="list-style-type: none"> <li>• Disposable face masks</li> <li>• Disposable gloves</li> <li>• Disposable gowns</li> <li>• Goggles, glasses or eye visors</li> <li>• Alcohol wipes or hand sanitizer</li> </ul> <p>A person must not dispose of, or deal with, essential goods if:</p> <ul style="list-style-type: none"> <li>• A law enforcement officer has notified the person in writing that: <ul style="list-style-type: none"> <li>○ the officer suspects on reasonable grounds the person has engaged/is engaging/intends to engage in price gouging;</li> <li>○ the person is required not to dispose of, or deal with, the goods;</li> <li>○ the notice will be withdrawn if the person satisfies a law enforcement officer that the person has not engaged/is not engaging/does not intend to engage in price gouging; and</li> </ul> </li> <li>• The notice has not been withdrawn</li> </ul> <p>A person must surrender essential goods to a law enforcement officer if the officer notifies the person, in writing, that:</p> <ul style="list-style-type: none"> <li>• the officer suspects on reasonable grounds the person has engaged/is engaging/intends to engage in price gouging;</li> <li>• the person is required to surrender the goods to the officer;</li> <li>• the goods will be destroyed or given away after 21 days unless the person satisfies the law enforcement officer that the person has not engaged/is not engaging/does not intend to engage in price gouging.</li> </ul> <p>A law enforcement officer must return the goods to the person as soon as practicable if satisfied on reasonable</p> |  |  |  |  |
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| <p>grounds the person has not engaged/is not engaging/does not intend to engage in price gouging, and the goods have not been destroyed/given away.</p> <p>Requirement that a person:</p> <ul style="list-style-type: none"> <li>• who attempted to export goods on or after 30 January 2020;</li> <li>• before the commencement of regulation 13GI of the <i>Customs (Prohibited Exports) Regulations 1958</i>; and</li> <li>• where the goods are in the possession of an officer of Customs; and</li> <li>• the exportation is prohibited by the regulation.</li> </ul> <p>The person must surrender the goods to an officer of Customs if notified in writing that the person is required to surrender.</p> |               |              |  |   |
| <p>Retail outlets at international terminals and in the international area of joint domestic/international terminals at specified Australian international airports must cease trading (exceptions apply – provided operators take steps to ensure social distancing).</p> <p>The Secretary of the Department of Infrastructure, Transport, Regional Development and Communications may, in exceptional circumstances, grant other exemptions, in writing.</p>  | 29 March 2020 |              | Section 477(1) <i>Biosecurity Act 2015</i> (Cth) | <a href="#"><i>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements – Retail Outlets at International Airports) Determination 2020</i></a> |
| <p>Extension and further restrictions to cruise ships. Amends the <a href="#"><i>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements) Determination 2020</i></a> to prevent cruise ships from entering Australian territory or Australian ports until 15 June 2020 and requires cruise ships to leave Australian territory and Australian ports as soon as reasonably practicable subject to limited exceptions.</p>  | 27 March 2020 | 15 June 2020 | Section 477(1) <i>Biosecurity Act 2015</i> (Cth) | <a href="#"><i>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements) Amendment</i></a>   |

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|  | A Collector (as defined under the Customs Act 1901(Cth)) can provide permission for the ship to either enter Australian territory or enter a port in Australian territory.   |               |  |   | <a href="#"><i>Determination (No. 1) 2020</i></a>   |
|  | <p>Remote communities - the requirements prevent a person from entering a designated area unless:</p> <ul style="list-style-type: none"> <li>• the person is entering the area to escape an immediate threat to the person’s life; or</li> <li>• the person is a member of the ADF and is entering in the course of the member’s duty; or</li> <li>• all of a number of requirements apply to the person entering the area, including: <ul style="list-style-type: none"> <li>○ the person does not have any of the signs or symptoms of COVID-19;</li> <li>○ in the 14 days immediately before entering, the person has not been exposed, without adequate personal protective precautions, to COVID-19 or been outside Australian territory;</li> <li>○ the person is not entering the area wholly or partly to engage in an activity in the area that is prohibited under Australian law;</li> <li>○ the person’s entry to the area is not prohibited by Australian law (other than this determination); and</li> <li>○ one of a number of circumstances outlined in the determination (subsections 5(2) – (7)) applies to the person.</li> </ul> </li> </ul> <p>The designated areas covered by this determination are located in Queensland, Western Australia, South Australia and Northern Territory.</p> | 26 March 2020 |  | Section 477(1)<br><i>Biosecurity Act 2015 (Cth)</i>   | <a href="#"><i>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020</i></a> |
|  | Requirement that an individual leaving Australian territory for: Cook Islands, Fiji, New Caledonia, Papua New Guinea, Samoa, Solomon Islands, Timor-Leste, Tonga or Vanuatu, from one of the following international airports: Brisbane, Cairns, Darwin,   | 26 March 2020 |  | Subsection 45(2)<br><i>Biosecurity Act 2015 (Cth)</i> | <a href="#"><i>Biosecurity (Exit Requirements) Determination 2020</i></a>   |

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|  | <p>Gold Coast and Sydney, be screened by a biosecurity officer or human biosecurity officer.</p> <p>Amended by <a href="#">Biosecurity (Exit Requirements) Amendment (Nauru) Determination 2020</a></p>  |               |              |   |   |
|  | <p>Swissotel, 58 Market Street, Sydney NSW is a human health response zone. Individuals, other than the following, must not enter the zone:</p> <ol style="list-style-type: none"> <li>individual enters Australia on an aircraft carrying passengers being transported due to human coronavirus;</li> <li>individual is an accompanying person for an individual (i.e. child or incapable person) who entered Australia in the way mentioned above;</li> <li>biosecurity officer/human biosecurity officer/chief human biosecurity officer for NSW, biosecurity enforcement officer/Director of Human Biosecurity;</li> <li>member of NSW police force;</li> <li>individual given authority from person who has operational control of the zone.</li> </ol> <p>Requirement that individuals listed in (a) or (b) must communicate, or attempt to communicate, an intention to leave the zone to person who has operational control of zone.</p> | 25 March 2020 | 24 June 2020 | Section 113(1) Biosecurity Act 2015 (Cth) | <a href="#">Biosecurity (Human Health Response Zone) Swissotel Sydney) Determination 2020</a>   |
|  | <p>Requirement that an Australian citizen or permanent resident must not leave Australian territory as a passenger on an outgoing aircraft or vessel. Exemptions for following persons:</p> <ul style="list-style-type: none"> <li>ordinarily a resident in another country;</li> <li>member of the crew, or worker associated with safety or maintenance, of an aircraft or vessel;</li> <li>engaged in day-to-day conduct of inbound/outbound freight;</li> <li>travel is associated with essential work at an offshore facility;</li> <li>travelling on official government business (including ADF members).</li> </ul>  | 25 March 2020 | 4 weeks      | Section 477(1) Biosecurity Act 2015 (Cth) | <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Overseas Travel Ban Emergency Requirements) Determination 2020</a> |

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|  | <p>APS employee in the ABF may grant an exemption to a citizen/permanent resident/operator of outgoing aircraft or vessel in exceptional circumstances.</p>  |               |               |  |   |
|  | <p>Requirement that an operator of an international cruise ship must cause the ship not to enter a port in Australian territory before 15 April 2020 unless:</p> <ul style="list-style-type: none"> <li>• permission for the ship to enter is given by the Comptroller-General of Customs on the basis the ship is in distress or other extraordinary circumstances exist;</li> <li>• the ship departed a port outside Australian territory before 15 March 2020 and when it departed was bound directly for a port in Australian territory.</li> </ul> <p>Amended by <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements) Amendment Determination (No. 1) 2020</a>.</p> | 18 March 2020 | 15 April 2020 | Section 477(1) <i>Biosecurity Act 2015</i> (Cth) | <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements) Determination 2020</a> |
|  | <p>Declaration of a human biosecurity emergency.</p>   | 18 March 2020 | 17 June 2020  | Section 475 <i>Biosecurity Act 2015</i> (Cth)    | <a href="#">Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020</a>                            |

| State/<br>Territory | Summary of Current Measures   | Date<br>Commenced | Date<br>Repealed | Authorising<br>Legislation   | Source  |
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| NSW                 | The proposed amendment exempts, for a limited time, an authorised carer, or a person who resides at the authorised carer's home or at a home where a family day care service is provided, from providing proof of identity at a motor registry or Government Access Centre in connection with an application for a working with children check clearance.   | 22 April 2020     |                  | Section 13(4) and 52, <i>Child Protection (Working with Children) Act 2012</i> | <a href="#">Child Protection (working with Children) COVID-19 Proof of Identity Regulation</a>  |
|                     | The objects of this Regulation are, during the COVID-19 pandemic—<br>(a) to provide that documents that require a witness may be witnessed by audio visual link, and<br>(b) to provide that tasks in relation to witnessing a document may be performed by audio visual link, and<br>(c) to allow an oath, declaration or affidavit required for a purpose specified in section 26 of the Oaths Act 1900 to be taken or made before an Australian legal practitioner, and<br>(d) to allow a statutory declaration to be made before a person before whom a statutory declaration under the Statutory Declarations Act 1959 of the Commonwealth may be made. | 22 April 2020     |                  | Sections 15 and 17, <i>Electronic Transactions Act 2000</i>                    | <a href="#">Electronic Transactions Amendment (COVID-19 Witnessing of Documents) Regulation</a> |
|                     | Amendment to <a href="#">Public Health (COVID-10 Spitting and Coughing) Order 2020</a> , expanding direction to include other worker.   | 20 April 2020     |                  | Section 7, <i>Public Health Act</i>  | <a href="#">Public Health (COVID-19 Spitting and Coughing) Order 2020</a>                       |
|                     | The object of this Regulation is to require a second or subsequent certificate of capacity provided by an injured worker to the insurer to be—<br>(a) in a form approved by the State Insurance Regulatory Authority, and   | 17 April 2020     |                  | Sections 44B(3)(a1) and 280, <i>Workers Compensation Act 1987</i>              | <a href="#">Workers Compensation Amendment (COVID-19) Regulation</a>                            |

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| (b) given by a medical practitioner or an appropriately qualified physiotherapist or psychologist who is treating the worker for the injury.  |               |  |   |   |
| <p>The objects of this Regulation are —</p> <p>(a) to provide for prescriptions for restricted substances issued by medical practitioners and nurse practitioners to be sent to pharmacists by email or facsimile for 12 months because of the COVID-19 pandemic, and</p> <p>(b) to include new prescribed restricted substances, and</p> <p>(c) to exempt hospitals from current storage requirements for those new substances for 12 months.</p>  | 17 April 2020 |  | <p><i>Sections 16, 17, 18A(1) and 45C, Poisons and Therapeutic Goods Act 1966</i></p> | <p><a href="#">Poisons and Therapeutic Goods Amendment (Prescriptions) Regulation</a></p> |
| <p>Introduces temporary modifications in response to the COVID-19 pandemic —</p> <ul style="list-style-type: none"> <li>- pushing back dates on which certain things must be done by councils</li> <li>- providing additional time for the payment of an instalment of annual rates and charges</li> <li>- permitting councils to waive payment of, or reduce, a fee in a category of cases without first giving public notice of that category if the category relates to a response to the COVID-19 pandemic</li> <li>- removing the need for councils to make certain documents available for inspection by members of the public in the offices of the councils and to instead make these documents available by other means</li> <li>- remove requirements on councils to publish certain notices and advertisements in newspapers and to instead require publication on council websites</li> </ul> | 17 April 2020 |  | <p><i>Section 747B and 748, Local Government Act 1993</i></p>                         | <p><a href="#">Local Government (General) Amendment (COVID-19) Regulation 2020</a></p>    |

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| - Water supply restriction may be imposed by a council by notice published on the website of the council rather than in a newspaper.  |               |  |  |   |
| Regulation prohibiting landlords terminating agreements or recovering possession during moratorium period, providing termination dates for particular termination notices given during moratorium period, amongst other requirements, including amendment of Boarding Houses Regulation 2013.                                   | 15 April 2020 |  | Section 224 and 229(1)(a)(b) and (c) <i>Residential Tenancies Act 2010 (NSW)</i> | <a href="#">Residential Tenancies Amendment (COVID-19) Regulation 2020</a>  |
| Modifies provisions of the <i>Weapons Prohibition Regulation 2017</i> in response to the COVID-19 pandemic.   | 15 April 2020 |  | Section 50 <i>Weapons Prohibition Act 1998 (NSW)</i>                             | <a href="#">Weapons Prohibition Amendment (COVID-19) Regulation 2020</a>  |
| Creates exemptions from requirements of the <i>Firearms Act 1996</i> and modifies provisions of <i>Firearms Regulation 2017</i> in response to COVID-19 pandemic.   | 15 April 2020 |  | <i>Firearms Act 1996</i>   | <a href="#">Firearms Amendment (COVID-19) Regulation 2020</a>   |
| A direction that a person must not intentionally spit or cough on a public official in a way that would reasonably be likely to cause fear about the spread of COVID-19.  | 9 April 2020  |  | Section 7 <i>Public Health Act 2020 (NSW)</i>                                    | <a href="#">Public Health (COVID-10 Spitting and Coughing) Order 2020</a><br>Amended by Public Health (COVID-19 Spitting and Coughing) Order 2020 |
| Environment and planning order to facilitate social distancing by spreading infrastructure construction work over more days in a week.  | 9 April 2020  |  | Section 10.17 <i>Environmental Planning and Assessment Act 1979 (NSW)</i>        | <a href="#">Environmental Planning and Assessment (COVID-19 Development – Infrastructure Construction Work Days) Order</a>                        |
| Regulation to prescribe the following classes of inmates as eligible for release on parole by the Commissioner during the COVID-19 pandemic— <ul style="list-style-type: none"> <li>an inmate whose health is at higher risk during the COVID-19 pandemic because of an existing medical condition or vulnerability,</li> </ul> | 3 April 2020  |  | <i>Crimes (Administration of Sentences) Act 1999 (NSW)</i>                       | <a href="#">Crimes (Administration of Sentences) Amendment (COVID-19) Regulation 2020</a>   |

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| <ul style="list-style-type: none"> <li>an inmate whose earliest possible release date is within 12 months.</li> </ul> <p>Inmates who are national security interest inmates, male inmates classified as Category AA, A1, A2 or E1 and female inmates classified as Category 5 or 4 or E1 are excluded and cannot be released on parole by the Commissioner.</p> |              |  |   |   |
| <p>Regulation to prescribe proceedings on indictment as proceedings to which a special provision enacted in response to the COVID-19 pandemic, that enables a court to direct that accused persons may appear in physical proceedings by way of audio visual link, does not apply.</p>  | 3 April 2020 |  | <i>Evidence (Audio and Audio Visual Links) Act 1998 (NSW)</i>             | <a href="#">Evidence (Audio and Audio Visual Links) Amendment (Emergency Measures-COVID-19) Regulation 2020</a>   |
| <p>Environment and planning order relating to takeaway food and beverages to allow greater access to food and beverages on a takeaway basis.</p> <p>Environment and planning order relating to construction work days to facilitate social distancing by spreading construction work over more days in a week.</p>  | 2 April 2020 |  | Section 10.17 <i>Environmental Planning and Assessment Act 1979 (NSW)</i> | <a href="#">Environmental Planning and Assessment (COVID-19 Development-Takeaway Food and Beverages) Order 2020</a><br><br><a href="#">Environmental Planning and Assessment (COVID-19 Development-Construction Work Days) Order 2020</a> |
| <p>Environment and planning order to facilitate the use of buildings or places as health services premises and allow health services facilities under construction to be completed sooner.</p> <p>Environment and planning order to allow workers at the Bayswater and Liddell power stations to be isolated in separate accommodation.</p>                     | 1 April 2020 |  | Section 10.17 <i>Environmental Planning and Assessment Act 1979 (NSW)</i> | <a href="#">Environmental Planning and Assessment (COVID-19 Development – Health Services Facilities) Order 2020</a><br><br><a href="#">Environmental Planning and Assessment (COVID-19 Development – Health</a>                          |

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|  |  |  |  |   | <a href="#">Services Facilities) Order 2020</a> |
| Special authority has been granted to community pharmacists to assist people who can't access their GP – ability to dispense when people are not able to contact their GP to arrange a prescription.   | 31 March 2020  |  |  |   | <a href="#">Media release – 31 March 2020</a>   |
| Pharmacies able to operate 24 hours a day. Introduced new limits to address the over-supply of prescription and over-the-counter medicines.  |  |  |  |   |   |
| <p>Direction that a person must not, without reasonable excuse, leave the person's place of residence.<br/>Reasonable excuse includes:</p> <ul style="list-style-type: none"> <li>• obtaining food or other goods and services, or</li> <li>• travelling for the purposes of work or education if it is not possible to do it at home, or</li> <li>• exercise, or</li> <li>• medical or caring reasons</li> </ul> <p>Does not apply to a person who is homeless.</p> <p>Direction that a person must not participate in a gathering in a public place of more than 2 persons, exceptions for gatherings:</p> <ul style="list-style-type: none"> <li>• referred to in Schedule 2 e.g. airport, hospital</li> <li>• for work purposes</li> <li>• where all persons are members of the same household</li> <li>• for a wedding at which there are no more than 5 persons</li> <li>• for a funeral service at which there are no more than 10 persons</li> <li>• to facilitate a move to a new place of residence</li> </ul> | <p>31 March 2020</p> <p>Amendment commences 4 April 2020</p> |  | <p>Section 7 <i>Public Health Act 2010</i> (NSW)</p> | <p><a href="#">Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order 2020</a></p> <p><a href="#">Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020</a></p> <p>Revoked the <a href="#">Public Health (COVID-19 Gathering) Order (No 3) 2020</a></p> <p>Former directions on this topic:<br/><a href="#">Public Health (COVID-19 Gatherings) order (No 2) 2020</a></p> |   |

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|  | <ul style="list-style-type: none"> <li>• to provide care/assistance to a vulnerable person</li> <li>• to provide emergency assistance</li> <li>• to fulfil a legal obligation</li> </ul> <p>Direction that the following must not open to members of the public:</p> <ul style="list-style-type: none"> <li>• pubs/registered clubs (except for selling food/beverages for consumption off the premises; or providing accommodation including providing food/beverages for consumption in accommodation rooms)</li> <li>• food/drink premises (other than pubs) (except for selling food/beverages for consumption off the premises; or in accommodation rooms; or outside of a shopping centre; or to truck drivers or their passengers at a truck stop for consumption off the premises)</li> <li>• entertainment facilities</li> <li>• amusement centres</li> <li>• casinos</li> <li>• micro-breweries/small distilleries</li> <li>• recreation facilities (indoor)</li> <li>• places of public worship (except for a wedding service with no more than 5 persons – including the person conducting the service; a funeral service with no more than 10 persons – excluding persons necessary for the conduct and preparation of the funeral)</li> <li>• spas/nail salons/beauty salons/waxing salons/tanning salons/tattoo parlours/massage parlours</li> <li>• auction houses/betting agencies</li> </ul> |  |  |  |  |
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|  | <ul style="list-style-type: none"> <li>• markets (but not markets that sell food)</li> <li>• information/education facilities</li> <li>• caravan parks/camping grounds (except for accommodating permanent residents, overnight travellers, persons working in the local area or other persons who have no other place of permanent residence or residence is temporarily unavailable; and allowing visitors to visit persons aforementioned)</li> <li>• community facilities</li> <li>• sex services premises</li> </ul> <p>Direction that the following must be closed to members of the public:</p> <ul style="list-style-type: none"> <li>• swimming pool</li> <li>• property (other than a retail shop) operated by the National trust or the Historic Houses Trust</li> <li>• gaming lounge</li> <li>• strip club</li> <li>• any outdoor playground equipment</li> <li>• any outdoor gymnasium equipment</li> <li>• skate park</li> </ul> <p>Direction that a person must not do the following:</p> <ul style="list-style-type: none"> <li>• conduct an open inspection of premises for the purposes of sale/lease (can show a single person by appointment)</li> <li>• conduct an auction (except for food supply or a fibre or crop auction)</li> </ul> |  |  |  |  |
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|  | <p>Does not prevent use of premises to provide a service to assist vulnerable members of the public (e.g. food bank), or as an early education and care facility.</p> <p>Direction that a person must not:</p> <p>If the person is the occupier/operator of premises -</p> <ul style="list-style-type: none"> <li>• allow 500 or more persons to enter or stay on the premises (outdoor);</li> <li>• allow 100 or more persons to enter or stay on the premises (indoor);</li> <li>• allow persons to enter or stay on premises unless the size of the premises is sufficient to ensure 4 square metres of space for each person.</li> </ul> <p>Exceptions apply (e.g. at a private residence)</p> <p>Direction that a government sector agency is authorised to collect information from or disclose information to another government sector agency if necessary for protecting the health or welfare of members of the public.</p> <p>Amended by the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order 2020.</p> |               |              |   |  |
|  | <p>Direction that a person who arrives in NSW by aircraft and who has within 14 days immediately before arrival been in a country other than Australia must do one of the following:</p> <ul style="list-style-type: none"> <li>• go directly to a quarantine facility specified by the Commissioner of Police;</li> <li>• go directly to a medical facility for treatment.</li> </ul>  | 29 March 2020 | 25 June 2020 | Section 7 <i>Public Health Act 2010</i> (NSW) | <p><a href="#">Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order 2020</a></p> <p><a href="#">Public Health (COVID-19 Air Transportation Quarantine) Order 2020</a></p> |

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|  | <p>Person must comply with any directions of the Commissioner of Police related to the person's transit at the airport or travel to a facility.</p> <p>Does not apply to the flight crew of aircraft.</p> <p>Direction that a person must remain at the quarantine/medical facility for 14 days unless Commissioner directs otherwise or there is an emergency.</p> <p>Person must comply with any conditions decided or directions given by the Commissioner.<br/>Only the following persons can enter a quarantine/medical facility, or provide another person with access:</p> <ul style="list-style-type: none"> <li>• police officer</li> <li>• entering at the direction of a police officer</li> <li>• entering for the purposes of providing medical treatment/care</li> <li>• entering because of an emergency</li> <li>• person carrying out functions necessary for the ordinary operation of the quarantine/medical facility</li> </ul> <p>Minister may, in writing, grant an exemption.<br/>Applies to a person who was subject to a direction if the person's quarantine period had not ended immediately before this Order commenced.</p> <p>Amended by the Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order 2020.</p> |  |  |  | <p><a href="#">Public Health (COVID-19 Air Transportation Quarantine) Amendment Order 2020</a></p> <p>Amends order to include transitional arrangements.</p> |
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|  | <p>Direction that a person (relevant person) who has arrived in NSW on a vessel that has come from a port outside of NSW must not disembark from the vessel unless the relevant person:</p> <ul style="list-style-type: none"> <li>• is authorised to do so by the Commissioner of Police; or</li> <li>• is required to do so because of an emergency.</li> </ul> <p>A relevant person authorised to disembark must do one of the following:</p> <ul style="list-style-type: none"> <li>• go directly to a quarantine facility specified by the Commissioner; or</li> <li>• go directly to a hospital or other medical facility for treatment</li> </ul> <p>and remain at the facility for 14 days.<br/>List of persons authorised to board/disembark from a vessel on which there is a relevant person (e.g. person to assist the vessel to dock/depart).</p> <p>Minister may in writing grant an exemption.</p> <p>Amended by the Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order 2020.</p> | 28 March 2020 |                                      | Section 7 <i>Public Health Act 2010</i> (NSW)   | <p><a href="#">Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order 2020</a></p> <p><a href="#">Public Health (COVID-19 Maritime Quarantine) Order 2020</a></p> |
|  | <p>Direction that a diagnosed person must, immediately after receiving the diagnosis of COVID-19, travel directly to a residence (or hospital if determined necessary by a designated health practitioner) and reside at the residence until medically cleared (exemptions apply).</p>  | 26 March 2020 | 23 June 2020                         | Section 7 <i>Public Health Act 2010</i> (NSW)   | <p><a href="#">Public Health (COVID-19 Self-Isolation) Order 2020</a></p>  |
|  | <p>Development specified in order may be carried out without the need for any approval under the <i>Environmental Planning and Assessment Act 1979</i></p>  | 25 March 2020 | Prescribed period within the meaning | Section 10.17 <i>Environmental Planning and</i> | <p><a href="#">Environmental Planning and Assessment (COVID-19 Development –</a></p>   |

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| <p>(NSW) if it complies with standards specified for the development.</p> <p>Override normal planning controls restricting hours of operation (e.g. supermarkets and pharmacies).</p>   |                               | <p>of section 10.17 <i>Environmental Planning and Assessment Act 1979</i> (NSW)</p> | <p><i>Assessment Act 1979</i> (NSW)</p>                   | <p><a href="#">Extended Operation Order 2020</a></p> <p><a href="#">Media Release – 25 March 2020</a></p>   |
| <p><i>COVID-19 Legislation Amendment (Emergency Measures) Bill</i></p> <ul style="list-style-type: none"> <li>• health</li> <li>• justice</li> <li>• corrections</li> <li>• planning</li> <li>• better regulation</li> <li>• local government</li> <li>• community services</li> </ul> <p><i>Treasury Legislation Amendment (COVID-19) Bill</i></p> <ul style="list-style-type: none"> <li>• amend <i>Long Service Leave Act 1955</i> (NSW)</li> <li>• amend <i>Payroll Tax Act 2007</i> (NSW)</li> </ul> <p><i>Better Regulation and Customer Service Legislation Amendment (Bushfire Relief) Act 2020</i></p> | <p>Assented 25 March 2020</p> |   |   | <p><a href="#">COVID-19 Legislation Amendment (Emergency Measures) Bill</a></p> <p><a href="#">Gazette Number 58</a> – Acts of Parliament assented to</p> |
| <p>Direction that a person must not enter or remain on the premises of a residential aged care facility (exceptions apply e.g. employees).</p>  | <p>24 March 2020</p>          | <p>22 June 2020</p>   | <p>Section 7 <i>Public Health Act 2010</i> (NSW)</p>      | <p><a href="#">Public Health (COVID-19 Residential Aged Care Facilities) Order 2020</a></p>   |
| <p>A visiting driver to which the Order applies may continue to drive on their original driver licence, exempting those drivers from the requirement to obtain a NSW driver licence within 3 months of residing in NSW.</p>   | <p>23 March 2020</p>          | <p>30 September 2020</p>  | <p>Section 19(1) <i>Road Transport Act 2013</i> (NSW)</p> | <p><a href="#">Ministerial (Visiting Driver Residency Period) Exemption Order 2020</a></p>  |

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|  | Direction to restrict access to and from Lord Howe Island; and impose a requirement to quarantine for any person who arrives on Lord Howe Island (exceptions apply). | 22 March 2020 | 18 June 2020 | Section 7 <i>Public Health Act 2010</i> (NSW) | <a href="#">Public Health (COVID-19 Gatherings) Order 2020</a>    |
|  | Direction to persons arriving in NSW (who have within 14 days immediately before arrival been in a country other than Australia) to quarantine for 14 days.          | 17 March 2020 | 15 June 2020 | Section 7 <i>Public Health Act 2010</i> (NSW) | <a href="#">Public Health (COVID-19 Quarantine) Order 2020</a>    |
|  | Direction that a person must not hold a public event at which there are, or are likely to be, 500 persons or more in attendance at any one time.                     | 16 March 2020 | 14 June 2020 | Section 7 <i>Public Health Act 2010</i> (NSW) | <a href="#">Public Health (COVID-19 Public Events) Order 2020</a> |

| State/<br>Territory | Summary of Current Measures   | Date Commenced | Date Repealed  | Authorising<br>Legislation   | Source   |
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| VIC                 | <p>Authorises registered paramedics to possess and administer the Schedule 4 poisons being the 2020 Influenza vaccine presentations and compositions if :-</p> <p>(a) the registered AV paramedic has completed an immuniser program of study approved by the Chief Health Officer;</p> <p>(b) the registered AV paramedic is administering the influenza vaccine to operational staff members of Ambulance Victoria, who are aged between 18 and 64 years and who do not have symptoms consistent with COVID-19;</p> <p>(c) the registered AV paramedic prepares and administers the influenza vaccine in accordance with the Ambulance Victoria 2020 Influenza Vaccination Implementation Plan and associated clinical guidelines;</p> <p>(d) the influenza vaccine is obtained by Ambulance Victoria under its health service permit;</p> <p>(e) the administration of the influenza vaccine takes place at hospital sites as agreed with local hospital management, Ambulance Victoria branch stations and Ambulance Victoria business centres.</p> | 21 April 2020  | 31 August 2020 | Section 22, <i>Drugs, Poisons and Controlled Substances Act 1981</i>   | <a href="#">Public Health Emergency Order (PHEO#5)</a>   |
|                     | Places restrictions on businesses and other organisations, and limited recreational, cultural and entertainment activities.   | 17 April 2020  |                | Sections 190 and 200 <i>Public Health and Wellbeing Act 2008 (Vic)</i> | <a href="#">Restricted Activity Directions (No 4)</a><br>Revoked:<br>Restricted Activity Directions (No 3) |
|                     | Places restrictions on businesses and other organisations, and limited recreational, cultural and entertainment activities.   | 13 April 2020  | 17 April 2020  | Sections 190 and 200 <i>Public Health</i>                              | <a href="#">Restricted Activity Directions (No 3)</a>  |

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|   |               |  |  | <i>and Wellbeing Act 2008 (Vic)</i>                                     | replaced Restricted Activity Directions (No 2)   |
| Outlines limitations on leaving home for all Victorians, and provide clarification on previous directions.  | 13 April 2020 |  |  | Section 200 <i>Public Health and Wellbeing Act 2008 (Vic)</i>           | <a href="#">Stay at home directions (No 4)</a><br>Replaces Stay at Home Directions (No 3)          |
| Replaces the Care facilities direction, previously the Ages Care facilities direction, which restricted entry to all aged care facilities. It continues restrictions to care facilities, including alcohol and drug rehabilitation facilities, disability residential care and homelessness residential facilities. | 13 April 2020 |  |  | Section 200 <i>Public Health and Wellbeing Act 2008 (Vic)</i>           | <a href="#">Care facilities directions (No 2)</a><br>Replace Care Facilities Directions            |
| Directions to make it compulsory for anyone with a confirmed diagnosis of coronavirus to go into isolation for a minimum period, and to meet other compulsory conditions before being able to resume normal activities.   | 13 April 2020 |  |  | Section 200 <i>Public Health and Wellbeing Act 2008 (Vic)</i>           | <a href="#">Isolation (Diagnosis) Direction (No 2)</a><br>Replaces Isolation (Diagnosis) Direction |
| Directions restricting entry into hospitals to minimise the risk of spreading coronavirus among hospital patients and staff.  | 13 April 2020 |  |  |   | <a href="#">Hospital visitors (No 2)</a><br>Replaces Hospital Visitor Directions                   |
| Direction that if you have arrived in Victoria from overseas you will be detained at a hotel as specified for a period of 14 days.  | 13 April 2020 |  |  | Section 200 <i>Public Health and Wellbeing Act 2008 (Vic)</i>           | <a href="#">Direction and Detention Notice (No 2)</a>  |
| Criteria for early release of benefits for particular applicants includes compassionate grounds – coronavirus.  | 8 April 2020  |  |  | Section 29A(1)(d), (e) and (f) <i>Emergency Services Superannuation</i> | <a href="#">Specified Standards for</a>  |

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|  |  |              |               | Act 1986, section 24C(1)(d), (e) and (f) <i>Parliamentary Salaries, Allowances and Superannuation At 1968</i> , section 73(1)(d), (e) and (f) <i>State Employees Retirement Benefits Act 1979</i> , section 92A(1)(d), (e) and (f) <i>State Superannuation Act 1988</i> , section 53(1)(d), (e) and (f) <i>Transport Superannuation Act 1988</i> | <a href="#">Early Release of Superannuation Benefits</a>  |
|  | Direction that a person must not enter, or remain on, the premises of a care facility unless: <ul style="list-style-type: none"> <li>• person is a resident of the facility</li> <li>• person is a worker in relation to the facility</li> <li>• person is a visitor in relation to the facility</li> </ul> <p>A person who is a worker or visitor must not enter or remain on the premises of the facility if:</p> <ul style="list-style-type: none"> <li>• during the 14 days immediately preceding the entry, the person arrived in Australia from a place outside Australia</li> <li>• during the 14 days immediately preceding the entry the person had known contact with a confirmed case of 2019-nCov</li> <li>• the person has a temperature higher than 37.5 degrees or symptoms of acute respiratory infection</li> <li>• if the facility is a residential aged care facility – the person does not have their flu vaccination</li> <li>• the person is under 16 years (further exceptions apply to this category)</li> </ul> | 7 April 2020 | 13 April 2020 | Sections 200(1)(b) and (d) <i>Public Health and Wellbeing Act 2008</i> (Vic)   | <a href="#">Care Facilities Directions</a><br><br>Replaces and revokes the <a href="#">Aged Care Facilities Direction</a> |

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|  | <p>Operate of a care facility must take all reasonable steps to ensure that a person does not enter or remain on the premises if the person is prohibited from doing so.</p> <p>Care facility is a facility that is:</p> <ul style="list-style-type: none"> <li>• an alcohol and drug residential service</li> <li>• a homelessness residential service</li> <li>• a residential aged care facility</li> <li>• a disability residential service</li> <li>• an eligible SDA enrolled dwelling</li> <li>• a secure welfare service</li> <li>• short-term accommodation and assistance dwelling</li> <li>• supported residential service</li> <li>• the Thomas Embling Hospital</li> </ul>   |              |               |   |  |
|  | <p>Direction that a person who is in Victoria during the stay at home period (ending midnight 13 April 2020) must not leave the premises where the person ordinarily resides, other than for one or more of the following reasons:</p> <ul style="list-style-type: none"> <li>• necessary goods or services (e.g. food, drink, services for health/medical etc.)</li> <li>• care or other compassionate reasons (e.g. shared parenting arrangements, to take a child to another person's premises for the purpose of that other person providing child-minding assistance, to provide care to a relative who has particular needs, to visit a person with whom they are in an intimate personal relationship) – further conditions apply.</li> <li>• work and education (only if not practicable for the person to work/obtain educational services from the premises)</li> </ul> | 7 April 2020 | 13 April 2020 | Sections 200(1)(b) and (d) <i>Public Health and Wellbeing Act</i> (Vic) | <p><a href="#">Stay at Home Directions (No 3)</a></p> <p>Replaces and revokes the <a href="#">Stay at Home Directions (No 2)</a></p> <p>Former directions on this topic: <a href="#">Stay at Home Directions</a></p> <p><a href="#">Prohibited Gatherings Directions</a></p> |

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| <ul style="list-style-type: none"> <li>• exercise (must take reasonable steps to maintain a distance of 1.5 metres from all other persons and comply with restrictions on gatherings)</li> <li>• other specified reasons (e.g. emergency purposes, for the purpose of leaving Victoria – if person ordinarily resides elsewhere)</li> </ul> <p>Does not apply to a person who does not have an ordinary place of residence, or place of residence is temporarily unavailable because of risk of harm (e.g. family violence) – unless provided with suitable premises to reside at during the stay at home period.</p> <p>Direction that a person must not enter any indoor space unless:</p> <ul style="list-style-type: none"> <li>• no other person is in that space</li> <li>• only one other person is in that space</li> <li>• more than one other person is in the space but all of those other persons ordinarily reside at the same premises as the person</li> </ul> <p>Exceptions: wedding (no more than 5 persons), funeral (no more than 10 persons), for one or more of the specified purposes.</p> <p>A person must not permit another person to enter their place of residence unless the person:</p> <ul style="list-style-type: none"> <li>• ordinarily resides at the premises</li> <li>• is residing at the premises in accordance with the Isolation Direction</li> <li>• it is necessary for one or more specified purposes (e.g. care, work, education)</li> <li>• it is necessary for the purpose of attending a private inspection</li> <li>• it is necessary for medical/emergency purposes</li> <li>• otherwise required by law</li> </ul> |  |  |  |  |
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|  | <p>A person must not arrange to meet with more than one other person in an outdoor space except:</p> <ul style="list-style-type: none"> <li>• where each person ordinarily resides at the same premises</li> <li>• wedding (involving only 5 persons)</li> <li>• funeral (involving only 10 persons – excluding persons necessary for the conduct of the funeral)</li> <li>• it is necessary for one or more specified purposes (e.g. care, work, education)</li> </ul>  |              |               |   |  |
|  | <p>A person who owns/controls/operates the following must not operate:</p> <ul style="list-style-type: none"> <li>• pubs/bars/clubs/nightclubs/hotels (except operating a bottleshop, providing food/drink to be consumed off premises, providing accommodation)</li> <li>• recreational facilities (e.g. personal training facility, community centre, library, gallery, play centre). Except where hosting an essential public service (e.g. food bank), and in some circumstances tennis and basketball centres.</li> <li>• entertainment facilities (e.g. theatre, cinema, music hall/concert hall/auditorium, arena/stadiums/convention centre, arcade, amusement park, casino/gambling business, brothel/sex on premises venue/strip club/ escort agency)</li> <li>• places of worship (except for purpose of wedding or funeral permitted by the Stay at Home Directions (No 3), hosting an essential public support service or broadcasting a ceremony via electronic means)</li> <li>• restricted retail facilities (e.g. beauty and personal care facility/auction house/market stall – other than food</li> </ul> | 7 April 2020 | 13 April 2020 | Sections 190(1)(a) and (g) and 200(1)(d) <i>Public Health and Wellbeing Act (Vic)</i> | <a href="#">Restricted Activity Directions (No 2)</a><br>Replaces and revokes the <a href="#">Restricted Activity Directions</a> |

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| <p>market stall). Food markets need to abide by social distancing requirements.</p> <ul style="list-style-type: none"> <li>• food and drink facilities (except where providing food/drink to be consumed off the premises or outside a food court) – further exemptions for hospitals/schools/premises for the purposes of providing food/drink to drivers of fatigue-regulated heavy vehicles etc.</li> <li>• accommodation facilities (i.e. camping ground, caravan park) exceptions apply.</li> <li>• swimming pools (unless pool is at the person’s private residence)</li> <li>• animal facilities (e.g. zoo) – except for the purpose of treating/caring for animals etc.</li> <li>• real estate auctions (unless conducted remotely) and inspections (unless by private appointment).</li> </ul> <p>Further directions for open retail facilities with respect to density, signage and cleaning requirements.</p> |              |                |   |  |
| <p>Order to facilitate a registered medical practitioner, nurse practitioner, dentist, authorised midwife, authorised optometrist or authorised podiatrist (practitioner) to obtain and possess, use, sell or supply a Schedule 4 poison (other than a drug of dependence) for a patient who in the opinion of the practitioner is at risk of the COVID-19 virus; and to enable pharmacists in Victoria to sell or supply a Schedule 4 poison (other than a drug of dependence) on an electronically transmitted digital image of an original prescription transmitted directly to the pharmacist from a practitioner.</p>   | 7 April 2020 | 6 October 2020 | Section 22D<br><i>Drugs, Poisons and Controlled Substances Act 1981</i> (Vic) | <a href="#">Pharmacist Supply on a Digital Image (PHEO #4)</a> |
| <p>Minister for Planning has approved Amendment VC181 to the Victoria Planning Provisions and all planning schemes in Victoria. The Amendment is to facilitate the delivery of</p>   | 6 April 2020 |                | <i>Planning and Environment Act 1987</i>                                      | <a href="#">Notice of Approval of Amendment</a>                |

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| food and other essential goods during and following a state of emergency declared in relation to Novel Coronavirus 2019.  |               |  |  |   |
| Person may apply for a replacement/refund/reimbursement in respect of products for which refunds are not otherwise available under the <i>Transport (Compliance and Miscellaneous) Act 1983</i> (Vic) if special circumstances relating to COVID-19 exist.  | 3 April 2020  |  | <i>Transport (Compliance and Miscellaneous) Act 1983</i> (Vic) | <a href="#">Amending Conditions No. 2/2020</a>      |
| <p>Direction that a person who has travelled to Victoria from overseas will be detained at a hotel for a period of 14 days. Person must proceed immediately to the vehicle that has been provided to take them to the hotel. Person must proceed immediately to their allocated room upon arriving at the hotel.</p> <p>Person must not leave the room unless:</p> <ul style="list-style-type: none"> <li>• granted permission to do so for the purposes of: <ul style="list-style-type: none"> <li>○ attending a medical facility/receiving medical care;</li> <li>○ reasonably necessary for physical/mental health;</li> <li>○ on compassionate grounds</li> </ul> </li> <li>• there is an emergency situation</li> </ul> <p>Person must not permit any other person to enter the room unless the person is authorised to be there for a specific purpose (e.g. providing food).</p> <p>Detention reviewed at least once every 24 hours.</p> | 29 March 2020 |  | Section 200 <i>Public Health and Wellbeing Act 2008</i> (Vic)  | <a href="#">Direction and Detention Notice</a>      |
| Notice of making of statutory rules <i>Public Health and Wellbeing Amendment (Infringements) regulations 2020</i>   | 28 March 2020 |  | <i>Public Health and Wellbeing Act 2008</i> (Vic)              | <a href="#">Notice of Making of Statutory Rules</a> |
| Revocation of the Airport Arrivals Direction and the Cruise Ship Docking Direction. Transitional provision – if applied   | 28 March 2020 |  | Sections 200(1)(b) and (d)                                     | <a href="#">Revocation of Airport Arrivals</a>      |

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| <p>to a person before the revocation of that direction the direction continues to apply after that revocation as if the direction had not been revoked.</p>  |                      |                                  | <p><i>Public Health and Wellbeing Act</i> (Vic)</p>                                   | <p><a href="#">Direction and Cruise Ship Docking Direction</a></p> <p><a href="#">Cruise Ship Docking Direction</a></p> <p><a href="#">Airport Arrivals Direction</a></p> |
| <p>Order to enable persons in Victoria to obtain a Schedule 4 poison directly from a pharmacist (i.e. without a prescription) in certain circumstances.</p> <p>Order to remove the requirement for a registered medical practitioner or nurse practitioner to apply for a Schedule 8 permit in certain circumstances (i.e. to prescribe a Schedule 8 poison).</p>                                    | <p>26 March 2020</p> | <p>27 September 2020</p>         | <p>Section 22D<br/><i>Drugs, Poisons and Controlled Substances Act 1981</i> (Vic)</p> | <p><a href="#">Public Health Emergency Order under Section 22D</a></p>  |
| <p>Direction that a person who is diagnosed with 2019-nCoV must travel directly from that place to a premises suitable for the person to reside in and reside in that premises until clearance from isolation (self-isolation) is given; or travel directly to a hospital for medical treatment. Clearance from isolation is given by an officer of the Department of Health and Human Services.</p> | <p>25 March 2020</p> | <p>13 April 2020</p>             | <p>Sections 200(1)(b) and (d)<br/><i>Public Health and Wellbeing Act</i> (Vic)</p>    | <p><a href="#">Isolation (Diagnosis) Direction</a></p>  |
| <p>Direction to prohibit non-essential visits to hospitals.</p>  | <p>23 March 2020</p> | <p>13 April 2020</p>             | <p>Sections 200(1)(b) and (d)<br/><i>Public Health and Wellbeing Act</i> (Vic)</p>    | <p><a href="#">Hospital Visitor Directions</a></p>  |
| <p>Declaration of a State of Emergency.</p>  | <p>16 March 2020</p> | <p>4 weeks from commencement</p> | <p>Section 198<br/><i>Public Health and Wellbeing Act 2008</i> (Vic)</p>              | <p><a href="#">Declaration of a State of Emergency</a></p>  |

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| State/<br>Territory | Summary of Current Measures  | Date Commenced | Date Repealed | Authorising Legislation                           | Source  |
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| QLD                 | <p>A Direction to not use Point of Care (POC) Serology test to detect COVID-19 unless they:</p> <ul style="list-style-type: none"> <li>• provide pathology services for Pathology Queensland; or</li> <li>• provide public health services for the Queensland Department of Health or a Hospital and Health Service; or</li> <li>• provide pathology services as a National Association of Testing Authorities (NATA) accredited medical pathology service with scope of accreditation in microbiology.</li> </ul> | 23 April 2020  |               | Section 362B, <i>Public Health Act 2005</i> (QLD) | <a href="#">Point of Care Serology Tests Direction</a>  |
|                     | <p>A Direction that a person who opens, controls or operates a non-essential business, activity or undertaking in QLD, including operating at a private residence, must not operate the business, activity or undertaking during the public health emergency, subject to exceptions outlined in the Direction (Column 2 of Definitions table, paragraph 8).</p> <p>Does not extend to online or internet business/undertaking, unless stated otherwise in Column 1 of Definitions table, paragraph 8.</p>          | 21 April 2020  |               | Section 362B, <i>Public Health Act 2005</i> (QLD) | <a href="#">Non-essential business, activity and undertaking Closure Direction (No.6)</a><br><br>Replaces Non-essential business, activity and undertaking Closure Direction (No.5) dated 09 April 2020 |
|                     | <p>Restrictions relating to who can enter a residential aged care facility, regardless of the purpose of visit. Provides information on who can or cannot be on the premises of a residential aged care facility, and any conditions that need to be followed.</p>   | 17 April 2020  |               | Section 362B <i>Public Health Act 2005 (Qld)</i>  | <a href="#">Aged Care Direction (No. 2)</a><br><br>Replaces Aged Care Direction 21 March 2020   |

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| <p>A Direction that a person who arrives in QLD from another State/Territory of Australia will not be allowed to enter QLD, unless they are an exempt resident or exempt person.</p> <p>Quarantine requirements apply to exempt resident or exempt person.</p>  | 10 April 2020 | End of declared public health emergency | Section 362B <i>Public Health Act 2005</i> (QLD) | <p><a href="#">Border restrictions Direction (No. 4)</a></p> <p>Replaces the Public Health Direction – Border Restrictions (No. 3) 2 April 2020</p>   |
| <p>Recommend owners/operators of businesses operating a truck driver rest facility to continue normal opening hours of the facility.</p>  | 9 April 2020  | End of declared public health emergency | Section 362F <i>Public Health Act 2005</i> (QLD) | <p><a href="#">Notice of the Chief Health Officer in accordance with particular powers arising from a public health emergency order</a></p>   |
| <p>A Direction that a person who opens, controls or operates a non-essential business, activity or undertaking in QLD, including operating at a private residence, must not operate the business, activity or undertaking during the public health emergency, subject to exceptions outlined in the Direction (Column 2 of Definitions table, paragraph 8).</p> <p>Does not extend to online or internet business/undertaking, unless stated otherwise in Column 1 of Definitions table, paragraph 8.</p> | 9 April 2020  | 21 April 2020                           | Section 362B <i>Public Health Act 2005</i> (QLD) | <p><a href="#">Non-essential business, activity and undertaking Closure Direction (No. 5)</a></p> <p>Revokes the Non-essential business, activity and undertaking Closure Direction (mo. 4) 31 March 2020</p> |
| <p>Direction that a person must not enter a designated area (Fraser Island, Moreton Island or North Stradbroke Island) unless the person is an exempt person.</p> <p>An exempt person who enters a designated area must self-quarantine for a period of 14 days if:</p> <ul style="list-style-type: none"> <li>• they have been outside Australia in the last 14 days; or</li> </ul>  | 8 April 2020  | End of declared emergency               | Section 362B <i>Public Health Act 2005</i> (Qld) | <p><a href="#">Restricted Access to Designated Areas Direction</a></p>  |

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|  | <ul style="list-style-type: none"> <li>they travelled in the last 14 days to particular areas of Australia decided by the CHO and published on the Queensland Health website</li> </ul> <p>Exempt persons:</p> <ul style="list-style-type: none"> <li>resident;</li> <li>a person who resides outside the designated area but needs to access for a permitted purpose (e.g. obtain essential goods/services etc.);</li> <li>freight and logistics and passenger services (further conditions apply e.g. remain quarantined in vehicle/accommodation);</li> <li>domestic air travel passenger (provided they remain in the airport until the time of transfer to the other flight and comply with a requirement/direction of a relevant authority, or comply with a direction to self-quarantine);</li> <li>person entering a designated area to complete a journey to a place outside the designated area (if the most practicable route is through the designated area, and the person does not stop unless to obtain essential goods/services);</li> <li>other exempt persons (determined by the CHO on: compassionate or other grounds, because essential for the proper functioning of the designated area, or other exceptional circumstances).</li> </ul> <p>All persons entering a designated area should practice social distancing and risk mitigation measures etc.</p> |              |                           |   |   |
|  | <p>Direction that a prescriber must not prescribe hydroxychloroquine for treatment of a person unless the prescriber is initiating treatment of a person by prescribing hydroxychloroquine and:</p> <ul style="list-style-type: none"> <li>the prescriber is a medical practitioner with specialist registration in one or more of the following</li> </ul>   | 7 April 2020 | End of declared emergency | Section 362B<br><i>Public Health Act 2005</i> (Qld) | <a href="#">Prescribing, Dispensing or Supply of Hydroxychloroquine Direction</a> |

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|  | <p>specialities: dermatology, intensive care medicine, paediatrics and child health, physician, emergency medicine; or</p> <ul style="list-style-type: none"> <li>the prescriber is a medical practitioner training to prepare for a specialist registration in the specialities mentioned above working under the supervision of a medical practitioner described above; or</li> <li>the prescriber is a dental practitioner with a specialist registration in oral medicine; or</li> <li>the prescriber is continuing treatment for a chronic condition and the treatment was initiated by a prescriber mentioned above.</li> </ul> <p>Direction that a pharmacist must not dispense/supply hydroxychloroquine unless:</p> <ul style="list-style-type: none"> <li>the prescription is made by a prescriber mentioned above; or</li> <li>the pharmacist has taken reasonable steps to confirm the person has a therapeutic need for hydroxychloroquine for the continuing treatment of a chronic condition; or</li> <li>the supply is in accordance with a research protocol for an approved clinical trial.</li> </ul> |              |                           |  |  |
|  | <p>Direction to require persons who arrive in Queensland from overseas to self-quarantine in nominated premises (hotel/other place of accommodation/other place nominated by CHO/relevant authority) for 14 days. Applies even where Queensland is not the person's final destination.</p> <p>Person must travel directly, in the manner instructed by a relevant authority (emergency officer appointed under <i>Public Health Act 2005</i> (Qld)), from their port of</p>  | 7 April 2020 | End of declared emergency | Section 362B <i>Public Health Act 2005</i> (Qld) | <p><a href="#">Self-quarantine for persons arriving in Queensland from overseas Direction (No. 2)</a></p> <p>Revokes the <a href="#">Self-quarantine for persons arriving in</a></p> |

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|  | <p>disembarkation to a nominated premises and reside there for 14 days. Person must not leave nominated premises except:</p> <ul style="list-style-type: none"> <li>• for the purpose of obtaining essential medical care/medical supplies; or</li> <li>• to avoid injury/illness or to escape a risk of harm (e.g. family violence); or</li> <li>• as otherwise requirement/permitted under a direction given to the person by a relevant authority.</li> </ul> <p>Person must not permit another person to enter the nominated premises unless that other person:</p> <ul style="list-style-type: none"> <li>• resides in the nominated premises for the purpose of complying with this direction; or</li> <li>• enters the premises to provide emergency/medical care to a person residing at the premises;</li> <li>• as otherwise required/permitted under a direction given to the person by a relevant authority.</li> </ul> <p>People who may quarantine outside of nominated premises:</p> <ul style="list-style-type: none"> <li>• Air/maritime crew must self-quarantine in their accommodation until their next work voyage, or 14 days have passed (whichever is shorter).</li> <li>• Unaccompanied minors can be accompanied by a parent/guardian to a nominated premises or place of residence to quarantine with that parent/guardian.</li> <li>• Consular employees must travel directly to their residence and self-quarantine.</li> <li>• People unable to live independently due to significant health needs, and their carers, must travel directly to their residence and self-quarantine.</li> </ul> <p>Above persons must not leave nominated premises except:</p> |  |  |  | <p><a href="#">Queensland from overseas Direction</a></p> |
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| <ul style="list-style-type: none"> <li>• for the purpose of obtaining essential medical care/medical supplies; or</li> <li>• to avoid injury/illness or to escape a risk of harm (e.g. family violence); or</li> <li>• as otherwise requirement/permitted under a direction given to the person by a relevant authority.</li> </ul> <p>Person must not permit another person to enter their accommodation/residence unless that other person:</p> <ul style="list-style-type: none"> <li>• resides in the accommodation/residence for the purpose of complying with this direction; or</li> <li>• enters the accommodation/residence to provide emergency/medical care to a person residing at the premises;</li> <li>• as otherwise required/permitted under a direction given to the person by a relevant authority.</li> </ul> <p>CHO may grant an exemption on the basis of exceptional circumstances.</p> |   |                           |  |   |
| <p>Direction that the operator of a foreign flagged cruise ship must not allow the ship to enter Queensland waters before 15 June 2020 unless permitted under the <i>Biosecurity (Human Biosecurity Emergency) (Human coronavirus with Pandemic Potential) (Emergency Requirements) Determination 2020 (Cth)</i>.</p>  | 6 April 2020  | End of declared emergency | Section 362B <i>Public Health Act 2005</i> (Qld) | <a href="#">Restricting cruise ships from entering Queensland waters Direction</a>  |
| <p>Direction that a person who arrives in Queensland from another State or Territory prior to 12.01am on Friday 3 April 2020 must self-quarantine for 14 days (unless an exempt person).</p> <p>Direction that a person who arrives in Queensland from another State or Territory from 12.01am on Friday 3 April 2020 will not be allowed to enter Queensland unless they are an exempt person.</p>  | 2 April 2020 (except for directions in paragraphs 23 and 24(e) and the definition of critical resources sector employee – 4 April 2020) | End of declared emergency | Section 362B <i>Public Health Act 2005</i> (Qld) | <a href="#">Border Restrictions (No. 3)</a><br><br>Replaces the <a href="#">Border restrictions (No. 2)</a><br><br>Former directions on this topic: |

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|  | <p>Exempt person must still quarantine for 14 days if:</p> <ul style="list-style-type: none"> <li>• they have been outside the border of Australia in the last 14 days; or</li> <li>• they have travelled in the last 14 days to particular areas of Australia as decided by the CHO and published on the Qld Health website; or</li> <li>• they are a person moving to Queensland to make Queensland their permanent place of residence.</li> </ul> <p>Exempt persons: (further detail for each class set out in Direction)</p> <ul style="list-style-type: none"> <li>• Queensland residents (ordinarily resident, or moving to make their permanent place of residence)</li> <li>• person entering Queensland by air in order to transfer as soon as possible to another flight (further conditions apply)</li> <li>• national and state security and government employees (when carrying out their duties etc.)</li> <li>• health services (e.g. health practitioner requested by the CHO to present for duty in Queensland)</li> <li>• emergency services (e.g. Queensland Ambulance Service)</li> <li>• transport, freight and logistics (e.g. taxi driver) provided the person practises social distancing wherever possible and remain self-quarantined in their vehicle/accommodation</li> <li>• specialist skills critical to maintaining key government services, industries or businesses and FIFO workers (e.g. those responsible for construction, maintenance, resupply or repair of critical infrastructure) – provided they are a critical resources sector employee (if a resources sector employee)</li> </ul> |  |  |  | <p><a href="#">Border Restrictions Direction</a></p> <p><a href="#">Now replaced by Border restrictions Direction (No. 4)</a></p> |
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|  | <ul style="list-style-type: none"> <li>• people living and working close to the border of NSW, SA or the NT (where they ordinarily work in Qld or travel to obtain essential goods and services) - provided they do not propose to stay in Qld longer than reasonably necessary to attend work/obtain essential goods or services)</li> <li>• persons entering on compassionate grounds or under compulsion of law (e.g. carer/relative of dependant individual in Qld)</li> </ul>  |              |                           |  |   |
|  | <p>Direction that a person who resides in Queensland must not leave their principal place of residence except for, and only to the extent reasonably necessary to accomplish, the following permitted purposes:</p> <ul style="list-style-type: none"> <li>• to obtain food/essential goods or services</li> <li>• to obtain medical treatment or other health care services</li> <li>• to engage in physical exercise</li> <li>• to perform work or volunteering, or carry out or conduct an essential business/activity/undertaking and the work/business/ activity/undertaking cannot be reasonably performed from the person's place of residence</li> <li>• to visit another person's residence (further conditions below)</li> <li>• education and early childhood workers may travel to and from their home centre over the term 1 break</li> <li>• to visit terminally ill relative or to attend a funeral or wedding (subject to other restrictions)</li> <li>• to provide assistance/care/support to an immediate family member</li> <li>• to attend any Court/Tribunal or comply with/give effect to orders of the Court/Tribunal</li> </ul> | 2 April 2020 | End of declared emergency | Section 362B <i>Public Health Act 2005</i> (Qld) | <p><a href="#">Home Confinement, Movement and Gathering Direction</a></p> <p>Revoked the <a href="#">Home Confinement Direction</a>; <a href="#">Restrictions in Private Residences Direction</a>; <a href="#">Mass Gatherings Direction (No 2)</a></p> |

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|  | <ul style="list-style-type: none"> <li>• to attend a childcare facility, school, university or other educational institution to the extent care/instruction cannot be reasonably obtained in the person's principal place of residence</li> <li>• to assist with/participate in an investigation or other action by law enforcement authority</li> <li>• for children under 18 years who do not live in the same household as their biological parents/siblings (or one of their parents/siblings) continuing existing arrangements for access/contact but not allowing access/contact with vulnerable groups or persons</li> <li>• avoiding injury/illness or to escape a risk of harm</li> <li>• to comply with or give effect to the exercise of a power/function of a government agency/entity</li> </ul> <p>Direction that a person who leaves their residence for a permitted purpose may be accompanied by members of their household or by no more than one person who is not a member of the household (further exception where person requires physical assistance and it is reasonably necessary for the safety of the person to be accompanied by more than one person).</p> <p>Direction that a person who is an owner/resident/tenant/occupier/person in control of a residence may allow up to two visitors who are not ordinarily members of the person's household. Does not prevent workers/volunteers entering (not counted as visitors). Does not apply to a residential aged care facility, corrective services facility or detention centre. Does not apply to a residence of a person with a disability if it is necessary for more than two people to attend to provide services to the person.</p> |  |  |  |  |
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|  | <p>The owner/resident/tenant/occupier/temporary occupier or person in control of the premises must take reasonable steps to encourage occupants to practise social distancing.</p> <p>Direction that a person who owns/controls/operates premises (other than a residence) must not organise or allow a gathering to occur on the premises. Gathering defined as a gathering of more than two persons in an indoor or outdoor space at the same time (exceptions apply e.g. airports)</p> <p>CHO may grant an exemption on compassionate grounds or for other exceptional circumstances.</p> |               |                           |  |  |
|  | <p>Direction that persons who own/control/operate a non-essential business, activity or undertaking must not operate the business, activity or undertaking subject to the exceptions set out in Column 2 at paragraph 8.</p> <p>Further exception - non-essential business, activity or undertaking may continue to do so online (unless stated otherwise in Column 1 at paragraph 8).</p>   | 31 March 2020 | End of declared emergency | Section 362B <i>Public Health Act 2005</i> (Qld) | <p><a href="#">Non-essential business, activity and undertaking Closure Direction (No. 4)</a></p> <p>Replaces the <a href="#">Non-essential business, activity and undertaking Closure Direction (No. 3)</a></p> |
|  | <p>Direction that if a child attends school/early childhood service and:</p> <ul style="list-style-type: none"> <li>principal, teacher or staff member/person in charge, educator or staff member reasonably suspects the child is unwell; and</li> <li>principal/person in charge or person designated by the principal/person in charge determines that</li> </ul>   | 29 March 2020 | End of declared emergency | Section 362B <i>Public Health Act 2005</i> (Qld) | <p><a href="#">School and Early Childhood Service Exclusion Direction</a></p>  |

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|  | <p>because of the reasonable suspicion the child must be removed from the school/early childhood service; and</p> <ul style="list-style-type: none"> <li>the principal/designated person notifies a parent of the determination</li> </ul> <p>The parent must ensure the child is removed from the school/early childhood service as soon as reasonably practicable and the child does not return until: the prescribed period for the contagious condition applying to the child has ended; or the child is no longer exhibiting symptoms of illness.</p>   |               |                           |   |  |
|  | <p>Direction that a person who is diagnosed with COVID-19 must travel directly from that place to a premises suitable for the person to reside in/a hospital for medical treatment and reside in that premises until clearance from self-isolation.</p> <p>Any travel must be by private vehicle or taxi or rideshare (with the person wearing a protective mask)</p> <p>Must not leave the premises except:</p> <ul style="list-style-type: none"> <li>for obtaining essential medical care/medical supplies; or</li> <li>in the event of an emergency situation.</li> </ul> <p>Must not permit any other person to enter the premises unless that other person usually lives at the premises or is living at the premises for the purpose of self-isolation/medical or emergency purposes.</p> | 27 March 2020 | End of declared emergency | Section 362B<br><i>Public Health Act 2005</i> (Qld) | <a href="#">Self-isolation for Diagnosed Cases of COVID-19 Direction</a>   |
|  | <p>Direction to Electoral Commission of Queensland; staff and contractors of the ECQ; political parties, their representatives, candidates and volunteers; voters participating in the election.</p>   | 22 March 2020 |                           | Section 362B<br><i>Public Health Act 2005</i> (Qld) | <a href="#">Local Government election and State by-elections Direction (No 2)</a><br><br>Revokes Local Government election and State |

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|   |                           |                                 |   |  | by-elections<br>Direction   |
| Direction to prohibit non-essential visits to hospitals.  | 26 March 2020             | End of<br>declared<br>emergency | Section 362B<br><i>Public Health Act<br/>2005 (Qld)</i> |  | <a href="#">Hospital Visitors<br/>Direction</a>   |
| Direction to prohibit personal visitors to corrective service facilities.   | 23 March 2020             | End of<br>declared<br>emergency | Section 362B<br><i>Public Health Act<br/>2005 (Qld)</i> |  | <a href="#">Corrective Services<br/>Facilities Direction</a>  |
| Direction that a person must not enter or remain on the premises of a residential aged care facility for the duration of the declared public health emergency. Exceptions apply (e.g. for employees).   | 21 March 2020             | 17 April 2020                   | Section 362B<br><i>Public Health Act<br/>2005 (Qld)</i> |  | <a href="#">Aged care facilities<br/>Direction</a><br>Replaced by Aged<br>Care Direction (No.<br>2) |
| Direction to enable owners/operators of businesses to open outside the hours allowable, or limit access to the business.  | 19 March 2020             | End of<br>declared<br>emergency | Section 362B<br><i>Public Health Act<br/>2005 (Qld)</i> |  | <a href="#">Trading Hours<br/>Direction</a>   |
| Ergon Energy Retail and Ergon Network (publicly-owned utilities) have stopped disconnecting power for unpaid bills in regional Queensland for households facing genuine hardship.   | 19 March 2020             |                                 |   |  | <a href="#">Media Statement –<br/>19 March 2020</a>   |
| <i>Public Health and Other Legislation Amendment Bill</i> – to address holding of local government elections and by-elections.  | 19 March 2020<br>assented |                                 |   |  | <a href="#">Media Statement –<br/>19 March 2020</a><br><br><a href="#">Gazette No. 57</a>           |
| <i>Public Health and Other Legislation (Public Health Emergency) Amendment Bill 2020</i> – greater powers to enforce measures that will assist in slowing down the outbreak of COVID-19: <ul style="list-style-type: none"> <li>• Can issue direction to ban non-essential gatherings</li> <li>• Will be able to recommend that businesses and facilities open/close/limit access</li> </ul> Emergency officers can direct people to stay in their home and businesses/facilities to open/close/limit access. | 18 March 2020             |                                 |   |  | <a href="#">Media Statement –<br/>18 March 2020</a>   |

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| Direction to masters of all ships in Queensland waters intending to enter a Queensland pilotage area – cannot enter pilotage area until 14 days have elapsed since the ship or any relevant person on board the ship left a country outside Australia, whichever is later. | 18 March 2020   |                            | Section 191A<br><i>Transport Operations (Marine Safety) Act 1994</i> | <a href="#">MSQ Reef VTS Direction 07/2020</a><br><br><a href="#">MSQ VTS Direction 11/2020</a><br><br><a href="#">General Manager's Direction – Queensland Pilotage Area</a> |
| Direction to prescribe specific employment conditions (for public service employees) to apply in case of disruption caused by the occurrence of a health pandemic.   | 16 March 2020   |                            | Sections 53 and 54(1) <i>Public Service Act 2008 (Qld)</i>           | <a href="#">Employment Arrangements in the Event of a Health Pandemic</a>   |
| Direction to masters of all cruise ships not to disembark passengers or crew from the ship in the Thursday Island Pilotage area.   | 12 March 2020   |                            | Section 191A<br><i>Transport Operations (Marine Safety) Act 1994</i> | <a href="#">General Manager's Direction – Thursday Island Pilotage Area</a>   |
| All official overseas travel by state school students and staff has been halted until further notice.  | 10 March 2020   |                            |  | <a href="#">Media Statement – 10 March 2020</a>   |
| Declared Public Health Emergency.  | 29 January 2020 | Extended until 19 May 2020 | Section 319(2) <i>Public Health Act 2005 (Qld)</i>                   | <a href="#">Public Health (Further Extension of Declared Public Health Emergency)</a>   |

| State/<br>Territory | Summary of Current Measures  | Date<br>Commenced | Date Repealed                                 | Authorising<br>Legislation   | Source   |
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| TAS                 | Notice to prevent any increase in rent for residential tenancy.  | 23 April 2020     | 30 June 2020                                  | Section 22, <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act (Tas)</i> | <a href="#">Notice to prevent rent increase for residential properties</a> |
|                     | Directions relating who can enter a residential aged care facility.  | 21 April 2020     | 4 May 2020                                    | Section 16 <i>Public Health Act 1997 (Tas)</i>                                     | <a href="#">Residential Aged Care Facilities – No. 3</a>                   |
|                     | Directions limiting who can enter and remain on the premises of a hospital.  | 21 April 2020     | 4 May 2020                                    | Section 16 <i>Public Health Act 1997 (Tas)</i>                                     | <a href="#">Hospitals – No. 2</a>  |
|                     | Extends the public health emergency.   | 21 April 2020     | 27 April 2020                                 | Section 15(2) <i>Public Health Act 1997 (Tas)</i>                                  | <a href="#">Extension of Emergency Declaration</a>                         |
|                     | Direction requiring person who arrives in Tasmania to answer questions/provide document/other information. 14 day self isolation requirement at an accommodation facility. | 18 April 2020     | Effect for a period of 12 weeks (4 July 2020) | Section 40 <i>Emergency Management Act (Tas)</i>                                   | <a href="#">Directions in relation to persons arriving in Tasmania</a>     |
|                     | Direction to quarantine on being notified as an identified contact of a person with COVID-19   | 17 April 2020     |   | Section 16 <i>Public Health Act 1997 (Tas)</i>                                     | <a href="#">Quarantine Directions - No. 1</a>                              |
|                     | Directions for isolation once diagnosed with COVID-19. Also includes directions to return to work (after diagnosed with COVID-19) for healthcare and aged care workers.    | 17 April 2020     |   | Section 16 <i>Public Health Act 1997 (Tas)</i>                                     | <a href="#">Isolation Direction – No. 2</a>                                |
|                     | Restrictions on operation of retail/commercial premises and services in the North-West area.   | 17 April 2020     | 26 April 2020                                 | Section 16 <i>Public Health Act 1997 (Tas)</i>                                     | <a href="#">Gatherings (North-West Region) – No. 2</a>                     |
|                     | Directions relating to persons associated with the North West Regional Hospital or the North West Private Hospital, to quarantine.   | 17 April 2020     |   | Section 16 <i>Public Health Act 1997 (Tas)</i>                                     | <a href="#">Quarantine (North-Western Region) No. 4</a>                    |

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| Notice relating to format of court processes.   | 16 and 17 April 2020 |               | Section 20, <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> | <a href="#">Notice under section 20 – COVID-19 Disease Emergency</a>                                      |
| Extension of emergency declaration  | 14 April 2020        | 20 April 2020 | Section 15 <i>Public Health Act 1997 (Tas)</i>                                    | <a href="#">Extension of Emergency Declaration</a>  |
| Directions that each person who owns, controls or operates a premises specified in Schedule 1 must not open or operate the premises. Further restrictions in relation to organising and attending a gathering.  | 14 April 2020        |               | Section 16 <i>Public Health Act 1997 (Tas)</i>                                    | <a href="#">Gatherings – No 7</a><br>Gatherings – No 6 revoked  |
| Direction that each person in Tasmania must remain in, or on, the person's primary residence unless the person leaves the primary residence for purposes specified.   | 14 April 2020        |               | Section 16 <i>Public Health Act 1997 (Tas)</i>                                    | <a href="#">Stay at home requirements – No 3</a><br>Stay at home requirements – No. 2 revoked             |
| Directions relating to persons associated with the North West Regional Hospital or the North West Private Hospital, to quarantine.  | 14 April 2020        | 17 April 2020 |   | <a href="#">Quarantine (North-Western Region) No 3</a><br>Quarantine (North-Western Region- No. 2 revoked |
| Additional business restrictions in Latrobe, Kentish, Devonport, Central Coast Burnie, Waratah-Wynyard. Circular Head and West Coast.<br>All remaining retail businesses required to close, except those providing essential services and trade supply. | 12 April 2020        | 26 April 2020 |   | <a href="#">Further measures to protect the North-West community</a>                                      |

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| Direction for restrictions on travel to the relevant islands, unless they are a resident of the island. Self isolation requirements for returning residents.   | 12 April 2020 |                  | Section 40 <i>Emergency Management Act 2006 (Tas)</i>                            | <a href="#">Directions in relation to Kind Island, Flinders Island and Islands in the Furneaux Group of Islands</a><br><br>Revokes directions made 27 March 2020 in relation to Kind Island, Flinders Island and islands in the Furneaux group of islands. |
| Restrictions on operation of retail/commercial premises and services in the North-West area.   | 12 April 2020 | 17 April 2020    | Section 16 <i>Public Health Act 1997 (Tas)</i>                                   | Gatherings (North-West Region) – No 1  |
| Pursuant to grounds outlined in the Notice, a lease cannot be terminated and the rent cannot be increased, for certain businesses.   | 9 April 2020  | Emergency period | Section 22 <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> | <a href="#">COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020 – Notice under section 22</a>   |
| Direction that all parks and reserves managed by the Direction of National Parks and Wildlife are closed, Wellington Park closed, and all Future Potential Production Forest Land. A person is prohibited from entering these lands. Exception apply.                            | 9 April 2020  |                  | Section 40 <i>Emergency Management Act 2006 (Tas)</i>                            | <a href="#">Direction for the closure of National Parks and Reserves</a>   |
| Direction that a person who owns/controls/operates the following premises must not open or operate the premises: <ul style="list-style-type: none"> <li>Restaurants, cafes, food courts and workplace canteens (unless used to provide food/drink to be consumed at a</li> </ul> | 8 April 2020  |                  | Section 16 <i>Public Health Act 1997 (Tas)</i>                                   | <a href="#">Gatherings No. 6</a>   |

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|  | <p>location; or to employees within the premises; or is within a hospital/residential care home etc.)</p> <ul style="list-style-type: none"> <li>• Premises where alcohol is sold for consumption at those premises (other than premises that provide alcohol for consumption at another location; or to provide alcohol with food provided it is for consumption at another premises)</li> <li>• Hotels, motels, hostels, bed and breakfasts, boarding houses, caravan parks, campsites, camping areas, homeless accommodation and other similar premises (exceptions apply e.g. residents who predominantly reside on permanent basis)</li> <li>• Residential rehabilitation premises (except for workers/operators/contractors or residents of premises)</li> <li>• Places of worship, religious gatherings, religious premises and other similar premises (unless wedding which does not exceed 5 people, or funeral which does not exceed 10 people)</li> <li>• Cinemas, entertainment venues, casinos, gaming or gambling venues, dance venues, night clubs, strip clubs, brothels and other similar premises.</li> <li>• Galleries, museums, national institutions, historic sites and other similar premises.</li> <li>• Concert venues, theatres, arenas, auditoriums, stadiums and other similar premises (exceptions apply)</li> <li>• Amusement parks, arcades, play centres, skate parks, play grounds and other similar premises</li> <li>• Auction houses (other than for the sale of livestock, food, or other agricultural processes)</li> <li>• All premises, other than newsagencies, where racing/gaming/gambling services provided</li> <li>• Spas, massage parlours and other similar premises</li> </ul> |  |  |  | <p><a href="#">Direction under Section 16 - gatherings</a></p> <p>Former directions on this topic:<br/>Direction under Section 16 – mass gatherings</p> |
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|  | <ul style="list-style-type: none"> <li>• Indoor/outdoor swimming pools, gymnasiums, health clubs, fitness clubs, wellness centres, indoor venues used for sport/fitness, saunas, bath houses and other similar (exception - premises for physical rehabilitation)</li> <li>• Community centres, neighbourhood houses, recreation centres, youth centres, community facilities, libraries etc. (unless to provide essential voluntary or public services e.g. food banks)</li> <li>• Premises owned/operated by a council (except where providing essential voluntary/public services)</li> <li>• Zoos, wildlife centres, animal parks, petting zoos, aquariums, marine parks, animal or similar premises (exceptions e.g. for employees)</li> </ul> <p>Direction that a person who provides the following services must not provide the service:</p> <ul style="list-style-type: none"> <li>• Religious gatherings, religious ceremonies, religious instructions, non-denominational ceremonies and other similar services or ceremonies (unless provided remotely by electronic means)</li> <li>• Funerals (unless 10 people or less and 4 square metre rule complied with)</li> <li>• Weddings (unless attended only 5 persons and 4 square metre rule complied with)</li> <li>• Beauty therapy, tanning, waxing, manicure or other nail treatments, tattoos, ear and body piercing, body modification and other similar services</li> <li>• Real estate auctions and open home inspections (other than private inspections, further conditions apply)</li> <li>• Markets (unless predominantly for fresh food/produce to be consumed at other locations and 4 square metre rule complied with)</li> </ul> |  |  |  |  |
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|  | <ul style="list-style-type: none"> <li>• Boot camps, personal training etc. (unless outdoor, no more than 3 persons, and 4 square metre rule complied with)</li> <li>• Social sports activities or other activity-based gatherings</li> <li>• Garage sales, or other mass selling of second hand goods, at any premises (other than by a charitable organisation)</li> <li>• Services to a person by a sex worker</li> </ul> <p>Person who owns/controls/operates premises must not allow a gathering of 3 or more persons in an indoor or outdoor space.</p> <p>Person must not organise/attend a gatherings (as defined above).</p> <p>Applies regardless of whether the gathering is formal/informal occurs on public or private premises. Exceptions apply (e.g. airports, public transportation etc.).</p> <p>Where practicable each person must maintain a distance of no less than 1.5 metres between the person and any other person. In any gathering, the total number of persons present in any single undivided space must not exceed the number calculated by dividing the total area of the space used, as measured in square metres, by 4.</p> <p>Gathering does not include where:</p> <ul style="list-style-type: none"> <li>• each member of the gathering ordinarily resides at the same private premises</li> <li>• gathering of persons at a private premises if the gathering consists of persons who ordinarily reside at the premises and no more than 2 other persons</li> </ul> |  |  |  |  |
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|  | <ul style="list-style-type: none"> <li>• gathering for the purposes of facilitating shared custody arrangements</li> <li>• gathering for the purpose of maintaining/renovating/repairing premises</li> <li>• gathering for the purpose of delivering/removing an item from the premises</li> </ul> <p>gathering for the purpose of delivering medical/health/emergency services, urgent legal services or end of life support.</p>  |              |  |  |   |
|  | <p>Direction that each person who is within a class of persons specified and who arrives in Tasmania at any time on or after 8 April 2020 must during the period of 14 days after they arrive in Tasmania, or for as long as there is an emergency declaration (whichever is shorter):</p> <ul style="list-style-type: none"> <li>• monitor themselves for symptoms</li> <li>• if they believe they are displaying a symptom <ul style="list-style-type: none"> <li>○ cease to attend a place for the purposes of work</li> <li>○ remain in premises that are their ordinary place of residence or other premises within Tasmania suitable for the person to reside</li> </ul> <p>Except as necessary to attend at premises nominated by their medical practitioner or the advisor on the Hotline for the purposes of being tested.</p> <ul style="list-style-type: none"> <li>○ contact the Public Health Hotline or a medical practitioner to determine whether to be tested/assessed for infection by the disease</li> </ul> </li> <li>• cover their mouth when coughing/sneezing</li> <li>• use disposable tissues and dispose of in a waste receptacle</li> <li>• wash their hands frequently with soap</li> <li>• (for certain categories of persons in certain circumstances) ensure they wear a surgical mask or other personal protective equipment</li> </ul> | 8 April 2020 |  | Section 16 <i>Public Health Act 1997</i> (Tas) | <p><a href="#">Specified persons – No. 2</a></p> <p>Former direction on this topic: <a href="#">Direction under section 16 – identification of essential workers and how they should behave</a></p> |

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|  | <p>Specified persons (more detail in Direction):</p> <ul style="list-style-type: none"> <li>• National and state security and governance</li> <li>• Health services</li> <li>• Transport, freight and logistics</li> <li>• Specialist skills critical to maintaining key industries or businesses</li> <li>• Paramedics and ambulance officers</li> </ul> <p>Other persons, or class of persons, exempted by the Secretary of DPIPWE</p>   |              |               |  |   |
|  | <p>Direction that each person in Tasmania must remain in, or on, the person's primary residence unless the person leaves for the purposes of:</p> <ul style="list-style-type: none"> <li>• Shopping for supplies or services lawfully operating</li> <li>• Undertaking personal exercise</li> <li>• Attending medical/health care appointments</li> <li>• Seeking veterinary services</li> <li>• Providing social support/care to another person</li> <li>• Attending school/study (if unable to performed at the person's primary residence)</li> <li>• Attending work/volunteering (if unable to be performed at the person's primary residence)</li> <li>• Performing essential maintenance or security inspections</li> <li>• Launching a boat if the boat is launched within the municipal area in which the primary residence of the person is located</li> <li>• Attending another location if the person has a reasonable excuse in the opinion of the Direction of Public Health (or his/her delegate)</li> </ul> <p>If the person leaves the primary residence the person must not stay in the other place for longer than is necessary.</p> | 8 April 2020 | 27 April 2020 | Section 16 <i>Public Health Act 1997</i> (Tas) | <p><a href="#">Stay at home requirements – No. 2</a></p> <p>Former direction on this topic: <a href="#">Direction Under Section 16 – requirement to remain in primary residence</a></p> |

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|  | <p>Direction that a person must not enter or remain on the premises of a hospital in Tasmania unless:</p> <ol style="list-style-type: none"> <li>1. Person is seeking/receiving medical care or treatment at the hospital; or</li> <li>2. Person is an employee/contractor of the hospital; or</li> <li>3. Person's presence is for the purposes of providing goods/services necessary for the effective operation of the hospital; or</li> <li>4. Person's presence is for the purposes of providing health/medical/pharmaceutical goods or services to a patient at the hospital; or</li> <li>5. Person is a parent/guardian of a dependent child who is a patient at the hospital; or</li> <li>6. Person is a guardian of a patient at the hospital; or</li> <li>7. Person is lawfully providing one or more of the following types of assistance to a patient: physical assistance, assistance with communication/comprehension, assistance with any legal/administrative requirements; or</li> <li>8. Person is the support person for a patient who is due to or likely to birth a child.</li> <li>9. Person's presence is for the purposes of end of life support for a patient at the hospital; or</li> <li>10. Person's presence is required for the purposes of emergency management and law enforcement.</li> </ol> <p>Despite the above, a person in category 2-10 must not enter or remain on premises of a residential aged care facility if:</p> <ul style="list-style-type: none"> <li>• during the 14 days immediately preceding the entry, the person arrived in Tasmania from a place outside Tasmania</li> <li>• during the 14 days immediately preceding the entry the person had known contact with a person who has been diagnosed with the disease or is reasonably suspected of having the disease</li> </ul> | 7 April 2020 | 20 April 2020 | Section 16 <i>Public Health Act 1997</i> (Tas) | <a href="#">Hospitals – No. 1</a> |
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|  | <p>Above two points do not apply if the person is a 'specified person' and is entering or remaining on the premises in their capacity as a specified person, and for the purposes of providing services that are necessary for the effective operation of the hospital, and complies with all relevant directions under the Act and <i>Emergency Management Act 2006</i> (Tas).</p> <ul style="list-style-type: none"> <li>the person has a temperature higher than 37.5 degrees or one or more symptoms of acute respiratory infection</li> <li>the person does not have an up to date flu vaccination</li> <li>the person has not attained 16 years (unless presence required for end of life support)</li> </ul> <p>Only one person is allowed on the premises per patient at any one time for the purpose of categories 5-7.</p> <ul style="list-style-type: none"> <li>The operator of the hospital must take all reasonable steps to ensure that a person does not enter or remain on the premises if the person is prohibited from doing so.</li> </ul> |              |               |  |   |
|  | <p>Direction that a person must not enter or remain on the premises of a residential aged care facility unless:</p> <ol style="list-style-type: none"> <li>Person is a resident of the facility; or</li> <li>Person is an employee/contractor of the facility; or</li> <li>Person's presence is for the purposes of providing goods/services necessary for the effective operation of the facility; or</li> <li>Person's presence is for the purposes of providing health/medical/pharmaceutical goods or services to a resident of the facility; or</li> <li>Person's presence is for the purposes of end of life support for a resident of the facility; or</li> </ol>   | 7 April 2020 | 20 April 2020 | Section 16 <i>Public Health Act 1997</i> (Tas) | <p><a href="#">Residential Aged Care Facilities No. 2</a></p> <p>Previous direction</p>  <p>Aged Care Direction Public Hea</p> |

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|  | <p>6. Person's presence is required for the purposes of emergency management and law enforcement.</p> <p>Despite the above, a person in category 2-6 must not enter or remain on premises of a residential aged care facility if:</p> <ul style="list-style-type: none"> <li>• during the 14 days immediately preceding the entry, the person arrived in Tasmania from a place outside Tasmania</li> <li>• during the 14 days immediately preceding the entry the person had known contact with a person who has been diagnosed with the disease or is reasonably suspected of having the disease</li> <li>• the person has a temperature higher than 37.5 degrees or one or more symptoms of acute respiratory infection</li> <li>• the person does not have an up to date flu vaccination</li> <li>• the person has not attained 16 years (unless presence required for end of life support)</li> </ul> <p>The operator of the facility must take all reasonable steps to ensure that a person does not enter or remain on the premises if the person is prohibited from doing so.</p> <ul style="list-style-type: none"> <li>• Resident of a facility is not prevented from leaving and returning if the purpose was to attend medical/health care appointments or for medical treatment.</li> </ul> |              |               |   |  |
|  | Declaration of a public health emergency.   | 7 April 2020 | 13 April 2020 | Section 14 Public Health Act 1997 (Tas)           | <a href="#">Declaration of public health emergency</a> |
|  | Extension of declared public health emergency.  | 1 April 2020 | 7 April 2020  | Section 15(2) <i>Public Health Act 1997</i> (Tas) | <a href="#">Extension of Emergency Declaration</a>     |
|  | Changes to allow the emergency supply of certain medicines by a pharmacist without prescription. Does not include psychotropic substances, and is in addition to existing medicines supply arrangements from a GP and pharmacist.   |              |               |   | <a href="#">Media Release – 31 March 2020</a>          |

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|  | <p>Patient must have previously been prescribed the medicine and pharmacist must be satisfied it is urgently needed.</p>  |               |          |  |  |
|  | <p>Direction that every person who arrives in Tasmania after 11.59pm on 29 March 2020 from a departure point outside of Tasmania is required to isolate for 14 days at an accommodation facility specified to them by an authorised officer under the <i>Emergency Management Act</i>.</p> <p>Persons are to comply with any lawful directions given to them by an authorised officer during the period of isolation.</p> <p>Does not apply to:</p> <ul style="list-style-type: none"> <li>• families who are residents of Tasmania who arrive with children 17 years or younger (required to isolate in primary residence) unless any member of the family has arrived in Australia from overseas, or disembarked from a cruise ship, within 14 days of their arrival in Tasmania.</li> <li>• persons 17 years or under who are residents of Tasmania who travelled to Tasmania unaccompanied by an adult (required to isolate in primary residence) unless they have arrived in Australia from overseas, or disembarked from a cruise ship, within 14 days of their arrival in Tasmania.</li> <li>• specified persons (listed in Direction) unless they have arrived in Australia from overseas, or disembarked from a cruise ship, within 14 days of their arrival in Tasmania.</li> </ul> <p>Specified persons required to comply with directions made by the Direction of Public Health on 20 March 2020 (annexed to Direction).</p> | 29 March 2020 | 12 weeks | Section 40<br><i>Emergency Management Act 2006</i> (Tas) | <a href="#">Direction to isolate at government facilities including exemptions</a> |
|  | <p>Direction that no resident of Tasmania is to travel to King Island unless they are a resident of the island.</p> <p>Direction that no resident of Tasmania is to travel to Flinders Island or any island in the Furneaux group of islands unless</p>   | 27 March 2020 |          | Section 40<br><i>Emergency Management Act 2006</i> (Tas) | <a href="#">Directions in relation to King Island, Flinders Island and Islands</a> |

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| <p>they are a resident of Flinders Island or one or more of the islands in the Furneaux groups of islands.</p> <p>Direction that any resident of the above named islands returning to their island from elsewhere must isolate themselves for 14 days (unless returning from one of the other islands named above).</p> <p>Directions do not apply to specified persons (more detail for each category set out in Direction):</p> <ul style="list-style-type: none"> <li>• National and State Security and governance</li> <li>• Health services</li> <li>• Transport, freight and logistics</li> <li>• Specialist skills critical to maintaining key industries or businesses</li> <li>• Paramedics and ambulance officers</li> <li>• Other persons, or class of persons, exempted by the State Controller</li> </ul> |                                  |  |  | <a href="#">in the Furneaux Group of Islands</a> |
| <p>Prohibition on any aeroplane or aircraft whose flight commences outside Tasmania from landing (other than in the case of an emergency or with prior consent of State Controller) at any place within Tasmania other than at the following airports: Hobart International, Cambridge Aerodrome, Launceston, Devonport, Burnie, King Island and Flinders Island.</p>  | 27 March 2020                    |  | Section 40<br><i>Emergency Management Act 2006</i> (Tas) | <a href="#">Regulation of Aircraft Movement</a>  |
| <p><i>Covid-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> (Tas).<br/>Amends the <i>Emergency Management Act 2006</i> (Tas) and <i>residential Tenancy Act 1997</i> (Tas).</p>   | Received assent on 27 March 2020 |  |  |  |
| <p>Direction that every person who arrives in Tasmania is required to isolate themselves for 14 days from contact with</p>   | 27 March 2020                    |  | Section 40<br><i>Emergency</i>                           | <a href="#">Direction under section 40 – all</a> |

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| <p>all persons other than persons with home they ordinarily reside; and every person who arrives is required to answer any question asked, and provide any document/information required, by an authorised officer.</p> <p>Direction does not apply to the following (more detail in the Schedule to the Direction for each category), unless that person has arrived in Australia from overseas within the last 14 days:</p> <ul style="list-style-type: none"> <li>• National and State Security and governance</li> <li>• Health services</li> <li>• Transport, freight and logistics</li> <li>• Specialist skills critical to maintaining key industries or businesses</li> <li>• Paramedics and ambulance officers</li> </ul> <p>Other persons, or class of persons, exempted by the State Controller</p> |                      |                      | <p><i>Management Act 2006</i> (Tas)</p>               | <p><a href="#">persons arriving in Tasmania must isolate</a></p>                       |
| <p>Extension of declaration of public health emergency.</p>  | <p>24 March 2020</p> | <p>31 March 2020</p> | <p>Section 14 <i>Public Health Act 1997</i> (Tas)</p> | <p><a href="#">Extension of Public Health Emergency</a></p>                            |
| <p>Authorisation of the exercise of all emergency powers specified in Schedule 1 <i>Emergency Management Act 2006</i> (Tas) by all members of the Police Service. Powers are only to be exercised to ensure compliance with any directions under s 16 <i>Public Health Act 1997</i> or any directions/requirements made pursuant to exercise of emergency powers or special emergency powers.</p>  | <p>21 March 2020</p> | <p>7 Days</p>        |   | <p><a href="#">Authorisation of Emergency Powers</a></p>                               |
| <p>Direction that a person diagnosed with COVID-19 in Tasmania must travel directly to premises suitable for the person to reside in (or to a hospital for medical treatment) and remain there until the person is given a release from isolation, except:</p> <ul style="list-style-type: none"> <li>• for the purpose of obtaining medical care</li> </ul>   | <p>20 March 2020</p> |                      | <p>Section 16 <i>Public Health Act 1997</i> (Tas)</p> | <p><a href="#">Direction under section 16 – isolate if diagnosed with COVID-19</a></p> |

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|  | <ul style="list-style-type: none"> <li>• in an emergency situation</li> </ul> <p>Person must not permit another person to enter the premises unless:</p> <ul style="list-style-type: none"> <li>• the other person: <ul style="list-style-type: none"> <li>○ resides at those premises</li> <li>○ usually resides at those premises</li> <li>○ remains in those premises until 14 days after the person diagnosed is given a release from isolation or 14 days after the other person's last close contact (whichever is earlier)</li> </ul> </li> <li>• the other person resides at those premises for the purposes of self-isolation/quarantine in respect of the disease</li> <li>• the other person enters to respond to an emergency situation</li> </ul> |               |          |  |   |
|  | <p>Declared state of emergency - all special emergency powers specified in Schedule 2 of the Act may be exercised by the State Controller.</p>   | 19 March 2020 | 12 weeks | Section 42(5) <i>Emergency Management Act 2006</i> (Tas) | <a href="#">Declaration of State of Emergency</a><br><br><a href="#">Amendment of Declaration of State of Emergency</a> |
|  | <p>Direction that each person in Tasmania who has arrived in Australia from overseas at any time on or after 16 March 2020 isolate for 14 days from contact with all persons (other than persons with whom they ordinarily reside) and complete the form attached to the direction.</p>  | 17 March 2020 |          | Section 16 <i>Public Health Act 1997</i> (Tas)           | <a href="#">Direction under Section 16 – Overseas visitors must isolate</a>   |

| State/<br>Territory | Summary of Current Measures  | Date Commenced | Date Repealed | Authorising<br>Legislation                              | Source  |
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| SA                  | Direction that a person is prohibited from entering or remaining on the premises of a residential aged care facility in South Australia. Exemptions apply (including a person is a residence or an employee of the facility).  | 21 April 2020  |               | Section 25,<br><i>Emergency Management Act 2004</i>     | <a href="#">Emergency Management (Residential Aged Care Facilities No 3) (COVID-19 Direction 2020)</a><br>Replaces<br><i>Emergency Management (Residential Aged Care Facilities no 2) (COVID-19) Direction 2020</i> |
|                     | COVID-19 Emergency Response (Section 16) Regulations 2020 modifies the act such that the persons, and classes of person, who may take the statutory declaration are those listed in Schedule 1   | 20 April 2020  |               | COVID-19<br>Emergency<br>Response Act<br>2020           | <a href="#">COVID-19 Emergency Response (Section 16) Regulations 2020</a>   |
|                     | COVID-19 Emergency Response (Section 17) Regulations 2020 does not apply to a requirement that a person be physically present to witness the signing, execution, certification or stamping of a document or to take any oath, affirmation or declaration in relation to a document | 20 April 2020  |               | COVID-19<br>Emergency<br>Response Act<br>2020           | <a href="#">COVID-19 Emergency Response (Section 17) Regulations 2020</a>   |
|                     | Direction for all persons who arrive in South Australia to: <ul style="list-style-type: none"> <li>• identify a suitable place to reside for 14 days;</li> <li>• travel the most direct practicable route and means to the place;</li> </ul>                                       | 16 April 2020  |               | Section 25<br><i>Emergency Management Act 2004 (SA)</i> | <a href="#">Emergency Management (Cross Border Travel No 3)</a>   |

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|  | <ul style="list-style-type: none"> <li>• upon arrival reside and remain in that place for 14 days;</li> <li>• remain at the place except: for the purposes of obtaining medical care/medical supplies; or in any other emergency situation; or as approved by the State Co-ordinator/delegate/authorised officer;</li> <li>• take reasonable steps to ensure no other person enters the place unless that person usually lives at the place, is also complying with self-quarantine requirements, or for medical/emergency purposes.</li> </ul> <p>Direction that all overseas arrivals reside and remain quarantined and segregated from other persons at a place determined by an authorised officer for 14 days.</p> <p>Directions not to apply to certain individuals (e.g. crew member or a passenger of a vessel who does not leave the airport in SA or disembark from a vessel in SA).</p> <p>Transitional provision – the operating of a direction applying to a person who arrived before the commencement of this direction is not affected by this direction.</p> |               |  |  | <p><a href="#">(COVID-19) Direction 2020</a></p> <p>Revokes and replaces <a href="#">Emergency Management (Cross Border Travel No 3) (COVID-19) Direction 2020</a> and <a href="#">Cross Border Travel Direction</a></p> |
|  | <p>Replaces and revokes <i>Emergency Management (Gatherings) (COVID-19) Direction 2020</i>. Direction that a person who owns, controls or operates a place in SA must not allow a prohibited gathering to occur, a person must not organise or attend a prohibited gathering, social distancing principles at a gathering.</p>  | 16 April 2020 |  | Section 25 <i>Emergency Management Act 2004 (SA)</i> | <p><a href="#">Emergency Management (Gatherings No 2) (COVID-19) Direction 2020</a></p>  |
|  | <p>Regulations relating to commercial leases and financial hardship.</p>  | 16 April 2020 |  | <i>COVID-19 Emergency Response Act 2020</i>          | <p><a href="#">COVID-19 Emergency Response (Commercial</a></p>   |

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|  |   |               |  |   | <a href="#">Leases) Regulations 2020</a>  |
|  | Replaces the <i>Emergency Management (Non-Essential Business and Other Activities No 3) (COVID-19) Direction 2020</i>   | 15 April 2020 |  | Section 25<br><i>Emergency Management Act 2004 (SA)</i> | <a href="#">Emergency Management (Non-Essential Business and Other Activities No 4) (COVID-19) Direction 2020</a><br><br><i>Emergency Management (Non-Essential Business and Other Activities No 3) (COVID-19) Direction 2020</i> revoked |
|  | Provides regulations/definitions relevant to the <i>COVID-19 Emergency Response Act 2020</i> .  | 14 April 2020 |  | <i>COVID-19 Emergency Response Act 2020 (SA)</i>        | <a href="#">COVID-19 Emergency Response (Schedule 1) Regulations 2020</a>   |
|  | Subject to exceptions (clause 5), a person who owns, controls or operates a defined premises must close those premises and keep those premises closed in so far as it is necessary to prohibit access to consumers or members of the public and a consumer/member of the public must not enter into defined premises. | 10 April 2020 |  | Section 25<br><i>Emergency Management Act 2004</i>      | <a href="#">Emergency Management (Non-Essential Business and Other Activities No 3) (COVID-19) Direction 2020</a><br><br>Replaces the <i>Emergency</i>  |

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|  |  |               |               |  | <p><i>Management (Non-Essential Business and Other Activities No 2) (COVID-19) Direction 2020</i></p> <p>The <i>Emergency Management (Non-Essential Business and Other Activities No 2) (COVID-19) Direction 2020</i> is revoked</p>  |
|  | <p>Direction that a person is prohibited from entering or remaining on the premises of a residential aged care facility in South Australia. Exemptions apply (including a person is a residence or an employee of the facility).</p> | 10 April 2020 | 21 April 2020 | <p>Section 25<br/><i>Emergency Management Act 2004</i></p> | <p><a href="#"><u>Emergency Management (Residential Aged Care Facilities No 2) (COVID-19) Direction 2020</u></a></p> <p>Replaces<br/><i>Emergency Management (Residential Aged Care Facilities) (COVID-19) Direction 2020</i></p> <p><i>Emergency Management (Residential Aged Care Facilities)</i></p> |

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|  |  |              |  |  | (COVID-19)<br>Direction 2020<br>revoked  |
|  | Exemption of electronic transmission of digital image of prescription subject to specified conditions.   | 9 April 2020 | In force until 20 September 2020, unless earlier revoked                         | Section 62A<br><i>Controlled Substances Act 1984</i> and               | <a href="#">Controlled Substances (Poisons) Regulations 2011 (SA) Regulation 33(5)</a>   |
|  | Variation and suspension of certain provisions under the <i>Local Government Act 1999 (SA)</i> .   | 8 April 2020 | Period specified in section 302B(2)(d)(ii) <i>Local Government Act 1999 (SA)</i> | Section 302B<br><i>Local Government Act 1999 (SA)</i>                  | <a href="#">Public Access and Public Consultation (No 2)</a>   |
|  | Declaration that human coronavirus disease (COVID-19) is a notifiable and a controlled notifiable condition.   | 3 April 2020 |  | Section 63(2) and 70(2) <i>South Australian Public Health Act 2011</i> | <a href="#">Declaration of a Notifiable and a Controlled Notifiable Condition</a>  |
|  | Direction that the only surgical treatment that may be performed is: <ul style="list-style-type: none"> <li>• emergency surgery and procedures performed for conditions where failure to do so will lead to loss of life, limb or permanent disability; or</li> <li>• non-emergency but urgent surgery and procedures for conditions where failure to do so within a clinically appropriate timeframe will lead to loss of life, permanent disability, or an increased risk of the aforementioned.</li> </ul> Provided no alternative, non-surgical or procedural intervention exists. | 2 April 2020 |  | Section 25<br><i>Emergency Management Act 2004 (SA)</i>                | <a href="#">Emergency Management (Appropriate Surgery During COVID-19 Pandemic No 3) Direction 2020</a><br><br>Replaces and revokes the <a href="#">Emergency Management</a> |

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|  | <p>Does not prevent the performance of the following:</p> <ul style="list-style-type: none"> <li>• procedures undertaken in a community setting utilising local anaesthetic by primary health/allied health practitioners within their scope of practice;</li> <li>• procedures and surgical treatments undertaken by dentists (list of procedures)</li> <li>• procedures to complete (i) any cycle of IVF treatment that a patient commenced before the commencement of the direction; (ii) any procedure required for the preservation of eggs for future IVF where required health treatment will render eggs non-viable;</li> <li>• surgical termination of pregnancy.</li> </ul> <p>Nothing in the above list is to be taken to allow the performance of cosmetic surgery.</p> |                      |  |   | <p><a href="#">(Appropriate Surgery During COVID-19 Pandemic No 2) Direction 2020</a></p>                                |
|  | <p>Direction that a person must not use a point of care serological (blood) test (including an assay or device) as a tool to detect or diagnose COVID-19. Does not apply to a person employed/engaged in the provision of pathology services within SA Pathology or public health services within the Department of Health and Wellbeing.</p>   | <p>2 April 2020</p>  |  | <p>Section 25<br/><i>Emergency Management Act 2004</i> (SA)</p> | <p><a href="#">Emergency Management (Prohibition of Point of Care Serology Tests) (COVID-19) Direction 2020</a></p>      |
|  | <p>Notice relating to electronic participation in Council Meetings.</p>   | <p>31 March 2020</p> |  | <p>Section 302B<br/><i>Local Government Act 1999</i> (SA)</p>   | <p><a href="#">Notice – Electronic Participation in Council Meetings</a></p>   |
|  | <p>Subject to exceptions set out in the Direction a person who owns/controls/operates a defined premises (defined in Direction e.g. sporting clubs, cinemas etc.) must close those premises and keep those premises closed in so far as it is necessary to prohibit access to consumers or members of the public.</p>   | <p>31 March 2020</p> |  | <p>Section 25<br/><i>Emergency Management Act 2004</i> (SA)</p> | <p><a href="#">Emergency Management (Non-Essential Business and Other Activities No 2) (COVID-19) Direction 2020</a></p> |

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| <p>A consumer or member of the public must not enter into defined premises.</p> <p>A person who is present at defined premises or who participates in defined work or operations must use their best endeavours to comply with social distancing principles.</p>  |               |               |   | <p>Revokes and replaces the <a href="#">Emergency Management (Non-Essential Business and Other Activities) (COVID-19) Direction 2020</a></p> |
| <p>An authorised officer is authorised to give expiation notices for alleged offences against section 28 of the <i>Emergency Management Act 2004 (SA)</i>.</p> <p>The expiation fee is fixed at:<br/>Natural person \$1,000<br/>Body corporate \$5,000</p>  | 28 March 2020 |               | <i>Emergency Management Act 2004 (SA)</i>               | <p><a href="#">Emergency Management (Expiation Notices) Variation Regulations 2020</a></p>   |
| <p>Direction that a person who owns/controls/operates a place in SA must not allow a prohibited gathering to occur at the place.</p> <p>A person must not organise a prohibited gathering.</p> <p>A person must not attend a prohibited gathering.</p> <p>A person who is present at a gathering (whether or not prohibited) must use their best endeavours to comply with social distancing principles.</p> <p>Prohibited gathering means a gathering of more than 10 persons or a gathering of 10 or less persons that does not</p> | 28 March 2020 | 16 April 2020 | Section 25<br><i>Emergency Management Act 2004 (SA)</i> | <p><a href="#">Emergency Management (Gatherings) (COVID-19) Direction 2020</a></p>   |

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|  | comply with the density requirement (exceptions apply e.g. airports/schools).  |               |               |   |   |
|  | <p>Direction that a person must not enter or remain on the premises of a residential aged care facility for the duration of the declared public health emergency. Exceptions apply (e.g. for employees).</p> <p>Direction that a resident who leaves the premises for any reason not related to medical/dental treatment after this direction commences is prohibited from re-entering those premises.</p>   | 28 March 2020 |               | Section 25<br><i>Emergency Management Act 2004</i> (SA) | <a href="#">Emergency Management (Residential Aged Care Facilities) (COVID-19) Direction 2020</a>               |
|  | <p>Direction that a person diagnosed with COVID-19 must travel directly to premises suitable for the person to reside in and remain there for a period determined by the treating medical practitioner. Exceptions: for the purposes of obtaining medical care/supplies, in any other emergency situation, for any reason approved by the State Co-ordinator/delegate/authorised officer.</p> <p>Further exception if advised to remain in a health facility by a medical practitioner.</p> <p>Must take reasonable steps to ensure no other person enters unless that person usually lives at the premises, is complying with a direction to isolate, or for medical/emergency purposes.</p> <p>Close contacts must remain isolated and segregated from other persons in accordance with the directions of an authorised officer.</p> | 28 March 2020 |               | Section 25<br><i>Emergency Management Act 2004</i> (SA) | <a href="#">Emergency Management (COVID-19) (Isolation Following Diagnosis or Close Contact) Direction 2020</a> |
|  | <p>Direction for all persons who arrive in South Australia to:</p> <ul style="list-style-type: none"> <li>identify a suitable place to reside for 14 days;</li> </ul>  | 28 March 2020 | 16 April 2020 | Section 25<br><i>Emergency</i>                          | <a href="#">Emergency Management (Cross Border</a>  |

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|  | <ul style="list-style-type: none"> <li>• travel the most direct practicable route and means to the place;</li> <li>• upon arrival reside and remain in that place for 14 days;</li> <li>• remain at the place except: for the purposes of obtaining medical care/medical supplies; or in any other emergency situation; or as approved by the State Co-ordinator/delegate/authorised officer;</li> <li>• take reasonable steps to ensure no other person enters the place unless that person usually lives at the place, is also complying with self-quarantine requirements, or for medical/emergency purposes.</li> </ul> <p>Direction that all overseas arrivals reside and remain quarantined and segregated from other persons at a place determined by an authorised officer for 14 days.</p> <p>Directions not to apply to certain individuals (e.g. crew member or a passenger of a vessel who does not leave the airport in SA or disembark from a vessel in SA).</p> <p>Transitional provision – the operating of a direction applying to a person who arrived before the commencement of this direction is not affected by this direction.</p> |                      |  | <p><i>Management Act 2004 (SA)</i></p>  | <p><a href="#">Travel No 2) (COVID-19) Direction 2020</a></p> <p>Revokes and replaces <a href="#">Cross Border Travel Direction</a></p> |
|  | <p>Controlled Substances (Poisons) (Emergency Supply – Human Coronavirus Disease (COVID-19)) Notice 2020</p>  | <p>27 March 2020</p> |  | <p><i>Regulation 21 Controlled Substances (Poisons) Regulations 2011 (SA)</i></p> | <p><a href="#">Controlled Substances (Poisons) (Emergency Supply – Human Coronavirus Disease (COVID-19)) Notice 2020</a></p>            |

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|  | Declaration of a Major Emergency – appointment of an Assistant State Coordinator.  | 22 March 2020 | Extended for 28 days from 4 April 2020 | Section 23(1) <i>Emergency Management Act 2004</i> (SA)   | <a href="#">Declaration of a Major Emergency</a><br><a href="#">Extension of a Major Emergency Declaration</a>   |
|  | <p>Direction that a person to whom this direction applies must continue to apply with the requirements of an Overseas Travel Direction, as in existence immediately before the commencement of this direction, for the balance of the period of self-quarantining applying to them.</p> <p>Direction to self-quarantine following overseas travel for a period of 14 days.</p> | 17 March 2020 |  | <p>Section 90(1) <i>South Australian Public Health Act 2011</i> (SA)</p> <p>Section 25(2)(fb) <i>Emergency Management Act 2004</i> (SA)</p> | <a href="#">Emergency Management (Continuation of Overseas Travel Self-Quarantine) (COVID-19) Direction 2020</a><br><a href="#">Self-Quarantine Following Overseas Travel Direction</a><br><a href="#">Self-Quarantine Following Overseas Travel (No. 2) Direction</a> |

| State/<br>Territory | Summary of Current Measures  | Date Commenced | Date Repealed                                     | Authorising<br>Legislation   | Source   |
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| WA                  | Prohibit a person from requesting or conducting testing for COVID-19 except in accordance with these directions, as unauthorised testing wastes resources required to prevent, control or abate the serious public health risk presented by COVID-19 | 21 April 2020  |   | Sections 157(l)(k) and 190(1)(p), <i>Public Health Act 2016 (WA)</i> | <a href="#">COVID-19 Testing Directions</a>  |
|                     | Revokes the restrictions on takeaway alcohol.<br><br><i>Note: Existing takeaway alcohol restrictions unrelated to COVID-19 in particular communities will remain in place</i>  | 20 April 2020  |   | Sections 31(6) and (7), <i>Liquor Control Act 1988</i>               | <a href="#">Restrictions of takeaway alcohol lifted</a>  |
|                     | Extension of State of Emergency Declaration  | 15 April 2020  | 30 April 2020                                     | Section 58 of the <i>Emergency Management Act 2005</i>               | <a href="#">Extension of State of Emergency Declaration</a>  |
|                     | Revokes previous approval and provide terms and conditions under which transiting aircraft passengers may enter WA as exempt travellers under the Directions in order to limit the spread of COVID-19.   | 14 April 2020  |   | Paragraph 27(r) <i>Quarantine (Closing the Border) Directions</i>    | <a href="#">Quarantine (Closing the Border) Directions Approval for Transiting Aircraft Passengers</a> |
|                     | Extends duration of public health state of emergency for a further 14 days   | 11 April 2020  | 25 April 2020                                     | Section 170 <i>Public Health Act 2016</i>                            | <a href="#">Extension of Western Australia Declaration (No 3) of Public Health State of Emergency</a>  |
|                     | Authorisation to supply or prescribe a poison including through digital copies of the prescription.  | 9 April 2020   | 30 September 2020 or until public health state of | Section 197 of the <i>Public Health Act 2016 (WA)</i>                | <a href="#">Authorisation to supply or prescribe a poison</a>  |

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|  |  |              | emergency no longer in force |  |  |
|  | Subject to further requirements outlined in the Direction, Western Australian residents who disembarked from the Vasco da Gama cruise ship and were allocated to the Geordie Bay Quarantine Zone are directed to remain within the Geordie Bay Quarantine Zone and at all times maintain a distance of at least 1.5 metres from any other person.  | 9 April 2020 |                              | Section 67<br><i>Emergency Management Act 2005 (WA)</i>                | <a href="#">Restriction of Movement on Rottneest Island Directions (No 2)</a><br><br>Revoke, supersede and replace the Restriction of Movement on Rottneest Island Directions. |
|  | Directions to close certain places and to prohibit certain gatherings and activities.  | 7 April 2020 | 7 May 2020                   | Sections 71 and 72A<br><i>Emergency Management Act 2005 (WA)</i>       | <a href="#">Closure and Restriction (Limit the Spread) Directions</a>  |
|  | Revocation of previous directions closing places of businesses, worship and entertainment: <ul style="list-style-type: none"> <li>• <a href="#">Closure of Certain Places of Business, Worship and Entertainment Directions (No 3)</a></li> <li>• <a href="#">Closure of Certain Places of Business, Worship and Entertainment Directions (No 2)</a> –25 March 2020</li> <li>• <a href="#">Closure of Certain Places of Business, Worship and Entertainment Directions</a> –23 March 2020</li> </ul> | 7 April 2020 |                              | Section 71<br><i>Emergency Management Act 2005 (WA)</i>                | <a href="#">Revocation (Closure of Certain Places of Business, Worship and Entertainment) Directions</a>   |
|  | Revocation of previous direction prohibiting certain activities (i.e. weddings): <ul style="list-style-type: none"> <li>• <a href="#">Preventative Restriction of Activities Directions (No. 2)</a></li> </ul> <a href="#">Preventative Restriction of Activities Directions</a>   | 7 April 2020 |                              | Sections 157(1)(k) and 190(1)(p)<br><i>Public Health Act 2016 (WA)</i> | <a href="#">Revocation (Preventative Restriction of</a>  |

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|   |              |               |   | <a href="#">Activities)</a><br><a href="#">Directions</a>                                       |
| Direction to require medical practitioners (including psychiatrists) and authorised mental health practitioners to use infection control measures when conducting mental health assessments and examinations under the <i>Mental Health Act 2014</i> (WA) where the patient has, or is suspected of having, COVID-19.   | 7 April 2020 |               | Section 157(1)(k) and 190(1)(p)<br><i>Public Health Act 2016</i> (WA) | <a href="#">Mental Health Infection Control Directions</a>                                      |
| Direction to WA residents who disembarked from the Vasco da Gama cruise ship to remain within their allocated quarantine zone (North Thomson Bay or Geordie Bay) until 6pm 11 April 2020, and at all times take all reasonable steps to maintain a distance of at least 1.5 metres from any other person unless otherwise directed by an authorised officer/emergency officer.<br><br>Directions revoke, supersede and replace the Oral Direction made by Assistant Commissioner. | 6 April 2020 |               | Section 67<br><i>Emergency Management Act 2005</i> (WA)               | <a href="#">Restriction of Movement on Rottneest Island Directions</a>                          |
| Conditions relating to transiting passengers.   | 6 April 2020 | 14 April 2020 |   | Exempt Traveller (Transiting Passengers) Approval and Conditions                                |
| Direction that a person must not enter Esperance from another local government district except to the extent that: <ul style="list-style-type: none"> <li>• it is necessary for the purpose of returning to the person's principal place of residence</li> <li>• it is necessary for the purpose of attending the person's place of employment or fulfilling the duties of their employment/office/occupation</li> </ul>  | 5 April 2020 |               | Sections 67 and 72A<br><i>Emergency Management Act 2005</i> (WA)      | <a href="#">Goldfields-Esperance (Local Government District Travel Restrictions) Directions</a> |

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|  | <ul style="list-style-type: none"> <li>• it is necessary for the purpose of being the primary carer</li> <li>• it is necessary to escape the threat of physical/psychological harm or because of some other emergency (other than from COVID-19)</li> <li>• it is necessary for the purpose of obtaining a good or service (without which person would be likely to suffer physical/psychological harm and which is not reasonably available in another local government district)</li> <li>• it is necessary for the purpose of attending primary/secondary/tertiary education</li> <li>• it is necessary for the purpose of fulfilling their obligations under a parenting plan/parenting order/parenting arrangement</li> <li>• it is necessary to obtain or provide veterinary/animal welfare services not reasonably available in another local government district</li> <li>• it is necessary for compassionate reasons</li> <li>• the person is performing an essential service</li> <li>• the person is in the custody of a police officer/prison officer/custodial officer/custodial services contractor</li> <li>• the person is an employee of the Department of Education and is authorised in writing by the Director General to travel to Esperance</li> <li>• the person is a member of the immediate family or household of a person who is an employee of the Department of Education and is authorised in writing by the Director General to travel to Esperance</li> <li>• the person is required to do so by law</li> </ul> |  |  |  |  |
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| <ul style="list-style-type: none"> <li>the person has the State Emergency Coordinator and Commissioner of Police, or another authorised officer's, approval.</li> </ul>  |              |  |   |   |
| <p>Direction that a responsible pathologist must notify the CHO of:</p> <ul style="list-style-type: none"> <li>the details of each analysis involving testing for COVID-19 in the approved form as soon as practicable, and in any event within 24 hours of the performance of the analysis; and</li> <li>the details of each analysis involving testing for COVID-19 which was performed on and from 13 March 2020 until these directions came into effect in the approved form as soon as practicable, and in any event 72 hours of these directions coming into effect.</li> </ul>  | 5 April 2020 |  | Section 157(1)(k) and 190(1)(p) <i>Public Health Act 2016</i> (WA)    | <a href="#">COVID Testing Reporting Directions</a>  |
| <p>Authorisation for any police officer acting at or above the rank of Inspector to: decide where a person who is an exempt traveller under paragraphs 27(k) or (l) of the Direction is required to complete a mandatory 14 day period of isolation; and give written approval to a person or category of person under paragraphs 27(q) or (r) of the Direction, including any terms or conditions upon which that approval is subject.</p> <p>Direction that a person must not enter WA unless the person is an exempt traveller. An exempt traveller must not enter WA if the person:</p> <ul style="list-style-type: none"> <li>has symptoms; or</li> <li>has received oral/written notice that the person is a close contact; or</li> <li>is awaiting a test result; or</li> <li>has received a positive test and has not received a certificate from a medical practitioner or a responsible</li> </ul> | 5 April 2020 |  | Sections 61, 67, 70 and 72A <i>Emergency Management Act 2005</i> (WA) | <a href="#">Quarantine (Closing The Border) Directions</a><br><br>Amended by <a href="#">Authorisation to approve persons as exempt travellers under the Quarantine (Closing the Border) Directions</a> |

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|  | <p>officer certifying that the person has recovered from COVID-19.</p> <p>A person who enters WA contrary to the above must leave WA as soon as possible and in the manner which an authorised officer may direct (if any).</p> <p>A person who has entered WA contrary to the above and believes they are unable to leave WA at all or in a reasonable time/appropriate manner must request an authorised officer give them a quarantine direction. An authorised officer who is satisfied the person is unable to leave WA at all or within a reasonable time/appropriate manner must give the person a quarantine direction unless:</p> <ul style="list-style-type: none"> <li>• is satisfied the person will be given a quarantine direction by the authorised officer (or another officer) within a short period of time; or</li> <li>• gives the person a direction to request a quarantine direction in a different way (and the person must comply with that direction)</li> </ul> <p>An authorised officer who is satisfied the person can leave WA within a reasonable time and in an appropriate manner must give the person a direction to leave WA (can specify the time by and the manner in which the person must leave).</p> <p>An authorised officer must give a person a centre direction unless:</p> <ul style="list-style-type: none"> <li>• person needs to attend a hospital (must give the person a hospital direction);</li> <li>• person is a WA resident who has already self-quarantined (must give the person a self-quarantine direction) – further conditions/criteria apply.</li> </ul> |  |  |  |  |
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|  | <ul style="list-style-type: none"> <li>• Person is an unaccompanied child and is at least 10 years of age (must give the child a self-quarantine (unaccompanied child) direction and the parent/s a movement direction) – further conditions/criteria apply.</li> </ul> <p>If an authorised officer cannot decide whether they should give a person a quarantine direction: the authorised officer must refer to a more senior authorised officer; and the person must remain where they are or go where directed until the person is given a quarantine direction.</p> <p>Person must comply with any direction given to them under these directions.</p> <p>Exempt traveller means a person who falls into one of the following categories and complies with any specified terms/conditions (further information in Direction):</p> <ul style="list-style-type: none"> <li>• National and State security and governance</li> <li>• Health services</li> <li>• Transport, freight and logistics</li> <li>• Specialist skills not available in WA</li> <li>• FIFO employees who are not specialists and their families</li> <li>• Emergency service workers</li> <li>• Courts, tribunals and commissions</li> <li>• Entry approved on compassionate grounds</li> <li>• Persons otherwise approved on any other grounds</li> </ul> |              |  |  |   |
|  | <p>Direction to revoke the following directions:</p> <ul style="list-style-type: none"> <li>• <a href="#">Direction to self-quarantine following Overseas Travel</a></li> <li>• <a href="#">MSC Magnifica</a></li> <li>• <a href="#">MS Artania</a></li> <li>• <a href="#">Silver Whisper</a></li> </ul>  | 5 April 2020 |  | Section 67<br>Emergency<br>Management Act<br>2005 (WA) | <a href="#">Quarantine (Closing the Border) Revocation Directions</a> |

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|  | <ul style="list-style-type: none"> <li>• <a href="#">MV Pacific Princess</a></li> <li>• <a href="#">Large Vessels Direction</a></li> <li>• <a href="#">Self-Quarantine following Interstate Travel Directions</a></li> <li>• <a href="#">Self-Quarantine Following Overseas Travel Directions (No. 3)</a></li> <li>• <a href="#">Self-Quarantine Following Overseas Travel Directions (No. 2)</a></li> </ul> <p>Direction that a person must continue to comply with any obligations which still applied to the person under any of the revoked directions immediately before these directions came into effect, to the same extent the person would have to comply with them had the revoked directions not been revoked.</p> |              |               |   |  |
|  | <p>In relation to section 102(3) of the Mining Act 1978 (the Act) until 31 March 2021 a reason for granting of an exemption from expenditure conditions for the holder of a Mining Tenement under section 102 of the Mining Act can be that the holder was unable to meet the expenditure requirements relating to the tenement as the direct result of COVID-19 or restrictions imposed by governments in response to the COVID-19 pandemic.</p>  | 3 April 2020 | 31 March 2021 | <i>Mining Act 1978</i> (WA)                   | <a href="#">Exemption from Expenditure Conditions for Exploration of Licences</a>                    |
|  | <p>Direction that a person must not enter a local government district from another local government district except to the extent that:</p> <ul style="list-style-type: none"> <li>• returning to their principal place of residence</li> <li>• attending employment or fulfilling duties of the person's employment/office/occupation</li> <li>• being the primary carer for a family member etc.</li> <li>• escaping a threat of physical or psychological harm or because of some other emergency (other than COVID-19)</li> <li>• obtaining a good or service (without which person would be likely to suffer physical/psychological harm)</li> </ul>  | 2 April 2020 |               | Section 67 <i>Public Health Act 2016</i> (WA) | <a href="#">Prohibition on Travel Between Local Government Districts in the Kimberley Directions</a> |

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| <ul style="list-style-type: none"> <li>• attending primary/secondary/tertiary education</li> <li>• fulfilling their obligation under parenting plan/parenting order/parenting arrangement</li> <li>• providing veterinary or animal welfare services</li> <li>• compassionate reasons</li> <li>• performing an essential service (e.g. military personnel)</li> </ul> <p>Or the person is:</p> <ul style="list-style-type: none"> <li>• in the custody of a police officer/prison officer etc.</li> <li>• an employee of the Department of Education and authorised by the Director General to travel</li> <li>• immediate family of an employee of the Department of Education</li> <li>• authorised by law to do so</li> <li>• approved by the State Emergency Coordinator and Commissioner of Police or another authorised officer</li> </ul> <p>Local government district defined in Direction.</p> |               |  |   |   |
| Direction that a person must not use a POC Test as a tool to detect or diagnose COVID-19.   | 2 April 2020  |  | Sections 157(1)(k) and 190(1)(p) <i>Public Health Act 2016</i> (WA) | <a href="#">Prohibition on the use of Point of Care Serology Tests Directions</a> |
| Introduction of the <i>Guardianship and Administration Amendment (Medical Research) Bill 2020</i> – amends existing legislation to provide an avenue for research for novel treatment on people who do not have the capacity to consent. Critical reforms which will enable doctors to trial new/emerging treatments for COVID-19.  |               |  |   | <a href="#">Media Release – 31 March 2020</a>                                     |
| <p>Direction that a person must not:</p> <ul style="list-style-type: none"> <li>• if they own/control/operate a premises allow a mass gathering to occur on the premises; or</li> <li>• organise a mass gathering on premises; or</li> <li>• attend a mass gathering on premises</li> </ul>   | 31 March 2020 |  | Sections 157(1)(k) and 190(1)(p) <i>Public Health Act 2016</i> (WA) | <a href="#">Prohibited Gatherings Directions</a><br><br>Revoked the               |

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|  | <p>Prohibited gatherings means: a gathering of more than 2 persons in an indoor or outdoor space; a gathering of 2 or more persons where there is not at least 4 square metres of space for each person (exceptions apply e.g. airports, purpose of providing care/assistance to a vulnerable person, everyone is a member of the same household etc.)</p>  |   |  |  | <p>Mass Gatherings Directions (No 2)</p>  |
|  | <p>Authorisation for any police officer acting at or above the rank of Inspector to approve a person as being a person who is performing an essential service.</p> <p>Direction that a person must not enter a region from another region except to the extent that it is necessary for the person to do so for the purpose of:</p> <ul style="list-style-type: none"> <li>• returning to their principal place of residence</li> <li>• attending employment or fulfilling duties of the person's employment/office/occupation</li> <li>• being the primary carer for a family member etc.</li> <li>• escaping a threat of physical or psychological harm or because of some other emergency (other than COVID-19)</li> <li>• obtaining a good or service (without which person would be likely to suffer physical/psychological harm)</li> <li>• attending primary/secondary/tertiary education</li> <li>• providing veterinary or animal welfare services</li> <li>• compassionate reasons</li> <li>• performing an essential service (e.g. military personnel)</li> </ul> <p>Or the person is:</p> <ul style="list-style-type: none"> <li>• in the custody of a police officer/prison officer etc.</li> <li>• an employee of the Department of Education and authorised by the Director General to travel</li> </ul> | <p>31 March 2020</p> <p>Amendment on 5 April 2020</p> |  | <p>Section 67 <i>Public Health Act 2016</i> (WA)</p> | <p><a href="#">Prohibition on Regional Travel Directions</a></p> <p>Amended by <a href="#">Authorisation to approve a person as a person who is performing an essential service under the Prohibition on Regional Travel Directions</a></p> |

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|  | <ul style="list-style-type: none"> <li>• immediate family of an employee of the Department of Education</li> <li>• authorised by law to do so</li> <li>• approved by the State Emergency Coordinator and Commissioner of Police or another authorised officer</li> </ul> <p>Regions defined in Direction.</p>   |               |               |  |   |
|  | <p>Direction that a person must:</p> <ul style="list-style-type: none"> <li>• Refrain from undertaking or engaging in an affected activity;</li> <li>• Not organise an affected activity;</li> <li>• Not attend an affected activity.</li> </ul> <p>Affected activity means:</p> <ul style="list-style-type: none"> <li>• Real estate auction</li> <li>• Open house inspection (except private inspection)</li> <li>• Beauty therapy services</li> <li>• Personal training (except where it involves no more than 10 persons)</li> <li>• Wedding (unless it involves no more than 5 persons)</li> <li>• Funeral (unless it involves no more than 10 persons or immediate family with the approval has been given by an emergency officer)</li> </ul> <p>A gathering of two or more people who do not ordinarily reside at the same premises for the purpose of participating in a sporting activity</p> | 30 March 2020 |               | Sections 157(1)(k) and 190(1)(p)<br><i>Public Health Act 2016</i> (WA) | <a href="#">Preventative Restriction of Activities Directions (No. 2)</a><br><br>Revoked<br><a href="#">Preventative Restriction of Activities Directions</a> |
|  | <p>Modifies Closure of Certain Places of Business, Worship and Entertainment Directions (No 2) with respect to definition of affected place, now also includes:</p> <ul style="list-style-type: none"> <li>• playgrounds</li> <li>• skate parks</li> </ul> <p>outdoor gyms</p>  | 30 March 2020 | 13 April 2020 | Section 71<br><i>Emergency Management Act 2005</i> (WA)                | <a href="#">Closure of Certain Places of Business, Worship and Entertainment Directions (No 3)</a>  |
|  | <p>Direction that every owner/occupier/person apparently in charge of a gun shop must close that place to the public.</p>   | 28 March 2020 |               | Section 71<br><i>Emergency</i>   | <a href="#">Closure of Gun Shops (No 2)</a>   |

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| <ul style="list-style-type: none"> <li>• Exceptions apply (e.g. primary producer).</li> </ul>   |               |               | <i>Management Act 2005 (WA)</i>                      |  |
| <p>Direction to provide a location for the WA Police Force Incident Management Team responsible for maintaining business continuity and providing support to the Hazard Management Agency.</p>  | 26 March 2020 |               | Section 69 and 74 <i>Public Health Act 2016 (WA)</i> | <a href="#">Incident Management Team Accommodation Directions</a>                                  |
| <p>Special arrangements for the supply of prescription medications. Pharmacists may dispense prescription medications (except controlled drugs) subject to: pharmacist being satisfied person is in immediate need of medication; medication has previously been prescribed to person; not practicable for person to obtain a repeat prescription.</p>  | 26 March 2020 | 31 May 2020   | <i>Public Health Act 2016 (WA)</i>                   | <a href="#">Media Statement – 26 March 2020</a>  |
| <p>Modifies Closure of Certain Places of Business, Worship and Entertainment Directions with respect to definition of affected place, now includes:</p> <ul style="list-style-type: none"> <li>• Auction house</li> <li>• Beauty parlour/salon (other than hairdressers or barbershop)</li> <li>• Nail salon</li> <li>• Tattoo parlour</li> <li>• Spa</li> <li>• Massage parlour</li> <li>• Gaming/gambling venue</li> <li>• Adult entertainment premises</li> <li>• Amusement park/arcade</li> <li>• Play centre</li> <li>• Community, recreation or youth centre or facility (other than to extent that it remains open for the purpose of hosting essential voluntary or public services e.g. food banks)</li> </ul> | 25 March 2020 | 13 April 2020 | Section 71 <i>Public Health Act 2016 (WA)</i>        | <a href="#">Closure of Certain Places of Business, Worship and Entertainment Directions (No 2)</a> |

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|  | <ul style="list-style-type: none"> <li>• Health club/fitness centre</li> <li>• Sauna</li> <li>• Bathhouse</li> <li>• Wellness centre</li> <li>• Boot camp</li> <li>• Swimming pool</li> <li>• Gallery</li> <li>• Museum</li> <li>• Historic site</li> <li>• Library</li> </ul> <p>Local government facility not essential to continued functioning of local government</p>   |               |  |   |  |
|  | <p>Direction that a person must not enter or remain within Rottnest Island unless:</p> <ul style="list-style-type: none"> <li>• Person is a permanent resident; or</li> <li>• Person enters/remains for the purpose of <ul style="list-style-type: none"> <li>○ Emergency management</li> <li>○ Law enforcement</li> <li>○ Providing medical care/medical supplies</li> </ul> </li> <li>• Person enters or remains for the purpose of transporting another person authorised to enter/remain on Rottnest Island.</li> <li>• Person is authorised to do so by the CEO</li> <li>• And the person has not been directed to leave Rottnest Island by the CEO, a police officer or any other person authorised to give such a direction.</li> </ul> | 25 March 2020 |  | Section 67<br><i>Emergency Management Act 2005</i> (WA) | <a href="#">Rottnest Island Closure Directions</a>                           |
|  | <p>Amendments to the <i>Local Government (Administration) Regulations 1996</i> deal with attendance/meetings by electronic means in public health emergency or state of emergency.</p>   | 25 March 2020 |  |   | <a href="#">Local Government (Administration) Amendment Regulations 2020</a> |

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|  | <p>Direction that a person must not enter or remain in Perth Zoo unless:</p> <ul style="list-style-type: none"> <li>• person is a member of staff</li> <li>• person's presence is required for the purposes of emergency management/law enforcement</li> <li>• person's presence is for the purpose of supplying or providing goods/services necessary for the care of a zoological specimen</li> </ul> <p>person is authorised by the CEO</p>   | 24 March 2020 |               | Section 67<br><i>Emergency Management Act 2005</i> (WA) | <a href="#">Perth Zoo Closure Directions</a>  |
|  | <p>Direction that every owner/occupier/person apparently in charge of an affected place must close that place to the public.</p> <p>Affected places:</p> <ul style="list-style-type: none"> <li>• pub/bar/club that supplies alcohol (not including any part that constitutes a bottleshop)</li> <li>• a hotel (but not for providing accommodation, takeaway meals or drinks, or meal service delivery, or any part that constitutes a bottleshop)</li> <li>• gym</li> <li>• indoor sporting centre</li> <li>• casino</li> <li>• cinema or nightclub</li> <li>• entertainment venue of any other kind</li> <li>• restaurant or café (other than to provide takeaway meals/drinks or meal delivery services)</li> <li>• place of worship.</li> </ul> | 23 March 2020 | 13 April 2020 | Section 71<br><i>Emergency Management Act 2005</i> (WA) | <a href="#">Closure of Certain Places of Business, Worship and Entertainment Directions</a> |
|  | <p>Direction that a person who receives a positive test or is given oral/written notice by a responsible officer that the person has been diagnosed with COVID-19 must self-isolate until the person is informed in writing that the person is no longer required to self-isolate.</p> <p>Person is not required to comply if:</p>   | 22 March 2020 |               | Section 67<br><i>Emergency Management Act 2005</i> (WA) | <a href="#">Self-Isolation following positive test or diagnosis directions</a>              |

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|  | <ul style="list-style-type: none"> <li>• person is already an inpatient in a hospital (for as long as the person remains an inpatient)</li> <li>• person becomes an inpatient in a hospital (for as long as the person remains an inpatient)</li> <li>• person is travelling as soon and as directly as possible from the place the person received a positive test to a hospital for medical advice/care</li> <li>• person is waiting at a hospital to receive, or is receiving, medical advice/care (provided they comply with all directions given by anyone who appears to be a member of the hospital's medical/nursing/security staff)</li> <li>• person is travelling as soon and as directly as possible from a hospital to the place where the person will self-isolate (if directed/advised by a member of the hospital's medical/nursing staff to isolate).</li> </ul> <p>A person must not enter the premises in which a person is self-isolating unless:</p> <ul style="list-style-type: none"> <li>• usually lives in the premises; or</li> <li>• is also complying with the direction for the same period as the person; or</li> <li>• enters for medical/emergency purposes.</li> </ul> |               |  |   |   |
|  | <p>Direction that a person who is tested must travel after completion of the test to premises suitable for the person to reside, reside in those premises until the person receives the test result, and must not leave except: for the purposes of obtaining medical care or medical supplies, or in an emergency situation.</p> <p>Direction that a person informed that they are a close contact of a person who has received a positive test must travel to premises suitable for the person to reside, reside</p>  | 22 March 2020 |  | Section 67<br><i>Emergency Management Act 2005</i> (WA) | <a href="#">Self-Quarantine and Isolation (Tested, Close Contact and Appearance of Symptoms) Directions</a> |

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| <p>in those premises for 14 days, and must not leave except: for the purposes of obtaining medical care or medical supplies, or in an emergency situation.</p> <p>A person must not enter premises in which a person is residing in compliance with a direction unless: usually lives in the premises, is also complying with the direction for the same period, enters for medical or emergency purposes.</p> <ul style="list-style-type: none"> <li>If a person who is in self-quarantine develops symptoms the person must: inform a responsible officer, comply with any oral/written instructions given by the responsible officer, self-isolate.</li> </ul> |               |  |   |  |
| <p>Direction that a public authority must refrain from doing any act or performing any function which restricts, or gives effect to or enforces a restriction on, the time when: goods can be delivered to a shop, or goods can be delivered by a shop to a customer of the shop, or rubbish/refuse can be collected.</p>   | 20 March 2020 |  | Section 67<br><i>Emergency Management Act 2005</i> (WA)             | <a href="#">Public Authorities (Delivery of Goods and Collection of Rubbish and Refuse) Directions</a>         |
| <p>Direction that a person must not enter or remain on the premises of a residential aged care facility. Exceptions apply (e.g. for employees).</p>   | 20 March 2020 |  | Sections 157(1)(k) and 190(1)(p) <i>Public Health Act 2016</i> (WA) | <a href="#">Visitors to Residential Aged Care Facilities Directions</a>  |
| <p>Direction that a person may only enter onto or remain on the land/waters within a Remote Aboriginal Community:</p> <ul style="list-style-type: none"> <li>where the person is on or returning to the Community they normally reside or work in; or</li> <li>for family or cultural purposes; or</li> </ul>   | 20 March 2020 |  | Section 67<br><i>Emergency Management Act 2005</i> (WA)             | <a href="#">Remote Aboriginal Communities Directions No. 2</a><br><br>Revoked<br><a href="#">Direction for</a> |

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| <ul style="list-style-type: none"> <li>• for so long as is required for the purposes of providing or accessing essential or human services or supplies (e.g. medical care, school education etc.); or</li> <li>• in an emergency; or</li> <li>• if authorised by law; or</li> </ul> <p>in any other circumstances approved in writing by the State Emergency Coordinator and Commissioner of Police or an officer authorised.</p>   |                 |                               |   | <a href="#">Remote Aboriginal Communities</a>   |
| <p>Declaration of a public health state of emergency. Emergency powers limited to powers contained in the following sections of the <i>Public Health Act 2016</i>:</p> <ul style="list-style-type: none"> <li>• S 183-188</li> <li>• S 190(1)(d)</li> <li>• S 190(1)(p) is limited to the exercise of serious public health incident powers under s 157(1)(e), (g) and (k)</li> <li>• S 190(1)(q)</li> <li>• 190(2)-(3)</li> <li>• Part 12 Division 6, excluding s 195</li> </ul> | 18 March 2020   | 11 April 2020                 | Section 170 <i>Emergency Management Act 2005</i> (WA) | <a href="#">Declaration of State of Emergency</a>   |
| <ul style="list-style-type: none"> <li>• Declaration of a state of emergency.</li> </ul>  | 15 March 2020   | 16 April 2020                 | Section 59 <i>Emergency Management Act 2005</i> (WA)  | <a href="#">Declaration of State of Emergency</a><br><br><a href="#">Extension of Declaration</a> |
| <p>Declaration that human coronavirus with pandemic potential is a notifiable infectious disease and an urgently notifiable infectious disease.</p>   | 29 January 2020 | 6 months from date order made | Section 90(2) <i>Public Health Act 2016</i> (WA)      | <a href="#">Declaration – notifiable infectious disease</a>                                       |

| State/<br>Territory | Summary of Current Measures  | Date Commenced | Date Repealed              | Authorising<br>Legislation                      | Source  |
|---------------------|--|----------------|----------------------------|---|---|
| ACT                 | Approves Paramedical Services Pty Ltd trading as Paramedical Services ABN 76 054 350 275 (the provider) to provide ambulance services (the services) at events in the ACT and during the COVID-19 emergency period | 21 April 2020  | 04 March 2022              | Section 62, Emergencies Act 2004                | <a href="#">Emergencies (service provider) Approval 2020 No 5</a><br>Revoking Emergencies (Service Provider) Approval 2020 (No 2)(NI2020-155)   |
|                     | Extends the <i>Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No 4)</i>  | 9 April 2020   | In force until 9 July 2020 | Section 120 <i>Public Health Act 1997</i> (ACT) | <a href="#">Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No 5)</a><br><br>Revokes, replaces and extends the <i>Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No 4)</i> |
|                     | Extends the period during which the <i>Public Health (Emergency) Declaration 2020 (No 1)</i> is in force for a period of 90 days   | 7 April 2020   | In force until 7 July 2020 |   | <a href="#">Public Health (Emergency) Declaration</a>   |

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|  |   |              |   |   | <a href="#">Further Extension 2020 (No 9)</a>  |
|  | <p>Direction that an unaccompanied child or a diplomatic visa-holder who enters the ACT following a flight that originated from a place outside Australia must:</p> <ul style="list-style-type: none"> <li>• From the point at which the person arrives into the ACT (by air/bus/train/car/any other means) travel immediately to a premises suitable for the person to reside in for a period of 14 days;</li> <li>• Except in exceptional circumstances, reside in that premises for 14 days after arrival;</li> <li>• Not leave the premises, except for the purposes of obtaining medical care/medical supplies and in any other emergency situation;</li> <li>• Communicate the fact they are subject to quarantine to any person they may come into contact;</li> <li>• Not permit any other person to enter the premises unless they usually live at the premises, or are also complying with this direction for the same 14 day period, or for medical/emergency purposes.</li> </ul> <p>Direction that any person not subject to the above who enters the ACT following a flight that originated from a place outside Australia must:</p> <ul style="list-style-type: none"> <li>• Travel directly to designated premises to reside in those premises until clearance from quarantine is given by an authorised medical officer (may be given after 48 hours if medical officer satisfied person is able to comply with the 14 day period under the <i>Public Health (Return Travellers) Emergency Direction 2020</i>;</li> <li>• Communicate the fact they are subject to quarantine to any person they may come into contact;</li> </ul> | 3 April 2020 | End of the declared emergency (as extended or further extended) | Section 120 <i>Public Health Act 1997</i> (ACT) | <a href="#">Public Health (Returned Travellers) Emergency Direction 2020 (No. 3)</a> |

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|  | <ul style="list-style-type: none"> <li>Comply with any request by an authorised person to produce proof of I.D.</li> </ul> <p>An authorised person may use reasonable force and assistance as is necessary to ensure compliance with the above.</p> <p>Exception for members of a flight crew.</p> <p>CHO may in writing exempt a person on compassionate or urgent medical grounds.</p>   |               |  |   |   |
|  | <p>Direction that an occupier of residential premises must not permit more than 2 persons, other than persons ordinarily resident at the premises, to enter and remain in the premises (also provided social distancing of 1 person per 4 square metres can be observed). Does not apply where it is necessary for the person to enter and remain in the premises for the purposes of:</p> <ul style="list-style-type: none"> <li>Provision of medical care/medical supplies</li> <li>Law enforcement or the provision of emergency services</li> <li>Any other emergency situation</li> <li>Providing necessary care or support</li> <li>Carrying out urgent/essential repairs to the premises</li> </ul> <p>Direction that a person must not organise/attend a gathering of more than two people in an outdoor space unless:</p> <ul style="list-style-type: none"> <li>Attendees are ordinarily resident at the premises</li> <li>Purposes of a wedding (compliant with below direction)</li> <li>Purposes of a funeral (compliant with below direction)</li> </ul> | 31 March 2020 |  | Section 120 <i>Public Health Act 1997</i> (ACT) | <p><a href="#">Public Health (Non-Essential Gatherings) Emergency Direction 2020</a></p> <p>Revokes and replaces <a href="#">Public Health (Indoor gatherings) Emergency Direction 2020</a> and <a href="#">Public Health (Outdoor gatherings) Emergency Direction 2020</a></p> |

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|  | <p>Direction that a person who owns/controls/operates premises must take reasonable steps to not allow/organise/attend a gathering to occur on premises.</p> <p>Exceptions apply (e.g. airports, public transportation etc.)</p>  |               |               |   |  |
|  | <p>Direction that a person who owns/controls/operates a non-essential business or undertaking must not operate that business or undertaking. Does not prohibit a person from entering the premises provided that no more than 2 people enter the premises and social distancing of 1 person per 4 square metres is observed. Does not prohibit the business/undertaking to the extent it operates solely online or on a virtual basis, or through delivery, take-away or pickup services.</p> <p>Non-essential business/undertaking:</p> <ul style="list-style-type: none"> <li>• Business that supplies liquor for consumption on premises</li> <li>• Hotel (not to the extent it provides accommodation, takeaway meals, meal delivery, a bottleshop)</li> <li>• Gym</li> <li>• Indoor sporting centre</li> <li>• Health club/fitness centre</li> <li>• Centre that provides yoga, barre, spin</li> <li>• Sauna, bathhouse or wellness centre</li> <li>• Boot camp or personal trainer (unless 1 on 1 session where social distancing observed)</li> <li>• Social sporting-based activity (involves outdoor events for groups of no more than 2 people observing social distancing)</li> <li>• Swimming pool (unless for therapeutic services in a hospital)</li> <li>• Gallery, museum, national institution or historic site</li> </ul> | 31 March 2020 | 13 April 2020 | Section 120 <i>Public Health Act 1997</i> (ACT) | <p><a href="#">Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No 4)</a></p> <p>Revokes and replaces <a href="#">Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No 3)</a></p> |

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|  | <ul style="list-style-type: none"> <li>• Library</li> <li>• Gaming/gambling venue</li> <li>• Casino</li> <li>• Cinema, nightclub or entertainment venue of any kind</li> <li>• Restaurant or cafe (other than for takeaway meals, meal delivery service, or where a canteen in certain facilities e.g. a school)</li> <li>• Community centre or facility (but not to the extent it hosts essential voluntary/public services e.g. food bank)</li> <li>• Hairdresser or barber (but not if social distancing is observed)</li> <li>• Nail salon</li> <li>• Tattoo parlour</li> <li>• Centre that provides beauty therapy, tanning, waxing</li> <li>• Spa/massage parlour</li> <li>• Strip club, brothel, escort agency</li> <li>• Concert venue, theatre, arena, auditorium, stadium</li> <li>• Amusement park/arcade</li> <li>• Outdoor/indoor play centre</li> <li>• Food court (unless providing takeaway meals/meal delivery)</li> <li>• Auction house</li> <li>• Real estate auction or open house inspection (unless private appointments for inspection)</li> <li>• Place of worship (other than for a wedding – no more than 5 people, or a funeral – no more than 10 people)</li> <li>• Public playgrounds/skate parks</li> <li>• Public outside gyms/fitness stations/exercise equipment</li> </ul> |  |  |  |  |
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|  | <p>Direction that a person who enters the Act following a flight that originated from a place outside Australia must:</p> <ul style="list-style-type: none"> <li>• Travel directly from that place to designated premises to reside in until clearance from quarantine is given by an authorised medical officer; and</li> <li>• Communicate the fact they are subject to quarantine to any person they may come into contact; and</li> <li>• Comply with any request by an authorised person to produce proof of I.D.</li> </ul>  | 28 March 2020 | Day the declared emergency (as extended or further extended) ends. | Section 120 <i>Public Health Act 1997</i> (ACT) | <a href="#">Public Health (Returned Travellers) Emergency Direction 2020 (No 2)</a> |
|  | <p>Direction that a person who is diagnosed with COVID-19 must travel directly from that place to a premises suitable for the person to reside in and reside in that premises until clearance from self-isolation is given; or travel directly to a hospital for medical treatment.</p> <p>Must not leave the premises except:</p> <ul style="list-style-type: none"> <li>• To obtain medical care/medical supplies</li> <li>• In any other emergency situation</li> <li>• In limited outdoor circumstances where it is possible to avoid close contact</li> </ul> <p>Must not permit any other person to enter the premises unless that other person usually lives at the premises or is living at the premises for the purposes of self-isolation, or for medical/emergency purposes.</p> <p>Clearance from isolation is given by an authorised medical officer in writing.</p> <p>Direction that a person who is diagnosed with COVID-19 must:</p> <ul style="list-style-type: none"> <li>• Travel directly from that place to designated premises to reside in until clearance from quarantine is given by an authorised medical officer, or to a hospital for medical treatment.</li> </ul> | 24 March 2020 | Day the declared emergency (as extended or further extended) ends. | Section 120 <i>Public Health Act 1997</i> (ACT) | <a href="#">Public Health (Self-Isolation) Emergency Direction 2020</a>             |

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| <ul style="list-style-type: none"> <li>• Communicate the fact they are subject to quarantine to any person they may come into contact; and</li> <li>• Comply with any request by a police officer or member of the ambulance service to produce proof of I.D.</li> <li>• Not leave the premises except: for the purposes of obtaining medical care/medical supplies, or in an emergency situation, or in limited outdoor circumstances where possible to avoid close contact with persons.</li> </ul> <p>Not permit any other person to enter unless that other person usually lives at the premises, or is living at the premises for the purposes of self-isolation, or for medical/emergency purposes.</p> |               |  |   |   |
| <p>Direction that a person may not enter a residential aged care facility. Exceptions apply (e.g. for employees).</p>   | 23 March 2020 | Day the declared emergency (as extended or further extended) ends  | Section 120 <i>Public Health Act 1997</i> (ACT) | <a href="#">Public Health (Residential Aged Care Facilities) Emergency Direction 2020</a> |
| <p>Direction requiring persons to self-quarantine following overseas travel for a period of 14 days.</p>  | 19 March 2020 | Day the declared emergency (as extended or further extended) ends. | Section 120 <i>Public Health Act 1997</i> (ACT) | <a href="#">Public Health (Returned travellers) Emergency Direction 2020</a>              |
| <p>Canberra's public health services are introducing visitor restrictions at key sites, including Canberra Hospital, University of Canberra Hospital and Calvary Public Hospital. Private hospitals including National Capital Private Hospital are also introducing restrictions.</p>  | 19 March 2020 |  |   | <a href="#">Latest news on COVID-19</a>   |

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|  | Declaration of Public Health Emergency. | 16 March 2020 | 90 days from 8 April 2020 | Section 119 <i>Public Health Act 1997</i> (ACT) | <a href="#">Public Health (Emergency) Declaration</a><br><br><a href="#">Public Health (Emergency) Declaration Further Extension (No. 9)</a> |
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| State/<br>Territory | Summary of Current Measures  | Date Commenced | Date Repealed   | Authorising<br>Legislation   | Source   |
|---------------------|--|----------------|---|--|--|
| NT                  | <p>Direction that an occupier of an outdoor place must not allow a gathering of more than 10 people to occur.</p> <p>Direction that an occupier of an indoor place must not allow a gathering to occur if the gathering has more than 10 people or the density of people present is more than one person per 4 metres square.</p> <p>Direction that the operator of a vessel must not allow more than 10 people on the vessel and must not allow the density of people present to be more than one person per 4 metres square of the deck area.</p> <p>Direction that a person must not attend a gathering described above.</p> <p>Exemptions for:</p> <ul style="list-style-type: none"> <li>• people who all live in the same residence</li> <li>• gathering for the purpose of conducting emergency services, certain places (e.g. airport, prison, medical/health service).</li> </ul> | 20 April 2020  | Remain in force while the public health emergency declaration is in force | Section 52 <i>Public and Environmental Health Act 2011</i> (NT)      | <a href="#">COVID-19 Directions (No. 23) 2020</a><br><br>Revokes <a href="#">COVID-19 Directions No 14</a> |
|                     | <p>Determines the maximum fares and charges that may be charged:</p> <ul style="list-style-type: none"> <li>- during the period of COVID Public Health Emergency</li> <li>- in the circumstances where a passenger who is suspected of having COVID-19 or who may have been exposed to the COVID-19 virus, is being carried in a taxi at the expense of the Northern Territory of Australia</li> </ul>   | 20 April 2020  |   | Section 26(1), <i>Commercial Passenger (Road) Transport Act 1991</i> | <a href="#">Maximum Fares and Charges for Taxis Determination</a>  |

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| Directions for declaration and screening on arrival in Territory, for quarantine of all arrivals, social distancing measures. Revokes <a href="#">COVID-19 Directions (No 19) 2020 Directions for Territory Border Restrictions</a>  | 17 April 2020 |   | Section 52 <i>Public and Environmental Health Act 2011</i> (NT)         | <a href="#">COVID-19 Directions (No. 22) 2020</a>   |
| Provides directions for persons potentially infected with COVID-19. This includes submitting for a test and isolating when directed by a <i>medical officer</i> .  | 16 April 2020 |   | Section 52 <i>Public and Environmental Health Act 2011</i> (NT)         | <a href="#">COVID-19 Directions (No. 21) 2020</a>   |
| Revokes COVID-19 Directions (No. 18) 2020.<br><br>Directions to close public places, services and activities.  | 15 April 2020 | Remain in force while the public health emergency declaration is in force | Section 52 <i>Public and Environmental Health Act 2011</i> (NT)         | <a href="#">COVID-19 Directions (No. 20) 2020</a>   |
| Directions for declaration and screening on arrival in Territory, for quarantine of all arrivals, social distancing measures.  | 9 April 2020  |   | Section 52 <i>Public and Environmental Health Act 2011</i> (NT)         | <a href="#">COVID-19 Directions (No 19) 2020 Directions for Territory Border Restrictions</a><br><br>COVID-19 Directions (No 16) 2020 are revoked |
| Exemption for any person who is a rail transport operator from the requirement to conduct periodic health assessments of rail safety workers where there are issues accessing authorised health professions as a result of the impacts of COVID-19. The rail transport operator must | 8 April 2020  | 3 months  | Sections 203(1)(a), (2)(a) and (b) <i>Rail Safety (National Uniform</i> | <a href="#">Gazette No G14</a>  |

|  |  |              |   |   |  |
|--|--|--------------|---|---|--|
|  | undertake a risk assessment for the affected workers and determine whether it is a low risk to postpone the periodic health assessment until such time as the assessment can be rescheduled.   |              |   | <i>Legislation) Act 2012</i>                                    |  |
|  | Exemption for a person who: applies for a licence as a crowd controller or security officer from the requirement of section 15(4)(b) of the Act to the extent that the course of training relates to the provision of first aid; and applies to renew a licence as a crowd controller or security officer from the requirement of section 24(4) of the Act to hold a current first aid certificate.  | 7 April 2020 | Six months after the declaration of public health emergency expires or is revoked | <i>Private Security Act 1995 (NT)</i>                           | <a href="#">Exemption under the Private Security Act 1995 (NT)</a>   |
|  | <p>An occupier of a place/proprietor of a business must close to the public any place specified in direction 5; and cease conducting with, or providing to, the public any activity or service specified in direction 5.</p> <p>The following places, activities and services are closed to the public:</p> <ul style="list-style-type: none"> <li>• food/beverage businesses for consumption in, on or at premises of the business or an indoor food court</li> <li>• casino</li> <li>• business that holds a gaming machine licence</li> <li>• cinema, theatre, concert hall, music hall, dance hall, nightclub or any other similar entertainment venue</li> <li>• an amusement venue.</li> <li>• indoor market (other than food market)</li> <li>• place used to conduct an auction</li> <li>• place that provides beauty therapy</li> <li>• place that provides tattooing or body art</li> <li>• place that provides yoga, pilates, barre, massage or other wellness services (exceptions apply)</li> <li>• strip clubs etc.</li> </ul> | 5 April 2020 | 15 April 2020   | Section 52 <i>Public and Environmental Health Act 2011 (NT)</i> | <p><a href="#">COVID-19 Directions (No. 18) 2020</a></p> <p>Revoked the <a href="#">COVID-19 Directions (No 17) 2020</a></p> <p>Former directions on this topic: <a href="#">COVID-19 Directions (No 15)</a></p> |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  | <ul style="list-style-type: none"> <li>• bathhouse, swimming pool, wave pool, water park etc.</li> <li>• gymnasium, skate park, public playground and outdoor gym equipment in a public place</li> <li>• arena, stadium, sporting facility, amusement park, community or recreation centre and play centre</li> <li>• place that provides physical training indoors</li> <li>• business that provides physical training activities outdoors with more than 2 people present (including trainer)</li> <li>• RSLs</li> <li>• art gallery, museum, public memorial or public historic site</li> <li>• public library</li> <li>• place used for religious worship (except a wedding with no more than 5 persons present, or a funeral with no more than 10 persons present)</li> <li>• venue that operates a totalisator or conducts totalisator wagering</li> </ul> <p>Exemptions: hairdressing, massage services provided as allied health services, essential volunteer/public services, public library restricted to returning books/borrowing books in advance, accommodation provider providing accommodation to guests and serving food/beverages for consumption by a guest in the guest's room, premises in the business of serving food/beverages to a person providing services for the transport/freight of goods and related logistics into the Territory.</p> <p>A person must not organise/participate in the following:</p> <ul style="list-style-type: none"> <li>• real estate open house inspection</li> <li>• sporting activity engaged in by more than 2 people (unless they ordinarily reside together)</li> </ul> |  |  |  |  |
|--|--|--|--|--|--|

|  |              |   |   |  |
|--|--------------|---|---|--|
| <ul style="list-style-type: none"> <li>wedding with more than 5 people present (including celebrant) – CHO can provide further exemption</li> <li>funeral with more than 10 people present (excluding persons necessary for the conduct of the funeral) – CHO can provide further exemption</li> </ul>   |              |   |   |  |
| <p>Transitional provision – any person who was required under the revoked Directions to remain quarantined must continue to remain quarantined for 14 days from arrival.</p> <p>Direction that every person entering the NT provide certain information (e.g. contact details) to a police officer, or another person approved by the CHO.</p> <p>Direction that every person entering the NT submit to a screening procedure approved by the CHO for COVID-19.</p> <p>Direction to every person entering the Territory from a place outside the Territory that the person must:</p> <ul style="list-style-type: none"> <li>travel directly from place of entry to a place specified by the CHO or an authorised officer; and</li> <li>remain quarantined for 14 days.</li> </ul> <p>Further requirements relating to children under 18 years of age.</p> <p>Person must not leave unless:</p> <ul style="list-style-type: none"> <li>for the purpose of obtaining medical care; or</li> <li>in an emergency.</li> </ul> <p>Person must not permit a person to enter unless:</p> <ul style="list-style-type: none"> <li>entering to deliver medical care/medical supplies</li> <li>entering for an emergency or other urgent circumstances</li> </ul> <p>Person must comply with any other directions given by CHO or an authorised officer.</p> | 1 April 2020 | 9 April 2020 (replaced by Directions No 19) | Section 52 <i>Public and Environmental Health Act 2011</i> (NT) | <p><a href="#">COVID-19 Directions (No 16) 2020 – Territory Border Restrictions</a></p> <p>Revoked <a href="#">COVID-19 Directions No 13</a></p> |

|  |  |               |               |   |  |
|--|--|---------------|---------------|---|--|
|  | <p>Exemptions apply e.g. member of a flight crew (with conditions), active Australian military personnel while performing their official duties etc.</p> <p>While in the Territory and not working certain categories of exempt persons must remain quarantined in a place for 14 days.</p> <p>Further exemption if a person intends to travel in the Territory for the primary purpose of crossing into a State, and provides a travel plan to a police officer which contains information set out in the Direction (e.g. intended route of travel). Further conditions apply.</p> <p>CHO can grant an exemption in writing on certain grounds.</p> <p>Exemptions will not apply if person's screening shows the person is suspected of being infected with COVID-19.</p> <p>Further clarification on what is required of a person complying with social distancing measures.</p> |               |               |   |  |
|  | <p>Direction that an occupier of an outdoor place must not allow a gathering of more than 10 people to occur.</p> <p>Direction that an occupier of an indoor place must not allow a gathering to occur if the gathering has more than 10 people or the density of people present is more than one person per 4 metres square.</p> <p>Direction that the operator of a vessel must not allow more than 10 people on the vessel and must not allow the density of people present to be more than one person per 4 metres square of the deck area.</p>  | 30 March 2020 | 20 April 2020 | Section 52 <i>Public and Environmental Health Act 2011</i> (NT) | <a href="#">COVID-19 Directions No 14</a><br><br>Revoked<br>Direction No 4 |

|  |   |               |                                     |   |  |
|--|---|---------------|-------------------------------------|---|--|
|  | <p>Direction that a person must not attend a gathering described above.</p> <p>Exemptions for:</p> <ul style="list-style-type: none"> <li>• people who all live in the same residence</li> <li>• gathering for the purpose of conducting emergency services</li> <li>• certain places (e.g. airport, prison, medical/health service).</li> </ul>  |               |                                     |   |  |
|  | <p>Direction requiring a person who has been notified by an authorised officer/health practitioner that the person is infected with COVID-19 to:</p> <ul style="list-style-type: none"> <li>• travel directly to a hospital or another place for medical treatment;</li> <li>• remain isolated until notified in writing by CHO or delegate that the person no longer needs to remain isolated.</li> </ul> <p>Person who must remain isolated in a place must not leave the place except for the purpose of obtaining medical care or for an emergency.</p> <p>Direction 4 of the COVID-19 Directions (No. 14) 2020 is revoked by the COVID-19 Directions (No. 18).</p> | 28 March 2020 | Duration of public health emergency | Section 52 <i>Public and Environmental Health Act 2011</i> (NT) | <a href="#">COVID-19 Directions (No. 7) 2020</a> |
|  | <p>Announcement that NT Correctional Services is suspending all social visits to prisoners at the Darwin and Alice Springs Correctional Centres and the work camps at Tenant Creek and Nhulunbuy.</p>   | 24 March 2020 |                                     |   | <a href="#">Media statement – 24 March 2020</a>  |
|  | <p>Bill to enable declaration to be made for 90 days and further extended for 90 days and to amend the <i>Information Act 2002</i> (NT) to enable emergency information sharing to occur for a public health emergency.</p>   |               |                                     |   |  |

|  |                  |                                     |   |  |
|--|------------------|-------------------------------------|---|--|
| Direction to police officers who are authorised officers under s 76(1)(f) <i>Public and Environmental Health Act 2011</i> (NT) to assist in exercising the powers under Part 5, Division 2 <i>Public and Environmental Health Act 2011</i> (NT). | 22 March 2020    | Duration of public health emergency | Section 53(1)(b) <i>Public and Environmental Health Act 2011</i> (NT)     | <a href="#">COVID-19 Directions (No. 5) 2020</a>   |
| Direction that a person must not enter or remain on the premises of an aged care facility (exceptions apply e.g. employees).   | 22 March 2020    | Duration of public health emergency | Section 52 <i>Public and Environmental Health Act 2011</i> (NT)           | <a href="#">CHO Directions No 2</a>  |
| Direction from Tiwi Land Council – any person who is not a resident of the Tiwi Islands is not permitted to enter; revoked all non-essential permits; no new non-essential permits will be granted.  |                  |                                     |   | <a href="#">Coronavirus (COVID-19) updates</a>   |
| Freeze on Power and Water tariffs.   | 18 March 2020    | July 2021                           |   | <a href="#">Coronavirus (COVID-19) updates</a>   |
| Declaration of Public Health Emergency.  | 18 March 2020    | 28 March 2020 (extended by 5 days)  | Section 48 and 50(2) <i>Public and Environmental Health Act 2011</i> (NT) | <a href="#">Gazette No. S12</a><br><a href="#">Gazette No. S10</a>   |
| Declaration and Notification of Notifiable Disease Novel coronavirus (COVID-19).   | 19 February 2020 |                                     | Section 6 <i>Notifiable Diseases Act 1981</i> (NT)                        | <a href="#">Declaration and Notification of Notifiable Disease Novel coronavirus (COVID-19)</a><br><br><a href="#">Media Statement – 16 March 2020</a> |

## Fwd: Saturday April 4 - Media Lines

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**From:** REDACTED (DPC) REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Sat, 04 Apr 2020 09:49:51 +1100  
**Attachments:** 040420\_-\_covid\_lines.docx (45.8 kB); COVID-19 Situation Report 4 April 2020 SitRep #60.pdf (474.42 kB); MEDIA RELEASE\_POSSIBLE CORONAVIRUS DRUG IDENTIFIED BY MONASH UNIVERSITY RESEARCHERS.docx (2 MB)

Just an FYI - these are with Annaliese

---

**From:** REDACTED  
**Sent:** Saturday, April 4, 2020 9:47 am  
**To:** Jenny Mikakos (VICMIN)  
 REDACTED  
**Subject:** Saturday April 4 - Media Lines

Hi Minister,

Lines log, situation report and media release on Monash University study (parasite drug that kills coronavirus) attached.

Key things I think you'll get this morning – Alfred staff isolated, Monash study, PSO's redeployed, new death, City of Hume has the highest infection rate.

You may also get Peter Mac negative test result.

I'll meet you at 50L at 11.40am and have also printed these for you including the CHO release and daily stats page.

Additional lines you may need this morning below.

Thanks,  
 REDACTED

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### **Peter Mac staff member cleared for coronavirus**

A health care worker at Peter MacCallum Cancer Centre has returned a negative test for coronavirus after initially testing positive.

This is a good result for the individual, for the team at Peter Mac and certainly for those patients affected.

When it comes to testing health care workers with exposure to high risk patients, we will always support a cautious approach.

We acknowledge the inconvenience and stress this incident would have caused patients, loved ones and staff and thank them for their understanding.

### **Background**

No medical test is 100 per cent accurate, and with thousands of COVID-19 tests being administered every day in Victoria, some reports of conflicting test results are to be expected.

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### **Potential treatments**

There is currently no drug treatment for coronavirus. Health services have access to supportive measures that can substantially reduce the severity of this disease.

We've got some of the brightest minds in the world in our health services, laboratories and research sector

working on the global response. Researchers around the world are also working to develop a vaccine, but it might be months away or longer. Even the best health systems will be challenged by a pandemic, so we are preparing for all scenarios.

We are expanding the already significant capacity of the Victorian Infectious Disease Reference Laboratory to meet increasing demand for rapid COVID-19 testing of suspected cases as part of the Victorian Government's recent \$6million investment to accelerate the Doherty Institute's landmark research into the virus.

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### **Coronavirus – PSOs**

The government is currently looking at all options to ensure the appropriate use of all police resources.

### **Background**

Currently PSOs are restricted to the transport network under existing legislation.

---

### **GST reduction**

These changes leave Victoria \$1.27 billion worse off – the largest cut for any state, ever. It's extremely disappointing, but we'll keep fighting for a fair share of funding for schools, hospitals and the other vital services Victorians need.

REDACTED

**Media Adviser  
Health and Human Services**

Office of the Premier of Victoria  
Level 1, 1 Treasury Place, East Melbourne VIC 3002

REDACTED



Office of  
the Premier

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## Coronavirus General

In order to avoid the distressing scenes we now are seeing around the world, National Cabinet has agreed to significant new restrictions on public gatherings and will also enforce that where people can stay at home, they must stay at home.

Some things in life are complex, this is not. Our message to every Victorian is very clear: stay home.

There are only four reasons to leave your home: food and supplies, medical care, exercise, and work or education.

Most Victorians are doing the right thing and we're grateful to them. But we must do more.

That's why we are also restricting gatherings to no more than two people except for members of your immediate household and for work or education.

As we deal with this health crisis, we know that for many Victorians it's an economic crisis as well. With many businesses losing their customers, and Victorians losing their jobs, paying rent is becoming impossible for some people.

That's why National Cabinet has agreed to a moratorium on evictions for the next six months for residential and commercial tenants who are experiencing financial distress due to the impact of coronavirus. This will apply across all states and territories.

To flatten the curve, we are all going to have to sacrifice a lot. But it may be the most important thing we ever do.

So please: Stay home. Protect our health system. Save lives.

## Other COVID 19 Measures

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

## Coronavirus crisis council

The coronavirus (COVID-19) pandemic is something that our state and our nation has not faced in our lifetimes and it presents an unprecedented challenge to the operation of Government.

It has already disrupted our lives in ways we could not have imagined, even four weeks ago.

As a Government, it is our job to respond to this health emergency now to keep Victorians safe, and then ensure our state is best placed to recover and rebuild when we get to the other side of this crisis.

The Crisis Council of Cabinet (CCC) will be the core decision making forum for the Victorian Government on all matters related to the coronavirus emergency, including implementing the outcomes of the National Cabinet.

It will operate initially until 30 September 2020 and will then be reviewed.

Premier will chair the CCC and it will include:

- James Merlino: Minister for the Coordination of Education and Training – COVID-19

- Tim Pallas: Minister for the Coordination of Treasury and Finance – COVID-19
- Jacinta Allan: Minister for the Coordination of Transport – COVID-19
- Jenny Mikakos: Minister for the Coordination of Health and Human Services – COVID-19
- Jill Hennessy: Minister for the Coordination of Justice and Community Safety – COVID-19
- Martin Pakula: Minister for the Coordination of Jobs, Precincts and Regions – COVID 19
- Lisa Neville: Minister for the Coordination of Environment, Land, Water and Planning – COVID-19

These seven Ministers have been sworn-in with new portfolios with responsibility for leading all COVID-19 response activities in their respective departments, while keeping their current portfolio responsibilities.

Other Ministers will continue to administer their current portfolios and the full Cabinet will continue to meet each week to manage the general business of government.

The most senior levels of the Victorian Public Service will also be structured to align with these new coordinating responsibilities, with a focus on eight core missions that will help us respond appropriately and effectively to the coronavirus emergency.

Departmental Secretaries will appoint Associate Secretaries to run the day-to-day administration of their departments, allowing the Secretaries to lead teams focused on the pandemic response.

These arrangements are temporary, but they're absolutely necessary so we can save Victorian lives and support Victorian workers and businesses to the other side of this crisis.

### Latest COVID-19 update

The total number of coronavirus (COVID-19) cases in Victoria is 1085 – an increase of 49 from yesterday.

Yesterday a man in his eighties died in hospital, taking the number of people who have died in Victoria from coronavirus to seven.

The total number of cases includes 577 men and 504 women. Cases range in age from babies to their early nineties. There are 62 confirmed cases of COVID-19 in Victoria that may have been acquired through community transmission. More than 51,000 tests have been conducted to date.

Currently 36 people are in hospital – including six patients in intensive care – and 422 people have recovered.

Currently 37 people are in hospital – including seven patients in intensive care – and 476 people have recovered.

Of the total 1,085 cases, there have been 866 in Melbourne and 205 in regional Victoria. A number of cases remain under investigation.

Details can be found on the DHHS website at: <https://www.dhhs.vic.gov.au/media-hub-coronavirus-disease-covid-19>.

The Department of Health and Human Services follows up and monitors all close contacts of confirmed cases and provides them with information and support. All close contacts must self-isolate for 14 days.

### Flattening the curve – transmission rate

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### Background

With over a thousand cases in Victoria at the moment, we would be heading to 16,000 cases in a month, which would put enormous strain on our health system.

It will be weeks before we know if we can really drive down cases to protect our health system.

### Alfred hospital cases

A third patient who had tested positive for COVID-19 has now died at the Alfred.

Stringent infection control measures remain in place on the ward, which has been closed to new admissions since last week

The Alfred is still admitting new cancer patients in need of urgent care into other areas of the hospital.

Two COVID-19 positive patients remain in a stable condition at The Alfred, while 10 staff have the virus and are recovering at home.

The Alfred has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

An investigation is underway to determine the source of transmission.

### ICU expansion

Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won't need all of this extra capacity, and we'll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

### Background

At present, Victoria's public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won't be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

### *Funding - general*

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

### Staffing

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

### Partners – CHO exemption

We know these restrictions are very strict and they are strict for a reason.

In order to save lives and protect our health system – people need to stay home.

There were significant concerns about people who were in a relationship and living at home with parents and elderly people, who are a vulnerable cohort – potentially passing that on to them

But we understand that we have to have a practical application of these directions as best we can. That's why the Chief Health Officer is providing an exemption so partners who don't live together can see each other during this time.

### Fishing and hunting

The advice is clear, you need to stay home.

There are a lot of sacrifices we need to make – and going out to fish or hunt are some of them.

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

### Construction and coronavirus

Construction is continuing in Victoria, in accordance with requirements set out by the Chief Health Officer, including social distancing.

We've been working closely with industry and the Unions to ensure we can protect workers' safety and jobs, including the 15,000 working across Victoria's Big Build and other projects in our unprecedented infrastructure program.

#### Background

Work practices on Victorian construction sites will continue to be determined on the advice of the Chief Health Officer.

The Department of Health and Human Services advice is that, any worker who tests positive is required to go into self-isolation for 14 days.

Any close contacts identified by DHHS tracing are required to go into self-quarantine for 14 days. Once a site has been cleaned, it is the builder's decision on whether it is reopened.

DHHS has compiled detailed guidelines for best practice in the construction industry.

This includes the requirement for screening of construction workers to ensure no one recently returned from overseas is on site, and that people who have flu-like symptoms not attend work. Workers also need to adhere to physical distancing rules and maintain high levels of on-site hygiene.

These can be found here:

[https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best\\_practice\\_for\\_managing\\_construction\\_sites\\_COVID-19\\_3103-final.pdf.pdf](https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best_practice_for_managing_construction_sites_COVID-19_3103-final.pdf.pdf)

### Firearms restrictions

The sale of firearms and ammunitions for sporting or recreational purposes will be temporarily banned, following deliberations by the National Cabinet.

The new measures are designed to protect licensed firearm owners and dealers as well as the broader community.

We're responding to an increase in demand for firearms and ammunition across the country by doing what we can to protect licensed firearm owners and dealers as well as the broader community.

We sincerely hope that Victoria Police does not have to issue one of these on the spot fines, and people do the right thing. But for those who don't, they will be dealt with.

## Background

Licensed firearm owners and dealers exercise a high degree of care when complying with their obligations, however, there has been an increase in firearm permits to acquire applications and additional ammunition in recent times, increasing the risk that firearms and ammunition may not be stored correctly.

Farmers, rural landholders, professional vermin control and armed guards will still have access.

## Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

It has also been agreed that the Australian Defence Force will be engaged to support the implementation of these arrangements.

As we take this extra step to slow the spread of coronavirus, our message to every other Victorian remains the same: Stay at home, protect our health system, save lives.

If you can stay home, you must stay home.

If you don't, people will die.

## On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system.

Our message is clear: if you can, you must stay at home.

## Coronavirus – PSOs

The government is currently looking at all options to ensure the appropriate use of all police resources.

### Background

Currently PSOs are restricted to the transport network under existing legislation.

### Going to the beach

Many beaches have been closed to help slow the spread of coronavirus.

While you can exercise at the beach if you follow the two-person restrictions, our message is clear: stay home.

### Holiday houses

Our message to Victorians is clear – stay home.

No one needs to spend the day at the beach or the weekend touring around regional Victoria. This will only spread the virus and more people will die.

### Background

Travelling to a holiday house is not banned. But if you do, then you must still practice social distancing measures, by keeping at least 1.5 metres away from other people, and only going out if you need to buy food or medical supplies.

### [Call for healthcare workers to join coronavirus response](#)

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

#### **Background**

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus responsive, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](http://dhhs.vic.gov.au/coronavirus).

### [Victorian Schools](#)

School holidays for government schools in Victoria were brought forward to allow teachers and staff to plan for flexible and remote learning in the event schools need to move to that method of teaching.

Primary school students and all students in specialist schools who are the children (or under the care) of essential services workers are eligible for care and supervision programs.

Examples of essential services may include health, police, corrections and emergency services workers.

### [Term 2 school start](#)

Any decision to shift to remote and flexible learning will be made on the advice of the Victorian Chief Health Officer.

Term 2 for students will begin on 15 April and we will communicate with families as soon as possible about what format that will take.

### [Ventilators, ICU capacity and hospital preparedness](#)

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

#### **Background**

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 500 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need.

We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

### Elective surgery

We need to wind-down non urgent surgery because coronavirus cases continue to rise.

This follows agreement by the National Cabinet. We are making these decisions in order to protect patients, health care workers and their families from this deadly virus.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can stay at home, you must stay at home.

#### Background

Victoria's public hospitals have been directed to begin winding back all non-urgent surgery, where it is safe to do so, as preparations escalate for the health system to cope with the coronavirus pandemic.

No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.

This is consistent with a decision of the National Cabinet acting on advice from the AHPPC that until further notice all elective surgery, other than urgent cases, will be suspended. This will apply to both public and private hospitals.

This will not affect emergency surgery, or category one elective surgeries including those booked in as part of our elective surgery blitz – which are considered the most urgent including urgent heart, neurological and cancer procedures.

As the pandemic progresses the Department of Health and Human Services will actively plan for these services to recommence, including surge capacity to reduce waitlists, when it is safe to do so.

### Hospital visit limitations

In Victoria, patients in public, private and denominational hospitals, multi-purpose services and day procedure centres will only be allowed a maximum of two visitors at one time for two hours a day.

We are taking these unprecedented measures to protect our hospital staff, patients and visitors and we will continue to do what it takes to keep everyone safe from coronavirus.

Our doctors, nurses and allied health professionals are working around the clock caring for patients – these new measures will help protect them as they tackle this pandemic head on.

The health and wellbeing of our dedicated hospital staff is paramount. This will be incredibly difficult for many patients and families but we must do everything we can to help our health care workers as they manage the challenges of coronavirus.

#### Background

People in the following categories will not be bound by the two hour time limit, however the limit of two visitors at a time must still be adhered to;

- in the case of a patient of the hospital aged under 18 years—the person is the parent or guardian of the patient or has temporary care of the patient
- in the case of a patient of the hospital with a disability—the person is the carer of the patient
- in the case of a pregnant patient of the hospital whose status as a patient relates to the pregnancy—the person is the patient's partner or support person
- in the case of a patient of the hospital attending at the hospital's emergency department—a person accompanying the patient
- in the case of a patient of the hospital attending an outpatient appointment—a person accompanying the patient
- the person's presence at the hospital is for the purposes of end of life support for a patient of the hospital.

We ask the community if they are visiting any hospital in Victoria, to practice hand hygiene and respiratory etiquette responsibly. Anyone who is unwell should stay at home and call their GP or the COVID-19 public information hotline on 1800 675 398.

## Emergency relief packages for Victorians

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

### Background

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

## COVID-19 – State of Emergency

A State of Emergency has been declared in Victoria to combat COVID-19, as agreed by National Cabinet.

Under a State of Emergency, Authorised Officers 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.

This is another step in the Victorian Government's plan to combat this virus and do what we need to do to prevent the spread of COVID-19 as much as we can.

## Isolation requirements for travellers

Returned travellers are being made to undertake their mandatory 14-day quarantine period at designated accommodation such as a hotel, rather than at home.

The National Cabinet has taken this significant step in recognition that travelers returning from overseas pose an unacceptable risk of spreading the virus.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn't go to public places including work, school, childcare, university or public gatherings.

## Coronavirus testing

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

We've completed more than 49,000 tests and have established 30 screening and assessment clinics across Melbourne and regional Victoria, and our world class hospitals stand ready to establish more as required.

With more public and private labs coming online we have been able to progressively increase our testing capacity to now be more 4000 tests per day.

Victoria continues to work closely with Commonwealth agencies, to widen testing capacity.

### Background

We currently have nine laboratories in public health services testing for coronavirus and two private laboratories.

Victorian laboratories are now conducting more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

Victoria will assist in any way we can to ensure these are brought online promptly once locations are identified.

### Testing criteria

We have continued to boost our testing capacity in Victoria by sustained expansion of our screening clinics and coronavirus testing laboratories.

This means we can test more Victorians than ever and well above the previous key target groups, the majority of which were travellers - a diminishing group.

To ensure we are getting the best possible picture of how the virus is tracking, Victoria's Chief Health Officer has expanded testing beyond healthcare workers, vulnerable groups, returned travellers and close contacts, to include key public facing workers, such as police and disability workers, as well as patients in high risk settings.

### Background

The full current testing criteria is available from the Department of Health and Human Services website.

<https://www2.health.vic.gov.au/about/news-and-events/HealthAlerts/2019%20Coronavirus%20disease%20-COVID-19>

This broadened criteria includes an expansion of the risk groups to be considered for testing.

Individuals who develop fever and respiratory symptoms and who fall in these groups are recommended for testing. People without symptoms should not be tested.

These additional groups include police officers, child protection workers, homelessness support, paid or unpaid workers in health care, residential care and disability settings.

It also includes immunosuppressed patients who are admitted to hospital and patients in high risk settings such as military operating settings, boarding schools, prisons and correctional settings.

The case definition is regularly updated in line with national guidelines, intelligence of the pandemic and epidemiology in Victoria and Australia.

### Test kits

We are continuing to work hard to source swabs and testing kits for Victorian hospitals amidst a significant global shortage of swabs and reagent test kits for COVID-19 testing.

We are urging clinicians to only use one swab and to limit testing to high-risk patients, and those who meet the case definition under the national guidelines which includes healthcare workers.

### Prescriptions

We advise people to ensure they have enough medication to meet their needs, particularly if they were required to undergo quarantine unexpectedly and needed to avoid pharmacies and other public places.

For the majority of people, a 30 day supply should be sufficient, but people should consider whether they need more and discuss their prescription with their GP if concerned.

### Panic buying

We understand there is a lot of concern in the community right now, but there is no need to rush out and stock up on goods.

The major supermarkets have assured the Government that they are well stocked and will continue to be well-stocked.

Supermarkets will stay open - this is about sensible planning so if you or your loved ones become unwell you will have supplies of consumables and medication.

## General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://dhhs.vic.gov.au/novelcoronavirus)

## Screening clinics and hotspot LGAs

We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.

We have established 30 screening and assessment clinics across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.

We're working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.

### Background

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398. Large numbers of calls will result in some delays and we ask Victorians for their patience.

## Council Meetings

We're working with Councils to consider the implications of Coronavirus on their operations including the welfare of staff, compliance with the Act, elections and their meetings.

## Local footy and cricket scheduling and coronavirus impact

We encourage all sporting bodies to work co-operatively, especially where shared facilities are involved.

### Background

In March 2019, Minister for Sport Martin Pakula determined that, for grounds on Crown land where football and cricket are played, the football season would run from 1 April to 30 September and the cricket season would run from 1 October to 31 March.

These dates were agreed to by AFL Victoria and Cricket Victoria on behalf of their respective sports.

The determination contained flexibility for activities such as pre-season practice matches to be played on jointly-used ovals with the permission of the other sport.

The determination notes that the arrangements can be varied by mutual agreement between the sports.

## Fwd: Sunday April 5 - media lines log + materials

**From:** REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Sun, 05 Apr 2020 09:06:14 +1000  
**Attachments:** PPODailyBriefingNote05042020.pdf (434.11 kB); COVID-19 Daily Update 05.04.20.docx (20.19 kB); HHSD 20 155437 COVID-19 Situation Report 5 April 2020 SitRep .pdf (470.71 kB); CHO Release - COVID-19 5 April 2020 - PHC Change.doc (135.17 kB); 050420\_-\_covid\_lines (1).docx (45.06 kB)

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**From:** REDACTED  
**Sent:** Sunday, April 5, 2020 9:04 am  
**To:** Jenny Mikakos (VICMIN)

REDACTED

**Subject:** Sunday April 5 - media lines log + materials

Hi Jenny,

Daily stats doc from the Premier and REDA media lines log, CHO release and situation report attached.

Additional lines you may need this morning below.

---

### Construction and coronavirus

Construction is continuing in Victoria, in accordance with requirements set out by the Chief Health Officer, including social distancing.

We've been working closely with industry and the Unions to ensure we can protect workers' safety and jobs, including the 115,000 working across Victoria's Big Build and other projects in our unprecedented infrastructure program.

### Background

Work practices on Victorian construction sites will be determined on the advice of the Chief Health Officer.

---

### Easter travel

Our message to Victorians is clear – stay home. No one needs to spend the day at the beach or the weekend touring around regional Victoria. This will only spread the virus and more people will die.

### Background

Travelling to a holiday house is not banned. But if you do, then you must still practice social distancing measures, by keeping at least 1.5 metres away from other people, and only going out if you need to buy food or medical supplies.

----

### Free kinder

We are making sure Victorian children can still go to kinder and get an early childhood education during this difficult period, without parents worrying about fees – this will save jobs, save kinders and save families hundreds of dollars.

This funding will mean sessional kindergarten providers stay financially viable, even if enrolments drop as parents decide to keep their children at home because of coronavirus.

Our kinder teachers and staff are doing an outstanding job ensuring Victorian children continue to get early childhood education during this challenging period – the last thing they should be worried about is losing their jobs.

### **Background**

Parents will be able to send their children to sessional kindergarten for free during term 2 and sessional providers will be given the funding certainty they need thanks to a major funding boost from the Victorian Government. The Government will provide up to \$45 million in extra funding to support sessional kindergarten providers, who have seen numbers decline significantly as more and more parents choose to keep their kids at home. The funding will provide approximately \$485 per child for term 2 for each child enrolled in a funded kindergarten program – allowing providers to continue teaching and caring for Victorian kids, including the children of essential workers and vulnerable children, subject to health directions.

---

### **Schools**

Term 2 for students will begin on 15 April and we will communicate with families as soon as possible about what format that will take.

Schools have been preparing for the possibility of a move to flexible and remote learning, with the Department supporting schools with both online and offline education materials that can be completed by students at home, should it be required.

### **Background**

Any changes to arrangements for schooling will be made on the recommendation of Victoria's Chief Health Officer.

We are currently working with internet providers to provide students without internet connection at home with access to the internet.

Tuesday 14 April will be a pupil-free day.

---

### **VCE Exams**

Our students and their families, teachers and principals are obviously concerned about what the impact of the coronavirus pandemic will be on students who are currently doing their VCE or VCAL.

Our Year 11 and 12 students will receive the care and support they need during this important time in their schooling. VCE and VCAL students will complete their studies.

We are working on a range of options to ensure they supported to do that. This includes a greater focus on online learning, the delaying of deadlines for particular pieces of assessable work and the GAT, the timing of exams and looking at what other supports we can provide.

### **Background**

Any major changes to the VCE including timing would need to be consistent across all states and territories given the impact it could have on student ATARs.

---

## Traditional Owner Settlement dispute

Victoria is the only state to have worked with Traditional Owners on a comprehensive alternative to the Native Title Act to deliver land justice.

As this matter is before the courts, it is inappropriate to comment.

---

## Hunting

To help slow the spread of coronavirus, you can't leave your property to undertake recreational hunting.

Background

Hunting on your own private property remains permissible.

Directions of the Chief Health Officer in relation to restricted activities in Victoria expire on 13 April, but can be extended.

Duck hunting season is scheduled to start on Saturday, 2 May.

REDACTED

**Media Adviser  
Health and Human Services**

Office of the Premier of Victoria  
Level 1, 1 Treasury Place, East Melbourne VIC 3002

REDACTED



Office of  
the Premier

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## Coronavirus General

In order to avoid the distressing scenes we now are seeing around the world, National Cabinet has agreed to significant new restrictions on public gatherings and will also enforce that where people can stay at home, they must stay at home.

Some things in life are complex, this is not. Our message to every Victorian is very clear: stay home.

There are only four reasons to leave your home: food and supplies, medical care, exercise, and work or education.

Most Victorians are doing the right thing and we're grateful to them. But we must do more.

That's why we are also restricting gatherings to no more than two people except for members of your immediate household and for work or education.

As we deal with this health crisis, we know that for many Victorians it's an economic crisis as well. With many businesses losing their customers, and Victorians losing their jobs, paying rent is becoming impossible for some people.

That's why National Cabinet has agreed to a moratorium on evictions for the next six months for residential and commercial tenants who are experiencing financial distress due to the impact of coronavirus. This will apply across all states and territories.

To flatten the curve, we are all going to have to sacrifice a lot. But it may be the most important thing we ever do.

So please: Stay home. Protect our health system. Save lives.

## Other COVID 19 Measures

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

## Coronavirus crisis council

The coronavirus (COVID-19) pandemic is something that our state and our nation has not faced in our lifetimes and it presents an unprecedented challenge to the operation of Government.

It has already disrupted our lives in ways we could not have imagined, even four weeks ago.

As a Government, it is our job to respond to this health emergency now to keep Victorians safe, and then ensure our state is best placed to recover and rebuild when we get to the other side of this crisis.

The Crisis Council of Cabinet (CCC) will be the core decision making forum for the Victorian Government on all matters related to the coronavirus emergency, including implementing the outcomes of the National Cabinet.

It will operate initially until 30 September 2020 and will then be reviewed.

Premier will chair the CCC and it will include:

- James Merlino: Minister for the Coordination of Education and Training – COVID-19

- Tim Pallas: Minister for the Coordination of Treasury and Finance – COVID-19
- Jacinta Allan: Minister for the Coordination of Transport – COVID-19
- Jenny Mikakos: Minister for the Coordination of Health and Human Services – COVID-19
- Jill Hennessy: Minister for the Coordination of Justice and Community Safety – COVID-19
- Martin Pakula: Minister for the Coordination of Jobs, Precincts and Regions – COVID 19
- Lisa Neville: Minister for the Coordination of Environment, Land, Water and Planning – COVID-19

These seven Ministers have been sworn-in with new portfolios with responsibility for leading all COVID-19 response activities in their respective departments, while keeping their current portfolio responsibilities.

Other Ministers will continue to administer their current portfolios and the full Cabinet will continue to meet each week to manage the general business of government.

The most senior levels of the Victorian Public Service will also be structured to align with these new coordinating responsibilities, with a focus on eight core missions that will help us respond appropriately and effectively to the coronavirus emergency.

Departmental Secretaries will appoint Associate Secretaries to run the day-to-day administration of their departments, allowing the Secretaries to lead teams focused on the pandemic response.

These arrangements are temporary, but they're absolutely necessary so we can save Victorian lives and support Victorian workers and businesses to the other side of this crisis.

### Flattening the curve – transmission rate

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

#### Background

With over a thousand cases in Victoria at the moment, we would be heading to 16,000 cases in a month, which would put enormous strain on our health system.

It will be weeks before we know if we can really drive down cases to protect our health system.

### Alfred hospital cases

A third patient who had tested positive for COVID-19 has now died at the Alfred.

Stringent infection control measures remain in place on the ward, which has been closed to new admissions since last week

The Alfred is still admitting new cancer patients in need of urgent care into other areas of the hospital.

Two COVID-19 positive patients remain in a stable condition at The Alfred, while 10 staff have the virus and are recovering at home.

The Alfred has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

An investigation is underway to determine the source of transmission.

### ICU expansion

Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won't need all of this extra capacity, and we'll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

## Background

At present, Victoria's public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won't be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

## *Funding - general*

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

## Staffing

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

## Partners – CHO exemption

We know these restrictions are very strict and they are strict for a reason.

In order to save lives and protect our health system – people need to stay home.

There were significant concerns about people who were in a relationship and living at home with parents and elderly people, who are a vulnerable cohort – potentially passing that on to them

But we understand that we have to have a practical application of these directions as best we can. That's why the Chief Health Officer is providing an exemption so partners who don't live together can see each other during this time.

## Fishing

The advice is clear: stay home.

There are a lot of sacrifices we need to make – and going out to fish are some of them.

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

## Hunting

To help slow the spread of coronavirus, you can't leave your property to undertake recreational hunting.

### Background

Hunting on your own private property remains permissible. Directions of the Chief Health Officer in relation to restricted activities in Victoria expire on 13 April, but can be extended. Duck hunting season is scheduled to start on Saturday, 2 May.

## Construction and coronavirus

Construction is continuing in Victoria, in accordance with requirements set out by the Chief Health Officer, including social distancing.

We've been working closely with industry and the Unions to ensure we can protect workers' safety and jobs, including the 115,000 working across Victoria's Big Build and other projects in our unprecedented infrastructure program.

### Background

Work practices on Victorian construction sites will be determined on the advice of the Chief Health Officer.

## Firearms restrictions

The sale of firearms and ammunitions for sporting or recreational purposes will be temporarily banned, following deliberations by the National Cabinet.

The new measures are designed to protect licensed firearm owners and dealers as well as the broader community.

We're responding to an increase in demand for firearms and ammunition across the country by doing what we can to protect licensed firearm owners and dealers as well as the broader community.

We sincerely hope that Victoria Police does not have to issue one of these on the spot fines, and people do the right thing. But for those who don't, they will be dealt with.

### Background

Licensed firearm owners and dealers exercise a high degree of care when complying with their obligations, however, there has been an increase in firearm permits to acquire applications and additional ammunition in recent times, increasing the risk that firearms and ammunition may not be stored correctly.

Farmers, rural landholders, professional vermin control and armed guards will still have access.

## Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

It has also been agreed that the Australian Defence Force will be engaged to support the implementation of these arrangements.

As we take this extra step to slow the spread of coronavirus, our message to every other Victorian remains the same: Stay at home, protect our health system, save lives.

If you can stay home, you must stay home.

If you don't, people will die.

## On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system.

Our message is clear: if you can, you must stay at home.

## Coronavirus – PSOs

The government is currently looking at all options to ensure the appropriate use of all police resources.

### Background

Currently PSOs are restricted to the transport network under existing legislation.

## Going to the beach

Many beaches have been closed to help slow the spread of coronavirus.

While you can exercise at the beach if you follow the two-person restrictions, our message is clear: stay home.

## Holiday houses/Easter travel

Our message to Victorians is clear – stay home.

No one needs to spend the day at the beach or the weekend touring around regional Victoria. This will only spread the virus and more people will die.

### Background

Travelling to a holiday house is not banned. But if you do, then you must still practice social distancing measures, by keeping at least 1.5 metres away from other people, and only going out if you need to buy food or medical supplies.

## Call for healthcare workers to join coronavirus response

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

### Background

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus response, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](https://dhhs.vic.gov.au/coronavirus).

## Victorian Schools

Any decision to shift to remote and flexible learning will be made on the advice of the Victorian Chief Health Officer.

Term 2 for students will begin on 15 April and we will communicate with families as soon as possible about what format that will take.

Schools have been preparing for the possibility of a move to flexible and remote learning, with the Department supporting schools with both online and offline education materials that can be completed by students at home, should it be required.

### Background

Any changes to arrangements for schooling will be made on the recommendation of Victoria's Chief Health Officer.

We are currently working with internet providers to provide students without internet connection at home with access to the internet.

## Tuesday 14 April will be a pupil-free day. Term 2 school start

Term 2 for students will begin on 15 April and we will communicate with families as soon as possible about what format that will take.

## Ventilators, ICU capacity and hospital preparedness

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

### Background

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 500 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need.

We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

## Elective surgery

We need to wind-down non urgent surgery because coronavirus cases continue to rise.

This follows agreement by the National Cabinet. We are making these decisions in order to protect patients, health care workers and their families from this deadly virus.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can stay at home, you must stay at home.

### Background

Victoria's public hospitals have been directed to begin winding back all non-urgent surgery, where it is safe to do so, as preparations escalate for the health system to cope with the coronavirus pandemic.

No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.

This is consistent with a decision of the National Cabinet acting on advice from the AHPPC that until further notice all elective surgery, other than urgent cases, will be suspended. This will apply to both public and private hospitals.

This will not affect emergency surgery, or category one elective surgeries including those booked in as part of our elective surgery blitz – which are considered the most urgent including urgent heart, neurological and cancer procedures.

As the pandemic progresses the Department of Health and Human Services will actively plan for these services to recommence, including surge capacity to reduce waitlists, when it is safe to do so.

### Hospital visit limitations

In Victoria, patients in public, private and denominational hospitals, multi-purpose services and day procedure centres will only be allowed a maximum of two visitors at one time for two hours a day.

We are taking these unprecedented measures to protect our hospital staff, patients and visitors and we will continue to do what it takes to keep everyone safe from coronavirus.

Our doctors, nurses and allied health professionals are working around the clock caring for patients – these new measures will help protect them as they tackle this pandemic head on.

The health and wellbeing of our dedicated hospital staff is paramount. This will be incredibly difficult for many patients and families but we must do everything we can to help our health care workers as they manage the challenges of coronavirus.

#### Background

People in the following categories will not be bound by the two hour time limit, however the limit of two visitors at a time must still be adhered to;

- in the case of a patient of the hospital aged under 18 years—the person is the parent or guardian of the patient or has temporary care of the patient
- in the case of a patient of the hospital with a disability—the person is the carer of the patient
- in the case of a pregnant patient of the hospital whose status as a patient relates to the pregnancy—the person is the patient's partner or support person
- in the case of a patient of the hospital attending at the hospital's emergency department—a person accompanying the patient
- in the case of a patient of the hospital attending an outpatient appointment—a person accompanying the patient
- the person's presence at the hospital is for the purposes of end of life support for a patient of the hospital.

We ask the community if they are visiting any hospital in Victoria, to practice hand hygiene and respiratory etiquette responsibly. Anyone who is unwell should stay at home and call their GP or the COVID-19 public information hotline on 1800 675 398.

### Emergency relief packages for Victorians

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

#### Background

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

## COVID-19 – State of Emergency

A State of Emergency has been declared in Victoria to combat COVID-19, as agreed by National Cabinet.

Under a State of Emergency, Authorised Officers 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.

This is another step in the Victorian Government’s plan to combat this virus and do what we need to do to prevent the spread of COVID-19 as much as we can.

### Isolation requirements for travellers

Returned travellers are being made to undertake their mandatory 14-day quarantine period at designated accommodation such as a hotel, rather than at home.

The National Cabinet has taken this significant step in recognition that travelers returning from overseas pose an unacceptable risk of spreading the virus.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn’t go to public places including work, school, childcare, university or public gatherings.

### Coronavirus testing

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

We’ve completed more than 54,000 tests and have established 30 screening and assessment clinics across Melbourne and regional Victoria, and our world class hospitals stand ready to establish more as required.

With more public and private labs coming online we have been able to progressively increase our testing capacity to now be more 4000 tests per day.

Victoria continues to work closely with Commonwealth agencies, to widen testing capacity.

#### **Background**

We currently have nine laboratories in public health services testing for coronavirus and two private laboratories.

Victorian laboratories are now conducting more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

Victoria will assist in any way we can to ensure these are brought online promptly once locations are identified.

### Testing criteria

We have continued to boost our testing capacity in Victoria by sustained expansion of our screening clinics and coronavirus testing laboratories.

This means we can test more Victorians than ever and well above the previous key target groups, the majority of which were travellers - a diminishing group.

To ensure we are getting the best possible picture of how the virus is tracking, Victoria’s Chief Health Officer has expanded testing beyond healthcare workers, vulnerable groups, returned travellers and close contacts, to include key public facing workers, such as police and disability workers, as well as patients in high risk settings.

#### **Background**

The full current testing criteria is available from the Department of Health and Human Services website.

<https://www2.health.vic.gov.au/about/news-and-events/HealthAlerts/2019%20Coronavirus%20disease%20-COVID-19>

This broadened criteria includes an expansion of the risk groups to be considered for testing.

Individuals who develop fever and respiratory symptoms and who fall in these groups are recommended for testing. People without symptoms should not be tested.

These additional groups include police officers, child protection workers, homelessness support, paid or unpaid workers in health care, residential care and disability settings.

It also includes immunosuppressed patients who are admitted to hospital and patients in high risk settings such as military operating settings, boarding schools, prisons and correctional settings.

The case definition is regularly updated in line with national guidelines, intelligence of the pandemic and epidemiology in Victoria and Australia.

### Test kits

We are continuing to work hard to source swabs and testing kits for Victorian hospitals amidst a significant global shortage of swabs and reagent test kits for COVID-19 testing.

We are urging clinicians to only use one swab and to limit testing to high-risk patients, and those who meet the case definition under the national guidelines which includes healthcare workers.

### Prescriptions

We advise people to ensure they have enough medication to meet their needs, particularly if they were required to undergo quarantine unexpectedly and needed to avoid pharmacies and other public places.

For the majority of people, a 30 day supply should be sufficient, but people should consider whether they need more and discuss their prescription with their GP if concerned.

### Panic buying

We understand there is a lot of concern in the community right now, but there is no need to rush out and stock up on goods.

The major supermarkets have assured the Government that they are well stocked and will continue to be well-stocked.

Supermarkets will stay open - this is about sensible planning so if you or your loved ones become unwell you will have supplies of consumables and medication.

### General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://dhhs.vic.gov.au/novelcoronavirus)

### Screening clinics and hotspot LGAs

We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.

We have established 30 screening and assessment clinics across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.

We're working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.

## Background

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398. Large numbers of calls will result in some delays and we ask Victorians for their patience.

## Council Meetings

We're working with Councils to consider the implications of Coronavirus on their operations including the welfare of staff, compliance with the Act, elections and their meetings.

## Local footy and cricket scheduling and coronavirus impact

We encourage all sporting bodies to work co-operatively, especially where shared facilities are involved.

### Background

In March 2019, Minister for Sport Martin Pakula determined that, for grounds on Crown land where football and cricket are played, the football season would run from 1 April to 30 September and the cricket season would run from 1 October to 31 March.

These dates were agreed to by AFL Victoria and Cricket Victoria on behalf of their respective sports.

The determination contained flexibility for activities such as pre-season practice matches to be played on jointly-used ovals with the permission of the other sport.

The determination notes that the arrangements can be varied by mutual agreement between the sports.

## OFFICIAL: PPO/MO daily Covid Media Lines

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**From:** REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Fri, 03 Apr 2020 07:18:33 +1100  
**Attachments:** 030420\_-\_covid\_lines\_jf\_as.docx (41.54 kB)

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OFFICIAL

**From:** REDACTED  
**Sent:** Friday, 3 April 2020 7:17 AM  
**To:** REDACTED  
**Subject:** Daily lines

Hey, here you go!

REDACTED

**Senior Media Adviser**

Office of the Premier of Victoria  
Level 1, 1 Treasury Place, East Melbourne VIC 3002

REDACTED



Office of  
the Premier

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### Coronavirus General

In order to avoid the distressing scenes we now are seeing around the world, National Cabinet has agreed to significant new restrictions on public gatherings and will also enforce that where people can stay at home, they must stay at home.

Some things in life are complex, this is not.

Our message to every Victorian is that there are only four reasons to leave your home: food and supplies, medical care, exercise, and work or education.

Most Victorians are doing the right thing and we're grateful to them. But we must do more.

That's why we are also restricting gatherings to no more than two people except for members of your immediate household and for work or education.

As we deal with this health crisis, we know that for many Victorians it's an economic crisis as well. With many businesses losing their customers, and Victorians losing their jobs, paying rent is becoming impossible for some people.

That's why National Cabinet has agreed to a moratorium on evictions for the next six months for residential and commercial tenants who are experiencing financial distress due to the impact of coronavirus. This will apply across all states and territories.

To flatten the curve, we are all going to have to sacrifice a lot. But it may be the most important thing we ever do.

So please: Stay home. Protect our health system. Save lives.

### Other COVID 19 Measures

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

### Sixth coronavirus death

Sadly we have been advised of a sixth coronavirus death – a woman in her 60s who passed away at a Melbourne hospital late on Wednesday.

This came after confirmation of a fifth death – a women in her 70s who died at another hospital on Wednesday night.

Our thoughts are with the families at this sad time, as well as the staff affected.

This is a reminder of just how dangerous this virus can be for vulnerable patients and the risks our hard-working health staff take every day during this pandemic.

I urge all Victorians to do their part to protect the lives of others - if you can stay home, you must stay home.

### **Background**

The hospital has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

### [Flattening the curve – transmission rate](#)

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### **Background**

The number of new infections in Australia used to double every 3-4 days, now they double every 7 days.

With over a thousand cases in Victoria at the moment, we would be heading to 16,000 cases in a month, which would put enormous strain on our health system.

It will be weeks before we know if we can really drive down cases to protect our health system.

### [ICU expansion](#)

Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won't need all of this extra capacity, and we'll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

### **Background:**

At present, Victoria's public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won't be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

### *Funding - general*

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

### *Staffing*

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

### Partners – CHO exemption

We know these restrictions are very strict and they are strict for a reason.

In order to save lives and protect our health system – people need to stay home.

There were significant concerns about people who were in a relationship and living at home with parents and elderly people, who are a vulnerable cohort – potentially passing that on to them

But we understand that we have to have a practical application of these directions as best we can. That's why the Chief Health Officer is providing an exemption so partners who don't live together can see each other during this time.

### Fishing and hunting

The advice is clear, you need to stay home.

There are a lot of sacrifices we need to make – and going out to fish or hunt are some of them.

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

## Construction and coronavirus

The Government has been working with Unions and industry to ensure we can protect workers safety and jobs.

The Department of Health and Human Services advice is that, any worker who tests positive is required to go into self-isolation for 14 days.

Any close contacts identified by DHHS tracing are required to go into self-quarantine for 14 days. Once a site has been cleaned, it is the builder's decision on whether it is reopened.

### Background

DHHS has compiled detailed guidelines for best practice in the construction industry.

This includes the requirement for screening of construction workers to ensure no one recently returned from overseas is on site, and that people who have flu-like symptoms not attend work. Workers also need to adhere to physical distancing rules and maintain high levels of on-site hygiene.

These can be found here:

[https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best\\_practice\\_for\\_managing\\_construction\\_sites\\_COVID-19\\_3103-final.pdf.pdf](https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best_practice_for_managing_construction_sites_COVID-19_3103-final.pdf.pdf)

## Firearms restrictions

The sale of firearms and ammunitions for sporting or recreational purposes will be temporarily banned, following deliberations by the National Cabinet.

The new measures are deigned to protect licensed firearm owners and dealers as well as the boarder community.

We're responding to an increase in demand for firearms and ammunition across the country by doing what we can to protect licensed firearm owners and dealers as well as the broader community.

We sincerely hope that Victoria Police does not have to issue one of these on the spot fines, and people do the right thing. But for those who don't, they will be dealt with.

### Background

Licensed firearm owners and dealers exercise a high degree of care when complying with their obligations, however, there has been an increase in firearm permits to acquire applications and additional ammunition in recent times, increasing the risk that firearms and ammunition may not be stored correctly.

Farmers, rural landholders, professional vermin control and armed guards will still have access.

## Latest COVID-19 update

The total number of coronavirus (COVID-19) cases in Victoria is 1036 – an increase of 68 from yesterday.

Yesterday a woman in her seventies died in hospital, taking the number of people who have died in Victoria from coronavirus to five.

The total number of cases includes 551 men and 480 women. Cases range in age from babies to their early nineties.

There are 57 confirmed cases of COVID-19 in Victoria that may have been acquired through community transmission. More than 49,000 tests have been conducted to date.

Currently 36 people are in hospital – including six patients in intensive care – and 422 people have recovered.

Of the total 1036 cases, there have been 828 in Melbourne and 193 in regional Victoria. A number of cases remain under investigation. Details can be found on the DHHS website at:

<https://www.dhhs.vic.gov.au/media-hub-coronavirus-disease-covid-19>

The Department of Health and Human Services follows up and monitors all close contacts of confirmed cases and provides them with information and support. All close contacts must self-isolate for 14 days.

### Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

It has also been agreed that the Australian Defence Force will be engaged to support the implementation of these arrangements.

As we take this extra step to slow the spread of coronavirus, our message to every other Victorian remains the same: Stay at home, protect our health system, save lives.

If you can stay home, you must stay home.

If you don't, people will die.

### On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system.

Our message is clear: if you can, you must stay at home.

## Going to the beach

Many beaches have been closed to help slow the spread of coronavirus.

While you can exercise at the beach if you follow the two-person restrictions, our message is clear: if you can stay at home, you must stay at home.

## Call for healthcare workers to join coronavirus response

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

### **Background**

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus responsive, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](https://dhhs.vic.gov.au/coronavirus).

## Victorian Schools

School holidays for government schools in Victoria have been brought forward and have now started.

Schools will use this time to support teachers and staff plan for flexible and remote learning in the event schools need to move to that method of teaching.

Primary school students and all students in specialist schools who are the children (or under the care) of essential services workers are eligible for care and supervision programs.

Examples of essential services may include health, police, corrections and emergency services workers.

## Ventilators, ICU capacity and hospital preparedness

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

### **Background**

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 500 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need. We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

### **Elective surgery**

We need to wind-down non urgent surgery because coronavirus cases continue to rise.

This follows agreement by the National Cabinet. We are making these decisions in order to protect patients, health care workers and their families from this deadly virus.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can stay at home, you must stay at home.

### **Background**

Victoria's public hospitals have been directed to begin winding back all non-urgent surgery, where it is safe to do so, as preparations escalate for the health system to cope with the coronavirus pandemic.

No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.

This is consistent with a decision of the National Cabinet acting on advice from the AHPPC that until further notice all elective surgery, other than urgent cases, will be suspended. This will apply to both public and private hospitals.

This will not affect emergency surgery, or category one elective surgeries including those booked in as part of our elective surgery blitz – which are considered the most urgent including urgent heart, neurological and cancer procedures.

As the pandemic progresses the Department of Health and Human Services will actively plan for these services to recommence, including surge capacity to reduce waitlists, when it is safe to do so.

## Hospital visit limitations

In Victoria, patients in public, private and denominational hospitals, multi-purpose services and day procedure centres will only be allowed a maximum of two visitors at one time for two hours a day.

We are taking these unprecedented measures to protect our hospital staff, patients and visitors and we will continue to do what it takes to keep everyone safe from coronavirus.

Our doctors, nurses and allied health professionals are working around the clock caring for patients – these new measures will help protect them as they tackle this pandemic head on.

The health and wellbeing of our dedicated hospital staff is paramount. This will be incredibly difficult for many patients and families but we must do everything we can to help our health care workers as they manage the challenges of coronavirus.

### Background

People in the following categories will not be bound by the two hour time limit, however the limit of two visitors at a time must still be adhered to;

- in the case of a patient of the hospital aged under 18 years—the person is the parent or guardian of the patient or has temporary care of the patient
- in the case of a patient of the hospital with a disability—the person is the carer of the patient
- in the case of a pregnant patient of the hospital whose status as a patient relates to the pregnancy—the person is the patient's partner or support person
- in the case of a patient of the hospital attending at the hospital's emergency department—a person accompanying the patient
- in the case of a patient of the hospital attending an outpatient appointment—a person accompanying the patient
- the person's presence at the hospital is for the purposes of end of life support for a patient of the hospital.

We ask the community if they are visiting any hospital in Victoria, to practice hand hygiene and respiratory etiquette responsibly. Anyone who is unwell should stay at home and call their GP or the COVID-19 public information hotline on 1800 675 398.

## Emergency relief packages for Victorians

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

### Background

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

### Beach houses

If you consider it necessary to travel to your holiday house then the exact same social distancing restrictions apply - stay indoors unless it is absolutely essential to leave and do not congregate in groups.

If you do go out, ensure you stay at least 1.5 metres away from other people.

### Background

A full list of restrictions are available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

### COVID-19 – State of Emergency

A State of Emergency has been declared in Victoria to combat COVID-19, as agreed by National Cabinet.

Under a State of Emergency, Authorised Officers 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.

This is another step in the Victorian Government's plan to combat this virus and do what we need to do to prevent the spread of COVID-19 as much as we can.

### Isolation requirements for travellers

Returned travellers are being made to undertake their mandatory 14-day quarantine period at designated accommodation such as a hotel, rather than at home.

The National Cabinet has taken this significant step in recognition that travelers returning from overseas pose an unacceptable risk of spreading the virus.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn't go to public places including work, school, childcare, university or public gatherings.

### Coronavirus testing

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

We've completed more than 49,000 tests and have established 30 screening and assessment clinics across Melbourne and regional Victoria, and our world class hospitals stand ready to establish more as required.

With more public and private labs coming online we have been able to progressively increase our testing capacity to now be more 4000 tests per day.

Victoria continues to work closely with Commonwealth agencies, to widen testing capacity.

## Background

We currently have nine laboratories in public health services testing for coronavirus and two private laboratories.

Victorian laboratories are now conducting more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

Victoria will assist in any way we can to ensure these are brought online promptly once locations are identified.

## Testing criteria

We have continued to boost our testing capacity in Victoria by sustained expansion of our screening clinics and coronavirus testing laboratories.

This means we can test more Victorians than ever and well above the previous key target groups, the majority of which were travellers - a diminishing group.

To ensure we are getting the best possible picture of how the virus is tracking, Victoria's Chief Health Officer has expanded testing beyond healthcare workers, vulnerable groups, returned travellers and close contacts, to include key public facing workers, such as police and disability workers, as well as patients in high risk settings.

## Background

The full current testing criteria is available from the Department of Health and Human Services website.

<https://www2.health.vic.gov.au/about/news-and-events/HealthAlerts/2019%20Coronavirus%20disease%20-COVID-19>

This broadened criteria includes an expansion of the risk groups to be considered for testing.

Individuals who develop fever and respiratory symptoms and who fall in these groups are recommended for testing. People without symptoms should not be tested.

These additional groups include police officers, child protection workers, homelessness support, paid or unpaid workers in health care, residential care and disability settings.

It also includes immunosuppressed patients who are admitted to hospital and patients in high risk settings such as military operating settings, boarding schools, prisons and correctional settings.

The case definition is regularly updated in line with national guidelines, intelligence of the pandemic and epidemiology in Victoria and Australia.

## Test kits

We are continuing to work hard to source swabs and testing kits for Victorian hospitals amidst a significant global shortage of swabs and reagent test kits for COVID-19 testing.

We are urging clinicians to only use one swab and to limit testing to high-risk patients, and those who meet the case definition under the national guidelines which includes healthcare workers.

## Prescriptions

We advise people to ensure they have enough medication to meet their needs, particularly if they were required to undergo quarantine unexpectedly and needed to avoid pharmacies and other public places.

For the majority of people, a 30 day supply should be sufficient, but people should consider whether they need more and discuss their prescription with their GP if concerned.

## Panic buying

We understand there is a lot of concern in the community right now, but there is no need to rush out and stock up on goods.

The major supermarkets have assured the Government that they are well stocked and will continue to be well-stocked.

Supermarkets will stay open - this is about sensible planning so if you or your loved ones become unwell you will have supplies of consumables and medication.

## General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://dhhs.vic.gov.au/novelcoronavirus)

## Screening clinics and hotspot LGAs

We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.

We have established 30 screening and assessment clinics across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.

We're working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.

## Background

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria:

<https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398. Large numbers of calls will result in some delays and we ask Victorians for their patience.

# COVID-19 Draft Physical Distancing Plan

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**Date:** Wed, 01 Apr 2020 20:57:50 +1100

**Attachments:** COVID-19 DHHS Physical Distancing Plan.DOCX (406.07 kB)

Dear colleagues

The attached draft plan is provided for your urgent review.

Please track change any areas you are recommending are changed and email me and an officer will collate and we will propose a final version to go back.

**Comments requested by midday tomorrow.** If not possible, your suggestions will be incorporated into Version 2 later in the week.

If possible, if you work in a team on physical distancing, coordinate your comments through your lead back to me so there are fewer rather than more comments.

Once changes come in, I will circulate formally to the DIMT by 4pm tomorrow for provision to Deputy Chief Health Officer and Chief Health Officer for endorsement.

Regards

Finn

Dr Finn Romanes  
 Deputy Public Health Commander - Planning  
 Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services  
 State Government of Victoria

# COVID-19 – DHHS Physical Distancing Plan

Confidential and internal draft plan

1 April 2020

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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.

### 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>

Statements with content directly bearing on social distancing include the following statements with media event dates and date of the statement. 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 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 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 regarding 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 DHHS clear the person but allows a person not in their home to go directly there after diagnosis.

### 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.

### 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.

### **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 4m<sup>2</sup> 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

REDACTED

### 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 coronavirus (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 5**. This will be updated regularly **REDACTED**

### 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** **REDACTED**

### 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. **REDACTED**

Development is underway of a detailed evaluation proposal / approach to evidence collation the current summary of comparisons for physical distancing is at **Appendix 7**. **REDACTED**

## 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 quarantine (self-isolation) 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 Victoria 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. **Fiona Sparks**

#### 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 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](mailto: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.

### **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](mailto: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**

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 behaviour through spot checks, reiterating obligations, providing education and outlining penalties for non-compliance, issuing infringements;
- informing DHHS about alleged non-compliance and requesting DHHS support and response;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

### **Contacting the Victoria Police Special Operations Centre**

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

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

## **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 **[Matthew McCrone, Charles Alpren, Nick Chiam]**

### **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. [REDACTED]

Once 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 [Charles Alpren].

### **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 [Katherine Ong].

### **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 Whispir to send messages to contacts in the department's public health monitoring systems. [Charles Alpren] [REDACTED]

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. [Fiona Sparks]

### **Management of exemption requests not relating to mandatory quarantine**

Exemption requests are now being discouraged.

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

The Authorised Officer should provide advice to the requestor consistent with the *COVID -19 DHHS Physical Distancing Plan*. The Plan is an internal document and is not for provision to members of the public.

Further information and consultation for an exemption of physical distancing can be contacted on 1800 675 398.

The process for management of exemption of physical distancing/ essential services requests is as follows:

The Public Health Commander, through authorised officers, should properly consider any request for an exemption.

The process is:

- Members of the public who wish to ask for an exemption have the option of submitting a request in writing to the COVID Directions inbox (i.e. in writing); requestor can be advised to make submission for exemption of Physical Distancing/ essential services through [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)
- Authorised officers should also use the COVID Directions inbox to submit requests for exemption to be assessed;

- All requests for exemption 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;
- Requests will be reviewed in an initial assessment and will be 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 the exemption is rejected and will not proceed further. Explanations to parties should emphasise the Directions and rules and how to stay safe.
- In considering an exemption, an Authorised Officer will then consider the application and may contact the Requestor to ascertain further information. In reviewing the request, the Authorised Officer will consider the extent to which there is a risk of transmission associated with the proposed exemption, across factors including:
  - Compliance – compliance with measures is an important factor for higher risk groups
  - Proximity of people - possibly the next most important factor
  - Frequency of interactions - possibly the next most important factor
  - Likelihood of surface touching - reason for hand hygiene focus
  - Air environment (affecting likelihood of ‘jumping’ across) - reason outdoors is less risky – droplets less likely to travel
- After this initial assessment process, priority 1 requests will be:
  - Referred immediately to the Director E+C including with a short email summary including a recommendation;
  - The Director E+C submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and calls the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
  - Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
  - Public Health Commander communicates the outcome and the Director E+C is authorised to enact the outcome.
  - Police will then be advised where exemptions are granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.
- After this initial assessment process, priority 2 requests will be:
  - The Director HP+EM then submits in writing the application to the Director of Enforcement and Compliance with title ‘For Decision: Detention Exception Request’;
  - Captured in writing and batched together for consideration once a day for the review by a panel where available;
  - Where available, a **panel** could include a legal services representative, a delegate of the Director E+C and the DPHC Planning or delegate;
  - The panel will then rapidly assess and decide on each priority 2 request;
  - The outcome of the decisions (grant or reject) is then enacted by the Directions Cell, under the management of the Director HP+EM.
  - Police will then be advised where exemptions are granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.
- After this process, priority 3 requests will be:
  - Officer of the department writes back to indicate the exemption has not been granted, and should consider using scripts as provided at **Appendix 7**.
- The Authorised Officer must 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 exemptions granted are communicated publicly, if at all.

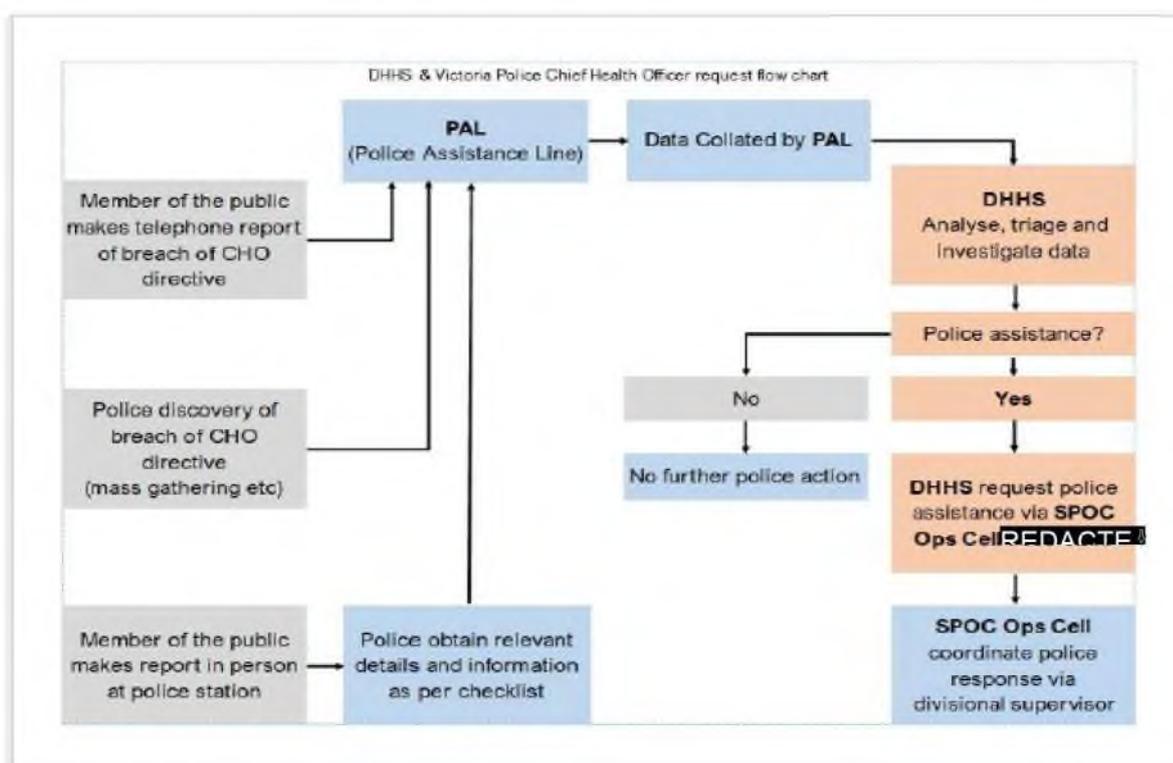
## Protocols for investigating and managing potential breaches of Directions

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.

### General procedure

The following flow diagram outlines a general process flow for managing alleged breaches of a direction. It excludes education and spot checks performed by the Victoria Police COVID-19 taskforce.

Diagram 1 Flow diagram for managing alleged breaches



### Mass Gatherings No.2

#### Recording of details and initial assessment

Reports of an alleged breach of the Mass Gatherings Direction (No.2) will be referred to the Victoria Police Advice Line 131 444.

Following a report of an alleged mass gathering, Victoria Police will seek the following details:

- contact details of the caller
- name, address, contact details of the person allegedly breaching the direction such as the organiser of the mass gathering and/or the person who owns, controls or operates the premises
- relationship to the caller
- location, time and description of the gathering, e.g. private residence or public place, name of venue or operator
- estimated number of people planned for, or at, the gathering
- place and intended time of the mass gathering
- whether the gathering is indoors or outdoors.

Consideration should also be given to:

- whether the circumstances meet the definition of a mass gathering and exclusions including less than 100 people in a single undivided indoor space and there is not more than one person per 4 metres squared
- whether a mass gathering is planned, currently occurring or finished

#### Action to achieve compliance and address non-compliance

##### *Planned mass gatherings*

Following a report of a planned mass gathering, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au). Or to the DHHS EMLO at the SPOC. The DHHS EMLO at the SPOC needs to work with the compliance and enforcement team to enact further action.

DHHS will then:

- urgently email or phone the organiser and/or person who owns, controls or operates the premises to deter the mass gathering from occurring. DHHS will reiterate obligations, outline penalties for non-compliance and advise assistance may be sought from Victoria Police if the mass gathering proceeds.
- seek confirmation that the mass gathering will be cancelled
- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to the organiser and/or person who owns, controls or operates the premises to cancel the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be cancelled
- seek assistance of Victoria Police through Victoria Police SPOC operation cell 8335 5283 if DHHS determines a site visit and issuing a direction on site is needed.

##### *Currently occurring or recurring mass gatherings*

Following a report of a currently occurring mass gathering, Victoria Police will determine if attendance is feasible. If Victoria Police attends, Victoria Police will:

- contact DHHS via the DHHS EMLO at the SPOC
- seek to identify a person who:
  - owns, controls or operates the premises; and/or
  - is organising the mass gathering
- seek to influence compliance by reiterating obligations, providing education such as a fact sheet and outlining penalties for non-compliance.

Noting DHHS has limited capacity to attend a mass gathering while it is occurring (particularly after hours), DHHS will:

- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider providing information about obligations through a phone call, email or standard letter if breach is inadvertent or low risk in nature and future compliance is likely
- consider issuing a verbal or written direction (through an authorised officer) to stop the mass gathering. For a written direction, this may be undertaken after the mass gathering has finished
- seek confirmation that the mass gathering will be stopped or does not breach the direction in future
- consider a site visit and seek assistance from Victoria Police through SPOC operation cell 8335 5283 to stop the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be stopped.

### *Finished mass gatherings*

Following a report of a finished mass gathering, Victoria Police will refer the matter to DHHS via for action. DHHS will:

- contact the organiser and/or person who owns, controls or operates the premises to:
  - obtain reasons why the mass gathering occurred
  - reiterate obligations, provide further education and penalties
  - seek confirmation there will be no breach of the direction in the future
- consider the risk of the mass gathering including location, density of people, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to prevent a further mass gathering if the mass gathering is high risk in nature and there is a likelihood the mass gathering will recur.

### **Aged Care Facilities**

#### Recording of details and initial assessment

Reports of an alleged breach of the Aged Care Facilities Direction will be referred to the Victoria Police Advice Line 131 444. Victoria Police will seek to obtain:

- contact details of the caller
- name, address and contact details of the person allegedly breaching the direction
- description of the breach
- relationship to the caller.

#### Actions to achieve compliance and address non-compliance

Following a report of a breach of the Aged Care Facilities Direction, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for action. DHHS will:

- contact the operator of the aged care facility to reiterate obligations, provide further education and outline penalties
- contact the person breaching the direction to reiterate obligations, provide further education and outline penalties
- seek confirmation there will be no breach of the direction in the future
- consider issuing a verbal or written direction (through an authorised officer) if:
  - a high risk is identified
  - there is an indication the breach will recur

### **Non-essential business closure**

#### Recording of details and initial assessment

Reports of an alleged breach of the non-essential business closure will be referred to the Victoria Police Advice Line 131 444. Following a report. Victoria Police will seek the following details:

- contact details of the caller
- name and address of the non-essential business
- details of the alleged breach, such as the type of business and when it is operating

#### Actions to achieve compliance and address non-compliance

Following a report of an alleged operation of a non-essential business, DHHS will:

- contact the person who owns, controls or operates the business to provide a verbal or written direction (through an authorised officer) if;

- a high risk is identified
- there is no reasonable indication the person will comply; or
- provide information about obligations through a phone call, email or standard letter if the breach is inadvertent or low risk in nature and future compliance is likely
- seek a response to the allegation including confirmation there will be ongoing compliance with the direction.

### **Repeated breaches and deliberate intentions to not comply**

Following allegations of repeated breaches and/or a deliberate intention to not comply with any of the directions, DHHS will:

- obtain further information about the reason for alleged breach
- phone the person to further reiterate obligations, reason for self-isolation penalties and subsequently issue a verbal or written direction (through an authorised officer)
- consider a site visit to issue the direction with the assistance of Victoria Police by contacting the SPOC operation cell **REDACTED**

### **Opportunistic identification of non-compliance**

There may be times when Victoria Police identifies a breach of the direction through the normal course of business. For example:

- a person in a public place voluntarily identifies as having returned from overseas within 14 days;
- a mass gathering;
- operation of a non-essential business.

In this instance, Victoria Police should seek to influence compliance by reiterating obligations, providing education and outlining penalties for non-compliance. Victoria Police should ensure the details are recorded through the Police Advice Line and referred to DHHS [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) if follow up is needed.

Additional materials to be worked on and added:

### **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 **[Meena Naidu]**

## Plan for people returning from overseas to Victoria

### Background to mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by a Detention order that came into effect at midnight on Saturday 28 March 2020 and 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;
- To provide for the healthcare 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;
  - 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

#### Directions and exemptions

The Chief Health Officer and Deputy Chief Health Officer have instituted this Direction.

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

- Deputy Chief Health Officer – issuing of Directions including the detention direction;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on exemption requests where allowed or relevant;
- Director Regulation and Compliance – lead for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention directions (for example including moving a person from one room to another);
- Director Health Protection and Emergency Management – lead for welfare and healthcare sector for detention sector;
- Director Primary Care - lead for medical services to people in detention.

#### Information management for people in mandatory detention

A business system is being developed to manage the welfare and health issues 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. [Meena Naidu]

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention. [Charles Alpren and Nick Chiam]

The Enforcement and Compliance section will ensure identities 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.

### **Authorised officer\* and Chief Health Officer obligations**

Only authorised officers 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.

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

- 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, is to continue to be subject to detention.

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.*

## **Process by stage**

### **Airport and transit process**

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 the DHHS Authorised Officer (AO).
- 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.

### **Authorised officer actions at the airport**

DHHS Authorised Officers:

- introduce themselves and show their Authorised Officer identification\* (**mandatory AO obligation**)
- must provide a copy of the direction and detention notice to each passenger (or parent/guardian of a minor) and:
  - explain the reasons or detention (**mandatory AO obligation**)

- warn the person that refusal or failure to comply with a reasonable excuse is an offence (mandatory AO obligation)
- ensure the notice of direction and detention:
  - is signed by the detainee and dated
  - has a hotel name and room number
  - has a reference number.
- record issue and receipt of the notice through a scanned photograph and enter in database
- facilitate a translator to explain the notice and reasons for detention
- facilitate any reasonable request for communication, such as a phone call
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- cross reference detainees with passenger manifest
- ensure detainee boards the bus (see policy for unaccompanied children)
- record actions taken in writing, including the above mandatory obligations, use of translator and any other arising issues.

If it is not practicable to explain the reason for detention, the AO must do so as soon as practicable. This could be at the hotel, however every effort should be made to provide the direction at the airport. (mandatory AO obligation).

### **People who are unwell at the airport**

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 and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer can be organised to return to the hotel;
- If the person is unwell and requires admission, they should be admitted and the lead for enforcement and compliance informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, and be placed in a COVID-19 floor of the hospital if positive, or in a general part of the hotel if tested negative for COVID-19.

### **Arrival at hotel – check in**

- Detainee provides notice of direction and detention to hotel staff to allocate room.
- Detainee provides notice of direction and detention back to AO to confirm the arrival date, time and room on notice.
- AO takes photo of notice of direction and detention and enters into database.
- After nurses conducts medical and welfare check, 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.

Passengers will be sent to their allocated room. They will be informed a person will contact them in the afternoon or next day to undertake a more formal assessment of longer-term needs and, that a welfare check will occur daily.

### **Welfare and health service provision**

- Residents will have a welfare check (as specified below) each day.
- DHHS officers conducting welfare checks email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.

- A welfare survey will be conducted by an Authorised Officer of DHHS.
  - Completed welfare surveys are handed to AOs at the hotel.
  - 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 service to be organised by Primary Care Sector. 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.
- \* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

### **Requirement for review each day**

**This is mandatory AO obligation.** Each 24-hour period, DHHS AO:

- Will undertake a electronic review of detainment arrangements by viewing the business system spreadsheet. This includes reviewing:
  - all detainees at the hotel
  - days in detention so that 14-day self-isolation period is adhered to
  - any other issues that have arisen
  - determining whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of Covid-19 and form most Covid-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>1</sup> becomes aware of, such as:
  - person's health and wellbeing
  - covid-18 symptoms on arrival
  - medical record of being previously infected with Covid-19
  - 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, which may be rationale for discontinuing 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).

## 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

## Written notice to Chief Health Officer and advice to Minister

**This is a mandatory obligation.** DHHS authorised officers must give written notice (after a review) to the Chief Health Officer as to whether continued detainment for the next 24 hours is reasonably necessary to eliminate or reduce the risks to health. The written notice must set out the reasons for continuing or discontinuing detention.

The timing of the written notice to the CHO should occur within 48 hours of an AO undertaking the review. A process to conduct this written notification using an extract from PHESS will be established. The CHO must then advise the Minister of each notice received.

## Occupational health and safety for Authorised Officers

Procedures will set out procedures for authorised officers when attending off site locations during the State of Emergency. It is understood that Emergency Management Branch will provide masks to all DHHS employees.

**[Find and include the procedure for PPE / offsite attendance]**

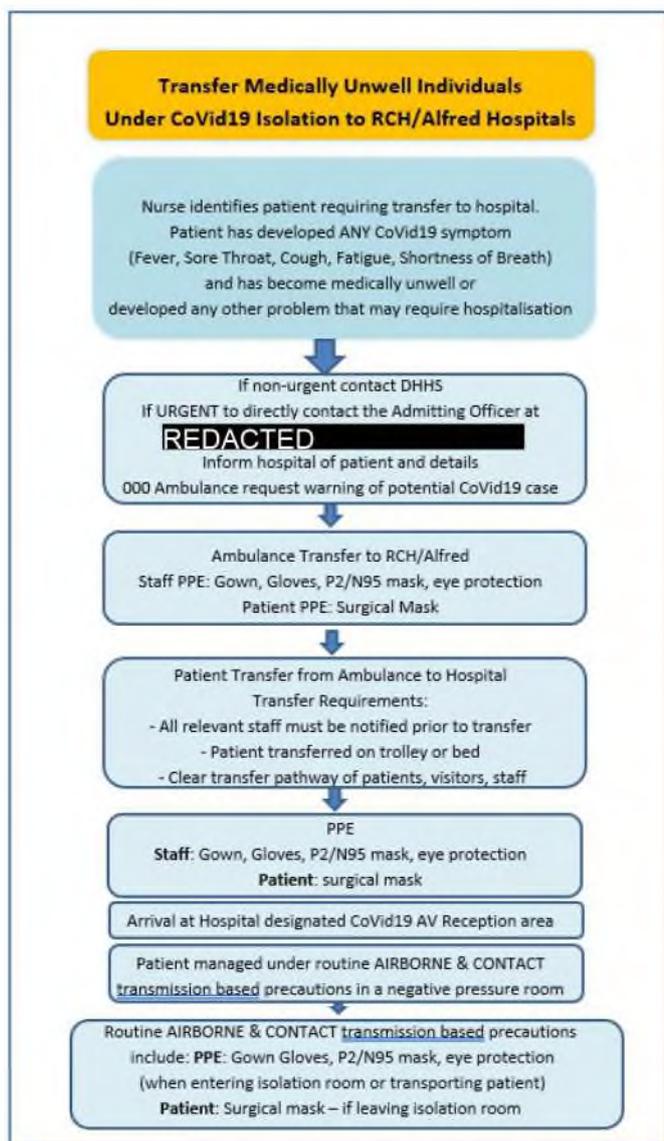
## Actions to detect and test for COVID-19 amongst people in mandatory detention

The following are the actions to enact this:

- Residents 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 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 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 passenger 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 passengers, 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 must be notified prior to the transfer.
- 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 passengers.

### Resident risks and wellbeing

#### 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    |                             |

### 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 Authorised Officers 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.

## Tiers of risk for persons in mandatory detention

### Principles

- 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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>Residents who are by themselves.   | Phone call every second day      |
| Tier 3    | Low risk – everyone else.  | Daily text message (via Whispir) |

### Priority areas for resident wellbeing

#### 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.

#### 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.

#### Smoking policy for people in detention

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

#### Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation

to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

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

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

#### COVID-19 and smoking

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

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

#### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable 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**

- 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.

**Personal protective equipment (PPE)**

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

1. Apply standard infection prevention and control precautions at all times:
  - a. maintain 1.5 metre distance
  - b. wash your hands or use anti-bacterial agents frequently
  - c. avoid touching your face.

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

### **Temporary leave from the place of detention**

The Isolation (Diagnosis) Direction (made 25 March 2020) requires that persons in Victoria diagnosed with COVID-19 self-isolate in a premises (including use of a hotel room) until meeting departmental criteria for discharge and clearance from isolation permitted.

Persons diagnosed with COVID-19 and self-isolating are not permitted to leave the premises, except in the following three (3) circumstances:

1. *For the purposes of obtaining medical care or supplies –*
  - in particular circumstances, DHHS authorised officers and Victoria Police officers may need to determine if medical care is required and how urgent that care may be. DHHS officers may wish to discuss the detainee's medical needs with their manager or a departmental medical officer to assist in determining urgency
  - where possible, authorised officers or Victoria Police officers should attempt to provide the needed medical supplies. If not possible, detainees may be permitted to obtain medical supplies; the detainee should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to.
2. *In any other emergency situation –*
  - 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 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.
3. *In limited outdoor circumstances when it is possible to avoid close contact with other persons and not to enter any other building:*
  - detainees may be permitted to leave their premises for outdoors temporarily; this may include the need for 'fresh air', a cigarette, a short walk etc
  - while temporarily outdoors, detainees are not permitted to enter any other building that is not their (self-isolating) premises
  - detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to
  - a register of detainees should be utilised to determine which detainees are temporarily outside their premises at any one time.

### **Release from mandatory detention**

Checklist of considerations prior to release:

- Review the case file and ensure the 14 day detention has been met;

- 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 whatever mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

### **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.

## **Duties and Requirements**

### **DHHS duties**

Two activities must be completed by DHHS every day (Meena and Merrin):

- the legal obligation for being detained
  - The detention of each resident must be reviewed at least once every 24 hours for the period they are in detention, in order to determine whether the detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.
  - this can be via an AO looking over the database / spreadsheet to ensure they are meeting the legal obligations of detention.
  - this is not a call or face to face unless there is an issue that arises.
- Meeting our duty of care for detainment and completed regular (TBD) welfare check as per the **script designed by Di White (still to come)**.
- Legal requirement of transport to be organised at all times.

**Any queries/issues with AOs to go through Meena first.**

## **Policy on permissions and application of mandatory detention**

### **Objective of policy on permissions and application of ‘exemptions’**

The term ‘exemption’ and this section of this plan is to guide judgment that a person does or does not require to be in mandatory detention, or when a person wants permission to leave their room.

### **Potential mechanisms for exemptions**

Noting that there are broadly two mechanisms available to the 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 Public Health Commander), or
- There could be permission given by the authorised officer (with agreement of the Public Health Commander) 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 leave detention**

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be very rare 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 NSW Health have exempted an ‘unaccompanied child’ from detention provisions in that state.

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**

The Public Health Commander, through authorised officers, should properly consider a request for permission to leave a room where detention is being conducted, or an ‘exemption’.

The process is:

- Members of the public who wish to ask for permission – including people who are in mandatory quarantine – have the option of submitting a request in writing to the COVID Directions inbox (i.e. in writing);
- Authorised officers should also use the COVID Directions inbox to submit requests for permission to be assessed;
- 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;
- Requests will be reviewed in an initial assessment and will be 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 the exemption is rejected and will not proceed further. Logged.
- **A decision tool for authorised officers and officers of the department that are applying this process for recommendations to the chain of command is at Appendix.**
- After this initial assessment process, priority 1 requests will be:
  - Referred immediately to the Director E+C including with a short email summary including a recommendation;
  - The Director E+C submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and calls the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
  - Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
  - Public Health Commander communicates the outcome and the Director E+C is authorised to enact the outcome.
- After this initial assessment process, priority 2 requests will be:
  - The Director HP+EM then submits in writing the application to the Director of Enforcement and Compliance with title ‘For Decision: Detention Exception Request’;
  - Captured in writing and batched together for consideration once a day for the review by a panel where available;
  - Where available, a **panel** could include a legal services representative, a delegate of the Director E+C and the DPHC Planning or delegate;

- The panel will then rapidly assess and decide on each priority 2 request;
- The outcome of the decisions (grant or reject) is then enacted by the Directions Cell, under the management of the Director HP+EM.
- After this process, priority 3 requests will be:
  - Officer of the department writes back to indicate the exemption has not been granted and should consider using scripts as provided at **Appendix 6**.

### **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.

#### When an unaccompanied minor is normally resident in Victoria

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

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

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

### **Potential non-compliance and escalation**

#### **Options to facilitate compliance**

The authorised officer may:

- Provide detainee opportunity to communicate including any request for a third-party communicator (such as translator);
- Issuing a warning if the detainee chooses not to comply with the requirements;

- Issuing a Penalty Infringement Notice ;
- Directing Victoria Police or accommodation security to physically detain the non-compliant individual for transfer to their secure site.

#### **Potential non-compliance and escalation**

If a DHHS authorised officer becomes aware that a detainee has left their premises for any reason not permitted, Victoria Police should be notified of the detainee's details, potential reasons for the detainee leaving, where they may have gone and whether they have returned to their (self-isolating) premises.

DHHS authorised officers may consider enforcement activity, dependant on the nature of any breach.

#### **Transfer of uncooperative detainee to secure accommodation**

Separate mode of transport for uncooperative detainees to secure site for 14-day isolation. Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

#### **Unauthorised departure from secure accommodation**

If there is reason to believe a detainee is not complying with the notice of direction isolation requirement :

- Notify security or Police to check the detainee is in their room
- If the detainee has left their room, authorised officer/police/security to advise the detainee they are required to comply with the notice of direction isolation requirement.

## Communication and education

### Call centre for physical distancing queries

A call centre for public advice on physical distancing has been established. This will be staffed by authorised officers and managed by a Director Health Protection and Emergency Management.

The internal number is **REDACTED** and it is open for calls from 8am to 8pm seven days a week. Members of the public should call 1800 675 398, and select Option 2.

A review of the workforce and escalation arrangements for this call centre is underway. [Sandy Austin, Ben Rimmer]

### Current communications with the Victorian public and health sector

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](http://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](http://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](http://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](http://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
- Daily media release from the department and Premier's office.

#### Social media posts on physical distancing

- Daily posts on DHHS and VicEmergency social media accounts.
- Live streams of press conferences on Facebook

#### 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.

### **Aged Care Directions Facilities**

More content to be added. REDACTED

### **Non-essential business closure**

More content to be added. REDACTED

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

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

### **2.1.3 Modelling the impact of physical distancing interventions in China**

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number ( $R_t$ ) 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 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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>Language:    |

### Script

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

|  |
|--|
|  |
|  |

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

### Introductory questions

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

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

2. Are you a lone occupant in your hotel room? Yes/No if No:

a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

| Name | Relationship | Age<br>(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

|  |
|--|
|  |
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#### 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?

|  |
|--|
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|  |

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

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

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|  |

10. Are you keeping up regular handwashing?

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|  |

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?

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### **Safety questions**

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

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

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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?

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*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?

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|  |

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

|  |
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|  |

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?

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|  |

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?

|  |
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|  |

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?

|  |
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|  |

### 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?

|  |
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|  |
|  |

23. Do you have any other concerns?

|  |
|--|
|  |
|  |

### End of survey

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



## Appendix 6 – Decision tool for exemption requests for people in mandatory quarantine

**INSERT MATRIX** - Vickie

The following vulnerability assessment matrix will help officers consistently triage or reach safe decisions as to whether an exemption request is a priority 1 (urgent), priority 2 (less urgent) or priority 3 (not accepted / rejected).

The Public Health Commander may identify specific instances where an exemption request must always be classified as Priority 1 and as such generates an urgent assessment. Current instances where this determination has been made are:

- A medical emergency in a person in mandatory detention (such as acute chest pain consistent with an acute myocardial infarction);
- An unaccompanied minor where there is no identified legal guardian and in exceptional circumstances.

## **Appendix 7 – Scripts for physical distancing call centre**

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



Director Emergency Management  
Department of Health and Human Services  
REDACTED

---

**From:** Andrea Spiteri (DHHS) REDACTED  
**Sent:** Friday, May 22, 2020 18:59  
**To:** REDACTED; Rachaele May (DEDJTR); Pam Williams (DHHS); Meena Naidu (DHHS); Merrin Bamert (DHHS)  
**Cc:** Nick Chiam (DHHS); Melissa Skilbeck (DHHS)  
**Subject:** Tertiary Education restart - draft response for REDACTED

Hi all

Rachaele and Donna - please see below draft email for RE from a DHHS perspective as discussed today. If you would like to add anything from a DJPR perspective please send back to me, and I will pop back to RE.

Please let me know if you have any queries.

Many thanks  
Andrea

---

Hi REDACTED

Thank you for the information showing your thinking to date on the staged return of international students. As you are aware, the Australian Government is responsible for deciding what restrictions are to remain in place regarding entry of people into the country. The current mandatory detention is however enforced under state legislation. Currently, Victoria is accommodating approximately 2500 people at any one time in hotel detention.

In responding, it is important to highlight several factors in the current and future context for mandatory quarantine for returning travellers. These are a key part of our consideration in offering you information about Victoria's potential capacity in coming weeks and months.

DHHS has been advised that Singapore airlines is proposing to increase commercial flights to Australia for returning Australian citizens from 2 June, and that overall, commercial flights to Australia are expected to increase from 9 June. At the same time, DHHS is aware that Australian citizen/permanent resident students (minors) are seeking to return to continue their education in Victoria. The quantum and timing of additional arrivals in Victoria is as yet unknown, and as such we are factoring in an additional 700 people in hotel quarantine at any one time from early June. Compared to earlier arrivals, people now returning to Victoria are increasingly complex in terms of their needs, with more referrals occurring for mental health, family violence and other conditions and issues in the current cohorts. The addition of large numbers of minors, and other students new to Australia or travelling with family will add to that complexity, and will result in the need for additional health and welfare services, and supervision.

Currently, DHHS Authorised Officers are rostered 24/7 at all hotels. These officers rely heavily on security personnel to assist with supervision when people are granted permission to leave the room specified on their detention notice. It is DHHS' view that reduction in the level of security will not be possible at hotels. Authorised Officers are currently drawn from across DHHS, other government departments and local governments with regulatory responsibilities. 100 of DHHS' current Authorised Officers are from outside DHHS, with the bulk from local government, drawn away from existing regulatory functions which needs to be recognised as a risk. As businesses start to re-open, many of the regulators will be required to return to their substantive positions to undertake BAU functions. This may affect the current upper limit capacity in Victoria, which is 3700 people in quarantine at any one time. This currently equates to approximately 16 hotels.

Therefore, with an additional 700 people as per above expected, Victoria's maximum capacity would be **500 students** at any one time (i.e. per fortnight). If a different configuration of hotels is contracted (i.e. smaller and therefore more hotels), this will increase the numbers of Authorised

Officers required overall.

The costs in your proposal need to be augmented to include the costs for Authorised Officers, nurses/health staffing, testing, provision of welfare, and supplies in addition to the costs provided relating to DJPR costs, and an allowance made for increasing operational staffing to coordinate (DHHS and DJPR). This includes:

- \* Staff at the Airport to process arrivals (including authorised officers, nurses and support staff)
- \* Transport costs (airport to hotels, ambulance costs)
- \* Compliance and enforcement costs, including Authorised Officers on site 24/7 (as required for legal detention) and a team to process exemptions and Detention in an alternative place
- \* Teams on site to deal with client issues and manage entries and exits
- \* Doctors, nurses, mental health nurses to address the needs of clients
- \* Testing teams of nurses for Day 3 and Day 11 COVID 19 testing (as required by Public Health)
- \* Welfare team to conduct Day 3 and Day 9 welfare survey and Complex Assessment and Response team to address complex issues in quarantine
- \* Supplies at hotels including PPE, pharmaceutical supplies, pathology costs, etc
- \* Additional guest costs such as food deliveries due to the inability of hotels to address needs of people with allergies/anaphylaxis risks
- \* Additional costs should any students become COVID positive and need transfer to the COVID hotel and potentially require a longer period in a hotel.

This will add approximately **\$200,000 per hotel per week** – regardless of the number of people in a hotel, given the base level of services and enforcement staffing required. We estimated the costs at about \$200k per hotel per week or \$28, 600 per night, which is about \$130 per person per night for the above components of the costs. Advice provided to DHHS is that there is currently no legal means for DHHS to charge returned travellers for quarantine directly, as this would need a specific power in Victoria’s Public Health and Wellbeing Act.

Victoria could implement a full service model at the hotels that would reduce the requirement for VPS and contracted staff to manage the hotels, however it would still be necessary to have Authorised Officers 24/7 and some form of health and wellbeing support, and costs are unknown.

### Further scaling up

Should Victoria wish to explore additional capacity above 500 students per fortnight, the following will need to be considered:

1. 1. More Authorised Officers - for each additional hotel, a minimum of 6 Authorised Officers would be needed per week to fill the 24/7 roster, along with additional staff at the airport and hotels to facilitate entry and exit. This would equate to **7-10 additional enforcement and compliance staff per hotel**. The quickest option to scale up Authorised Officer capacity would be to reallocate regulatory staff from across the VPS to DHHS for the period. If commitment was reached across Government, this could be achieved within a few weeks. Otherwise, recruitment, training and induction would be needed, which DHHS estimates to be 12 weeks minimum. This is based on the assumption the **current AO capacity remains for Australian citizens (3200) returning during that time**.
2. 2. Discussion at national level to:
  - \* ensure staggered flight arrival times and additional gates/infrastructure at airports to

manage flow of passengers and public health risks at the airport

- \* determine countries as part of the stages based on CMO/CHO advice
- \* determine any possibility for other states to receive Victorian students (given legislation in different states results in ability to scale up "AO" capacity).

I hope this is helpful for your planning, and please let me know if you have any queries.

Kind regards  
Andrea

Andrea Spiteri  
State Controller-Health  
Director Emergency Management  
Department of Health and Human Services

REDACTED

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# Attachment A1: Quarantine Operations

International Student Quarantine Preparedness Plan

DRAFT - 25 May 2020

# Quarantine Operations – Introduction

This document outlines the roles and responsibility of each organisation to deliver on the following key principles of project planning and implementation:

- **Federal government** delivers efficient visa and border entry processes to enable the project and manage the complexity of transnational operations including bilateral arrangements for pre-boarding management
- **State governments** provide quarantine operations to manage the risk of coronavirus
- **Universities and schools** provide individual case management for end to end user journey to ensure that:
  - (1) Student wellbeing, experience and learnings are prioritised
  - (2) Student numbers are tracked and updated immediately to inform logistics and manage student flow (noting that some students will have visas and others will not)
  - (3) Continuity of education provision is provided

## Governance Arrangements

Information sharing will be critical to the success of this project.

The planning and implementation phases will be guided by a Project Control Group— operations will be informed by weekly meetings with federal, state and university representatives to:

- Manage risk
- Refine and establish referral processes, if required

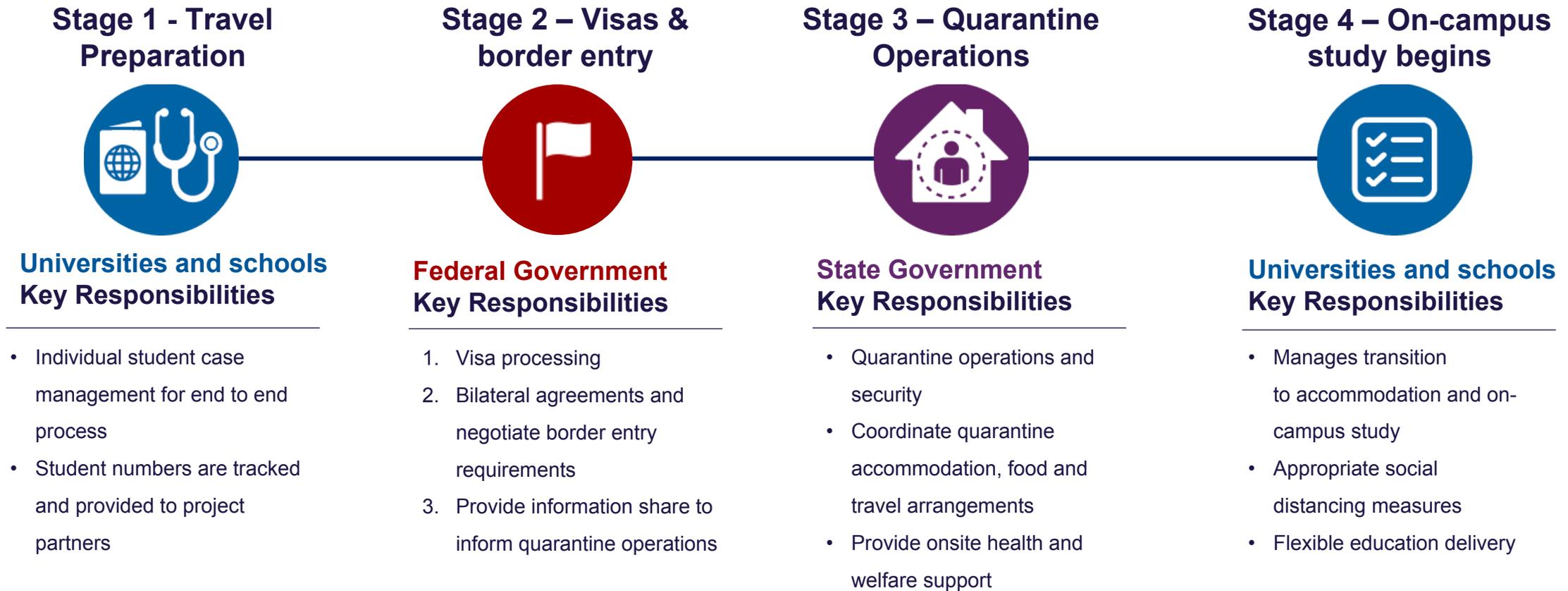
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## Quarantine Operations – Overview

The four stages articulate the responsibility of each organisation implement these key principles: principles of the project of quarantine operations. These stages are further detailed on page 4.



1. **Universities: Provide end to end student welfare, experience and learning**
2. **All project partners: Representatives to Project Control Group to support on going information share and process**

# Quarantine Operations: Detailed roles and responsibilities

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|                                      | 1. Travel Preparation   | 2. Visas & travel exemptions  | 3. Quarantine Operations    | 4. On-campus study begins  |
|--------------------------------------|--|--|--|--|
|                                      | Lead Agency: Education provider  | Lead Agency: Federal   | Lead Agency: State Government  | Lead Agency: Education provider  |
|                                      |  |  | 3a. Flight Arrival, Border Entry & Hotel Transit   | 3b. Hotel Quarantine   |
| Federal Government Responsibilities  | Bilateral agreements for pre-boarding management (e.g. Covid-19 testing).  | Federal Government manages visa applications.  | Deliver Border force & AFP operations and, once complete, handover custody of detainees to state government  |  |
| State Government Responsibilities    | Assess incoming passengers and required hotel selection and prepare for passenger arrival.<br><br>Manage / process exemption requests and confirm passenger manifest.  |  | Passengers land and are issued Detention Notices and are triaged.<br><br>Passengers (Detainees) are transferred to Quarantine Hotels (or hospital if required) | During check in, passengers receive health checks, provide completed questionnaires and specialist needs are managed<br><br>Health, welfare (family violence, mental health etc), testing information and service are provided throughout quarantine period with a GP and nurse onsite. Security arrangements and authorised officers manage compliance. Other support functions include food, concierge service, laundry etc. |
| University & School Responsibilities | Requirement of a state government approved individual case management throughout the process, assisting students with travel, ensuring financial stability requirements, an overview of the quarantine process etc.<br><br>Inform State & Federal Government of incoming students numbers, travel plans and timeframes |  | Provide information to State Government as required  | Provide student welfare support as part of ongoing management of student wellbeing, learning and positive experience (coordinated with the state government)<br><br>Provide online learning where appropriate.   |
| Student Responsibilities             | Organise flight, with support from Universities and State where required.  | Apply for visa, with support from universities and federal government, as required.                              | Comply with requirements of federal and state agencies   | Comply with direction and detention notice. Take all reasonable steps to maintain own health and wellbeing<br><br>Follow health directions as they develop, adopting a 'stay safe' approach to managing the ongoing risk of coronavirus.   |

## COVID-19 daily communications update

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From: REDACTED

To: emjpic.all@em.vic.gov.au

Cc: REDACTED "Andrew Hockley (DHHS)"  
 REDACTED "DHHS Emergency Communications (DHHS)"  
 <em.comms@dhhs.vic.gov.au>, "PPH Communications (DHHS)"  
 <pph.communications@dhhs.vic.gov.au>, "Andrea Spiteri (DHHS)"  
 REDACTED "State Emergency Management Centre SEMC  
 (DHHS)" <semc@health.vic.gov.au>, "press (DHHS)" <press@dhhs.vic.gov.au>,  
 "Brett Sutton (DHHS)" REDACTED "Finn Romanes (DHHS)"  
 REDACTED "Annaliese Van Diemen (DHHS)"  
 REDACTED "Infectious Diseases (DHHS)"  
 <infectious.diseases@dhhs.vic.gov.au>, "Angie Bone (DHHS)"  
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Date: Thu, 09 Apr 2020 22:58:03 +1000

Attachments: 200409 DHHS key messages - Coronavirus Disease (COVID-19) approved.docx  
 (101.68 kB)

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## Communications daily update

### Media

- Victoria Police Minister Lisa Neville held a [press conference](#) today.
- Our daily [media release](#) was issued with the current number of cases and reinforcing our messaging to stay at home this Easter.
- We received over 30 media queries today largely focusing on what people can and can't do.
- Media reporting focused on the additional new cases in Victoria; the Premier cautioning that it is too soon to ease physical distancing laws; the large number of calls reporting breaches of the restrictions; and healthcare workers pleading for more personal protective equipment (PPE).

### Communications

- A [CHO update](#) was published and distributed today.
- Yesterday the DHHS COVID website had 349,160 page views in 195,700 sessions. Top pages are the home page and the Chief Health Officer daily update.
- Today's key messages were updated and are attached.

### Social media

- Today's our social media focused on encouraging people to stay home and the closure of campgrounds and caravan parks [Facebook](#); promoting emergency relief packages [Twitter](#); advising people buying or renting homes that all property inspection must be by appointment only [Twitter](#); and promoting mental health advice [Twitter](#) and [Facebook](#).

### Social media insights

- Community anger at "selfish people" breaking the rules and support for fines being handed to people breaking the rules.
- Numerous users offered thanks to the Premier for his strong messaging to "stay at home". Others however saw "I'm not going to stop people from going to properties they own" as an example of weak messaging. This has caused angst in regional communities who are worried about travellers bringing the virus with them.
- Concern for renters in Victoria who can still be evicted. Calls for protection against evictions.

REDACTED

Manager, Emergency Management Communications

REDACTED

Communications and Media

Department of Health and Human Services | 50 Lonsdale Street, Melbourne VIC 3000  
**Out of hours please call the DHHS public information officer: 1300 170 708**



# Coronavirus (COVID-19)

## DHHS key messages

09 April 2020 as at 1700hrs

### How we can all save lives

- Stay home. Protect our health system. Save Lives.
- The Victorian Government is directing Victorians to stay at home to help slow the spread of coronavirus (COVID-19)
- By staying at home and limiting your contact with other people, we can all help slow the spread of the virus.
- If you can stay home, you must stay home.
- There are only four reasons for Victorians to leave their home: food and supplies, medical care and care giving, exercise, and work or education.
- We're asking Victorians to please stop looking for loopholes. The advice is clear, by staying at home you're saving lives.
- Younger Victorians are not immune to coronavirus (COVID-19).
- There are an increasing number of locally acquired cases emerging in the community.
- Coronavirus (COVID-19) spreads through close contact with an infected person, mostly face-to-face or within a household.
- People may also pick up the virus from surfaces contaminated by a person with the infection.
- Physical distancing will help slow the spread of coronavirus (COVID-19).
- These measures aim to slow the spread and 'flatten the curve' or minimise the peak of the pandemic.
- Victoria Police has the role of ensuring Victorians stay in their homes unless absolutely necessary during this difficult period. They will approach groups of more than two people to ensure compliance with the Stay at Home direction.
- We continue to work around the clock with health services, the Australian Government and international agencies to respond to this threat and to keep the Victorian community safe.

### Latest announcements

#### Boosting supply of ventilators

- The Victorian Government is supporting local industry to produce ventilators to help equip our healthcare system as it deals with coronavirus (COVID-19), with a key international licensing agreement secured.
- Minister for Jobs, Innovation and Trade today announced that with the backing of a \$500,000 government grant, local company Grey Innovation is well advanced in establishing a local consortium to manufacture the life-saving machines.
- The Victorian Government intends to order 2,000 locally made ventilators, with the first Victorian-produced machines potentially available in June.

#### Easter trading

- Under Victoria's shopping trading laws, large supermarkets and large retail stores will close on Good Friday, as usual. They can re-open on Saturday and stay open for the rest of the Easter weekend. This happens every year. This year is no different.
- Try to plan your shopping and don't rush to supermarkets on Thursday for extra supplies. There is no need for people to stockpile. You should only shop for what you need.

## **Easter holidays**

- This Easter, stay home. Protect our health system. Save lives.
- The rules are clear - and they don't change over Easter: if you can stay at home, you must stay at home.
- All unnecessary travel should be avoided.
- Police will be out in full force over the Easter long weekend issuing fines to anyone who disobeys these directions.
- There is no doubt about it – physical distancing will save lives. The Victorian Government urges people not to look for loopholes but to follow the advice and do the right thing.

## **Victorian students to learn from home**

- All Victorian Government primary, secondary and special schools will move to remote and flexible learning and teaching when Term 2 starts.
- To ensure more kids can learn from home, the Government will loan more than 6,000 laptops and tablets to students who don't have access to digital technologies. Schools will also distribute other classroom devices as required to ensure all students who do not have access to a laptop or tablet at home will be provided one.
- To slow the spread of coronavirus (COVID-19), the message to students and parents of government schools is clear: all children who can learn at home must learn from home – with exceptions only in extremely limited circumstances.
- VCE students will still receive an ATAR score, but there will be a number of changes to the academic timetable for VCE and VCAL students:
  - The GAT test will move from June to October or November
  - End of year exams will be postponed until at least December
  - School based assessment tasks will be reduced where possible to relieve some pressure on students as they move to remote and flexible learning arrangements
  - Universities will be asked to delay the start of the 2021 university year to account for impacts of coronavirus (COVID-19) on senior secondary students.
- VCE study scores will continue to be a combination of school-based assessment and external exams. VCAL students will have more time to complete their courses and this will be consistent with the revised dates for the VCE.
- On-site learning will only be available for children whose parents can't work from home and vulnerable students without access to a suitable learning environment at home.

## **Deploying PSOs**

- The Victorian Government is increasing the range of 'designated places' where Protective Services Officers (PSOs) can exercise their powers. PSOs can be redeployed from the public transport network and into communities.
- From Thursday, 200 PSOs will be sent every day to major activity centres in the Melbourne CBD, as well as commercial hubs and suburban areas across greater Melbourne and the regions, including Geelong, Ballarat and Bendigo.
- PSOs will work in teams with police officers to patrol these areas and provide a highly visible policing presence and public safety role, reassuring workers and members of the community shopping for supplies or travelling to health appointments, and deterring crime.
- PSOs will continue to work at 83 train stations and will maintain a mobile presence across the transport network.

## **Accommodation for hospital workers and paramedics**

- Frontline healthcare workers who test positive for coronavirus (COVID-19), and those that have had unanticipated and unprotected contact with a person suspected of having coronavirus (COVID-19), will be put up in hotels or apartments to self-isolate (self-quarantine) free of charge.

- The move will allow healthcare workers to keep their families or housemates safe, without the financial burden of taking on extra rent. This is particularly important for those who live with other healthcare workers or vulnerable people– including people over 65, people who are immunosuppressed or have an underlying chronic condition, pregnant women, or Aboriginal and Torres Strait Islander people.
- Healthcare workers are currently more likely to be diagnosed with coronavirus (COVID-19) than any other workforce and are at greater risk of coming into close contact with someone with coronavirus (COVID-19).

### **Flu Vaccinations**

- All Victorians are encouraged to get their flu vaccination, now available from pharmacies and GPs.
- The vaccination cannot protect you from coronavirus (COVID-19) but will ensure your immunity isn't compromised further by contracting influenza.
- Victorian pharmacists can administer approved vaccinations outside of their normal location – through the mobile and outreach services of a hospital, pharmacy or pharmacy depot, increasing access to immunisations for all Victorians.
- It is also easier for younger Victorians to get these immunisations from their local pharmacy, with appropriately trained pharmacists now able to administer the flu shot to children aged ten and older. Pharmacists will also be able to administer the measles-mumps-rubella, meningococcal and whooping cough-containing vaccines to people 15 years of age and older – protecting young people from deadly diseases that, combined with the threat of coronavirus (COVID-19), could overwhelm the state's hospitals.

### **Expanded testing criteria for coronavirus (COVID-19)**

- Victoria's testing criteria has been expanded to include any person meeting clinical criteria and aged 65 years or older or having worked in public facing roles and settings:
  - firefighters who undertake emergency medical response
  - childcare and early childhood education centres
  - primary or secondary schools.
- It will continue to include frontline healthcare workers (paid or unpaid), workers in healthcare, residential care, disability care, homelessness support, child protection workers, police officers and people that have recently returned from overseas.

## **State of Emergency**

- A State of Emergency has been declared in Victoria coronavirus (COVID-19) until midnight on 13 April 2020 to slow the spread of coronavirus (COVID-19).
- This gives the Victorian Chief Health Officer powers to do whatever is necessary to contain the spread of the virus.

## **Current restrictions**

Stage 3 restrictions are now being enforced in Victoria to slow the spread of coronavirus (COVID-19). These are:

- Gatherings of more than 2 people, except for members of your immediate household and for work or education purposes, are not allowed;
- Requirements to stay home under the Stage 3 restrictions are law enforceable and the physical distancing rule of 1.5 metres should be observed in the community. There are only four reasons to be out:
  - shop for food and supplies that you need
  - exercise
  - access medical care or provide care for someone
  - attend work and education – if necessary.
- You may also leave your home to provide child-minding assistance so the parent or guardian of a child can leave the house for the reasons listed above, or to work or study from home.
- Parents or guardians of a child can also drop their child at another person's house for child-minding purposes, as long it is for one of the four listed reasons.

- You may also leave your home in an emergency, or if required by law.
- Newly revised Stay at Home directions have been applied to clarify that there is no restriction on individuals who are staying with or meeting their partners, even if they don't usually reside together.
- The purpose of these restrictions is to stop people gathering in large numbers and spreading infection.
- There is no restriction on individuals who live separately from their partners from staying with or meeting them.
- Rules have been introduced for weddings (no more than five people to attend) and funerals (no more than ten people can attend).
- Recreational exercise such as fishing, hunting, boating, golf and other activities that go beyond basic exercise, are not allowed.
- From today, boat ramps, piers, jetties, and other marine infrastructure will be closed to recreational boating, including those run by members of private based facilities.
- People who are over 70 years of age, or are 60 years of age who have existing health conditions or comorbidities, and Aboriginal people over the age of 50 who have existing health conditions or comorbidities, are strongly advised to self-isolate at home wherever possible.
- In an enclosed space, there should be no more than one person per four square metres of floor space. For example, there can be 25 people in a 100 square metre room, with a physical distance of 1.5 metres.
- Further information about the restrictions in place is available on the coronavirus (COVID-19) website [www.coronavirus.vic.gov.au](http://www.coronavirus.vic.gov.au)

## Overseas arrivals

- All travellers arriving into Australia from overseas will be placed in quarantine for 14-days to slow the spread of coronavirus (COVID-19).
- Returning travellers are being placed in enforced quarantine in hotels, motels, caravan parks, and student accommodation.
- States and territories are enforcing the 14-day quarantine period with support from the Commonwealth and Australian Defence Force (ADF).
- The costs of accommodation, public health and security are being covered by each individual jurisdiction.
- Those in quarantine are receiving care packages of food and other essentials during this time.
- Travellers returning from overseas are being housed in the state or territory they initially arrive in for 14 days.
- Victoria currently has 5,000 hotel beds available for travellers returning from overseas and is working with the hospitality sector to ensure that adequate and appropriate accommodation is available.
- Skybus is supplying 85 buses to transfer people arriving at the airport to their accommodation.
- Note: all international passengers that arrived at a Victorian airport prior to 28 March 2020 must self-quarantine for 14 days.

## Travel advice and restrictions

- Australian citizens and Australian permanent residents are now restricted from travelling overseas.
- Australians who are already overseas and wish to return home are advised to return as soon as possible.
- People are urged to cancel all non-essential international and domestic travel.
- This Easter, stay home. Protect our health system. Save lives.
- The situation is changing rapidly – visit Smart Traveller for the latest updates. [www.smarttraveller.gov.au/](http://www.smarttraveller.gov.au/)

## Spot fines

- On-the-spot fines have been introduced for Victorians and Victorian businesses that are found to be in breach of physical distancing and quarantine requirements including:
  - Those international travellers that arrived in Victoria before 28 March 2020 and fail to self-isolate for 14 days
  - If they organise or attend a mass gathering prohibited by the Prohibited Gatherings Direction

- If they organise or attend a wedding that has more than five people, including the two persons being married, the celebrant, and two witnesses, or a funeral that has more than 10 persons, as prohibited by the Prohibited Gatherings Direction
- If they organise an auction for the sale of a residential property, as prohibited by the Non-Essential Activity Direction.
- Victoria Police are issuing individuals with on-the-spot fines of up to \$1,652 and up to \$9,913 for Victorian businesses for failing to adhere to directives designed to slow the spread of coronavirus (COVID-19).
- People who don't comply with the restrictions could be taken to court and receive a fine of up to \$20,000, while companies face fines of up to \$100,000.

## Hospital and care facility restrictions

- Emergency powers under the Public Health and Wellbeing Act 2008 have been enacted to limit visits to patients in hospitals to partners, parents or guardians or care and support people.
- These restrictions have now been expanded to cover residential care facilities for disability services, alcohol and drug services and secure welfare services.
- You must not enter a care facility unless you are a resident, staff member or are visiting a resident of the facility, and even then, only in limited circumstances.
- Visits to residents of care facilities will be limited to one per day, for a maximum of two hours and with no more than two people at one time. Exceptions to this rule will be made for people receiving palliative care.
- The following people are not allowed to visit a hospital:
  - recently returned travellers
  - a person who has a confirmed case of coronavirus (COVID-19)
  - a person who has been in contact with a person who has a confirmed case of coronavirus (COVID-19) or
  - a person with a high-temperature or symptoms of acute respiratory illness.
- Children under the age of 16 will only be permitted to visit aged care facilities in exceptional circumstances.
- These directions will be enforced by the Commonwealth Government.

## Family violence

- With more people staying at home to reduce the community spread of coronavirus (COVID-19), there may be an increased risk of family violence.
- Services are still operating to help women and children in family violence situations, including crisis accommodation.
- If you or someone you know is at risk or experiencing family violence call 000 in an emergency or safe steps 24/7 crisis service on 1800 015 188.

## Mental health

- We recognise the feelings of anxiety or concern that many people may be experiencing during this time.
- People experiencing these feelings might include seniors, families and young people, and those going into self-isolation or quarantine. It is important to remember that we can do many things to feel empowered and enabled during this time.
- For your mental wellbeing, activities that can enable us to stay calm and healthy include:
  - maintaining a healthy diet, exercise, and basic hygiene
  - staying connected by talking to loved ones
  - engaging in hobbies and enjoyable activities
  - receiving information from trusted and credible sources
  - continuing to take any prescribed medication and monitoring any new symptoms for those already managing mental health issues.

- For those in self-isolation or quarantine, it is important to support your mental health and seek professional support early if you're having difficulties. Remind yourself that this is a temporary period of isolation to slow the spread of the coronavirus (COVID-19), and that your effort is helping others in the community.

## Gambling and drinking responsibly

- Gambling and drinking large amounts of alcohol can be an escape for people who have experienced a stressful change in life, such as the unprecedented changes in society we are all experiencing due to coronavirus (COVID-19).
- Excessive alcohol consumption is harmful for your health and can weaken your immune system, making you more susceptible to pneumonia, acute respiratory stress syndromes (ARDS), and sepsis.
- If you drink alcohol, please drink responsibly by following the Australian Guidelines which recommend healthy adults drink no more than 2 standard drinks on any day.
- When people turn to gambling at vulnerable times in their lives and it becomes a way for them to cope, it can lead to gambling problems.
- Responsible gambling means understanding the odds, knowing how much time or money to spend and when to stop. If you gamble you should expect to lose.
- Gambling should be budgeted as an expense, just like going out for dinner, and not considered a way to make money.
- If you need support or would like to speak to someone about your gambling please visit: <https://gamblershelp.com.au/> or phone [1800 858 858](tel:1800858858)

## Safety around the home

- While it is important to keep busy and active at home, Victorians are urged not to undertake building or repair works around their home where they do not have the required skills or experience.
- If you do not have the required skills or experience, always use a professional to safely complete all repairs and renovations around the house.
- To find an accredited builder go to: <https://www.vba.vic.gov.au/tools/find-practitioner>

## New orders for pharmacists and prescription medications

- To ensure rapid access to essential medicines for all Victorians, a new emergency order has been enacted so that pharmacists can now receive digital images of Schedule 4 prescriptions from a prescriber without relying on the original or faxed copy.
- This means for patients that are self-isolating, their GP can email their pharmacist who may be able to arrange delivery to their home.
- During coronavirus (COVID-19), pharmacists can supply prescription medications without a prescription for one month in emergency circumstances except for Schedule 8 medicines.
- Doctors prescribing Schedule 8 medicines for non-drug dependent patients will not be required to apply for a Schedule 8 treatment permit for the next six months, but instead check SafeScript.
- Practitioners will need to apply for Schedule 8 treatment permits for drug dependent patients, including opioid replacement therapy.
- During the pandemic health practitioners should take all reasonable steps to access SafeScript, as it is a very effective in providing up-to-date information about a patient's prescribing and dispensing history.
- Two new public health emergency orders have come into effect and can be found here: <http://www.gazette.vic.gov.au/gazette/Gazettes2020/GG2020S158.pdf>

## Investing in healthcare

- Additional capacity is being provided to the healthcare sector to manage the coronavirus (COVID-19) response. This includes:

- 4,000 ICU beds in addition to the existing 500 ICU beds
- additional equipment and consumables, as well as capital works and workforce training
- extra personal protective equipment such as gloves, facemasks and gowns
- The Victorian Government has also announced the refurbishment of the old Peter MacCallum Cancer Centre.
- Public and private hospitals are working together to deliver a system-wide response that provides 9,000 additional beds including 170 ICU beds to complement the existing 15,000 beds in the public sector.

#### **Public and private healthcare system deal**

- A deal has been struck with the state's major private hospital operators to ensure they can continue to care for Victorians during the coronavirus (COVID-19) pandemic.
- The deal will see Victoria's public and private hospitals work together to relieve pressure on public hospitals and ensure the entire health system is operating at full capacity.
- This agreement will ensure our private hospital medical workforce and hospital staff remain in the healthcare system for the duration of the coronavirus (COVID-19) pandemic.

#### **Building the Healthcare Workforce**

- The coronavirus (COVID-19) health workforce response website has been established to attract expressions of interest for working in the Victorian health system in both clinical and non-clinical roles.  
<https://healthworkforceresponse.dhhs.vic.gov.au/>
- We are working closely with the Australian Health Practitioner Regulation Agency to refresh the registration of returning clinical staff to enable them to return to healthcare duties soon as possible.
- To date, around 4,000 expressions of interest have been received.
- The contact tracing team has increased from 57 people to over 1,000.

#### **Supporting healthcare workers**

- It's everyone's responsibility to support essential healthcare workers – such as doctors and nurses – to stay at work during the coronavirus (COVID-19) pandemic.
- Healthcare workers may need extra help to ensure their children have care so they can work during this period.
- Where possible, partners of essential healthcare workers – who are not healthcare workers themselves – should support them to continue working by taking care of children.
- Older people – such as grandparents – and other at-risk groups should not be engaged as carers to reduce their risk of infection.

#### **Elective surgery**

- Victoria's public hospitals are winding back all non-urgent surgery where it is safe to do so.
- No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.
- The most urgent procedures including emergency surgery, or category one elective surgeries - including those booked in as part of our elective surgery blitz –such as urgent heart, neurological and cancer procedures will not be affected.

#### **Dental**

- Victoria's school dental program, Smile Squad, will also be put on hold for three months.
- All non-urgent public dental procedures across Victoria will be placed on hold for the next three months to limit the spread of coronavirus (COVID-19) and to protect patients and staff.

#### **Support available**

##### **Coronavirus (COVID-19) hotline**

- The Victorian Coronavirus Hotline provides a single point of information for Victorians, where they can access:

- Health information about coronavirus (COVID-19)
- A symptoms assessment by the National Coronavirus Information Service (available 24 hours a day).
- information regarding physical distancing and other actions to reduce transmission (available 8am – 6pm daily)
- information and registration for emergency [relief packages](#) from the Victorian Government for eligible vulnerable Victorians needing to self-isolate due to coronavirus (available 8am – 6pm). For translating or interpreting services, call 131 450.
- Victoria Police has established a coronavirus (COVID-19) enforcement squad of five hundred officers to ensure containment measures that have been put in place to combat coronavirus (COVID-19) are followed.
- To alert authorities to any breaches of mass gatherings and self-isolations following overseas travel, please contact the [Police Assistance Line on 131 444](#) (available 24 hours a day).
- For information about coronavirus (COVID-19) in Victoria, and ways to reduce the risk of infection and slow the spread of the virus, visit the Department of Health and Human Services [website](#).

### **Emergency relief packages**

- Vulnerable Victorians who need to self-quarantine due to coronavirus (COVID-19) and do not have access to a support network or alternative means of obtaining supplies such as online delivery will be provided with emergency relief packages.
- All requests will be assessed on need and urgency, prioritising those in greatest need.
- We ask that wherever possible you arrange for family or friends who are not required to self-isolate to get food or necessities for you.
- Each emergency food relief package is designed to provide basic food essentials and personal care items for two weeks.
- Relief packages will be distributed by partner organisations including the Red Cross and Foodbank Victoria

### **Economic survival package**

- The Victorian Government is delivering a \$1.7 billion economic survival and jobs package to complement Federal Government support. This includes:
  - full payroll tax refunds for 2019-20 financial year for small and medium-sized businesses with payroll of less than \$3 million
  - the same businesses will be able to defer any payroll tax for the first three months of 2020-21 financial year until 1 January 2021
  - more than 30,000 eligible small businesses that don't pay payroll tax are now eligible for grants of \$10,000
  - commercial tenants in government buildings can apply for rent relief
  - 2020 land tax payments deferred for eligible small businesses
  - Victorian Government will pay all outstanding supplier invoices within ten business days
  - the 2020 liquor licensing fees waived for affected venues and small businesses.
- \$500 million will be provided to establish a Business Support Fund to help the hardest hit sectors, including hospitality, tourism, accommodation, arts and entertainment, and retail.
- A \$500 million Working for Victoria Fund will also be established to help workers who have lost their jobs find new opportunities.
- Payroll tax refunds have been deposited into the bank accounts of 2,700 small businesses and \$1.1 billion has been paid to businesses to fast-track their outstanding supplier invoices.
- \$50 million is being invested in an Agriculture Workforce Plan that will provide practical support for critical food industries, helping the sector and regional communities by matching workers who have lost their jobs with employers in the agriculture sector.

### **Homelessness and public housing support**

- Victorian homelessness organisations will receive \$6 million to help protect Victorians at risk of or experiencing homelessness because of coronavirus (COVID-19).

- Homelessness agencies will have extra resources to find temporary housing for those who need it most in metropolitan and regional areas.
- Alternative pop-up accommodation will also be established for homeless people requiring quarantine or self-isolation in Melbourne.

### **Moratorium on evictions**

- Evictions will be put on hold for six months, with landlords and renters encouraged to talk about short term agreements. More information on this will be provided in the coming days.

### **Public Transport**

- Victoria has already implemented additional cleaning on public transport, and employers are urged to consider staggered work times and remote working arrangements to reduce overcrowding at peak travel times.
- The Victorian Government will continue to work with public transport providers to ensure transport requirements are met for those who need to leave home for essential purposes such as work, obtaining supplies or delivering care.
- Public transport timetables and changes to services may be reviewed in the future.
- People travelling in taxis or ride shares are advised to sit in the back seat. Elderly people and those with pre-existing medical conditions should avoid public transport.

### **Childcare**

- The Australian Government has announced it will pay half of the fee revenue of Victoria's childcare and early learning centres – so long as these services remain open and do not charge families for care – in order to provide certainty to care services.
- This initiative, along with the JobKeeper payment subsidy to help impacted businesses continue to pay their employees, means services can offer free education and care.
- Funding for families will be made available from 6 April, and will apply based on the number of children who were in care during the fortnight leading into 2 March, whether or not they are attending services. It will not be means tested.
- Payments of higher amounts will be made in exceptional circumstances, such as where greater funding is required to meet the needs of emergency workers or vulnerable children.
- The new plan will be reviewed after one month, and an extension will be considered after three months.

## **About coronavirus (COVID-19)**

### **Self-isolation vs Quarantine**

- Quarantine is what you should do if you might have coronavirus (COVID-19) or, if you have had close contact with someone who has coronavirus (COVID-19).
- All international passengers arriving at Victorian airports or disembarking at maritime ports after 28 March must go into enforced quarantine for 14 days from the day of their arrival.
- Self-isolation is what you must do if you have tested positive for coronavirus (COVID-19). This is the next step in ensuring even those you live with are protected. You can be in isolation in a hospital or isolated at home (self-isolation). If you are isolating at home, there are steps you need to take to keep the people you live with healthy.
- While most Victorians are voluntarily complying with requests to isolate, police have strong powers to enforce the direction and will conduct random spot checks where necessary.

### **Risk of transmission**

- If you develop a fever or respiratory symptoms you are advised to ring the 24-hour coronavirus (COVID-19) hotline 1800 675 398, or a GP or emergency department to arrange for assessment. If you have returned from overseas or you have had close contact with a confirmed case of coronavirus (COVID-19) you are required to self-isolate for 14-days.

- Visit the DHHS website resources on coronavirus (COVID-19) and self-assessment guidelines. Guidelines are also available for healthcare and residential care workers at [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

### **Reduce your risk of coronavirus (COVID-19)**

- Stay home. Protect our health system. Save Lives.
- Physical distancing will save lives. Everyone needs to comply with restrictions to keep yourself, your loved ones and the whole community safe.
- Wash your hands often with soap and running water, for at least 20 seconds. Dry with paper towel or hand dryer.
- Try not to touch your eyes, nose or mouth.
- 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.
- Continue healthy habits: exercise, drink water, get plenty of sleep.
- Buy an alcohol-based hand sanitiser with at least 60 per cent alcohol.
- Face masks are not recommended for use by members of the public for the prevention of infections like coronavirus (COVID-19).
- Wearing gloves is no substitute for cleaning your hands. Washing your hands or regularly using hand sanitiser and not touching your face is the best way to protect yourself.
- A dirty glove is the same as a dirty hand.

### **Seriousness of coronavirus (COVID-19)**

- Successful control measures adopted by all of us working together to avoid transmission of the virus could delay the peak and significantly reduce the number of sick people.

### **Additional assessment centres**

- Respiratory Assessment Centres have been established at health services in metropolitan Melbourne and in Regional Victoria.
- People who meet the testing criteria may present to these centres.

### **Treatment and vaccine**

- There is no specific treatment for coronavirus (COVID-19). However, many of the symptoms can be managed and the length and severity of illness will vary from patient to patient.
- It is not yet clear how long someone is infectious after being unwell, although it is likely to be at least 24 hours after symptoms have resolved.
- Researchers around the world are working to develop a vaccine, however a vaccine may be many months away or longer.

## **Specific advice for special groups**

### **Advice for healthcare workers**

- Any healthcare or aged care worker who develops symptoms should contact their GP or the dedicated coronavirus (COVID-19) hotline on 1800 675 398 for testing.
- Like other members of the public, if healthcare or aged care workers develop fever or respiratory symptoms during self-isolation, they should seek medical attention.

### **Elderly or have pre-existing medical conditions**

- Many people will suffer only mild symptoms, however early indications are that the elderly and people with pre-existing medical conditions such as heart and lung disease may be more at risk of experiencing severe symptoms.

### **Aboriginal or Torres Strait Islander People**

- Because of higher rates of pre-existing medical conditions in this group, Aboriginal and Torres Strait Islander people who develop fever or respiratory symptoms should be tested for coronavirus (COVID-19).
- The Department of Health and Human Services recognises that many Aboriginal and Torres Strait Islander Victorians prefer to be treated at Aboriginal Community Controlled Organisations.
- While we recognise that some ACCOs will currently not be able to perform coronavirus (COVID-19) testing, the department is working closely to support ACCOs to fill this important role within the community.

### **Medical stockpiles and distribution**

- The Victorian Government is working with the Australian Government to ensure that all vital personal protective equipment (PPE) supplies are appropriately distributed to where they are needed across the Victorian health system.
- Victoria is establishing its own stockpile of medical PPE to include masks, gloves and gowns, to be ready for the peak of coronavirus (COVID-19) infections.
- The Victorian Government is ordering \$1.2 billion worth of equipment and consumables to support the healthcare system, and ensure there are enough supplies for the “worst case” scenario even though we are acting quickly to slow the spread of coronavirus (COVID-19).
- The supply of swabs and reagent test kits for coronavirus (COVID-19) testing is being closely monitored.

## COVID 19 Daily Communications update

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**From:** "DHHS EmergencyCommunications (DHHS)" <em.comms@dhhs.vic.gov.au>  
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**Date:** Sun, 05 Apr 2020 21:45:37 +1000  
**Attachments:** DHHS key messages - Coronavirus Disease (COVID-19) 20200405\_DPC  
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## Communications daily update 05.04.2020

### Media

- A Department of Health and Human Services [media release](#) was issued containing latest statistics and restrictions
- The Premier, Minister for Health and the Chief Health Officer conducted a press conference providing an update on the current situation and the announcement that hospital workers and paramedics will have access to free accommodation if they need to self-isolate.
- The Premier issued a [press release](#) about the announcement today that hospital workers and paramedics will have access to free accommodation if they need to self-isolate.

### Communications

- A [CHO update](#) was published and distributed, detailing new case numbers and announcements
- A [CHO alert](#) was issued that outlines the updated case definition to include people aged 65 years and older as well as people who work in public facing roles in childcare, early childhood education centres, primary schools, secondary schools and firefighters who undertake emergency medical response.
- The self-assessment tool was updated in accordance with changes to the case definition which will expand the pool of people who qualify for testing.

### Social media

- Today's our social media focused on [staying connected while staying at home](#) and promoting the self-assessment tool.

### Social media insights

- People shared stories about the different ways that they are **'doing their best' to stay at home**. Stories were met with support from others, promoting feelings of **community and solidarity**.
- The Victorian Health Minister's [tweet](#) acknowledging 'grieving families' behind Victoria's COVID-19 death toll was also well received. People were saddened by her story about a family unable to attend a funeral and properly grieve. People asked others to **"consider human lives behind the statistics"**. They also used this story as a **reason to stay at home**.
- Arguments that **Victoria's statistics are "deceptive"** due to the "low level of testing". Concern that community transmission will "explode". [Calls](#) for **changes to the testing**

**criteria.**

- Continued anger and confusion about the restrictions including retail stores that are still open and restrictions on fishing.
- Frustration at people ignoring or breaking the rules.

Thanks,

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## Social media

- Today's social media included short videos on social distancing and quarantining ([twitter](#); [facebook](#))

## Social media insights

There is increasing **anger and frustration** towards people who “**break**” **quarantine advice**. Some are concerned that the “stay at home” message is **not cutting through**. Others argue that they **do not “trust”** other people to self-isolate.

Be wary of communications that encourage a culture of **public shame**, particularly as many feel they **do not have enough information** to comfortably make decisions. Promoting **unity and community** through communications could ease negativity online.

## Daily communications update

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From: "DHHS EmergencyCommunications (DHHS)" <em.comms@dhhs.vic.gov.au>

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Date: Sun, 29 Mar 2020 21:33:51 +1100

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## Communications daily update

### Media

- The Department issued our [daily media release](#) with updated information on case numbers.
- The Prime Minister and Chief Medical Officer held a press conference post National Cabinet, major announcements included:
  - 1600 people returned to Australia today and went into quarantine
  - New app and WhatsApp channel launched to provide information on coronavirus
  - Public gatherings will be limited to two people. Public playgrounds and outside gyms will be closed from tomorrow
  - Strong advice for people 70 and over, people 60 and over with chronic illness and Indigenous people 50 and over should stay home for the maximum extent practicable
  - Moratorium on rental eviction for 6 months

### Communications updates

- The daily [Chief Health Officer COVID-19 update](#) was published and distributed today via the Chief Health Officer alert system.
- A Coronavirus (COVID-19) Health workforce response section was added to our website to accept expressions of interest from people interested in working within the Victorian health system as part of the coronavirus response effort: <https://healthworkforceresponse.dhhs.vic.gov.au/>
- A Family violence support section was added to our website which provides details on services available for the community: <https://www.dhhs.vic.gov.au/family-violence-support>
- An Information for overseas travellers section was added to our website: <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

### Social media

- Today our social media focused on physical distancing and reducing the spread of coronavirus ([Twitter](#); [Facebook](#))

### Social media insights

- Agreeance with the Victorian Chief Health officer over the disappointment of people not staying home.
- At the same time, there is considerable understanding for those who are engaging outside **as people believe the government regulations are not clear and even conflicting.**
- People do not understand why they have to stay at home if hairdressers and retail stores remain open.
- While many may see 'stay at home' as clear messaging, others **require a clear explanation over why these places remain open and whose advice to trust.**
- In response to a spike in the number of confirmed cases, as well as government press conferences the call for a full lockdown increased significantly with users utilising the hashtag [#lockdownforlove](#).
- Sentiment was relatively positive towards the practice, with users encouraging others to lockdown to protect their vulnerable family members and hospital and health staff.

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DHHS PIO

# Coronavirus (COVID-19)

## DHHS key messages

### 29 March 2020 as at 2100hrs

#### How we can all save lives

- Stay home whenever possible - if you don't need to do it, don't do it.
- People aged over 70, aged over 60 with pre-existing conditions, or Indigenous people aged over 50 should stay home wherever possible for their own protection.
- Younger Victorians are not immune to coronavirus.
- There are now confirmed cases of community transmission – it's not just from overseas travellers.
- Coronavirus spreads through close contact with an infected person, mostly face-to-face or within a household.
- Physical distancing will help reduce new cases of coronavirus.
- These measures aim to slow the spread and 'flatten the curve' or minimise the peak of an outbreak.
- We can't stop the virus, but we can work together to help limit its damage.
- We continue to work around the clock with health services, the Commonwealth and international agencies to respond to this threat and to keep the Victorian community safe.
- Victoria has been working on its pandemic response for some weeks.
- Victoria has long-developed plans in place to manage and control the risks of new infectious diseases like coronavirus.

#### New rules for overseas arrivals

- Two thirds of confirmed coronavirus (COVID-19) cases to date are a result of transmission from overseas arrivals to their close contacts.
- All travellers arriving into Australia from overseas will now be placed in quarantine for 14-days to slow the spread of coronavirus.
- Returning travellers will be housed in hotels, motels, caravan parks, and student accommodation.
- States and territories will enforce the 14-day quarantine period with support from the Commonwealth and Australian Defence Force (ADF).
- The costs of accommodation, public health and security will be covered by each individual jurisdiction.
- Those in quarantine will receive care packages of food and other essentials during this time.
- Travellers returning from overseas will be housed in the state or territory they initially arrive in for 14 days.
- Victoria currently has 5,000 hotel beds available for travellers returning from overseas.
- Each newly returned traveller in compulsory quarantine in a hotel will receive a care package of food and other essentials.
- Skybus is supplying 85 buses to transfer people arriving at the airport to their accommodation.
- Note: all international passengers that arrived at a Victorian airport prior to 28 March 2020 must self-quarantine for 14 days.

#### Supporting healthcare workers

- It's everyone's responsibility to support essential healthcare workers – such as doctors and nurses – to stay at work during the coronavirus (COVID-19) outbreak.
- Healthcare workers may need extra help to ensure their children have care so they can work during this period.

- Where possible, partners of essential healthcare workers – who are not healthcare workers themselves – should support them to continue working by taking care of children.
- Older people – such as grandparents – and other at-risk groups should not be engaged as carers to reduce their risk of infection.

## Health workforce response – expressions of interest

- Clinical and non-clinical healthcare workers are being asked to express their interest in working within the Victorian health system as part of the response to coronavirus (COVID-19).
- Visit <https://healthworkforceresponse.dhhs.vic.gov.au/> for more information.

## Support for family violence

- With more people staying at home to reduce the community spread of coronavirus (COVID-19), there may be an increased risk for victim survivors experiencing family violence.
- Services are still operating to help women and children in family violence situations, including crisis accommodation.
- If you or someone you know is at risk or experiencing family violence call 000 in an emergency or safe steps 24/7 crisis service on 1800 015 188.

## Gambling and drinking responsibly

- Gambling and drinking large amounts of alcohol can be an escape for people who have experienced a stressful change in life, such as the unprecedented changes in society we are all experiencing due to coronavirus (COVID-19).
- Excessive alcohol consumption is harmful for your health and can weaken your immune system, making you more susceptible to pneumonia, acute respiratory stress syndromes (ARDS), and sepsis.
- If you drink alcohol, please drink responsibly by following the Australian Guidelines which recommend healthy adults drink no more than 2 standard drinks on any day.
- When people turn to gambling at vulnerable times in their lives, and it becomes a way for them to cope, it can lead to gambling problems.
- Responsible gambling means understanding the odds, knowing how much time or money to spend and when to stop. If you gamble you should expect to lose.
- Gambling should be budgeted as an expense, just like going out for dinner, and not considered a way to make money.
- If you need support or would like to speak to someone about your gambling please visit: <https://gamblershelp.com.au/> or phone 1800 858 858

## A warning for completing home improvement projects around the house

- While it is important to keep busy and active at home, Victorians are urged not to undertake building or repair works around their home where they do not have the required skills or experience.
- If you do not have the required skills or experience, always use a professional to safely complete all repairs and renovations around the house.
- To find an accredited builder go to: <https://www.vba.vic.gov.au/tools/find-practitioner>

## New Orders for Pharmacists and Prescription medications

- During coronavirus (COVID-19), pharmacists can supply prescription medications without a prescription for one month in emergency circumstances except for Schedule 8 medicines.
- Doctors prescribing Schedule 8 medicines for non-drug dependent patients will not be required to apply for a Schedule 8 treatment permit for the next six months, but instead check SafeScript.

- Practitioners will need to apply for Schedule 8 treatment permits for drug dependent patients, including opioid replacement therapy.
- During the pandemic health practitioners should take all reasonable steps to access SafeScript, as it is a very effective in providing up-to-date information about a patient's prescribing and dispensing history.
- Two new public health emergency orders have come into effect and can be found here:  
<http://www.gazette.vic.gov.au/gazette/Gazettes2020/GG2020S158.pdf>

## State of Emergency

- A State of Emergency has been declared in Victoria coronavirus (COVID-19) until midnight on 13 April 2020 to combat coronavirus.
- This gives the Chief Health Officer powers to do whatever is necessary to contain the spread of the virus.

## Actions underway to save lives and jobs

### Current Restrictions

- Restrictions are in place to stop people gathering in large numbers and spreading infection.
- If you are in doubt about whether to go out, go to the shops, take public transport, or take your children on a play date – the simple answer is don't.
- You should strictly limit your day-to-day activities outside your home. If you don't need to do it, don't do it.
- For indoor gatherings, no more than one person per four square metres of floor space. For example, there can be 25 people in a 100 square metre room, with a physical distance between each other of 1.5 metres.
- Public gatherings, excluding household members, have been reduced to a maximum of two people.
- Pubs, licensed clubs and hotels (excluding accommodation), gyms, skateparks, indoor sporting venues, cinemas, beauty salons, play centres and outside playgrounds, places of worship and other public places must be closed.
- There are restrictions on attendance at weddings, funerals and outdoor fitness classes.
- Supermarkets and pharmacies remain open, with public transport to continue operating.
- We are working with Victoria Police to monitor compliance with these mandatory directions
- If you would like further information about the restrictions in place, please visit the coronavirus website [www.coronavirus.vic.gov.au](http://www.coronavirus.vic.gov.au)

### Moratorium on evictions

- Evictions will be put on hold for six months, with landlords and renters encouraged to talk about short term agreements. More information on this will be provided in the coming days.

### Spot fines

- On-the-spot fines have been introduced for Victorians and Victorian businesses that are found to be in breach of physical distancing and quarantine requirements including:
  - Those international travellers that arrived in Victoria before 28 March 2020 and fail to self-isolate for 14 days
  - If they organise or attend a mass gathering prohibited by the Prohibited Gatherings Direction
  - If they organise or attend a wedding that has more than five people, including the two persons being married, the celebrant, and two witnesses, or a funeral that has more than 10 persons, as prohibited by the Prohibited Gatherings Direction
  - If they organise an auction for the sale of a residential property, as prohibited by the Non-Essential Activity Direction.
- Victoria Police can issue individuals with on-the-spot fines of up to \$1,652 and up to \$9,913 for Victorian businesses found to be in breach of the social distancing and quarantine requirements.

### **Hospital and aged-care restrictions**

- Emergency powers under the Public Health and Wellbeing Act 2008 have been enacted to limit visits to patients in hospitals to partners, parents or guardians or care and support people.
- And the following people are not allowed to visit a hospital:
  - recently returned travellers
  - a person who has a confirmed case of coronavirus (COVID-19)
  - a person who has been in contact with a person who has a confirmed case of coronavirus (COVID-19) or
  - a person with a high-temperature or symptoms of acute respiratory illness.
- Visits to residents of aged care facilities are now restricted to two people per day for a short duration. Exceptions to this rule will be made for people receiving palliative care.
- Children under the age of 16 will only be permitted to visit aged care facilities in exceptional circumstances.
- These directions will be enforced by the Commonwealth Government.

### **Travel advice and restrictions**

- **Australian citizens and Australian permanent residents are now restricted from travelling overseas.**
- Australians who are already overseas and wish to return home are advised to return as soon as possible.
- All international passengers that arrived at a Victorian airport prior to 28 March 2020 must self-quarantine for 14 days.
- All international passengers arriving at Victorian airports or disembarking at maritime ports must go into enforced quarantine for 14 days from the day of their arrival.
- People are urged to cancel all non-essential international and domestic travel.
- Victorians should limit their movements and cancel planned domestic school holiday travel and activities.
- The situation is changing rapidly – visit Smart Traveller for the latest updates. <https://www.smarttraveller.gov.au/>

### **Elective surgery**

- Victoria's public hospitals have begun winding back all non-urgent surgery where it is safe to do so.
- The Victorian Government is working with public and private hospitals on a system-wide response including how to preserve critical resources for when they will need them most – that means beds, staff and supplies – not just to care for coronavirus patients but to keep looking after all Victorians in need of emergency and urgent care.
- No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.
- The most urgent procedures including emergency surgery, or category one elective surgeries - including those booked in as part of our elective surgery blitz –such as urgent heart, neurological and cancer procedures will not be affected.

### **Dental procedures**

Victoria's school dental program, Smile Squad, will also be put on hold for three months.

### **Public Transport**

- Victoria has already implemented additional cleaning on public transport, and employers are urged to consider staggered work times and remote working arrangements to reduce overcrowding at peak travel times.
- People travelling in taxis or ride shares are advised to sit in the back seat. Elderly people and those with pre-existing medical conditions should avoid public transport.

### **Schools**

- School closed in Victoria on Tuesday 24 March, with the exception of children of essential workers and vulnerable children.
- The decision whether to re-open schools after the Term 1 holidays will be made at a later date.

## Support available

### Coronavirus (COVID-19) hotline

- The Victorian Coronavirus Hotline provides a single point of information for Victorians, where they can access:
  - Health information about coronavirus (COVID-19)
  - A symptoms assessment by the National Coronavirus Information Service (available 24 hours a day).
  - information regarding physical distancing and other actions to reduce transmission (available 8am – 6pm daily)
  - information and registration for emergency [relief packages](#) from the Victorian Government for eligible vulnerable Victorians needing to self-isolate due to coronavirus (available 8am – 6pm). For translating or interpreting services, call 131 450.
- Victoria Police has established a coronavirus enforcement squad of five hundred officers to ensure containment measures that have been put in place to combat coronavirus are followed.
- To alert authorities to potential breaches of directions including mass gatherings and to self-isolate, please contact the [Police Assistance Line](#) (available 24 hours a day).
- For information about coronavirus (COVID-19) in Victoria, and ways to reduce the risk of infection and slow the spread of the virus, visit the Department of Health and Human Services [website](#).

### Emergency relief packages

- Vulnerable Victorians who need to self-quarantine due to coronavirus (COVID-19) and do not have access to a support network or alternative means of obtaining supplies such as online delivery.
- All requests will be assessed on need and urgency, prioritising those in greatest need.
- We ask that wherever possible you arrange for family or friends who are not required to self-isolate to get food or necessities for you.
- Each emergency food relief package is designed to provide basic food essentials and personal care items for two weeks.
- Relief packages will be distributed by partner organisations including the Red Cross and Foodbank Victoria

### Economic survival package

- The Victorian Government is providing a \$1.7 billion economic survival and jobs package to complement the Federal Government work. This includes:
  - full payroll tax refunds for 2019-20 financial year for small and medium-sized businesses with payroll of less than \$3 million
  - the same businesses will be able to defer any payroll tax for the first three months of 2020-21 financial year until 1 January 2021
  - **more than 30,000 eligible small businesses that don't pay payroll tax** are now eligible for **grants of \$10,000**
  - commercial tenants in government buildings can apply for rent relief
  - 2020 land tax payments deferred for eligible small businesses
  - Victorian Government will pay all outstanding supplier invoices within five business days
  - the 2020 liquor licensing fees waived for affected venues and small businesses.
- \$500 million will be provided to establish a Business Support Fund to help the hardest hit sectors, including hospitality, tourism, accommodation, arts and entertainment, and retail.
- A \$500 million Working for Victoria Fund will also be established to help workers who have lost their jobs find new opportunities.
- **Payroll tax refunds have been deposited into the bank accounts of 2,700 small businesses and \$1.1 billion has been paid to businesses to fast-track their outstanding supplier invoices.**

## Homelessness and public housing support

- Victorian homelessness organisations will receive \$6 million to help protect Victorians at risk of or experiencing homelessness because of coronavirus (COVID-19).
- Homelessness agencies will have extra resources to find temporary housing for those who need it most in metropolitan and regional areas.
- Alternative pop-up accommodation will also be established for homeless people requiring quarantine or self-isolation in Melbourne.

## About coronavirus (COVID-19)

### Self-isolation vs Quarantine

- Quarantine is what you should do if you might have coronavirus or if you have had close contact with someone who has coronavirus.
- All international passengers arriving at Victorian airports or disembarking at maritime ports after 28 March must go into enforced quarantine for 14 days from the day of their arrival.
- Self-isolation is what you should do if you have tested positive for coronavirus. This is the next step in ensuring even those you live with are protected. You can be in isolation in a hospital or isolated at home (self-isolation). If you are isolating at home there are steps you need to take to keep the people you live with healthy.
- While most Victorians are voluntarily complying with requests to isolate, police have strong powers to enforce the direction.

### Risk of transmission

- There is a low risk of transmission by passing through places where a confirmed case has been, therefore testing in these cases is not required. Testing is only recommended on advice from medical staff for anyone displaying symptoms.
- If you develop a fever or respiratory symptoms you are advised to ring the 24-hour hotline 1800 675 398, or a GP or emergency department to arrange for assessment. If you have returned from overseas or you have had close contact with a confirmed case of coronavirus you are required to self-isolate for 14-days. If you develop symptoms in this time you are advised to ring the 24-hour hotline 1800 675 398, or a GP or emergency department to arrange for assessment.
- Self-isolation includes not allowing visitors into your home.
- If you are instructed to self-isolate and you live with others, try and stay in a different room as much as possible.
- You can visit the DHHS website resources on coronavirus and self-assessment guidelines. Guidelines are also available for healthcare and residential care workers at [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

### Reduce your risk of coronavirus

- Wash your hands often with soap and running water, for at least 20 seconds. Dry with paper towel or hand dryer.
- Try not to touch your eyes, nose or mouth.
- 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.
- Limit your movements within the community.
- If you take medication make sure you have enough.
- Phone your doctor or the hotline – 1800 675 398 – if you need medical attention. They will tell you what to do.
- Continue healthy habits: exercise, drink water, get plenty of sleep.
- Wearing a face mask is not necessary if you are well.
- Buy an alcohol-based hand sanitiser with over 60 per cent alcohol.

## Seriousness of coronavirus

- Experience internationally shows that there is potential for thousands of cases in a population as big as Victoria's.
- Successful control measures adopted by all of us working together to avoid transmission of the virus could delay the peak and significantly reduce the number of sick people.

## Additional assessment centres

- To date Respiratory Assessment Centres, or screening clinics, have been established at 27 health services – 12 in metropolitan Melbourne and 15 in Regional Victoria: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.
- The newest clinic to open is the Sunraysia Community Health Service in Mildura.
- Patients who have symptoms compatible with coronavirus (COVID-19) may present to these centres.

## Treatment and vaccine

- There is no specific treatment for coronavirus. However, many of the symptoms can be managed and the length and severity of illness will vary from patient to patient.
- It is not yet clear how long someone is infectious after being unwell, although it is likely to be at least 24 hours after symptoms have resolved.
- Researchers around the world are working to develop a vaccine, however a vaccine may be many months away or longer.

## Facemasks

- Face masks are not recommended for use by members of the public for the prevention of infections like coronavirus.

## Specific advice for special groups

### Advice for healthcare workers

- Any healthcare or aged care workers who develops symptoms should contact their GP or the hotline for advice before returning to work.
- Like other members of the public, if healthcare or aged care workers develop fever or respiratory symptoms during self-isolation they should seek medical attention.

### Elderly or have pre-existing medical conditions

- Many people will suffer only mild symptoms, however early indications are that the elderly and people with pre-existing medical conditions such as heart and lung disease may be more at risk of experiencing severe symptoms.

### Aboriginal or Torres Strait Islander People

- Because of higher rates of pre-existing medical conditions in this group, Aboriginal and Torres Strait Islander people who develop fever or respiratory symptoms or fever should be tested for coronavirus (COVID-19).
- The Department of Health and Human Services recognises that many Aboriginal and Torres Strait Islander Victorians prefer to be treated at Aboriginal Community Controlled Organisations.
- While we recognise that some ACCOs will currently not be able to perform coronavirus (COVID-19) testing, the department is working closely to support ACCOs to fill this important role within the community.
- Anyone who thinks they may have coronavirus (COVID-19) can call the hotline 1800 675 398.

## Medical stockpiles and distribution

- The Victorian Government is working with the Australian Government to ensure that all vital personal protective equipment supplies are appropriately distributed to where they are needed across the Victorian health system.

### **Shortage of swabs**

- There is currently a significant shortage of swabs and reagent test kits for coronavirus testing.
- Clinicians have been directed to advise all patients who have clinical symptoms but have not been overseas or in close contact with a confirmed case of coronavirus to remain home and not attend work, school or any public places until symptoms have completely resolved.

### **How Victorians can prepare**

- There are enough groceries to go around including household staples such as toilet paper, flour, rice, tinned goods, pasta, feminine products, nappies and pet food.
- With this in mind, please don't buy more than you need and be kind to one another in the supermarket aisles, it's important to remain calm during this challenging time.
- Everyone should now take steps to prepare for the possibility of transmission of coronavirus in Victoria in the coming weeks or months.
- Make a plan on how you and your family (including pets) would have to manage if you needed to stay at home for two to three weeks.
- Fill prescriptions of essential medicines so you have enough if you need to stay home.
- Think about elderly friends, neighbours, and people with a disability in your community and how you would support each other too.
- Get the flu shot that is available from April. This won't stop you getting coronavirus, but will reduce the risk of having it and the flu at the same time.
- Any healthcare or residential aged care worker with a fever or respiratory symptoms should be tested for coronavirus (COVID-19).

# COVID-19 accommodation emergency operations centre.pptx

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**From:** "Melissa Skilbeck (DHHS)" REDACTED

**To:** "Kym Peake (DHHS)" REDACTED "Terry Symonds (DHHS)"  
 REDACTED REDACTED  
 REDACTED, "Argiri Alisandratos (DHHS)"  
 REDACTED, "Andrea Spiteri (DHHS)"  
 >, "Jason Helps (DHHS)"  
 "Pam Williams (DHHS)"  
 >, "Annaliese Van Diemen (DHHS)"  
 REDACTED, "Brett Sutton (DHHS)"  
 "Meena Naidu (DHHS)"  
 >, "Angie Bone (DHHS)"  
 "Euan Wallace (DHHS)"  
 REDACTED, "Greg Stenton (DHHS)"  
 , "Marg Burge (DHHS)"  
 "Chris Asquini (DHHS)"

**Date:** Wed, 15 Apr 2020 19:58:43 +1000

**Attachments:** COVID-19 accommodation emergency operations centre.pdf (266.87 kB)

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All

The 'EOC' I have mentioned – the COVID-19 accommodation emergency operations centre – will commence operating tomorrow morning  
 Please see the structure attached

A roster will follow – but the Commander for Thursday and Friday will be Jason Helps, and from Saturday will be Pam Williams. The rostered roles do not have names against them in the structure.

Also note that the purple structure for other accommodation reminds us that we have to confirm the scope of this – we expect it to include hotels for heroes – and to retain the link needed due to the sourcing of accommodation through DJPR. We'll stay in touch with Annette's scoping work for the forthcoming CCC submission to finalise this as soon as possible.

One of the first tasks of the EOC is to collate all documents related to the operation: the team has all documents collected by Nick Chiam's team during their work over the past couple of weeks. Please forward any other relevant documents you think this may have missed to Jason.

The ADF have provided a planning officer to support the EOC and he will be working to develop an overview of all plans to guide us on the current documents and any gaps to address, including version 2.0 of the plan for Operations Soteria.

Thank you  
 Melissa

# RE: PROTECTED: FOR COMMENT: Public Health Command and RHPEM resourcing project - scan and next steps

**From:** "Annaliese Van Diemen (DHHS)" [REDACTED]

**To:** "Nick Chiam (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED], "Angie Bone (DHHS)" [REDACTED], "Meena Naidu (DHHS)" [REDACTED], "Andrea Spiteri (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED]

**Cc:** "Marg Burge (DHHS)" [REDACTED], "Gordon Caris (DHHS)" [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], "Mat Williams (DHHS)" [REDACTED], "Finn Romanes (DHHS)" [REDACTED]

**Date:** Sun, 24 May 2020 16:33:33 +1000

**Attachments:** DRAFT - Environmental scan.pptx (2.39 MB); FINAL - Pub Health & RHPEM Resourcing Project scope May 20.pptx (1.33 MB)

Thanks Nick,

I think this is pretty complete from a Public Health Command perspective.

A few queries/comments:

- DCHO is generally in the Public Health commander role but not always, so we probably need to have a job card for Public Health Commander going forward – as that can be CHO, DCHO or an SMA delegate
- There is an ongoing reference to 16 April – not sure where that comes from but national cabinet had been sitting for quite some time before that and most of the operations being discussed had been in place for some time before that, particularly the Public Health aspects which have been ongoing since January given the CDINS was declared in January and WHO declared the PH emergency of international concern in February I believe
- Not sure the Joint Intelligence Unit is supposed to sit under the assistant DepSec in the PHEOC?

We can chase up further job cards – many of them do exist.

Including Finn who is acting in my role from Monday for the week. Having said that looking at the timelines (which I assume are a bit out by now?) if there are major structural decisions to be made during this week I would like to be involved in the conversations.

There were a few key people not involved in the consultations – namely Finn & Simon and I'd like to ensure they are included in any conversations going forward, along with [REDACTED] as a substantive manager in the CDES team.

Cheers

Annaliese

**Dr Annaliese van Diemen** MBBS BMedSc MPH FRACGP FAFPHM  
**Public Health Commander- COVID-19 Department Incident Management Team**  
**Deputy Chief Health Officer (Communicable Disease)**  
 Regulation, Health Protection & Emergency Management  
 Department of Health & Human Services | 14 / 50 Lonsdale St  
 [REDACTED]  
[health.vic.gov.au/public-health](http://health.vic.gov.au/public-health)



expect will involve competing priorities and challenges, I propose to hold a kick off meeting of the reference group. We are aiming for early next week depending on schedules. The focus is proposed to be: any general questions you have on the project scope; key interdependencies you want the project team to be aware of; and your feedback on the proposed key issues and next steps on slide 11. We will send you an agenda ahead of the meeting.

You will see that the proposed next steps require continued work with you and Corporate Services partners. We have met with Marg and Gordon in particular and agreed to coordinate how we support the next steps with your logistics leads. Be assured, as set out in the project scope there are urgent sourcing and funding bid next steps already happening in parallel. I am also checking with Euan regarding a Health Coordinator representative/input regarding clinical workforce matters.

I will ask my office to speak to yours to see what might work best for a meeting time. Assuming not all of you will be able to attend a particular time, you are welcome to consider a suitable executive nominee/rostered alternate.

Feel free to call me or **REDACTED** who is Project Director for this work if you have any questions in the meantime.

Cheers

**Nick Chiam**  
Deputy Secretary  
Organisational Transformation  
Department of Health & Human Services  
5, 2 Lonsdale Street, Melbourne Victoria 3000

**REDACTED**

**PROTECTED**

# COVID-19 Public Health Emergency Response

ENVIRONMENTAL SCAN – DRAFT

Prepared by Organisational Transformation - for discussion

19 May 2020

Project Director: REDACTED

Project team: REDACTED

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# Contents

## Section 1

Introduction, summary covering:

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

## Section 2, 3 and 4

For each of the three functions in scope, the following format is followed:

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

# Section 1

## Introduction

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

# Environmental scan: Scope and summary text

## *Overview and purpose of this pack*

- In April 2020, the Australian National Cabinet indicated intention to pursue necessary public health action to minimise the impact of COVID-19. The Victorian Department of Health and Human Services is the lead for this COVID-19 health emergency response.
- An environmental scan has explored the structural and workforce arrangements in place across three of the department's core emergency response functions, namely, Public Health Command, Operations Soteria and Enforcement and Compliance. It the underpinning analysis for a *public health resourcing plan* sponsored by the Dep Secs, RHPem and Public Health Emergency Coordination and Operations.
- This report is broken up into specific sections for each of these core functions, including current 'as is' structures, design considerations and threshold sustainability issues to work through. The introductory section collates these issues into themes and proposes an establishment of a reference group to work through these matters.

## *Project scope*

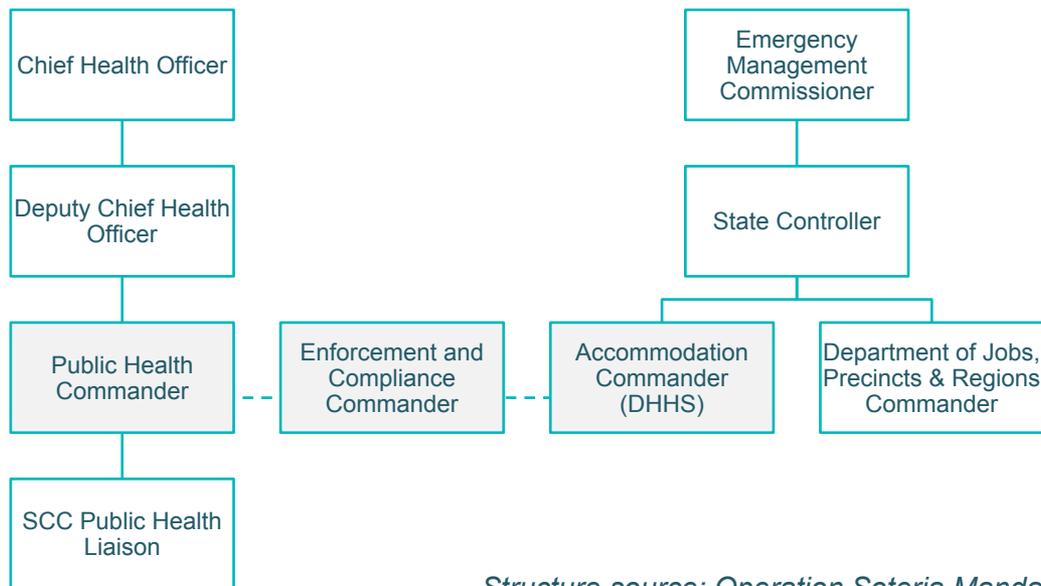
1. To design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the reestablishment of business as usual RHPem functions.
2. To identify critical roles and key staff who need to return to business as usual roles (within or outside DHHS) and work with corporate partners to ensure workforce planning (i.e. plan for supply and address immediate workforce gaps).

In planning how to transition to a "COVID-19 normal world", consideration must be given to the existing Clause 10 proposal and relevant funding submissions put to CCC in May 2020.

# Operation Soteria high level governance structure

Three specific functions from within this governance structure are covered in this *environmental scan*, including:

1. Enforcement and Compliance
2. Emergency Operations
3. Public health command



Structure source: Operation Soteria Mandatory Quarantine for all Victorian Arrivals Plan

# Key findings by theme

|                              |   |
|------------------------------|---|
| Design / structures          | Structural design is evolving across all three structures, making it difficult for corporate and logistics to support business needs, including an inability to formalise roles and structures, report, monitor, and source workforce.  |
| Operational policy           | Policy and operational demands are evolving, presenting challenge for operational policy development, consistency and implementation. Planning will need to consider operational resourcing, particularly for “second wave scenario”.   |
| Governance                   | Some structures, operating models, reporting lines and some functional relationships/accountabilities amongst senior leads are unclear; and matrix arrangements in operational areas may be better managed through clear hierarchy  |
| Business support duplication | Several functions across the three structures are providing program support that could be consolidated or at the least, managed consistently using the same systems and processes (e.g. rostering, logistics, public channels).   |
| BAU impact                   | BAU functions that have temporarily deployed expertise to the COVID-19 response (e.g. RHPEM) are increasingly under pressure, including some corporate / communications functions that have been embedded in new structures.  |
| Workforce                    | An overarching workforce / pipeline plan is required to address supply and demand pressures that are emerging in BAU and external pipelines due to continued demand for similar capability across different functions, capabilities that do not exist en masse in the VPS, executive oversight and up to 24/7 rosters that require significant volume of staff. |
| Corporate sequencing         | There is important corporate sequencing to work through to support the response, including industrial matters (i.e. standing up new teams and alignment with the existing RHPEM clause 10 proposal), budget positions (the availability and/or success of budget submission).   |

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# Workforce

## Overview

- In the absence of formal reporting (e.g. many staff "report" to the BAU manager), and the high volume of agency hire and deliberate policies that encourage rotation and flexible sourcing, workforce numbers should be viewed as indicative and subject to fluctuation.
- The scan found that as at 15 May approximately 1000 staff are rotating through various teams and structures across emergency accommodation, enforcement and compliance and public health. The high volume of rostered positions and teams contributes to this number – the actual number of *positions* is considerably fewer (but not yet confirmed).
- Indicatively, almost 60% of all functions are staffed from within DHHS or the Victorian Government, with the remaining 40% coming in from external, namely, local government and various agency hire spanning health services.
- Overall, RHPEM accounts for almost 30% of workforce across these functions, with over 200 staff formally deployed to the response.
- In April, these functions were estimated to need to grow to 1,400+ FTE to sustain the emergency response in 20-21. It is expected that this analysis should provide a basis for the Commanders leading these functions to validate their growth needs.

| Function                              | Staff       |
|---------------------------------------|-------------|
| <b>Public Health Command</b>          | <b>494</b>  |
| Public Health Emerg. Op. Coordination | 70          |
| Case, Contact and Outbreak            | 188         |
| Intelligence                          | 134         |
| Pathology                             | 13          |
| Physical Distancing                   | 5           |
| Public Health Coordination            | 65          |
| Public Information                    | 19          |
| <b>Enforcement and Compliance</b>     | <b>175</b>  |
| Leadership and oversight              | 2           |
| Operations                            | 135         |
| Policy and exemption                  | 38          |
| <b>Emergency accommodation</b>        | <b>400</b>  |
| Leadership and oversight              | 10          |
| Welfare Cell                          | 90          |
| Airport, Hotels and Clinical          | 300         |
| <b>Total</b>                          | <b>1070</b> |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Supply and demand challenges

- Until now, of the ~1000 staff rotating through roles, ~40% have been sourced within DHHS and its portfolio agencies, mainly RHPEM.
- A significant proportion – 42% – have been sourced externally, including health service and general agency hire, other VPS agencies and local councils.
- The high supply of external appointments, particularly those from local councils and other VPS agencies, is anticipated by a number of functional leads to shrink as restrictions begin to ease. External staff most at risk include, but are not limited to, **AOs and exemption case managers** from Enforcement and Compliance Command and **case contact and tracing officers** from Public Health Command.
- The uncertain nature of the public health event and dynamic policy and social settings and requirements will mean that these functions will not be able to managed in a "stable state" during the remainder of the COVID-19 response. A dedicated organisational design and workforce supply function may be required to support these functions may need to continue.

| Function                       | Staff |
|--------------------------------|-------|
| DHHS                           | 41%   |
| Children and Families          | 0%    |
| Corporate                      | 3%    |
| CSOD                           | 5%    |
| Health and Wellbeing           | 1%    |
| Housing and Infrastructure     | 0.2%  |
| RHPEM                          | 30%   |
| Strategy and Planning          | 1%    |
| Administrative Offices         | 1%    |
| External                       | 42%   |
| Casual Staff                   | 0%    |
| External (Councils and VicGov) | 14%   |
| External agency                | 28%   |
| VicGov                         | 17%   |
| Various (VicGov Mobility)      | 17%   |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Critical roles

All roles are important in the COVID-19 response. This slide lists *critical* roles identified by functional leads as 'roles in the structure they cannot do without, or easily replace' if the employee became unwell, run down or unavailable. These critical roles can be categorised as 1) leadership (i.e. executives or managers overseeing key functions) and 2) technical (i.e. technical roles where capability is limited or not readily available. Several roles already have people appointed to them, but require rostering/twinning support.

*Note: All structures in this report outline critical roles in red and high level role descriptions are in the appendices.*

### 1. Enforcement and compliance

*Commander; Deputy Commander AO Operations; Senior Authorised Officers; Manager Policy and Protocols; Exemption Case Managers*

### 2. Emergency Operations

*Deputy Commander; Deputy Commander Hotels; Deputy Commander Ports of Entry; Deputy Commander Welfare; Clinical Governance Lead; Welfare Operations Manager; CART practitioners; Hotel Site Lead*

### 3. Public Health Command

*Chief Health officer; Deputy Chief Health Officer; Deputy Commander Strategy & Planning; Deputy Commander Intelligence; Manager Intelligence Operations; Manager Surveillance & Response; Manager Strategy, Systems & Reporting Intelligence; Deputy Commander, Pathology and Infection Prevention and Control; Manager, Pathology Operations; Manager, Infection Prevention and Control Operations; Deputy Commander Case, Contact and Outbreak Management; Operations Lead, CCOM; Strategy and Policy Lead, CCOM; Team Leader Triage and Notification; Deputy Public Health Commander Physical Distance; SMA CD, Deputy Commander, Public Information; Public Information Officer; Deputy Public Information Officer; Director, Outbreak; Executive Lead, COVID Directions; Lead, Risk and Escalations, COVID Directions*

# Ongoing impact on BAU

## Health protection branch

Based in RHPEM, the role of the Health Protection Branch is to protect and manage public health risk through regulating, monitoring, ensuring compliance, incident response and health promotion and education (e.g. communicable diseases, environmental health hazards (other than pollution and waste) and food and drinking water safety).

Usually, the branch consists of ~150 staff, although, the establishment of public health incident management and regulatory functions to respond to COVID-19 means the Communicable Diseases and Environmental components have been diverted and considerably depleted. A paper submitted to Board in May 2020 outlines the risk to RHPEM responses more broadly and this slide highlights specific issues for Health Protection.

As we enter a 'new normal', a strategic decision will need to be made on how best to mitigate these risks, including considerations for reintegration of the COVID-19 response into BAU health protection.

### BAU risk impact

Regulatory prevention activities estimated to be 50% less (e.g. inspections for radiology, cooling towers, other communicable diseases, educate and inform); reduced/slower auditing responses (e.g. food / water safety); routine follow ups (e.g. congenital syphilis investigations).

### BAU workforce impact

OHS issues relating to fatigue, stress and uncertainty as staff perform different roles to manage BAU activity; reduced innovation; inability to manage new and existing performance management or misconduct

### Legislative

Complexity emerging with dual Chief Health Officer legislative responsibilities (i.e. not all powers can be delegated to deputy or acting (e.g. use of emergency powers); financial and people delegations

### Governance

Core branch executive split across different priorities; some reporting arrangements are complex under current shadow function arrangements

# Key issues to be addressed and next steps

## Key issues to be addressed based on this scan

- The *"as is" structures* in this scan should provide the basis to validate costings for sustaining these functions and for corporate services to work through corporate issues e.g. reporting lines. At this stage, all numbers in this pack should be treated as indicative and subject to further review.
- The *design considerations* indicate several teams where new or changed roles and responsibilities or reporting lines are needed.
- The *workforce analysis* shows where RHPEM staff are located and combined with critical role analysis should support strategies to mitigate risk in the return to BAU.
- The *workforce analysis* highlights functions that are vulnerable to external workforce departures, including AOs and case and contact tracing that require alternate sourcing strategies.
- The *critical roles* identified indicate immediate recruitment priorities (some of which are underway).

|   | Next steps and actions   | Lead                                      |
|---|--|---|
| 1 | Validate 20-21 resource costings.  | RHPEM<br>Coord / PH<br>Op Coord / Finance |
| 2 | Agree with Corporate Services how to progress key elements of this work, including a coordinated approach to IR, role and structural design, workforce reporting and project management. | OT / P&C /<br>Customer Support            |
| 3 | Agree and implement design changes, including Pub Health Command expansion.  | OT / P&C /<br>Customer Support            |
| 4 | Critical role recruitment in May and June.   | P&C / OT                                  |
| 5 | Alternate sourcing strategies.   | OT / P&C                                  |
| 6 | MCC submission to secure VPS supply  | RHPEM Coord                               |
| 7 | CCC submission to secure funding.  | RHPEM Coord                               |
| 8 | Develop, implement BAU restoration plan for RHPEM,   | OT / P&C /<br>Customer Support            |

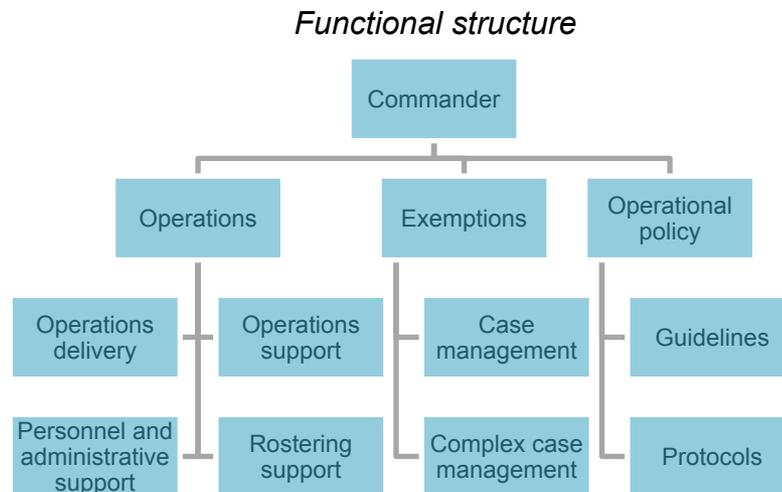
# Section 2

## Enforcement and Compliance

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

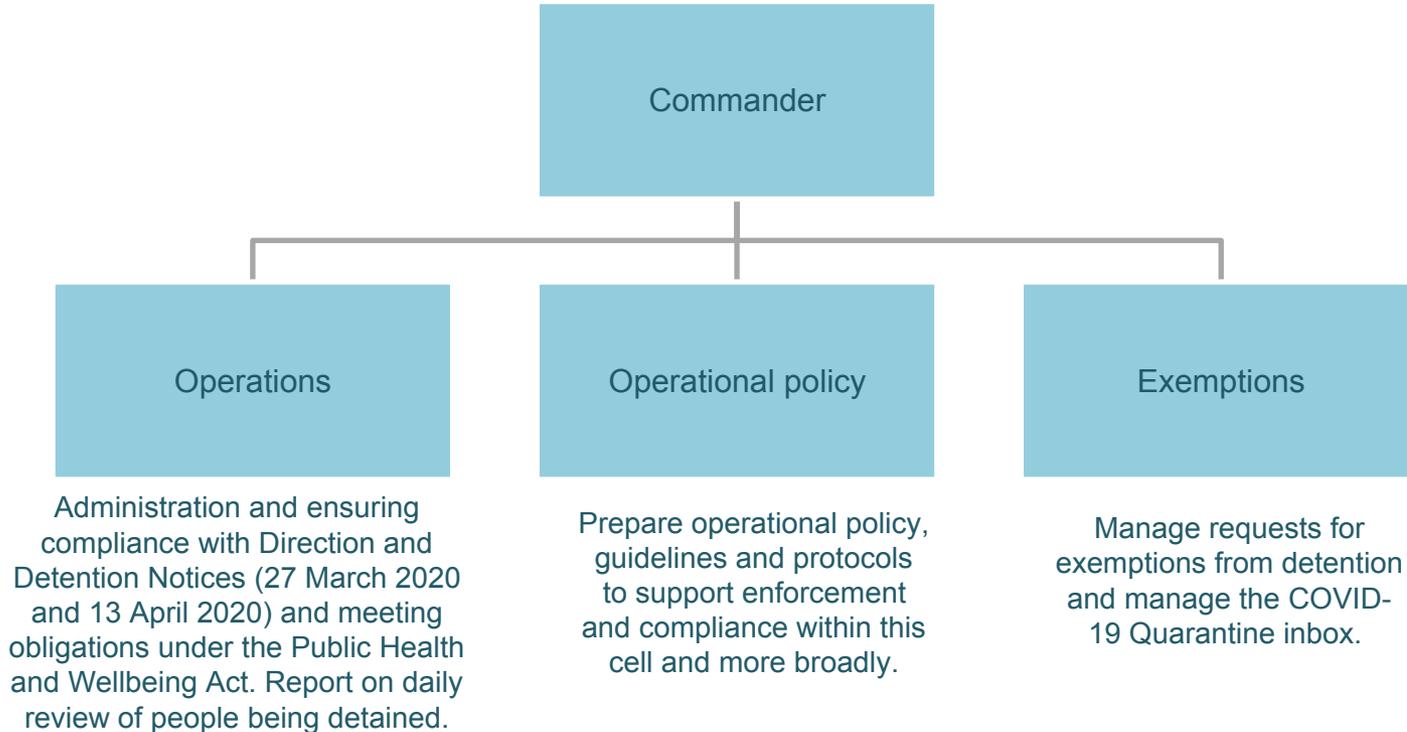
# Enforcement and Compliance: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID 19
- 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 and were made by the Deputy Chief Health Officer or Chief Health Officer.
- Beyond community wide directions, a mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government through a policy that a detention order would be used for all people arriving from overseas into Victoria.
- A Compliance and Enforcement Command has been stood up to provide advice and input into complex compliance matters and to execute enforcement and compliance on behalf of Chief Health Officer and their delegate.



# Enforcement and Compliance

## High level functional structure



# Enforcement and Compliance

## Operating model components

- Skype is the predominant communication software being used to accommodate external stakeholders.
- The Compliance and Welfare Management System (CWMS) has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System. Smart form for exemptions rolled out W/C 20/5 to allow direct applications to CWMS and reduce email traffic.
- Policy and Protocols team do not have access to the software.
- Microsoft Teams is used and there are several channels.

### Technology

- Emails allow several external channels used for requests for exemptions (e.g. people who will be detained, the MO, other departments, DFAT, consulates, shipping companies etc.)
- DJPR provides data and information to AOs about detainees and those in quarantine through daily Situational Reports.
- While the CWMS provides data on detainees, there are issues with this (e.g. timeliness) and a team is being set up to address this.

### Channels

- Pre arrival: request to be exempt from quarantine
- Airport: quarantine exemptions; issue detention notice cards and capture a picture of card in CWMS, and update CWMS; escort persons in quarantine to transport
- Hotel: Update detention notice card with room details; update CWMS
- During Quarantine: manage process flows and update CWMS for matters relating to requests for early exits; daily compliance checks; welfare checks; room, hotel or hospital transfers and transportation; hotel exits; security escalation; request to be exempt from quarantine.

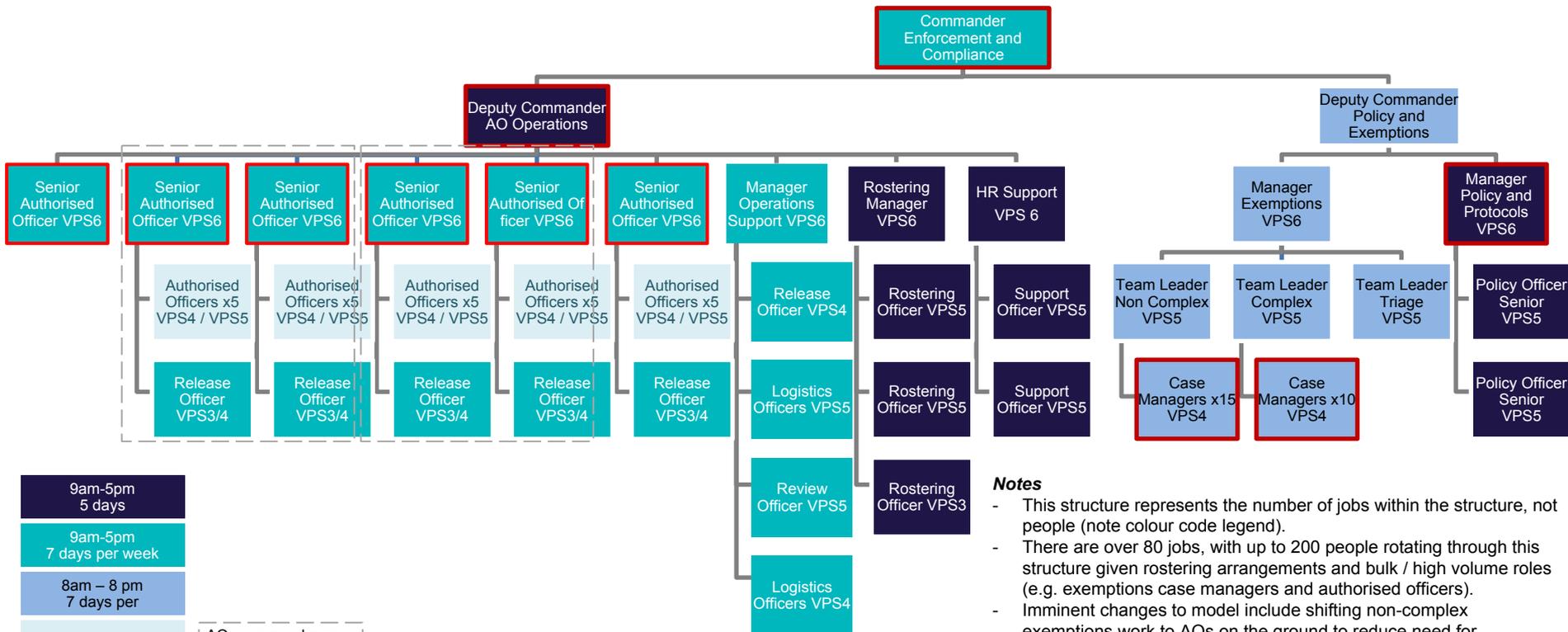
### Process

### Legislation

- Public Health and Wellbeing Act 2008 (PHWA)
- Sections 200(1) and 200(2) – (8) set out emergency powers and obligations
- Part 9 outlines general powers of Authorised Officers.
- s.183, s.188(2), s.193(1), s.203(1) set out infringements

# Enforcement and Compliance

## Detailed structure



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |

AOs managed across 8 hotels each

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- Notes**
- This structure represents the number of jobs within the structure, not people (note colour code legend).
  - There are over 80 jobs, with up to 200 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. exemptions case managers and authorised officers).
  - Imminent changes to model include shifting non-complex exemptions work to AOs on the ground to reduce need for exemptions case managements; and rostering may move to EOC.

# Enforcement and Compliance

## Workforce considerations

### Profile and high level issues

Structure includes a combination of bulk roles (Authorised Officers), generalist (administrative and corporate support) and specialist roles (exemptions and release officers).

Several rosters and up to 24/7 operations require high volume of FTE and associated issues (i.e. turnover, training etc.).

Predominant source of operational staff is existing RHPEM staff (i.e. Human Services Regulator; Regulation and Reform; Health Protection) external (i.e. AOs from councils and government agencies) and other divisions (i.e. CSO; SCV).

Predominant source of program staff is existing agencies (i.e. case managers from Hays).

### Bulk versus individual roles

Executive roles overseeing operational and policy roles:

1. Commander (Meena / Murray)
2. Deputy Commander x2 (Anthony Kolmus Kolmus and [REDACTED] and Anna Peatt contract expiring)

Bulk roles performing both operational and operational policy roles:

1. AOs (team leaders, release officers, general support), sourced internally and externally
2. Exemption case managers sourced externally from Hays.

Generalist roles performing rostering, administration and corporate support:

1. Op policy roles from various sources
2. Rostering roles from Reg & Reform
3. HR and administrative support roles from RHPEM (Standards and Regs)

### Sourcing challenges

Commander and deputy commander roles are executives from RHPEM who are performing a dual role.

Case managers are not readily available and therefore sourced externally via Hays, noting there may be less need for them as non-complex exemption work moves to AOs on the ground.

AOs are sourced from various places and subject to fluctuating demand (e.g. people in hotels regularly changing).

Rostering approach duplicated across multiple functions.

Shadow corporate support functions established - should consider if these should be consolidated with others.

### Forecasted supply and demand

Internal EOs and AOs required to return to substantive positions in RHPEM, coupled with anticipated shortages of external availability (e.g. as local councils resume their own regulatory functions, AOs will need to return).

# Enforcement and Compliance

## Key features of the structure and design considerations

### Function features

- Three executives overseeing the function.
- Heavy operational structure with focus on legislation.
- Embedded administrative support (i.e. HR rostering support).
- High level of redeployment of staff (i.e. AOs) across other emergency response functions.

### Design considerations

1. The Deputy Commander AO Operations has a large span of control and may not require some direct reports (e.g. rostering team could report to Manager Operational Support).
2. Potential for rostering function / capacity to be fully absorbed/provided elsewhere for scale to reduce temporary rostering roles in structure.
3. Rostering Team Leader is currently VPS6 given complexities and could transition to a VPS5.
4. While policy capability exists and is readily available, there is a gap in capability availability for operational policy design and development (i.e. guidelines, protocols etc.).
5. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles.
6. Require an enduring structure to retain staff, reduce re-training for and increase consistency of specialised regulatory decisions and responses.

# Enforcement and Compliance

## Key issues to resolve

### Focus

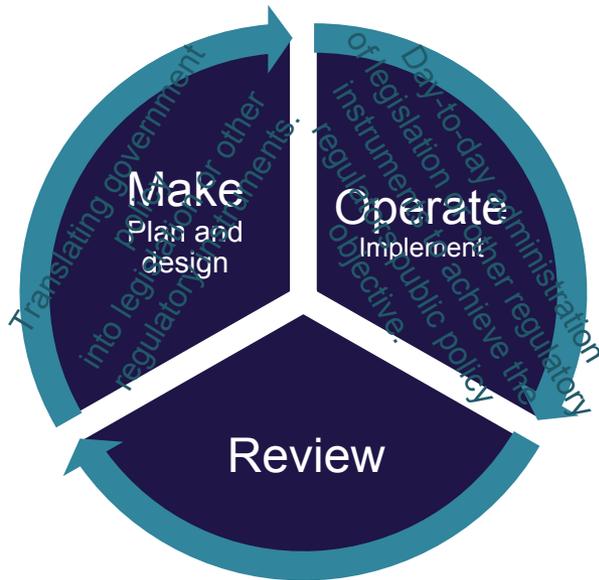
Several design, workforce supply and demand and transition issues need to be addressed.

### Issues to be worked through...

1. The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance function (i.e. there is some confusion about reporting lines and relationships to other emergency functions such as public health command, emergency management or RHPEM).
2. No regulatory capability framework that articulates the skills required and emerging gaps (e.g. there is arguably a lack of available operational regulatory policy capability i.e. strong policy exists but not required moving forward).
3. Need for consistent and dedicated corporate support (beyond access to mobility pool) to assist source/recruit, onboard and roster technical staff to eliminate shadow functions and focus on core business.
4. High volume of staff sourced from Regulation and Reform branch in RHPEM.
5. Fluctuating nature of demand for AOs and associated sourcing and retention challenges (i.e. reliance on external supply that will dry up as restrictions are lifted, short term nature of contracts, turnover and training impacts).

# Enforcement and Compliance

## Regulatory capability considerations (IPAA framework, 2015)



Assessing whether regulatory instruments or processes are continuing to meet their specified objectives.

### Make

- identification of a need to modify behaviours to achieve a policy goal that is best addressed by regulation
- the selection and application of the regulatory instrument(s), bearing in mind the compliance burden that is being imposed

### Operate

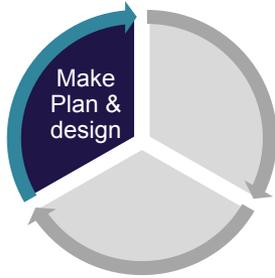
- information and education to raise awareness of the regulatory program and support regulated entities to comply with regulations
- the setting of standards
- application and/ or assessment processes
- stakeholder engagement in design and implementation
- monitoring of compliance
- enforcement of the law to address non-compliance

### Review

- evaluation of the regulatory program and its governance.
- following evaluation, implementation of any required changes to the regulatory framework or how it is administered
- periodic reassessment of whether the regulation is still appropriate to contemporary needs or if some alternative government intervention might be preferable

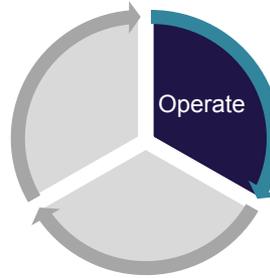
# Enforcement and Compliance

## Core capabilities for specific roles against IPAA regulatory framework



Roles: Lead Commander; deputy commanders; operational policy

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Roles: Team Leaders; Supervisors; Authorised Officers

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Roles: Lead Commander; deputy commanders; operational policy

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review (with Public Health Command)

# Section 3

## Emergency Operations

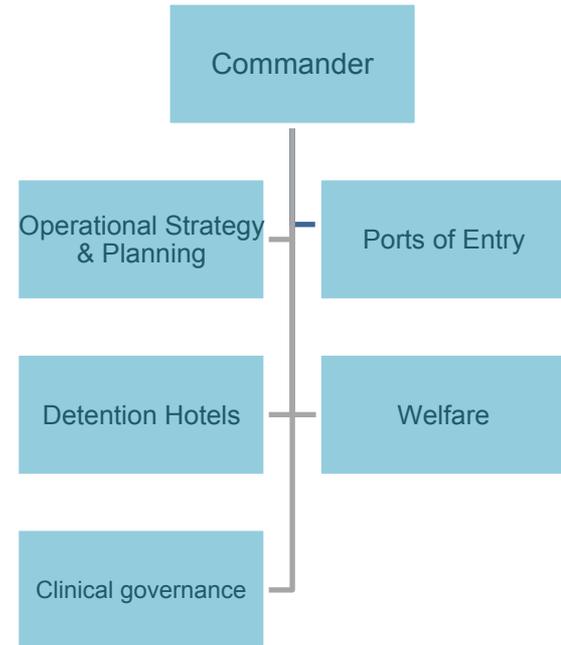
1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

# Emergency operations

## Background

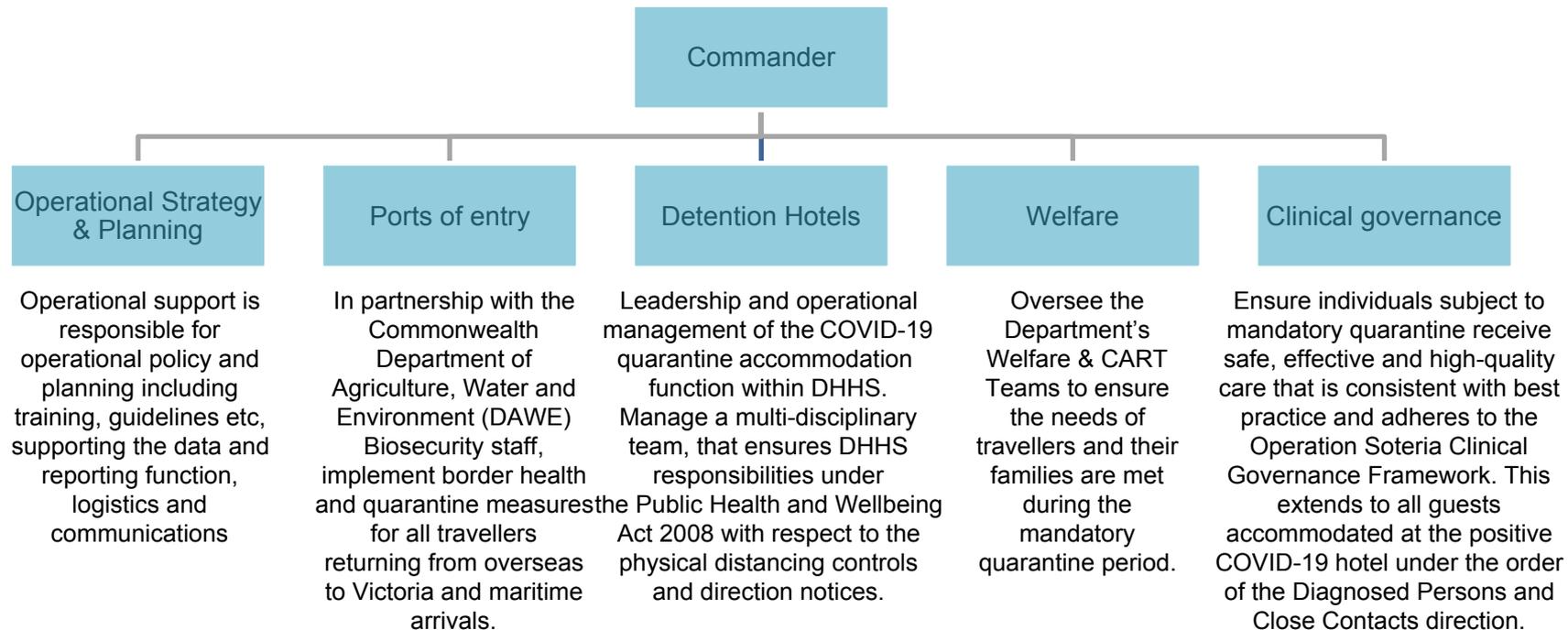
- Following the Australian National Cabinet direction that from 28 March 2020, all passengers returning from international destinations undergo 14 days enforced quarantine in hotels to curb the spread of COVID-19, Operation Soteria was established by the Victorian Government to achieve safe, authorised mandatory detention upon arrival into Victoria.
- The Emergency Operations Cell (EOC) led by the DHHS Commander COVID-19 Accommodation is responsible for:
  - Delivering secure quarantine accommodation to all overseas travellers and others assigned accommodation, in collaboration with DJPR, VicPol, DoT, DET, DPC, ABF, AFP
  - provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
  - ensuring the safety, health 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.
- An emergency accommodation structure has been stood up to support detention accommodation and ports of entry.

### *Functional structure*



# Emergency operations

## Functional structure and description



# Emergency operations

## Operating model components

- Teams is the predominant internal communication software being used to accommodate external stakeholders.
- Telephony and other conventional communication channels are used.
- The Compliance and Welfare Management System has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System.
- Data team to manage and oversee performance reporting data, data flows, audits and improvements

Technology

Channels

- Airport: Work with Biosecurity officer to ensure health check is performed; coordinate transport to hospital (as required); Issue airport arrival survey (to be filled in the bus
- Hotel at entry: Organise hotel check-in; collect airport arrival survey (and file); manage basic safety check.
- Hotel During Quarantine: daily health check (onsite nurse or via call); long welfare survey (within day 3); short welfare survey (day 9/10); referral to nurse or CART for escalation; complex assessment; development plan for complex cases); facilitate COVID-19 testing (Day 3 and 11); organise required medical services, e.g. medical practitioners, ambulance; respond to guest requirements and incidents
- Coordinate DJPR, VicPol, DoT, ABF, AFP to achieve program outcomes

Process

Legislation

- ABF (Border force) re plane arrivals
- AFP and DoT and Vic Pol re transport and security
  - DJPR re hotels, security and transport
  - CWMS for health and welfare reporting
    - Covid Directions email
    - Welfare Call Centre
- Covid Quarantine email

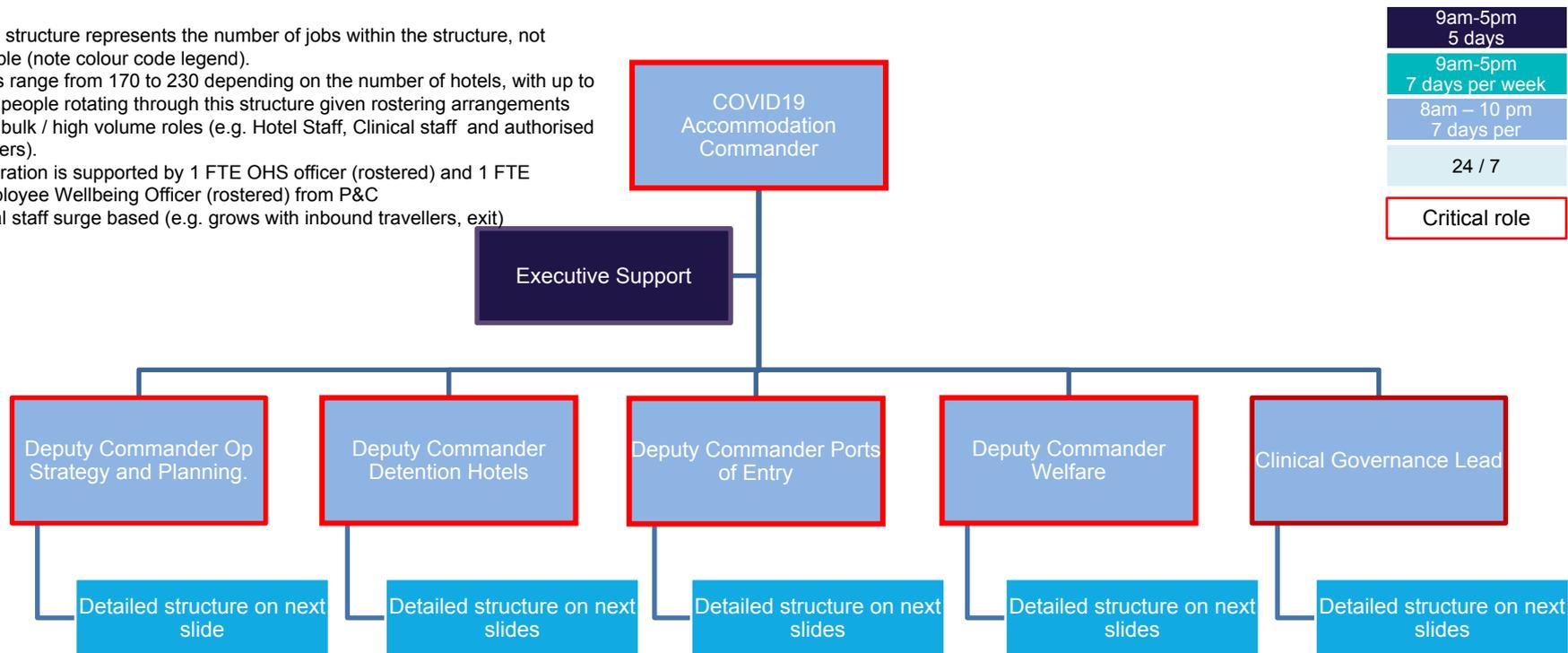
- Public Health and Wellbeing Act 2008 (PHWA)
  - Charter of Human Rights

# Emergency operations

## Overall structure

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Jobs range from 170 to 230 depending on the number of hotels, with up to 400 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. Hotel Staff, Clinical staff and authorised officers).
- Operation is supported by 1 FTE OHS officer (rostered) and 1 FTE Employee Wellbeing Officer (rostered) from P&C
- Total staff surge based (e.g. grows with inbound travellers, exit)



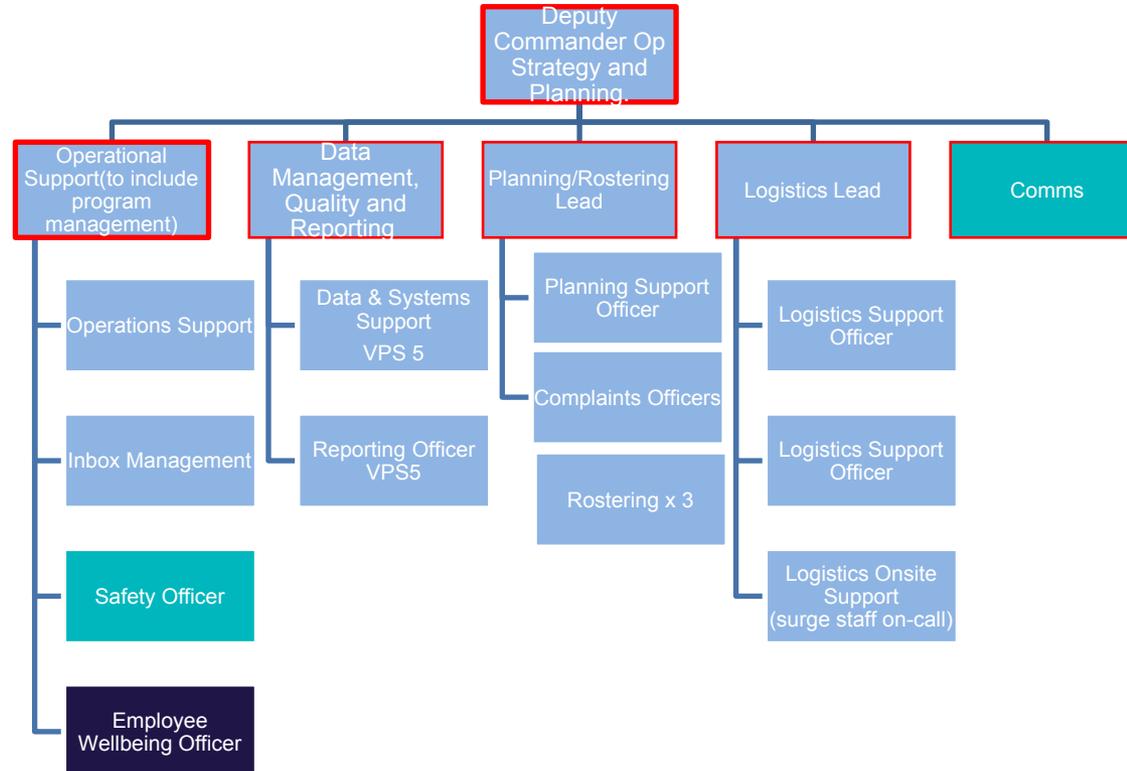
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# Emergency operations

## Operational Strategy and Planning detailed structure

### Notes

- Program management function currently in Welfare Cell will be transferred to this function.



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 10 pm<br>7 days per  |
| 24 / 7                     |
| Critical role              |

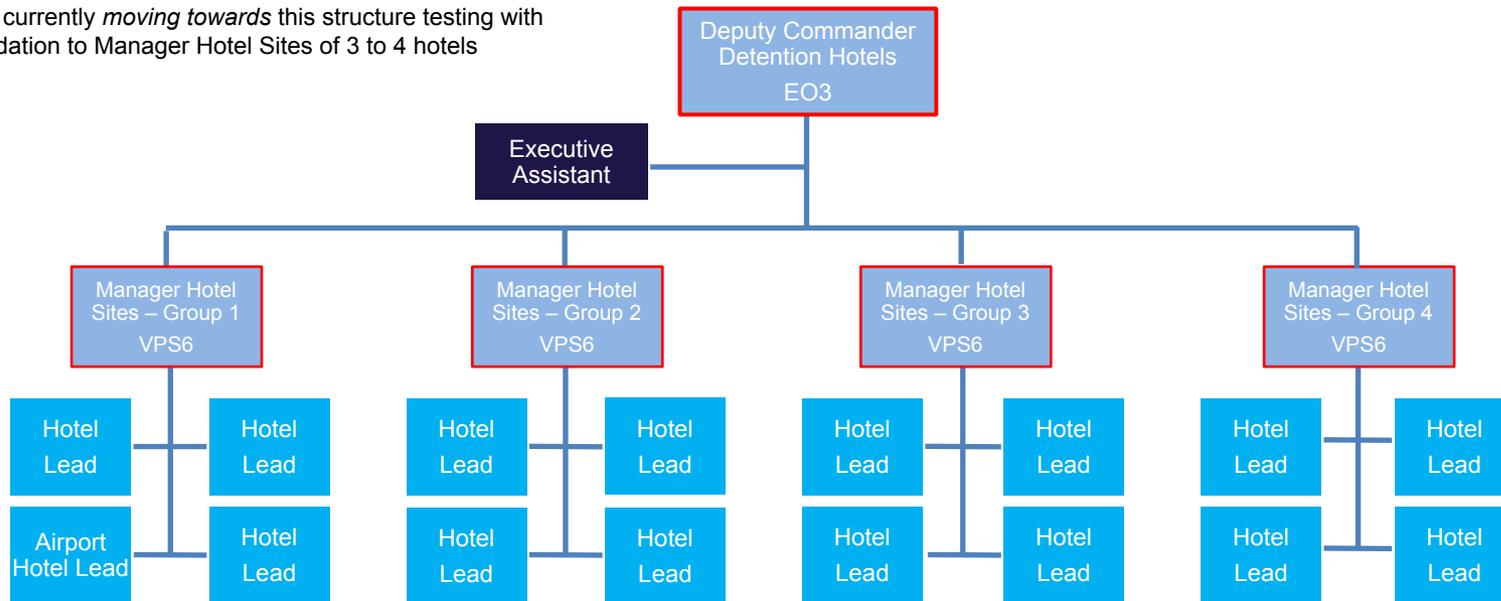
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# Emergency operations

## Detention hotels model

### Notes

- This structure shows site lead level only, - detailed matrix structure available on next slide.
- EOC is currently *moving towards* this structure testing with consolidation to Manager Hotel Sites of 3 to 4 hotels



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 24 / 7                     |
| 7 day per week<br>7am-10pm |
| Critical role              |

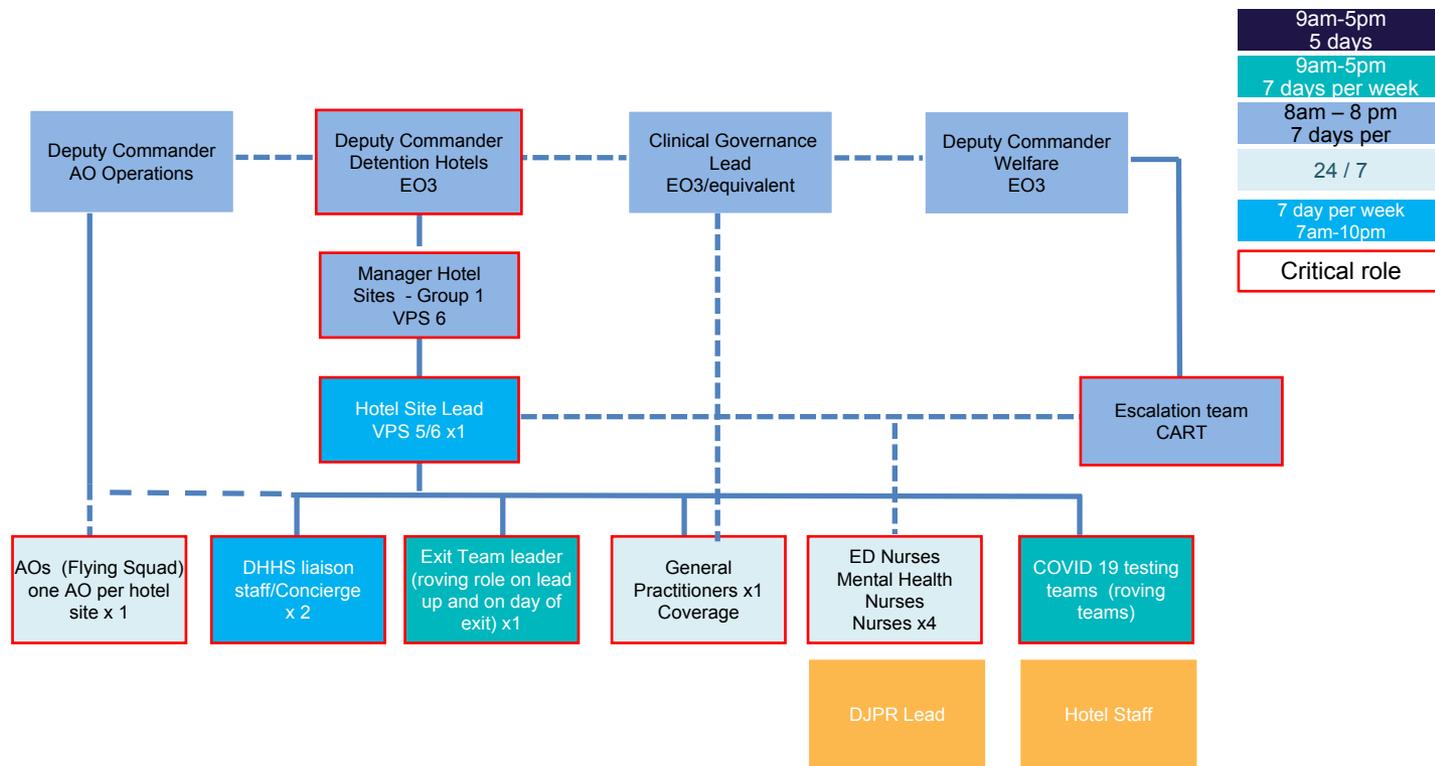
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# Emergency operations

## Example of detailed matrix structure at hotel sites

### Notes

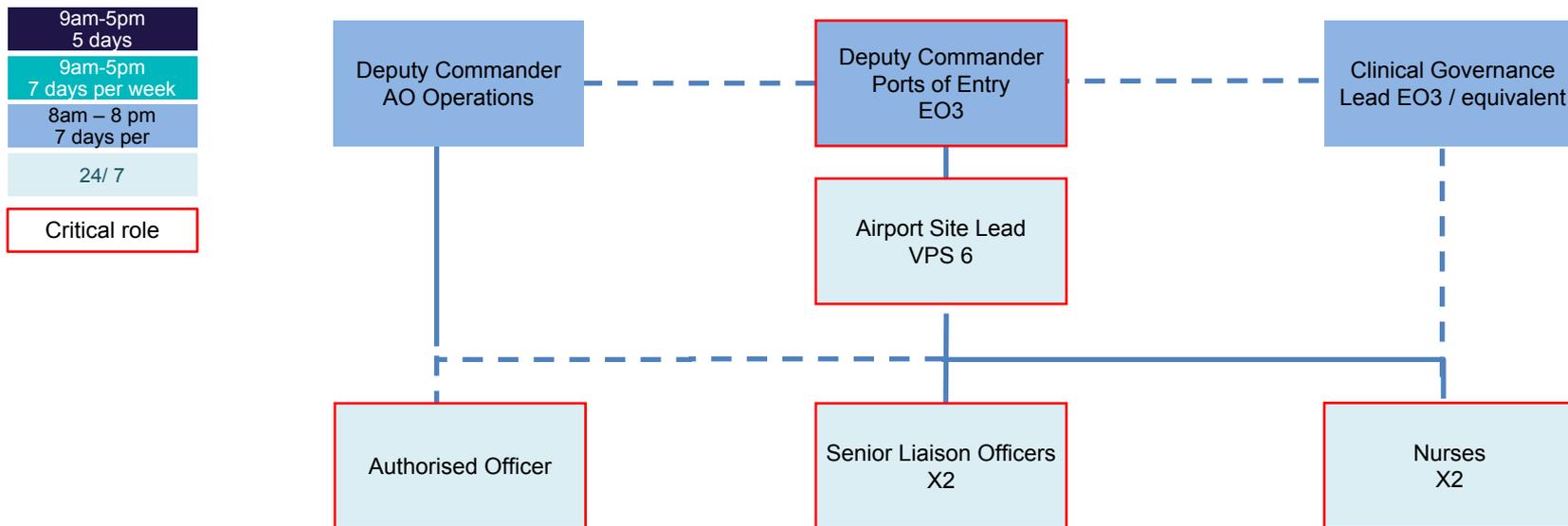
- This structure represents the number of jobs within the structure, not people (note colour code legend).
- 10 – 16 Hotel sites (this surges or contracts as required) sit under the Dep Commander Hotels 10 roles per site range between 100 to 160 staff
- Hotel Site Lead manages matrix team and is point for day to day issues, and escalations.
- Representatives have clear roles, responsibilities and obligations under the Act or protocol.
- Exit Team Leader involves a roving role on lead up and on day of exit)
- The following is the average number of medical staff at a hotel site, noting this changes depending on the need:
  - 1 ED nurse per shift 7days a week
  - 2 general nurses
  - 1 Mental health nurse
  - 1 GP 8am to 6pm 7 days a week
  - 1 clinical lead (GP) telephone consultation
- Testing occurs at 3 to 4 hotels per day with a compliment 1 DHHS support officer per hotel and up to 12 testing team of 2 nurse and one personal care attendant .



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# Emergency operations

## Airport site detailed structure

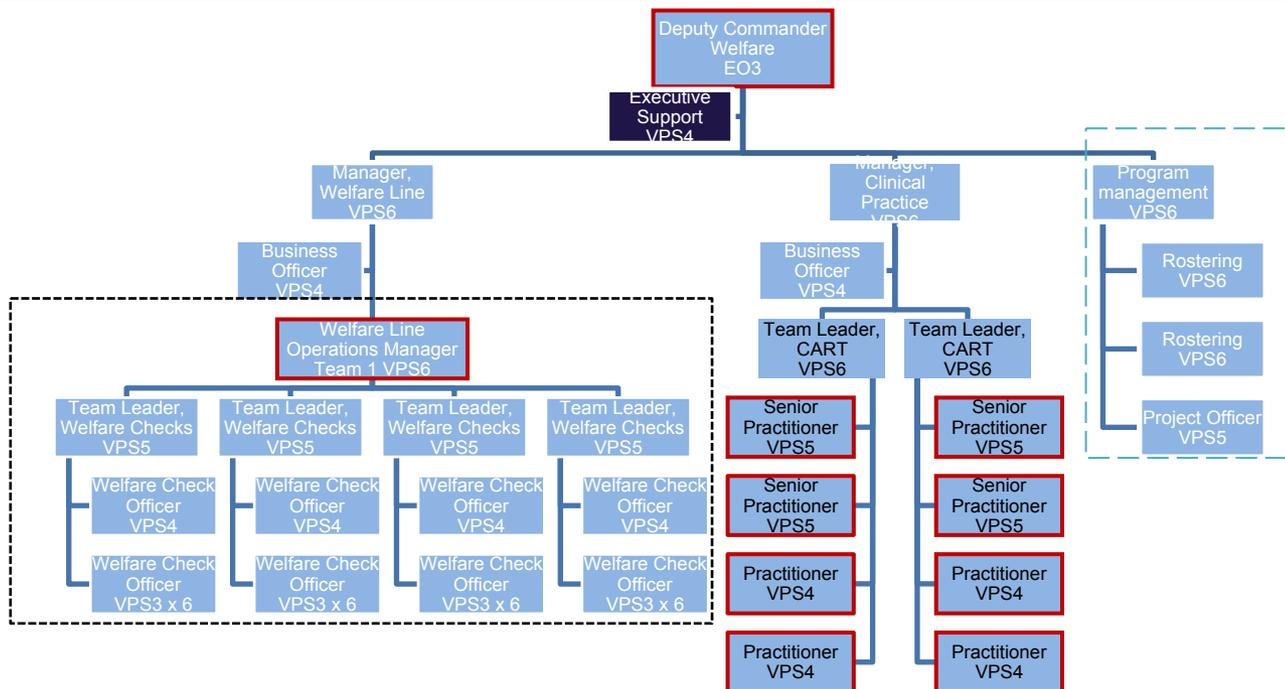


### Notes:

1. Moving towards this structure (i.e. Clinical Governance role is yet to be filled)
2. This structure surges demand including large flights, multiples flights arriving and transiting passengers. Same roles, increase people
3. Airport Site Lead manages matrix team of AOs, Medical Staff and DHHS staff on day to day issues ,escalates issues and provides support to on site team and reports to Deputy Commander Ports of Entry
4. Deputy Commander Ports of Entry manages day to day issues of the on site team including rostering in consultation with Deputy Commander AO Operations and Clinical Governance Lead
5. Deputy Commander AO Operations provides daily briefings to all AOs

# Emergency operations

## Welfare detailed structure



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

**Critical role**

Team duplicated (i.e. two teams, not one)

Temporary team, expiring May 2020

- Notes**
- This structure represents the number of jobs within the structure, not people (note colour code legend).
  - Approximately 100 staff rotate through this structure.
  - Program management team to be picked up by Deputy Commander Op Strategy and Planning.

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# Emergency operations

## Workforce considerations

| Profile and high level issues  | Bulk v individual roles   | Sourcing challenges  | Forecasted supply and demand  |
|--|---|--|---|
| <p>Dynamic environment influences operational structures and models.</p> <p>Workforce includes a combination of bulk roles, generalist and specialist roles (clinical).</p> <p>There are different levels of rostered roles ranging from BAU to 24/7 operations that require high volume of FTE and associated issues (i.e. turnover, training etc.).</p> <p>Predominant source of Welfare Cell (i.e. phone line and CART function) are internal staff (i.e. mobility pool and critical skills register), but also external / volunteers (i.e. agency and causals). Airports are predominantly Operational Division and Hotels include internal (i.e. mobility pool) and VPS departments (e.g. DET and DJPR).</p> <p>Program management support staff are from CSOD, due to return in May.</p> | <p>Executives overseeing operational roles:</p> <ol style="list-style-type: none"> <li>1. Commander (Pam / Merrin)</li> <li>2. Deputy Commander x 3 (Michael Mefflin/EO3, Colleen Clark/Anita Morris, Sandy Austin/Melody Bush)</li> </ol> <p>Bulk roles performing operational roles:</p> <ol style="list-style-type: none"> <li>1. CART practitioners</li> <li>2. Welfare calls to hotels (outbound only)</li> <li>3. DHHS support at hotels (e.g. site lead)</li> </ol> <p>Generalist roles performing rostering, administration and corporate support:</p> <ol style="list-style-type: none"> <li>1. Program support, including rostering (from CSO)</li> </ol> <p>Specialist roles performing clinical support and complex assessments:</p> <ol style="list-style-type: none"> <li>1. Senior practitioners and clinical roles in both CART and site operations.</li> </ol> | <p>The EOC is staffed predominantly by Ops EM and Operations EM surge staff. All Ops EM Directors are working in EOC and covering their own BAU.</p> <p>Practitioners are at risk of depleting critical resources in OPP and CSO more broadly. Program support that is typically based in CSOD is in high demand, but at risk of depleting CSO functions.</p> <p>Rostering approach duplicated across multiple functions</p> | <p>Supporting rostering and consolidating program support functions important to reduce reliance on CSO functions in medium term.</p> |

# Emergency operations

## Key features and design considerations

### Function features

- There are several (TBC) executive positions overseeing the function, although, multiple executives rotate through given operational requirements.
- Regularly accommodate surge and contraction with very tight time frames.
- Work with integrated teams to support on the ground operations.
- Responsible for end to end welfare from airport to hotel, to ongoing social supports.

### Design considerations

1. Span of control for a medium term response needs to be considered in the structure (current structure represents an immediate emergency response need to rethink the structure and governance that considers the response will be longer but still time limited – therefore integrated response).
2. Clinical Governance role needs refinement (i.e. incorporate clear oversight and secondary consultation and escalation role for clinical staff).
3. Need for communications capacity to work closely with other emergency response functions (e.g. enforcement and compliance BAU) and assist inter-agency operations.
4. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles. Alternatively, the rostering function could be supported by, or consolidated with Public Health Command).
5. Call centre and communications outbound and inbound need to be reconsidered (greater integration of broader info lines)
6. Data management and quality and reporting needs to be improved across the program

# Emergency operations

## Key tensions to resolve

| Focus  | Items to be worked through...  |
|--|--|
| <p>Several design, workforce supply and demand and transition issues need to be addressed.</p> <p>There is a particular focus on decision making processes and governance need to accommodate an interim, complex response</p> | <ul style="list-style-type: none"> <li>• Complexity working in a matrix model in an operational emergency response 'on the ground' (i.e. this is not an ideal model for an emergency); and developing an interim response that is a hybrid of emergency and BAU</li> <li>• High volume of staff sourced from BAU functions, including emergency management staff from all Operations Divisions and central, program management, clinical and practitioner staff from CSO, balanced with an operation that faces frequent surge/contraction.</li> <li>• Clarity of roles, relationships, governance and indirect impact of existing functions (e.g. the State Health Coordinator) and new functions such as 'hotel for hero'.</li> <li>• Impact of policy and regulatory decisions that change client volume and operating models as we transition from response to recovery (i.e. impact of state of emergency, second wave responses etc.).</li> <li>• Potential to maximise value of call centre function by grouping some on site and strengthen relationship with DJPR (note this would require different capability); and exploring opportunities for integration and interaction with other DHHS call centre functions.</li> <li>• Resolve issues relating to the spread of data accountability and custodianship across emergency response functions and resource accordingly (currently, EOC are managing welfare issues and E&amp;C are managing their regulatory issues).</li> </ul> |

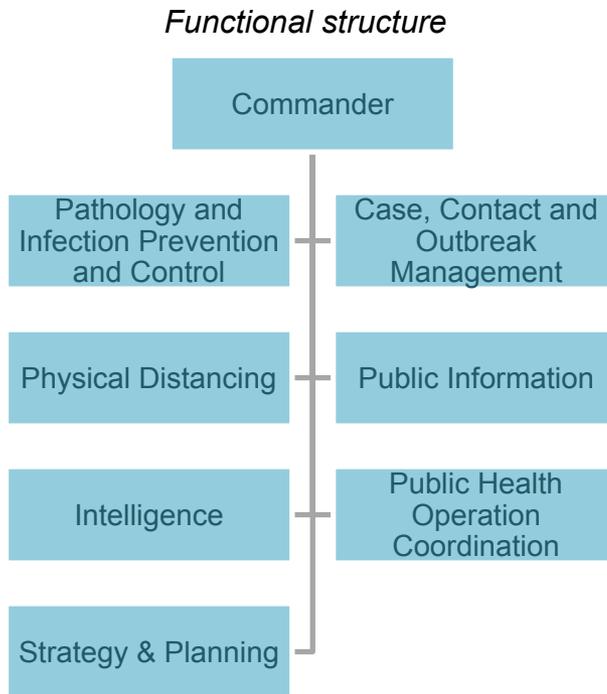
# Section 4

## Public Health Command

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and tensions to resolve
6. Capability considerations

# Public Health Command: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID-19.
- The establishment of the Public health Command Structure sets policy, operational policy and manages public health operations to effectively:
  - Reduce introduction of new cases from overseas
  - Find every case of COVID-19 through contact tracing
  - Ensure suspected and confirmed cases are rapidly isolated
  - Effectively manage outbreaks of COVID-19
  - Reduce community transmission
  - Protect population groups who are most vulnerable to complications of COVID-19 by:
    - Safeguard the provision of healthcare within the health system
    - Mitigate societal and economic harms from interventions to prevent COVID-19
  - Prepare to vaccinate the population against COVID-19 (when available)



# Public Health Command

## Operating model components

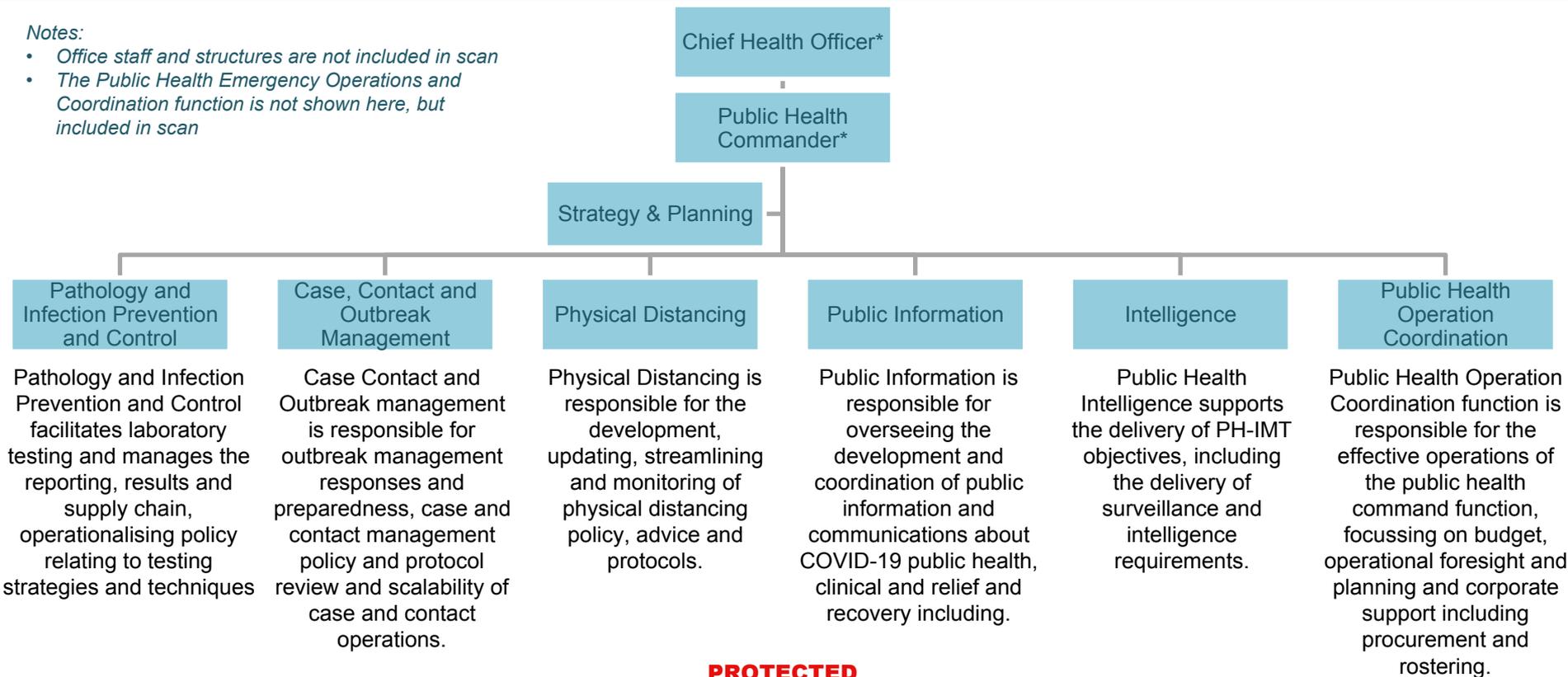
|  |                   |                    |  |
|--|-------------------|--------------------|--|
| <ul style="list-style-type: none"> <li>• [PIPC] Microsoft Teams and SharePoint.</li> <li>• [CCOM] PHESS; 365 and Teams; Whisper (cloud based comms platform from Telstra for mass messaging); Soprano (text message services); TRIM; Pure Cloud external</li> <li>• [PI] Teams; SharePoint database; web and social media platforms.</li> <li>• [PD] Need to explore using 'Compliance and Welfare Management System' when communicating test results to mitigate privacy issues, or PHESS.</li> <li>• [I] Compliance and Welfare Management System</li> </ul> | <b>Technology</b> | <b>Channels</b>    | <ul style="list-style-type: none"> <li>• [PHOC] COVID-19 Directions (various)</li> <li>• [PIPC] Emails / telephony to health services (i.e. labs) [I] <ul style="list-style-type: none"> <li>• [CCOM] labs access and input directly into PHESS;</li> </ul> </li> <li>• 1300 (case notification, general advice to GPs, doctors etc) <ul style="list-style-type: none"> <li>• [PI] Various shared inboxes.</li> <li>• Joint shared team mailbox (whole of Victorian Government).</li> <li>• [PI] Hotline stood up internally and externally.</li> <li>• [PD] VicGov Corona Virus (physical distance option)</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>• [CCOM] Case and contact tracing process and procedures</li> <li>• [PI] Adhere to Unit manual.</li> <li>• [PI] Intelligence gathering communications process through to multiple recipients.</li> <li>• [PD] Typical policy development processes</li> <li>• [PD] Communicating COVID results to people in quarantine (interim) (to be moved to Clinical Lead in Soteria.</li> <li>• [I] data gathering across airport and hotel sites (needs improvement)</li> </ul>  | <b>Process</b>    | <b>Legislation</b> | <ul style="list-style-type: none"> <li>• [PIPC; PI; PD; I] Public Health and Wellbeing Act 2008 (CHO Alerts).</li> <li>• [PIPC] Occupational Health &amp; Safety Act 2004 (Cth) <ul style="list-style-type: none"> <li>• [PIPC] Therapeutic Goods Act 1989 (Cth)</li> <li>• [PI; PD] Emergency Management Act 2012.</li> </ul> </li> <li>• [PI, PD] Emergency Management Manual (EMV) <ul style="list-style-type: none"> <li>• [PI, PD] Victorian Warning Protocol</li> </ul> </li> <li>• [PI, PD] 4.01 Standard Operating Procedures</li> </ul>   |

# Public Health Command

## Functional structure and description

### Notes:

- Office staff and structures are not included in scan
- The Public Health Emergency Operations and Coordination function is not shown here, but included in scan

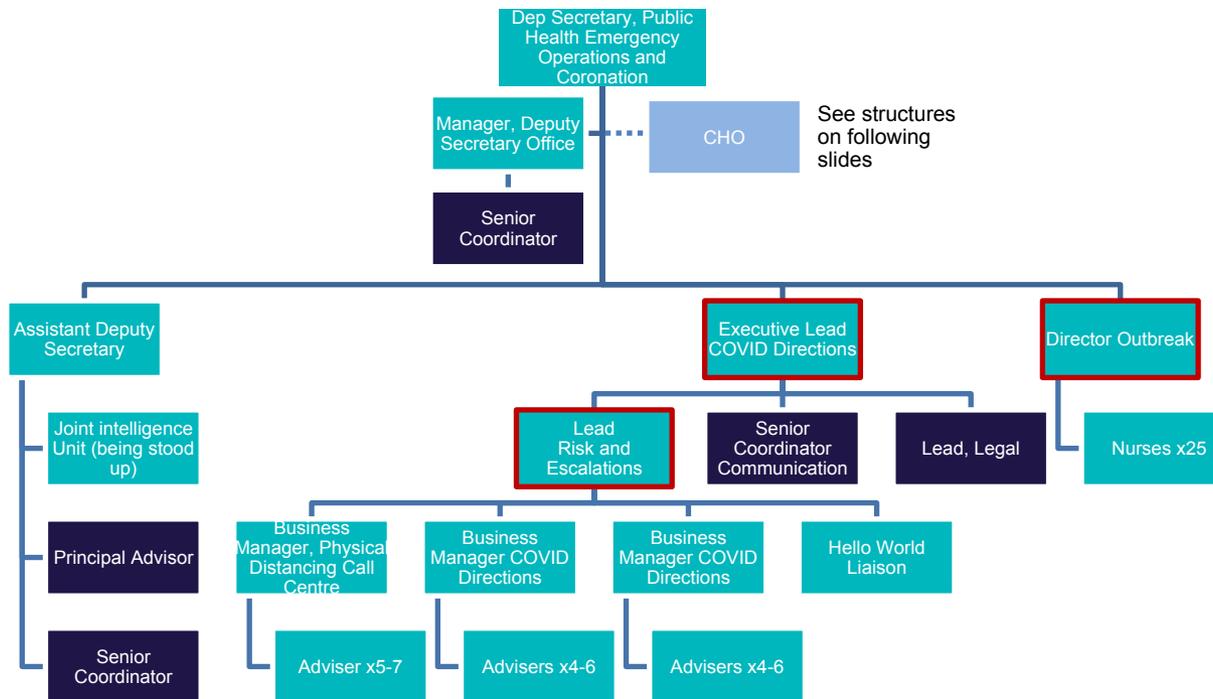


# Public Health Command

## Public Health Emergency Operations and Coordination

### Notes

- Excluding structures below the CHO, there are approximately 30 jobs, plus nurses, excluding new intelligence function. Up to 70 staff rotate through this structure
- Outbreak team currently being stood up.
- Joint intelligence unit is currently being stood up and will draw on existing intelligence unit.
- Up to 25 nurses are sourced from various places.
- Critical need for resources under COVID Directions as Hello World contract continues to be reviewed.
- Additional capacity to support whole go government work is being considered under COVID Directions.



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

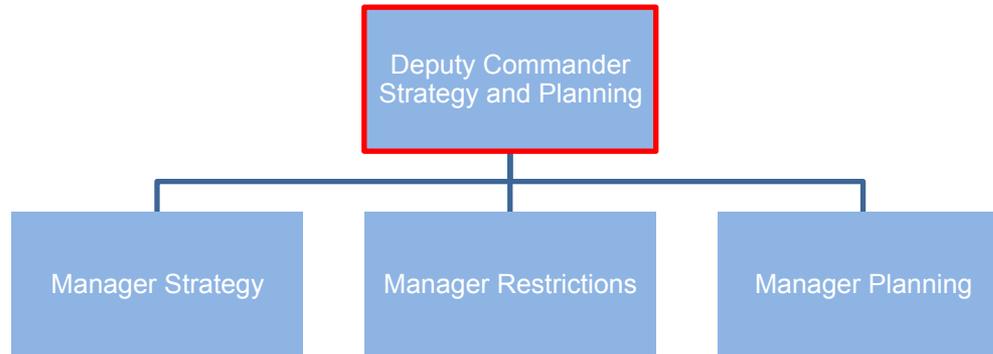
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# Public Health Command

## Strategy & Planning – Proposed structure

### Notes:

- Deputy Commander has three staff (i.e. one public health manager with departmental experience and 2 medical practitioners on short term contracts).
- Function requires urgent review of capacity, including level of resourcing for this function.



9am-5pm  
5 days

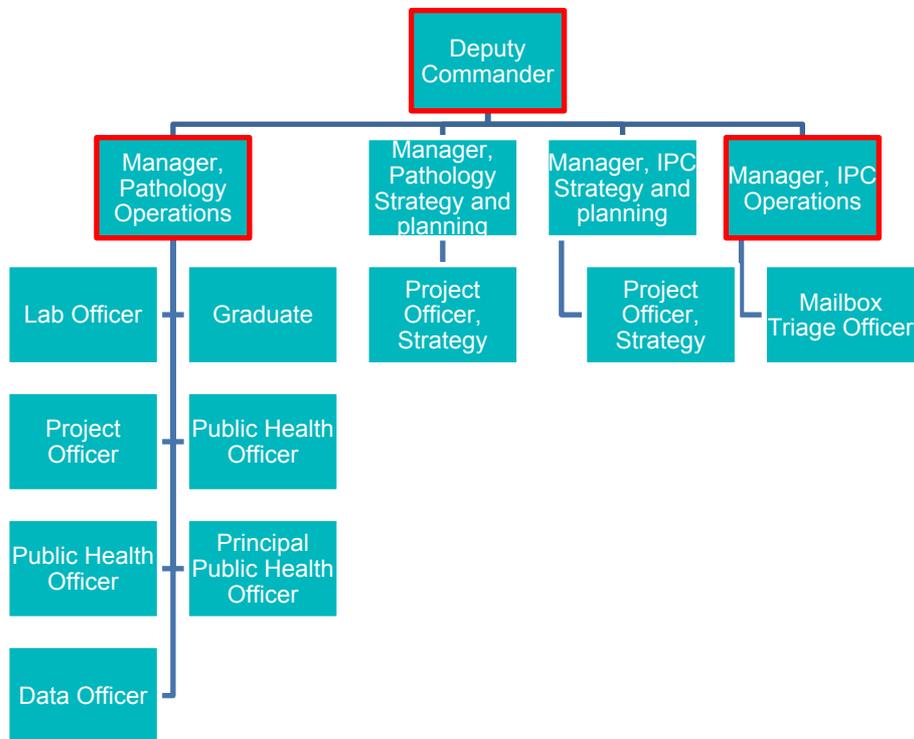
9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

# Public Health Command

## Pathology and Infection Prevention and Control



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 17 people rotate through this structure.
- Outreach team previously here now reporting to Jacinda.
- IPC operations rely on SCV, and infection control consultants VICNISS.

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

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# Public Health Command

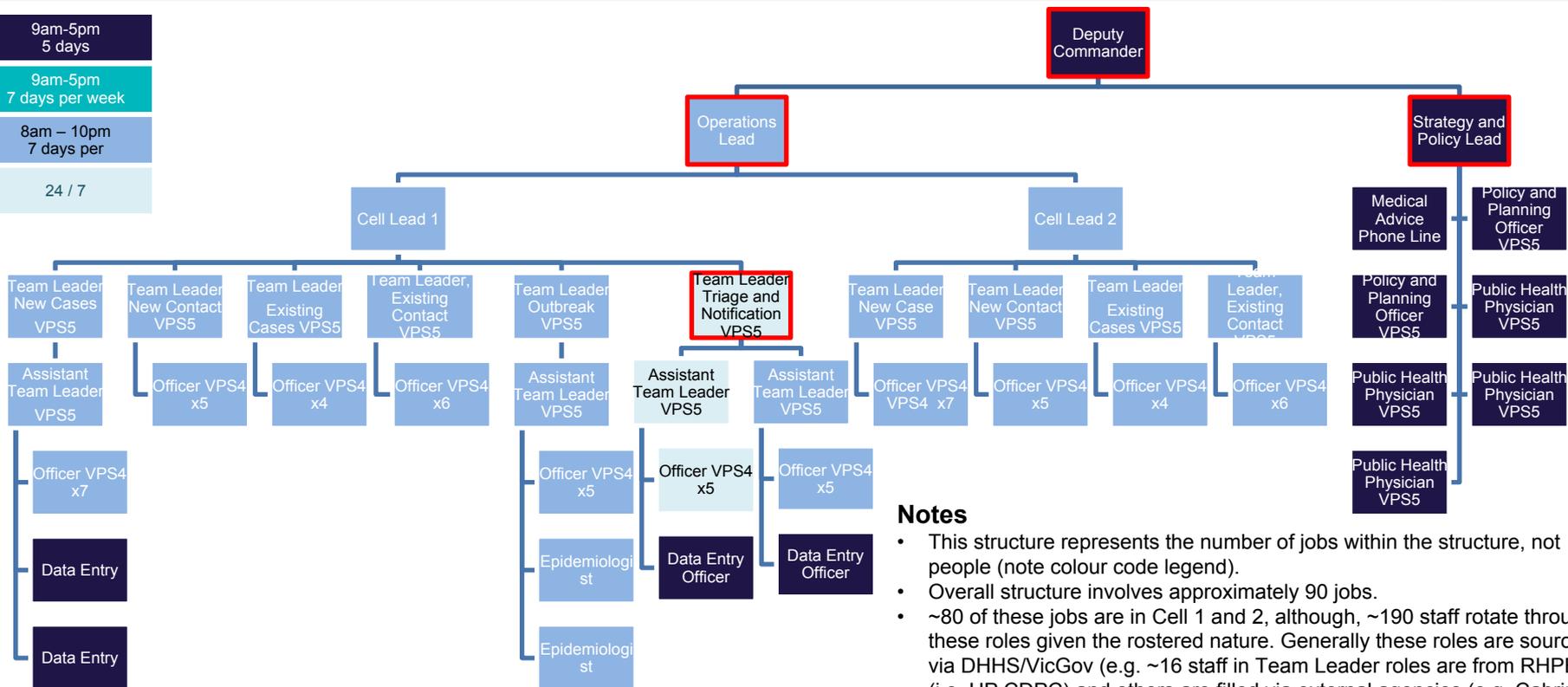
## Case, Contact and Outbreak Management

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 10pm  
7 days per

24 / 7



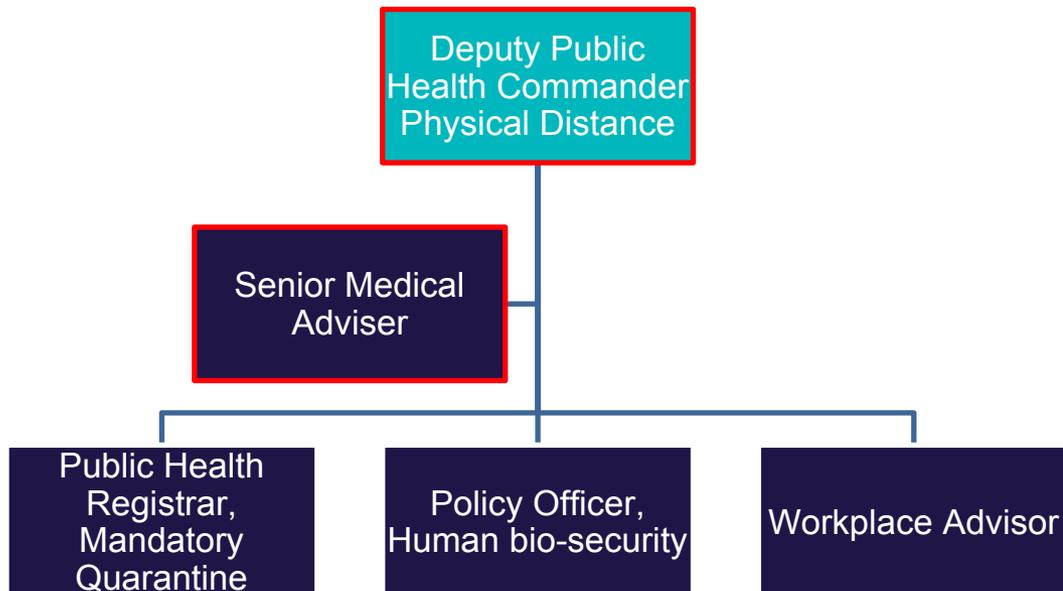
### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Overall structure involves approximately 90 jobs.
- ~80 of these jobs are in Cell 1 and 2, although, ~190 staff rotate through these roles given the rostered nature. Generally these roles are sourced via DHHS/VicGov (e.g. ~16 staff in Team Leader roles are from RHPem) (i.e. HP CDPC) and others are filled via external agencies (e.g. Cabrini).
- Medical advice line is shared 1 day per person from Strategy team.

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# Public Health Command

## Physical Distancing



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

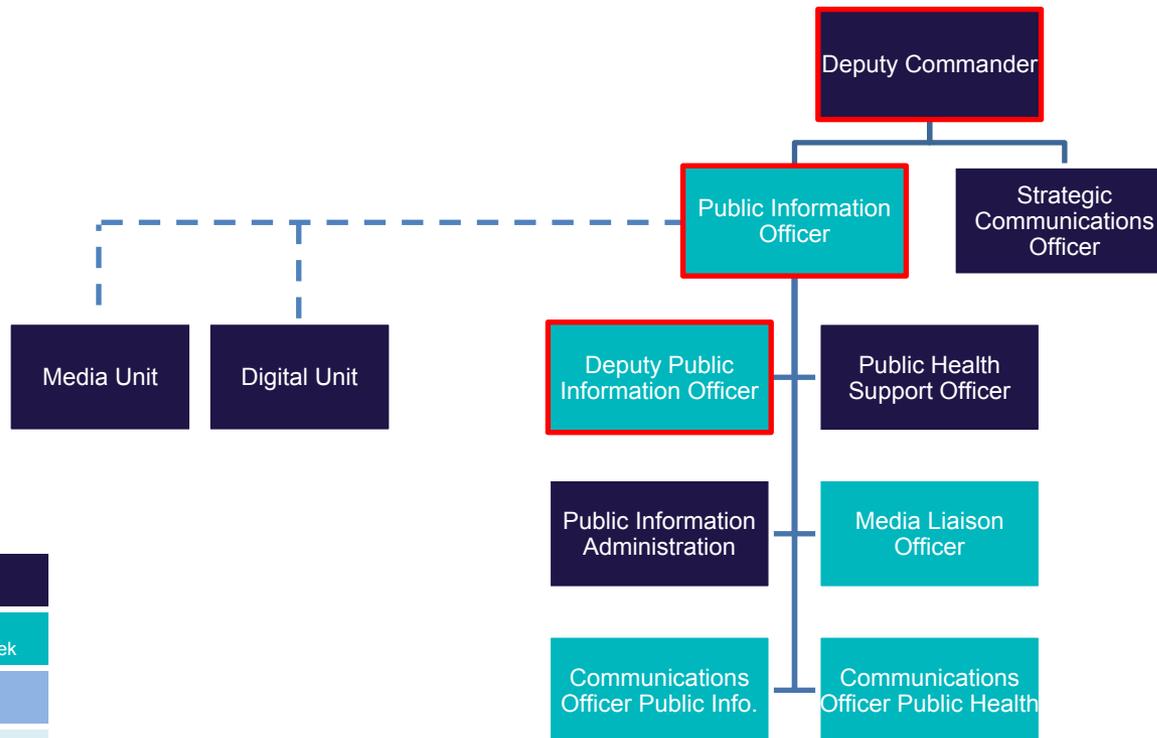
27 / 7

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Workplace adviser function currently being developed

# Public Health Command

## Public Information



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 20 staff rotating through this structure, plus dotted line relationship to media and digital teams within Strategy and Planning
- Team has an operational focus, with majority of staff on rosters (e.g. 4 days on, 4 off), reflected here as 9-5 7 days a week.

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# Public Health Command Intelligence

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

Deputy Public Health  
Commander: Intelligence

Intelligence  
Operations

Strategy, Surveillance  
Systems, Integrated  
Reporting

Surveillance  
and  
Response

Lead,  
Intelligence  
Coordination

Lead,  
Disease  
Surveillance

Lead,  
Informatics

COVID  
Surveillance  
Systems

Expanded  
Testing

Water  
Surveillance

Lead, Situational  
Awareness and  
Research Coord

Lead, Outbreak  
Management  
Team

Modelling &  
Forecasting

Lead, Flu  
Management

Lead, Data  
and Reporting  
Team

Lead Development  
Team

Informatics  
team x 30  
(i.e. staff 57)

Epi/Data  
Analytics

Epi/Data  
Analytics

Project Coord.

Deputy Team  
Leader

Team TBC

Deputy Team  
Leader

Team TBC

Analyst

Analyst

Analyst

Analyst

Officers x8

Data Liaison

Officers x8

Epidemiologis  
t Cell

## Notes

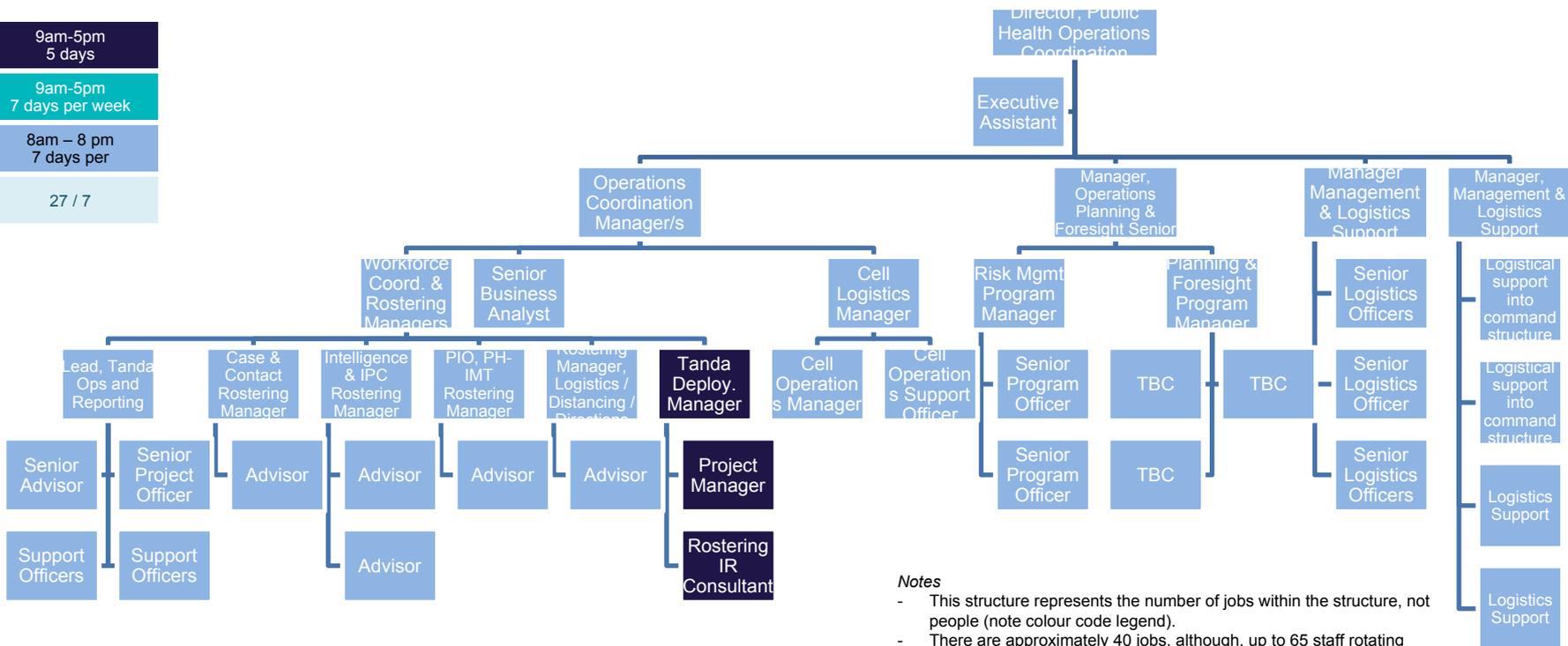
- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 130 people rotating through this structure
- Two volume bulk / high volume workforces including informatics and disease surveillance (further design work required for this area).
- Intelligence coord forecasted growth from ~90 to ~140 people
- Note other team members include MAEs and students

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# Public Health Command

## Public Health Operation Coordination Function

|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |



- Notes**
- This structure represents the number of jobs within the structure, not people (note colour code legend).
  - There are approximately 40 jobs, although, up to 65 staff rotating through this structure

# Public Health Command

## Workforce considerations

| Profile and high level issues   | Bulk v individual roles   | Sourcing challenges  | Forecasted supply and demand  |
|---|---|--|---|
| <p>Structure includes a combination of bulk roles (epidemiologist, intelligence surveillance, informatics, investigations), generalist (coordination and logistics) and specialist roles (medical practitioners on information lines).</p> <p>Up to 24/7 operations require high volume of staff and creates complex workforce arrangement (i.e. rostering, turnover, training etc.).</p> <p>Predominant source of operational staff is from Health Protection (epidemiologist, environmental health officers from communicable diseases and other areas) and Prevention and Population Health.</p> <p>There is considerable agency hire and from hospitals (e.g. nursing staff) and VISA appointments.</p> | <p>Executive roles overseeing operational and policy roles:</p> <ol style="list-style-type: none"> <li>1. Several executives (Simon, Kira, Bruce, Fin, Nicole, Katherine and AvD).</li> </ol> <p>Bulk roles performing both operational and operational policy roles:</p> <ol style="list-style-type: none"> <li>1. Epidemiologist</li> <li>2. Disease surveillance</li> <li>3. Case contact and tracing officers</li> <li>4. Data and informatics</li> <li>5. Physicians, nurses, GPs</li> </ol> | <p>Several executives who normally provide BAU leadership in RHPEM are 100% dedicated to the PHC.</p> <p>The supply line from other Victorian Government agencies, health services, universities, local councils (e.g. AOs') is likely to reduce as restrictions are lifted.</p> <p>BAU staff from RHPEM and across the department and VPS have been drawn on to support COVID-19, although, continue to have BAU commitments which create a gap and organisational risk.</p> <p>AOs are sourced from various channels and subject to fluctuating demand, as well as necessary onboarding delays (e.g. screening).</p> | <p>Even short term COVID-19 response is assumed to be months, therefore there are considerable BAU risks and sourcing challenges ahead (highlighted in sourcing challenges).</p> <p>A paper submitted to the Missions Coordination Committee (21 May 2020) outlines workforce pressures, highlighting how contact tracing, infection prevention and control and outbreak squads will grow considerably. It explains how there will be continued demand for data interpretation and reporting skills, project managers and officers, communications staff, and other logistics and business support.</p> |

# Public Health Command

## Key features and design considerations

| Focus   | Items to be worked through...   |
|---|---|
| <ul style="list-style-type: none"> <li>• Large and growing workforce with several rostering requirements to meet varying operational needs.</li> <li>• Workforce source is combination temporary 'lift and shift' of DHHS functions, individual secondments or assignments and external agency hire (health service and generalist).</li> </ul> | <ol style="list-style-type: none"> <li>1. Urgent role design and work value assessment to be undertaken to inform recruitment strategy and pipeline management. Risks exist where substantive roles are not being filled in many of the teams (e.g. staff in the Pathology and Infection Prevention and Control team) and also the placement of people in roles that they are not suited to.</li> <li>2. High operational workforce has lower level classified roles and staff. On balance, the volume and ratio of senior to junior roles is low (i.e. arguably not enough senior staff at VPS5, VPS6 and executive level, particularly given the profile of the work and ministerial interaction).</li> <li>3. There is limited support for executive, ministerial, budget management and coordination support for each public health commander (particularly the 2-3 areas with high volumes of staff).</li> <li>4. Confirmation of placement of outreach function (was being established in the Pathology and Infection Prevention and Control team).</li> <li>5. Profile and future focus on Outbreak Response in Case, Contact and Outbreak Management may need to be elevated to the report to the deputy commander role.</li> <li>6. Reporting lines for management in the Physical Distancing Hotline need to be clarified and embedded, with consideration to the public health significance of this pandemic.</li> </ol> |

# Public Health Command

## Key tensions to resolve

| Focus   | Items to be worked through...   |
|---|---|
| <p>Several design, workforce supply and demand and transition issues need to be addressed</p> | <ul style="list-style-type: none"><li>• The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance, operations and public health response, including some confusion about accountabilities and reporting lines</li><li>• Timing and tenure of individual roles and appointments remains unclear for individuals, creating business risk (e.g. retention) and personal risk (e.g. uncertainty).</li><li>• Decision to resource and/or expand rostering support / teams to other emergency response teams.</li><li>• Urgency for a dedicated workforce plan that considers supply management, noting the concern that availability of workforce from agency hire, hospital, students and other external sources (including AOs) will reduce as restrictions are lifted (i.e. people go back to their day jobs). This will also create risks associated with turnover (e.g. retraining, business continuity etc.)</li><li>• High volume of staff from Health Protection in RHPEM creating a BAU risk.</li><li>• Technical nature of some roles not readily available through existing supply lines (e.g. Critical Skills Register leading to reliance on external agency hire). This includes epidemiologist, lab staff etc.</li><li>• Some capability / skill / content gaps in policy development (e.g. in the Physical Distancing team).</li></ul> |

# Public Health Command

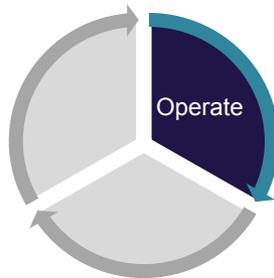
## Core capabilities in regulatory cycle

Description of roles and functions that fit within each part of the regulatory cycle TBC by PHC.



Functions/roles: TBC

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Functions/roles: TBC

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Functions/roles: TBC

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review

# Appendices

## Supporting information

1. Job cards
2. Stakeholders engaged

# Job Cards

## Enforcement and Compliance

# Job card - Commander Enforcement and Compliance

## Accountabilities

- Overall leadership and management of the COVID-19 enforcement and compliance function within DHHS, including oversight of compliance matters under all public health directions, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 enforcement and compliance legislation, protocols and data pertaining to enforcement and compliance matters.
- Provide authoritative advice and input into complex compliance matters, including support to the Chief Health Officers and delegates on compliance and enforcement related matters.
- Conduct daily review of those subject to detention and provide advice and guidance on necessary actions to be taken.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Deputy Commander AO Operations

## Accountabilities

- Overall leadership and delivery of regulatory operational function as it relates to the departments COVID-19 enforcement and compliance response.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Job card – Senior Authorised Officer (e.g. Team Leader)

### **Accountabilities**

- Lead a multi-disciplinary team, that ensures DHHS responsibilities under the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions are delivered effectively, efficiently and that any issues are escalated appropriately.
- Hotel cell: Ensure passengers/guests/client are compliant with detention notices and physical distancing policies; Detention notices are updated as required; Manage transfers requests to leave, and exit process and protocols; Escalate issues.
- Airport cell: Ensure passengers are served detention notices lawfully; compliant with detention notices and physical distancing policies; and triaged and transported appropriately.
- Release AOs: Carry out the release process for releasing people from quarantine.

### **Capabilities**

- Team supervision
- People management skills

### **Specialist expertise**

- Working knowledge of the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions

# Job card – Manager Policy and Protocols (VPS6)

## Accountabilities

- Provide high quality business intelligence, authoritative advice and sound policy recommendations to senior management and government based on comprehensive research.
- Oversee the development of policy and initiatives that meet government and departmental objectives within resourcing, timeline and budget parameters.
- Review and report on high priority issues, risks and trends and prepare and present comprehensive reports, ministerial briefs and cabinet and agency submissions on complex issues.
- Pro-actively build and maintain effective working relationships and facilitate the flow of information across the department and with key external stakeholders.
- Maintain an understanding of Commonwealth and State legislative and policy reform directions to influence policy development.
- Represent the department on key stakeholder committees and groups concerned with achieving government and departmental objectives, lead relevant committee and governance processes.
- **Keep accurate and complete records of your work activities in accordance with legislative requirements and the department's records, information security and privacy policies and requirements.**
- **Take reasonable care for your own health and safety and for that of others in the workplace by working in accordance with legislative requirements and the department's occupational health and safety (OHS) policies and procedures.**
- **Demonstrate how the actions and outcomes of this role and work unit impact clients and the department's ability to deliver, or facilitate the delivery of, effective support and services.**

## Capabilities

- Team supervision
- People management skills

## Specialist expertise

- A tertiary qualification in fields related to emergency management, community services, health administration or business management would be desirable.

# Job card – Exemptions

## ***Team Leader Complex***

- Oversee the day to day work of the Case Managers (Category 2): provide direction and guidance to case managers, review evidence, ensure quality of advice and briefs to support senior executive decision making.
- Manage complex and sensitive liaison with multiple parties.
- Alert Manager, Exemptions to any issues of risk, particularly relating to the welfare of people in quarantine, and including resource management and rostering issues.

## ***Team Leader Non Complex***

- Oversee the day to day work of the Case Managers (Category 1): provide direction and guidance to case managers, review evidence, ensure quality of exemption letters and advice and briefs to support senior executive decision making, escalate issues to Manager as appropriate, ensure consistency and timeliness of urgent matters.
- Alert Manager, Exemptions to any issues of risk, including resource management and rostering issues.

## ***Both***

- Work creatively and analytically in a problem-solving environment demonstrating teamwork, innovation and excellence.
- Provide leadership and motivate case managers to meet team goals, adhering to their responsibilities and milestones.
- Work collaboratively with other Team Leaders to support the shared objectives of the Exemptions team and broader Compliance Cell.

## **Capabilities**

- People management and/or team leader experience desirable
- Strong people skills in challenging, high volume and fast paced environments.
- Excellent attention to detail and time management skills with the ability to multi-task.
- Problem solving skills.
- Good written and verbal communication skills (experience in having difficult conversations and/or delivering difficult information would be desirable).

## **Qualifications**

- A tertiary qualification in policy, law or business, or in fields related to emergency management, community services, health administration or business management.

# Job Cards

## Emergency Accommodation

# Job Card – Commander, Operation Soteria

## Accountabilities

- Overall leadership and management of the COVID-19 detention accommodation & ports of entry functions within DHHS, including oversight of strategy, health & wellbeing of detained people, operational matters, recruitment, management and occupational health and safety.
- Coordination and approval of operational policy & standard operating procedures pertaining to Operation Soteria.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.
- Oversee data quality, management, quality assurance and reporting

## Capabilities

- Proven senior executive experience operating within a rapidly changing environment.
- Demonstrated experience in managing a multi disciplined workforce.
- Outstanding communication skills and the ability to foster relationships with partner stakeholders.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Hotels

## Accountabilities

- Leadership and operational management of the COVID-19 quarantine accommodation function within DHHS.
- Manage a multi-disciplinary team, that ensures DHHS responsibilities under the *Public Health and Wellbeing Act 2008* with respect to the physical distancing controls and direction notices are adhered.
- Provide oversight and quality assurance mechanisms to deliver high quality, safe and effective care to persons in mandatory quarantine.
- Active consultation with the Deputy Commander, Welfare and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate and represents best practice within the clinical governance framework.
- Promotes safety leadership to ensure the health and wellbeing of DHHS staff, and staff from other agencies contracted who are undertaking activity at the hotel.
- Lead the development of operational policy & standard operating procedures pertaining to Hotel Accommodation.
- Provides the Commander, Operation Soteria with situational awareness and intelligence to inform emerging issues and appropriate risk management.
- Provide authoritative advice and input into complex welfare and human service matters.
- Work collaboratively with all stakeholders to ensure all optimal outcomes for guests in mandatory quarantine.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- An ability to work in high emotion environment.
- Manage a multi-disciplined team.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Experience in working within a Clinical Governance Framework.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Ports of Entry

## Accountabilities

- In partnership with the Commonwealth Department of Agriculture, Water and Environment (DAWE) Biosecurity staff, implement border health measures for all travellers returning from overseas to Victoria.
- Oversee the adherence and enforcement functions and procedures for the direction and detention for Airport and Maritime Arrivals issued under *the Public Health and Wellbeing Act 2008*.
- Oversee the logistics of travellers that arrive at Victorian airports and maritime ports to their designated quarantine hotel.
- Oversee the implementation of Exemptions to the General Quarantine Policy for transitional passengers.
- Support the Commander, Operation Soteria participate in the *Managing Returns to Australia Working Group*.
- Lead the development of operational policy & standard operating procedures pertaining to Ports of Entry.
- Provide authoritative advice and input into complex matters to ensure the health and safety of travellers.
- Work collaboratively and liaise with external stakeholders at the Airport to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, AFP, DAWE, AV DFAT, DoT, Airport Chaplain and other jurisdictions as required.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.
- Demonstrated experience in leading Multi Disciplined Incident Management Teams.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Knowledge of Airport and Maritime operations, procedures and policies would be advantageous.

# Job Card - Deputy Commander, Welfare

## Accountabilities

- Oversee the Department's Welfare & CART Teams to ensure the needs of travellers and their families are met during the mandatory quarantine period.
- Ensure health and welfare screening take place soon after arrival so that existing and emerging health and welfare concerns can be risk assessed and addressed in a timely manner.
- Partnering with travellers, healthcare providers and other Victorian departments to facilitate effective engagement, coordinate support and timely effective care.
- Active consultation with the Deputy Commander, Hotels and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate within the context of mandatory quarantine.
- Manage the completion of psychological assessments required to support Detention Exemption applications and Financial Hardship bridging accommodation applications.
- Ensure continuous review of systems and practices to promote continuous learning.
- Provision of a daily welfare report to the Commander, Operation Soteria to ensure oversight and accountability for the mandatory quarantine process.
- Lead the development of operational policy & standard operating procedures pertaining to Welfare for travellers.

## Capabilities

- Demonstrated experience in leading multi-disciplined teams.
- Proven ability in decision making in a complex environment.
- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Qualifications or extensive experience in working within a health related environment.
- Demonstrated experience in working within a Clinical Governance Framework and applying Public Health Standards and the Charter of Human Rights.

# Job Card - Clinical Lead (Mandatory Quarantine)

## Accountabilities

- Ensure that individuals in mandatory quarantine (Operation Soteria) receive safe, effective and high-quality care that is consistent with best practice
- Integrate public health and operational oversight of the nursing, medical and mental health care provided in mandatory quarantine
- Proactively identify and manage clinical risk in mandatory quarantine
- Reports to the Deputy Chief Health Officer and Deputy State Controller Operation Soteria
- Provides information to the Deputy Public Health Commanders, the Physical Distancing Compliance Lead, the Emergency Operations Centre (EOC) and other team members as required
- Provides up to date clinical, public health and operational information to clinical staff working across the hotels (nurses, doctors, mental health clinicians); including guidelines, factsheets, FAQs and other materials
- Ensure that the public health standards for the care of returned travellers in mandatory quarantine are upheld
- Advise, Liaise and develop policy with Public Health Command (Physical Distancing Cell) and the EOC and assist the EOC to operationalise this policy

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job Card – Welfare Line, Operations Manager

## Accountabilities

- Ensure the efficient and effective operations of shifts within the Welfare Check shift, including supervision and support to up to four team leaders and their staff.
- Perform all operational duties associated with the Welfare Line, including adequate rostering and resourcing, preparation of call list for next shift (as applicable), appropriate sign off on team member time sheets, beginning and end of shift briefing for all staff, OHS obligations are being met during shifts.
- Ensure Welfare Check Officers and team leaders are equipped with the relevant tools and aware of supports available to members of the community, including access the departments nominated interpreting service to ensure information is provided in a culturally responsive and equitable way.
- Ensure all team leaders and staff are briefed accordingly at the beginning of shifts and that regular work in progress standards are met during shifts.
- Ensure each team has an allocated Team Leader and allocate call list to Team Leaders
- Ensure that orientation of new team leaders and Welfare Line Officer, to ensure that all members of the team are able to perform their role.
- Ensure continuity and workflow across teams and shifts from day to day, including quality control over matters relating to email queries and outstanding tasks/ referrals as handed over from previous shift.
- Identify and respond to issues as they arise during the shift as they relate to service delivery, systems, staff and escalate issues to the Manager, Welfare Line as necessary

## Capabilities

- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Work confidently with individuals with a range of vulnerabilities
- Adaptable and uses initiative
- Emotionally regulated
- Resilient

## Specialist expertise

- A recognised tertiary qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent)

# Job Card – CART Practitioners

## Accountabilities

- Risk assessment and analysis - gathers information through a variety of sources and technologies in order to identify, plan and respond to the psychosocial risks relating to each situation. Applies a strong risk lens, professional judgement, and evidence informed frameworks to analyse the available evidence and inform decision making.
- Case Support – provides secondary consultation and manages complex cases. Draws insights from assessment and analysis to formulate a meaningful and effective case plan, including safety plans, and reviews case progress and outcomes with a strong focus on managing dynamic risk. Collaborates with others to ensure adequate risk management and robust referral pathways that are tailored to individual needs and circumstances.
- Critical enquiry - uses evidence based frameworks to investigate issues, and is able to understand the root cause of each issue as well as the potential implications.
- Standardised reporting - uses standardised tools and reporting frameworks when recording case data, and when documenting care solutions provided.
- Reflective practice - critically reflects on what they are doing in their role and uses this reflection to influence their practice. Supports other practitioners in individual and group reflective practice supervision.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent) and includes a practical component such as counselling or case work practice
- A current Working with Children Check (WWCC) card.

# Job Card – Hotel Site Lead

## Accountabilities

- Oversee the operations at the hotel within these functions to ensure care of travelers in mandatory quarantine:
- Ensure a safe environment for people returning from overseas who are required to enter a period of compulsory quarantine at the hotel.
- Provide leadership, direction and support for staff in a multidisciplinary environment.
- Contribute to the development and implementation of policies and processes to support running of hotel and wellbeing of guests
- Coordinate welfare and relief supports to those in quarantine.
- Manage and make complex decisions in time critical situations and escalate issues that cannot be resolved at the local level to the Emergency Operations Centre for resolution.
- Lead support staff duties and activities onsite at the hotel.
- Effectively build relationships and work collaboratively with hotel management and staff, authorised officer, medical staff, security, other government departments and Victoria Police onsite at the hotel.
- Oversee the check in/out process for guests returning to Australia.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Works in operational environment with multiple stakeholders

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- Emergency management and/or regulatory experience in an operational environment.

# Job Cards

## Public Health Command

# Job card – Chief Health Officer

## Accountabilities

- Victoria's Chief Health Officer is responsible for the provision of public health advice to the Minister, the Department of Health and Human Services and the Victorian community including the exercise of statutory powers under the Public Health and Wellbeing Act 2008.
- The Chief Health Officer is expected to provide high level leadership and vision for public health in Victoria and will have experience in public health programs at a State or National level.
- The role requires strong capability and engagement with technical experts and leaders across both government and the broader health sector. The Chief Health Officer is required to be proactive and systematic in the approach to dealing with complex problems and has an innate ability to understand and operate in a government environment.
- The Chief Health Officer is the government's spokesperson on matters relating to public health and must be a confident public persona with excellent judgement, communication skills, and an ability to be trusted.

## Capabilities

- Leadership
- Communication skills
- Influence and negotiation
- Problem solving
- Self-management

## Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency.

## Job card – Deputy Chief Health Officer

### Accountabilities

- The Deputy Chief Health Officer is a senior clinical leadership role providing authoritative advice and leadership in supporting the Chief Health Officer, Deputy Secretary and Secretary and staff in the Health Protection Branch. The role will act in place of the Chief Health Officer for periods of leave and rostered weekend relief. As the Deputy Chief Health Officer, you will participate in emergency management activities, contribute to the coordination of the prevention and response to public health incidents and represent the department on state and national committees as required.
- The position oversees five teams comprising approximately 80 staff: Immunisation, Communicable Disease Prevention & Control, Communicable Disease Epidemiology & Surveillance, Public Health Medical and Partner Notification & Support.

### Capabilities

- Leadership
- People management
- Communications skills
- Influence and negotiation
- Problem solving

### Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency
- Postgraduate qualification in Public Health and Fellowship of the Australasian Faculty of Public Health Medicine

# Job Card - Deputy Public Health Commander Intelligence

## Accountabilities

- Overall leadership and management of intelligence section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

Source Mary Benson:

## Capabilities

- An understanding of the Victorian health and human services system
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Specialist expertise

- ??.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Manager, Intelligence Operations

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Surveillance and Response

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Strategy, Systems & Reporting Intelligence

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Infomatics

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Commander, Pathology and Infection Prevention and Control

## Accountabilities

- Overall leadership and management of the Pathology and Infection Prevention and Control section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience
-

# Job card – Manager, Pathology Operations

## Accountabilities

- Overall leadership and management of the Pathology Operations section within DHHS, including facilitation of laboratory testing with multiple laboratories, reporting, results, and supply chain management.

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Infection Prevention and Control Operations

## Accountabilities

- Overall leadership and management of the Infection Prevention and Control Operations section within DHHS. This includes responding to Infection Prevention and Control questions, developing policy, and Infection Prevention and Control recons (technical advice).

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Commander, Case, Contact and Outbreak Management

## Accountabilities

- Overall leadership and management of the Case Contact and Outbreak Management section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

- .

# Job card – Operations Lead, CCOM

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Strategy and Policy Lead, CCOM

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Team Leader, Triage and Notification

## Accountabilities

- Reports to Cell Public Health Lead.
- Provides management advice and support to team on public and community recommendations regarding COVID-19.
- Provides management advice and support to team on health sector queries regarding COVID-19.
- Develop and refine notification workflows to case and contact management team.
- Communicate situational awareness to sector lead

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Public Health Commander, Physical Distance

## Accountabilities

- Overall leadership and management of the Physical Distance function within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job card – Senior Medical Adviser

## Accountabilities

- Respond to requests for specialist medical advice (SMA) in different and evolving categories of need (clinician hotline and internal requests).
- Contribute and develop rapid guidelines, factsheets and FAQs for immediate use by health sector and relevant community.
- Contribute to policy and strategy responding to issues in the various fields of activity to prevent COVID-10 transmission (including infection control)

## Capabilities

### Specialist expertise

- MD/MBBS or RN 1 (Clinical Nurse Specialist or Consultant) and/or MPH (VPS 6) Favourable: fellowship of specialty Australasian college/faculty (VPS 6.2 or SMA) and/or recent clinical experience and/or outbreak management

# Job card – Deputy Commander, Public Information

## Accountabilities

- Overall leadership and management of the Public Information section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Ensure that timely, tailored and relevant information is developed to support the Chief Health Officer, Public Health Commander and Deputy Commander –Intelligence & Public Information and Class 2 Controller.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

- .

# Job card – Public Information Officer

## Accountabilities

- Manage the DHHS Public Information Section.
- Approve all public and internal communications.
- Support Chief Health Officer, Public Health Commander and Deputy Commander – Intelligence & Public Information and Class 2 Controller by developing timely, tailored and relevant information to the community during an emergency.
- Liaise with other sections and departments to coordinate the development of key messages and communications products.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required).
- As a general guide, this is a VPS6 role

# Job card – Deputy Public Information Officer

## Accountabilities

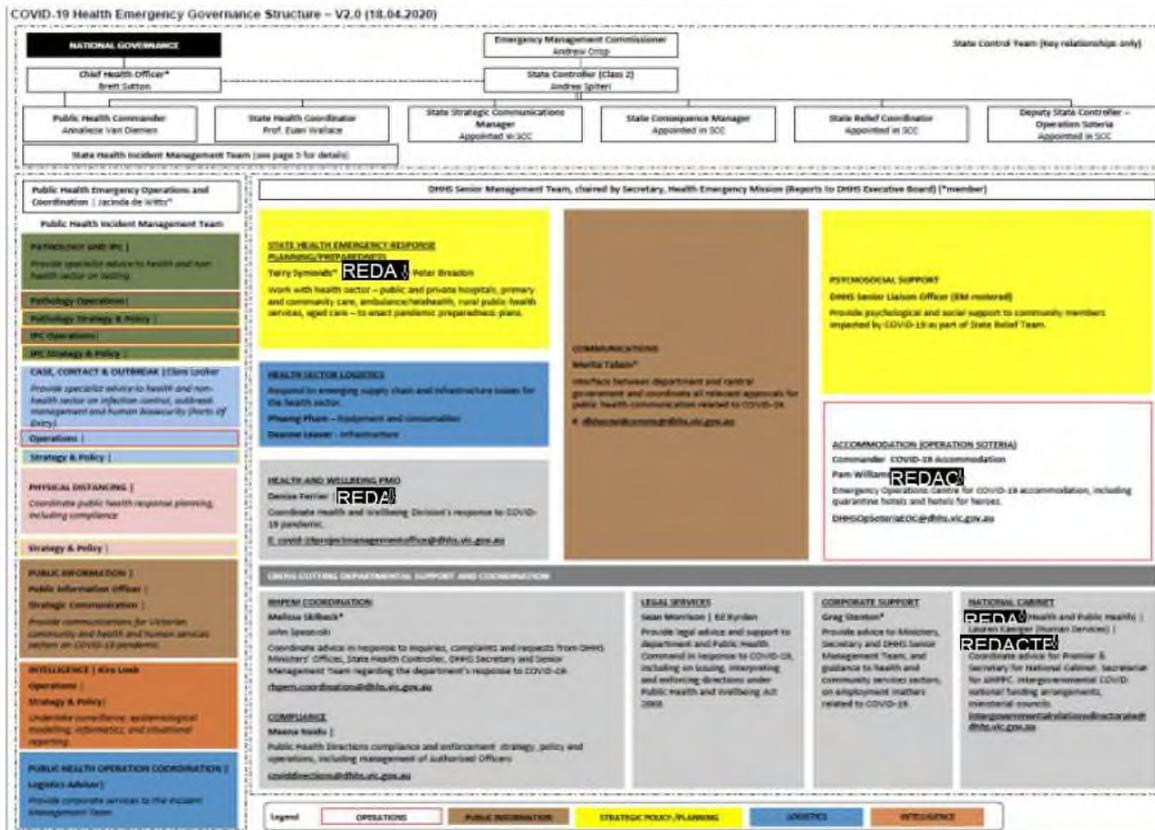
- Support the Public Information Officer (PIO) in managing the DHHS Public Information section.
- Provide quality assurance and monitoring of information produced at DHHS.
- Support the PIO by developing timely, tailored and relevant information to the community during an emergency.
- Liaison with other sections and departments to coordinate key messaging.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required)
- This is a VPS6 position

# Health emergency governance structure



# Key stakeholders engaged

The project team has engaged the following leaders to contribute to the report:

- **Operation Soteria**

- Pam Williams, Merrin Bambert, Michael Mefflin, REDACTED

- **Enforcement and Compliance**

- Meena Naidu, Anthony Kolmus, Anna Peatt, REDACTED

- **Public Health Command**

- Annaliese van Diemen, Kira Leeb, REDACTED, Sarah McGuinness, Clare Looker, Mat Williams, Katherine Ong, Bruce Bolam, REDACTED, REDACTED, Claire Harris, REDACTED, REDACTED, REDACTED

## Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

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**From:** "Finn Romanes (DHHS)" [REDACTED]  
**To:** "Pam Williams (DHHS)" [REDACTED]  
**Cc:** "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>, "Simon Crouch (DHHS)" [REDACTED], "Meena Naidu (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED], "Claire Harris (DHHS)" [REDACTED], "Euan Wallace (DHHS)" [REDACTED]  
**Date:** Sat, 18 Apr 2020 22:54:17 +1000  
**Attachments:** Draft Mandatory Quarantine Health and Welfare Plan - 18 April 2020.docx (2.38 MB)

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Dear Pam and Chris / Deputy State Controller – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin, that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through Cameron/Jenny that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by Deputy State Controller Health – Operation Soteria for awareness and any comments and endorsement.

Can you / Chris take it from here?

Kind regards

Finn

Dr Finn Romanes  
 Public Health Commander  
 Novel Coronavirus Public Health Emergency  
 [REDACTED]  
 Department of Health and Human Services  
 State Government of Victoria

# COVID-19 Mandatory Quarantine Health and Welfare Plan – Operation Soteria

17 April 2020

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## Introduction

Mandatory quarantine for all people arriving from overseas into Victoria was introduced on 28 March 2020.

### Purpose

This plan outlines the policy for welfare and, medical, nursing and mental healthcare to individuals detained in mandatory quarantine.

### Scope

This plan will outline healthcare and welfare arrangements for people in mandatory quarantine as part of Operation Soteria.

This should be read in conjunction with the *COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)* and the *Operation Soteria – Operational Plan*.

### Audience

This document is intended for use by DHHS staff, all departments and organisations involved in Operation Soteria and the governing bodies described below.

### Governance and oversight

#### Operation Soteria

A diagram indicating the governance of strategy / policy and operation of the mandatory quarantine program is described in **Appendix 1**.

#### Roles and responsibilities

The Public Health Commander (through the Deputy Public Health Commander / delegate) will take responsibility for approving this plan.

The State Controller Health (through the Deputy State Controller Health) operating through the Emergency Operations Centre (EOC) has operational accountability.

The DHHS Commander – Operation Soteria is responsible for:

- provision of welfare to individuals in mandatory quarantine (delegated to a Director Health Protection and Emergency Management);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff;
- ensuring a safe detention environment at all times.

The Deputy State Health Coordinator is responsible for:

- provision of healthcare to individuals in mandatory quarantine.

#### Co-ordination of medical care – Requirement for a DHHS Medical Lead

Due to the large number of individuals in mandatory quarantine, the high risk environment and length of time in detention, and the potentially complex needs of this cohort, a DHHS Medical Lead should be appointed to oversee medical care, including care through general practitioners and any nursing – including mental health nursing – care provided. The DHHS Medical Lead should have a healthcare background and have experience managing complex programmes for vulnerable populations. The DHHS

Medical Lead should oversee the staffing of the various sites, reassess medical workforce needs, provide advice to staff, and ensure the minimum standards of care are being met.

The DHHS Medical Lead should identify any risks or issues and refer these to the Compliance Lead and State Control Centre Emergency Operations Centre for urgent action. They should be a senior point of contact in relation to medical and nursing care for the Compliance Lead, the State Emergency Controller / DHHS Commander, and the Public Health Commander and Deputy Public Health Commander for Physical Distancing.

## Standards for healthcare and welfare provision

### Meeting the needs of people in detention

The health and welfare of persons in detention is the highest priority and the main purpose of this plan. Mandatory detention removes some safeguards for health and welfare (such as free access to medical care of choice) and requires the highest standard of medical care at all times. This is in addition to the elevated risk of COVID-19 infection in returned travellers.

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

### Physical examination and telemedicine

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

Sufficient and appropriate PPE should be provided. If this is not available, it should be flagged immediately to the team leader/site manager to arrange for urgent stock to be delivered from another site. It may be possible to contact a nearby quarantine hotel and arrange for urgent PPE stock to be brought over to that hotel. If appropriate PPE is worn and used correctly, there should be no additional risk to the health care provider, or the patient (quarantined individual).

Any request for medical review should be carefully considered before determining whether telemedicine or physical review is most appropriate in that scenario. Phone consults or telemedicine should not be used as a substitute for direct clinical review if it is clinically indicated. If healthcare providers are concerned for their own safety, the case should be escalated to the DHHS Team Leader.

### Clinical handover

All clinical interactions must be documented, and important/ongoing issues handed over to the team covering the next shift. Nurses should hand over to the nurses on the next shift, and also the team leader so they are aware of the outstanding issues. GPs who review patients (over the phone or in person) must handover the outcome of the assessment and ongoing management plan to the nurses, and to the GPs on the next shift (or the clinical lead) if relevant. GPs contracted by Medi7 also have a Clinical Lead who is a Medi7 doctor acting as the coordinating point for these doctors. It would be advisable for a daily morning meeting to occur between the team leader, nursing cohort, medical officer and AO for every hotel. During this meeting, current issues that require escalation may be flagged to the team leader and escalated as appropriate. Documentation of the morning meeting and allocation of special tasks should be recorded in the DHHS notes.

## Triage and waiting times

Requests for medical care must be actioned within a specific time frame, in keeping with the acuity of the issue and the availability of services. Where staffing allows, the doctor may see patients before the nurse, particularly if the request is deemed urgent.

- For emergency/life-threatening issues, the patient, family member, doctor, nurse, DHHS personnel or hotel staff should call 000 immediately
- For urgent physical health issues that do not require 000, the quarantined individual must be reviewed within 30 minutes by the hotel nurse (by contacting the hotel nurse direct line) who should review the patient in person and alert the on-call doctor to arrange urgent review if required. The GP should attend as soon as possible and within one hour.
- For urgent mental health issues, the patient should be reviewed by the nurse or doctor-on-call within one hour. Where a quarantined individual may pose a risk of harm to themselves or others, a full risk assessment must be conducted by the doctor-on-call and escalation as per current policy – see safety and mental health section.
- For non-urgent issues (require assessment and management), the quarantined individual must be reviewed by a nurse (within four hours) first, then the on-call doctor must be contacted to arrange review depending on the acuity of the issue but within a 12 hour period.
- For all other issues, review by the nurse should be within eight hours and the on-call doctor (if required) within 24 hours.
- For prescriptions of regular medications, these should be arranged within a 24-hour turnaround period.
- For urgent prescriptions required same day, these should be arranged within 8 hours.

| Acuity of issue  | Time frame for response   |
|--|---|
| Emergency: serious health concern / life-threatening issue | Immediate – call 000 ASAP   |
| Urgent physical health concerns                            | Nurse review as soon as practicable (within 30 minutes)<br>GP review within 1 hour                                |
| Urgent mental health issue                                 | Doctor or nurse review within 1 hour  |
| Non-urgent issue requiring review and management           | Nurse review within 4 hours<br>GP review (if required) within 12 hours  |
| Minor health issue, non-urgent                             | Phone review as soon as practicable<br>Nurse assessment within 8 hours<br>GP review (if required) within 24 hours |

## Information and data management

There should be a minimum number of secure databases used for the storage and handling of confidential data on people in detention. This is to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this program:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software;
- Paper records (until transitioned to systems above).

**Commented [FR(1):** The Deputy State Health Coordinator should use this policy to build these expectations in, and communicate them to the medical providers. The DSHC presumably holds the contracts. If not met, escalate to Deputy State Controller and decide whether to choose a new provider (but obtain medical records on detainees first from Best Practice).

The State Controller Health, DHHS Commander - Operation Soteria (or delegate) and Public Health Commander (or delegate) should be able to access any record within these systems to enable oversight of the health and welfare of people in detention.

The Department of Jobs Precincts and Regions (DJPR) will provide a list of people arriving internationally that populates PHESS and the Dynamic CRM Database. In turn, medical information is then stored in PHESS and Best Practice. Welfare and Compliance information is stored in the Dynamic CRM Database. Within 24 hours of arrival, both the Dynamic CRM Database and PHESS will contain a complete list of people in detention. PHESS will be the complete record for all medical and compliance records for a person who was in detention in Victoria as part of this program.

An Intelligence Cell will be introduced into the EOC to oversee reporting arrangements.

## Medical records

### Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record should capture the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

### Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. 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 – Operation Soteria or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

### Follow-up of results

It is the responsibility of the doctor who orders any test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they are not able to do so, they must handover this task to the next doctor on-call, inform the nurse, and record this in the medical record.

## Provision of healthcare

### Medical care

#### Access to regular general practitioners and specialists

A person in detention should be able to access care through their normal general practitioner and specialist through telehealth arrangements if they request it. If that is to occur, the person should indicate who their provider is and should provide the contact details of the general practitioner to the nursing lead / Team Leader for their time in detention, so that the general practitioner can act as an advocate for, and communicate with, the nursing team about the health of the person in detention.

If a detainee has been reviewed by their personal GP or has received a specialist consultation via telehealth whilst detained, a letter from the GP/specialist should be requested within four hours following the review and documentation of this consult, outcome and plan should be transcribed into the Best Practice medical record. The name of the external reviewing doctor, time and contact details must also be documented into the detainee's DHHS notes by the hotel general practitioner. There must be clear communication and documentation regarding who will follow up and review any plans made by external clinicians.

#### Provider of general practice services

General practitioners (GPs) are provided by Medi7 and Doctor Doctor. **[MORE DETAILS – point of contact, contact information, ABN]**

General practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24-hour medical support to individuals in mandatory quarantine. GPs should be engaged at a ratio proportionate to the burden of healthcare problems across the hotels. The directors of the contracting companies should teleconference with the Deputy State Health Coordinator twice weekly to review workload and vary this ratio if necessary.

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

GPs are contactable via the nurses at each location. From 6pm on a weeknight, the nurse may contact the on-call GP. The on-call GP can provide telehealth services as required or attend the relevant hotel. Over weekends and on public holidays, a group of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

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

#### Clinical lead for general practice services

Medi7 has now appointed a clinical lead to oversee and coordinate the doctors working across all hotels participating in mandatory quarantine each day. The number of doctors per cluster of hotels is reviewed each morning before determining where each doctor is allocated. The Medi7 GPs can report issues to the clinical lead and seek advice and additional support. The Medi7 clinical lead should update and report concerns to the Deputy State Health Coordinator.

**Commented [FR(2):** Deputy State Health Coordinator (or role that organised medical services) should include this information, including where the contracts re held)

## Pathology and pharmacy services

### Pharmacy arrangements

Specific pharmacies in proximity to each hotel should be engaged to allow for prompt procurement of necessary medications and equipment for quarantined individuals. The address, contact details, and operational hours of the pharmacy for each hotel should be distributed to all staff working in that hotel and should be easily accessible. Each hotel should know which pharmacy can be used for urgent scripts out of hours, if their usual pharmacy cannot provide this service.

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

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

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

See Appendix 8 - Hospital and pharmacy contacts for each hotel

### Prescriptions

Both prescribed and over-the-counter (OTC) medications can be ordered from the pharmacies described above. A record should be kept of all medications dispensed to quarantined individuals.

### Prescribing benzodiazepines

When prescribing benzodiazepines for anxiety in mandatory detention, GPs should exercise a high degree of caution. Care should be taken to ensure that benzodiazepines are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications. These medications should only be required after careful history taking and assessment, to individuals who are regularly prescribed them. If they are required to be prescribed, no more than four (5mg) tablets should be prescribed at any time. Repeat prescriptions for benzodiazepines should not be given unless there is clear justification.

All new medication prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics must be discussed with the medical clinical lead by the prescribing general practitioner. A risk assessment should be performed by the prescribing general practitioner and medication changes should be documented and followed up by the prescribing doctor or handed over to the shift doctor next on call. General practitioners will take full responsibility and indemnity for all new prescriptions or medication changes.

### Pathology arrangements

#### Swabs

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

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

**REDACTED**

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

- The pathology request slip must be clearly marked as a hotel quarantine swab – this should include the clinical details section or at the top of the form (e.g. "Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234");
- There must be three identifiers on every swab and pathology request (name, DOB, address);

- The address must be listed as the hotel where the person is being quarantined, not their usual home address;
- A phone number must be provided for every patient being swabbed;
- The name and phone number of the testing clinician **and** the responsible authorised officer for the hotel should be included.

#### **Provision of swab information to public health**

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

- Testing doctor (and time)
- Name of quarantined individual tested (full name)
- Date of birth
- Usual address
- Contact number
- Email address
- Hotel address and room number
- Date of arrival
- Date of expiry of 14 days of detention

All COVID-19 swabs taken should be documented in this spreadsheet, even if the person has already had swabs taken while in quarantine.

#### **Following up 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 the result is positive, the requesting medical practitioner must notify the department on 1300 651 160.

#### **Negative swab results**

Quarantined individuals who are tested for COVID-19 may receive negative test results. This may lead to confusion and distress for the individual, as they may believe that they can now leave mandatory quarantine. In the event of a negative result, the nurse or doctor must explain to the person the implications of the result and reaffirm the public health need for the person to remain in mandatory quarantine until they reach 14 days from the start of their mandatory quarantine.

#### **Other pathology**

Other pathology requests (such as routine blood tests) should be deferred if possible until after the quarantine period. If other tests are required (as per the treating clinician – on-site doctor or person's own GP), this should be coordinated by the team leader in consultation with the GP/nurse. Equipment for taking bloods should be available at (or available to be transported to) the hotel. These specimens should be labelled as per the procedure for labelling COVID-19 swabs (same requirement for identifiers). The preferred provider for these types of pathology specimens is Melbourne Pathology.

## **Nursing care**

#### **Minimum nursing requirement**

Nurses (including mental health nurses) are provided by Your Nursing Agency (YNA).

Nurses should be onsite at each hotel across the full 24 hour period. The required nursing complement should be continually reviewed and adapted according to need. This should be based on the number of

individuals in quarantine at that site, the current workload and burden of healthcare and mental health issues expected and reported at that site, and the skillset and experiences of the nurses rostered at that site.

There should be one emergency department (ED) trained nurse available 24 hours, two general registered nurses during the day, one general registered nurse on overnight, and one mental health nurse on during the day. Where nurses report that their workload is not safe and that additional nursing support is required, staffing should be reviewed and adapted as necessary.

There should be a nurse coordinator or nurse team leader each day at each site, who is rostered on a longer shift (e.g. 12 hours). This is to ensure the other nurses are adequately managed and supported, to ensure continuity of care and handover of outstanding tasks / concerns. In general, longer nursing shifts are preferable for this reason.

## Mental health care

### Mental health nurses

Mental health registered or enrolled nurses should be rostered to each hotel. The number and coverage should be increased at hotels where a growing mental health caseload is identified.

### Contacting a nurse at each site

A department-supplied mobile phone should be provided to all nurses at each site. Residents should be able to contact the nurse either directly by phone, or via the hotel concierge. The nurse phone numbers should be accessible on the hotel roster (accessible on Sharepoint). Where the nurse deems a quarantined person to have significant needs, significant requirement for medical care, or to be at risk of mental health issues, they may give the quarantined individual their mobile number so that they can contact them directly if needed. Nurses may instigate daily, twice daily, or more frequent phone-calls to check up on the individual. This is in addition to any required welfare phone call. This provides an additional safety net for the health and welfare of quarantined individuals. If a person who normally frequently calls the nurse stops calling, the nurse for that individual needs to contact the individual to check on their health and welfare.

### Summary of available mental health services

Mental health services are available to people in mandatory quarantine through the following sources:

1. Calling Lifeline or Beyond Blue;
2. Nurse or mental health nurse on site for initial assessment;
3. Doctor on-call for non-urgent or urgent review;
4. NorthWestern Mental Health triage service (phone 1300 TRIAGE);
5. Referral to CART (Complex Assessment and Referral Team) [Method for calling / contact];
6. Calling 000 for emergency care;
7. Quarantined individuals can also contact their usual mental health provider or be assisted to contact that provider. This includes a psychologist, counsellor, psychiatrist or other provider. Care can then be provided via telehealth.

### Phone support services

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

Commented [FR(3): REDACTED] should provide numbers / method for contact

Commented [FR(4): REDACTED]

## Nurses and doctors

Nurses and doctors can review persons with mental health concerns upon request from the individual or from other sources for example if a concern is flagged by the welfare check, the authorised officer, security or by another resident. Mental state examination and risk assessment should be performed by the general practitioner allocated to the hotel.

The mental health nurse may assist with this process but the outcome of the risk assessment must be reviewed by the hotel general practitioner unless the detainee has received urgent CATT assessment or has required a transfer to a mental health unit or hospital. Psychiatric input regarding additions or changes to existing antipsychotic and anxiolytic medications may be required and should be sought by the hotel general practitioner as indicated.

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

## NorthWestern Mental Health triage service

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March 2020 to provide specialist mental health support through direct or secondary consultation for persons in quarantine. Nurses and residents can contact **1300 TRIAGE (1300 874 243)** for specialist mental health support. The person making the initial referral should request the specialist priority line.

## Complex Assessment and Referral Team

CART is a new service set up by DHHS which can provide advice and support for mental health issues, drug and alcohol problems, family violence and other concerns. This service is currently staffed by two clinicians, one working 8am-2pm, and the other 2pm-8pm. If a full assessment is required CART does not currently have the capacity to complete this, and if more than phone support/advice is required, they will have to refer back to the nurse to arrange for assessment and further management from another source (e.g. NorthWestern Mental Health triage).

## Mental health emergency

If there is concern about a mental health emergency in a quarantined individual (i.e. acute suicidal ideation, thoughts of self-harm, or psychosis), and there is a delay in contacting the psychiatric triage team (**1300 TRIAGE**), the quarantined individual should be reviewed by the general practitioner as a matter of urgency and have a risk assessment completed within an hour.

The general practitioner should then assess the quarantined individual to determine if transfer to hospital via ambulance is required for urgent psychiatric assessment or if psychiatric advice can be obtained over the phone. If the quarantined individual is deemed as needing urgent psychiatric review and is not willing to be transferred for assessment, the doctor on call will need to decide if enacting provisions within the *Mental Health Act 2014* is required.

As for other medical emergencies, the authorised officer, reception or other parties do not need to be contacted before 000 is called. First responders should not be denied access to people in mandatory quarantine who make a 000 call.

## Who can alert the welfare team to mental health concerns relating to a quarantined person?

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

## Escalating medical, nursing or mental health concerns

See section on Escalation for situations requiring escalation.

See Appendix 3- Clinical escalation/referral pathway

## Emergency services

In the case of an emergency, a nurse, doctor or DHHS staff member can call 000. As soon as is practicable the person should inform the operator that the call is from a mandatory quarantine hotel and the person may be at increased risk of infection with COVID-19, so that appropriate precautions can be taken. The current hotels in operation are in the catchment of three major hospitals:

- The Alfred;
- Royal Melbourne Hospital;
- Royal Children's Hospital.

As per other medical emergencies, the Authorised Officer, reception or other parties do not need to be contacted before 000 is called. First responders must not be denied access to people in mandatory quarantine who make a 000 call.

## Transport to/from hospital

### Transfer to hospital for people with suspected or confirmed COVID-19

- Adult 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
- Children should be transferred to the Royal Children's Hospital accompanied by a parent or guardian
- If the hospital transfer is non-urgent, the nurse, doctor or AO may assist in arranging the transfer.
- If the hospital transfer is urgent, call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Contact the Admitting Officer at RCH/RMH/The Alfred and inform the hospital of patient and details.
- Staff should don full PPE (droplet and contact precautions) and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer (but this should not delay the provision of urgent medical assistance or the request for an ambulance if needed).
- AO must view appropriate authorisation.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.

### Unplanned transfers to hospital

Unplanned transfers occur via a phone call to Ambulance (AV) via 000 from the nurse, doctor, other staff member or quarantined person. The nurse or doctor then notifies an Authorised Officer of the transport. The patient is then treated and transported by AV or Non-Emergency Patient Transport (NEPT) to hospital.

### Planned transfers to hospital

Planned transfers occur via clinical staff at each hotel notifying the Authorised Officer of the transport and arranging transport via the most appropriate transport provider (e.g. AV, NEPT, Clinic Transport Service, etc). The transport then occurs to the relevant location.

## Summary of hospital transfer

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, Authorised Officers (AOs), Ambulance Victoria (AV) and hospitals.

1. Nurse/doctor makes assessment that patient requires hospital care.
2. The AO grants permission for the individual to temporarily leave mandatory quarantine. Leave should be recorded on the business system or register.
3. All relevant staff including the AO must be notified prior to the transfer (however this should not delay the transfer if it is urgent/an emergency).
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
5. If the hospital transfer is urgent call 000 to request an ambulance and inform them that the passenger is in mandatory quarantine. Let them know if the person is a suspected (or confirmed) case of COVID-19.
6. Contact the Emergency Department Admitting Officer at RCH/RMH/the Alfred to inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. All residents who are in high risk groups, unwell, breathless or hypoxic (O<sub>2</sub> sats <95%) should be considered for hospital transfer.
9. Assessment and diagnosis are made by the treating team at the hospital. A plan is made for either admission to the hospital or discharge back to the hotel (possibly for more appropriate medical care to be arranged at the hotel).
10. Prior to any movement of the patient out of the ED, a new plan or detention approval must be sought for either return to the hotel or admission to a different location in consultation with the compliance team (receiving hospital and compliance team).
11. Hospitals will need to contact the AO at the relevant hotel, then the AO team lead will advise Lead Executive Compliance to obtain any necessary approvals.

See Appendix 7- Ambulance transfer flowcharts

## Discharge from hospital

Discharge from hospital should be at the behest of the treating team. Refer to the current 'Guidelines for health services and general practitioners (see <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>).'

Transfers from hospital back to the hotel are arranged by the hospital in liaison with the DHHS Team Leader.

## Anaphylaxis

Where individuals in mandatory quarantine have severe allergies and a history of anaphylaxis, this must be recorded and specifically flagged during the welfare survey completed on the way to or at the hotel at the beginning of the stay. All individuals who require medications including antihistamines, corticosteroids and EpiPens should have an adequate supply of these. If they require an additional prescription for these this should be facilitated by the healthcare providers at the hotel and the nominated pharmacy as a matter of urgency.

If a person reports that they are having an anaphylactic reaction, 000 should be called immediately. This does not need to be escalated to an AO (or any other member of staff, medical or non-medical), an ambulance should be called immediately by whoever is first aware of the situation. The health of the quarantined individual and the provision of urgent healthcare is the priority in any medical emergency. The Authorised Officer can be informed as soon as is practicable thereafter.

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

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## Provision of welfare

### Airport screening process

At the airport, DHHS nurses and Department of Agriculture, Water and the Environment (DAWE) biosecurity officers will screen all passengers arriving from overseas for symptoms of COVID-19. Nurses will perform a temperature check on each passenger.

### Management of an unwell person at the airport

Any passengers who screen positive on this health check will trigger the DAWE biosecurity officer to contact the Human Biosecurity Officer (HBO) on-call for the department 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 take place:

- The HBO should organise an ambulance transfer to the Royal Melbourne Hospital (or Royal Children's Hospital) for testing and assessment.
- The AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/maxi taxi etc.) can be organised to bring the person to the assigned hotel.
- If the person is unwell and requires admission to hospital, the Compliance Lead should be informed.
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the AO.
- If they are a confirmed case they should be placed on a COVID-19 floor. If they are not, they can be placed in a general part of the hotel.

### Transfer of uncooperative individuals

It is recommended that a separate mode of transport to the hotel is provided for a person who is uncooperative/non-compliant. Ensure appropriate safety measures are taken (e.g. child locks on doors, a safety briefing for drivers, etc.).

If a person refuses testing for COVID-19 at a hospital and they are well enough to return to the hotel, they should be transported back to the hotel and treated as if they are COVID-19 positive (i.e. they must be situated on the COVID floor of the hotel and the necessary precautions taken). Every effort should be made to encourage them to get tested before this happens. However, they cannot be forcibly tested.

If a person refuses testing and treatment at a hospital and is too unwell to be released from hospital, a Human Biosecurity Control Order (HBCO) may need to be considered.

### Assessment at the hotel

All quarantined individuals will be given a survey to complete on the way to or at the hotel. This will include questions about past medical history, mental health history, allergies, medications, next of kin/emergency contact, dietary requirements, and other important health and welfare needs. A doctor and nurse will be available on site to urgently review anyone who reports illness or an urgent medical need on arrival at the hotel. Nurses will review the surveys and contact all individuals who are identified as having significant health needs, as soon as practicable. After initial phone contact is made, further assessment/management can be organised as needed.

## Initial information on options for accommodation

### Policy on separation of people in travelling parties to promote effective quarantine

There are a number of options for people – such a couple or family – for rooms to promote effective quarantine. Because a person needs to commence a further 14 days of quarantine when a person within a party or group is identified as positive for COVID-19, there should be an option to separate people – if they consent – at various points in the quarantine journey.

#### Option 1 – Parties stay together

A couple or family stay together and share a suite or room. If a person becomes positive, an extension of quarantine will be required on a tailored basis for the other persons.

#### Option 2 – Parties separate from the outset

A couple or family are separated from the outset. If a person becomes positive, the other parties do not need to recommence 14 days of quarantine.

#### Option 3 – Parties are separated once one person becomes positive

A couple or family separate into different rooms (with no contact thereafter) after a person becomes positive for COVID-19. The non-infected persons then start a new 14 day quarantine period, which is served at home once they complete the mandatory 14 day period in the hotel.

#### Option 4 – Parties stay together after one person becomes positive

The parties stay together. At the end of the 14 day period, they both leave to home isolation, and the non-infected persons commence a further 14 day quarantine period, as long as they separate in the house to which they go.

### Communication of these options to people in mandatory quarantine

The DHHS Team Leader should communicate these options to people at booking, with the default option being that parties stay together unless they indicate a preference to separate from the outset.

## Assessment during detention

Medical care should be available 24 hours a day to individuals in mandatory quarantine.

The need for medical care can be identified through the following channels:

- Via the daily welfare check (See Appendix 6- Welfare Survey)
- By the person contacting the concierge or nurse directly
- Nurse phone call to the individual
- The 1800 government services number (DJPR), the physical distancing hotline, the COVID hotline, or any other DHHS phone line
- Family members directly contacting the hotel/team/COVID quarantine inbox

Individuals in mandatory quarantine should be supported to contact their regular health care provider by phone or telemedicine if appropriate. In these instances, the healthcare provider should be provided with the contact details of the hotel nurse or GP so that the outcome of the assessment or management plan can be communicated with the medical team on site.

## Tiers of risk for people in mandatory quarantine for welfare checks

Individuals in mandatory quarantine will be triaged into three tiers of risk. The type of welfare check will depend on the tier the person falls into.

The following table is an initial framework for triaging the type and frequency of welfare check required:

**Table 1: Risk Characterisation for Welfare Checks**

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

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.

Individuals may be moved between risk tiers throughout their quarantine period as need dictates.

## Requirement for a welfare check

As part of the welfare check process, quarantined individuals should be provided with a satisfaction survey (available at **Appendix 6**) to complete each week. This satisfaction survey is more comprehensive than the regular daily welfare check. Any concerns raised on the survey should be escalated to the DHHS Team Leader for action.

Each individual in mandatory quarantine should receive a welfare check each day by a DHHS welfare officer (employee or contractor). A welfare check will allow people in detention to be assessed for medical and social issues. Concerns can be flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. Referrals to the nurse, social supports, mental health and other services can be made as a result.

Welfare checks are made from the DHHS welfare call centre by a DHHS welfare officer – the script for these checks is in **Appendix 6**)

## Smoking

Smoking is not permitted within the hotel rooms. The following actions should occur:

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smokers should be provided with the Quitline number to access telephone counselling - 13 78 48;
- People can also contact their regular general practitioner via telehealth for support;
- 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.

### Fresh air and exercise

Individuals in quarantine should have access to fresh air where feasible.

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

Exercise is important for physical and mental health, particularly in the mandatory quarantine environment. Requests for exercise equipment / yoga mats should be facilitated where possible, but equipment should be thoroughly cleaned and disinfected after use. Resources for exercise routines and yoga/meditation should ideally be provided to individuals in mandatory quarantine upon request.

### Alcohol and drugs

Alcohol is permitted within hotels. Excessive alcohol consumption should be discouraged and should not be facilitated.

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

- Request nurse or medical review.
- Provide numbers for support services.
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about acute alcohol withdrawal, confusion or mental state/mental illness, escalate for urgent medical review (consider calling 000).

**Note:** Alcohol should not be provided to persons who are under 18 years of age (including in the hotel room minibar).

### Nutrition and food safety (including allergies)

Individuals in quarantine should be provided with a well-balanced and plentiful diet, with options provided for those with specific dietary requirements.

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

If there are substantial concerns that someone is not eating, this should be flagged with the medical team, and appropriate review/referral arranged (e.g. for mental health assessment).

### Food allergies

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

Some form of marking or sign on the door should be used to indicate a person in the room has a significant allergy as a safeguard.

### Food safety process

Food safety questionnaires (along with the welfare questionnaire) should be distributed to individuals at the airport. Individuals with specific dietary requirements (who are eligible for this process) should be contacted and advised of the process for self-organising suitable meals (through uber eats and by submitting a claim following their stay). Uber Eats Drivers should drop meals off at the hotel, and security staff should deliver the meals directly to the requestors' rooms. The Uber Eats Driver/Rider should not drop the delivery to the person's room directly.

Please refer to the following documents for further details:

- Process for people with food allergies (Appendix 9)
- Meal order information for people with allergies (Appendix 10)
- Food safety questionnaire (Appendix 11)

### Care packages

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in mandatory quarantine. The reason for quarantine is to prevent risk of COVID-19 transmission from people in detention to other parties and does not mean a person needs to be prevented from receiving packages.

The care package should be provided to the hotel reception or other party for conveyance to the person in mandatory quarantine and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in quarantine without misdirection or tampering is essential. There is no public health reason for inspection of any care package.

### Safety and family violence

If there are concerns about family violence / the safety of women and children the following must occur:

- Arrange for separate rooms for the person to be assessed and access phone support services (separate rooms may also be indicated for the remainder of the quarantine period)
- Refer to CART
- Refer to phone support services
- Engage case worker to contact person and make an assessment
- Ensure the affected person has access to contact Victoria Police to report family violence or other safety concerns, if they chose

### Social and communications

- All residents should have access to **free** wifi/internet.

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

### Requests for exemption from mandatory quarantine

The types of situations where an exemption from mandatory quarantine is generally granted 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 safely accommodated in a hotel environment (eg mental health or require 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

In the above circumstances the passenger will either a) be released from quarantine if they were already detained or b) will be required to complete quarantine in another location (at home or in another facility) and be subject to quarantine monitoring and penalties.

### Negative permission/exemption outcomes

When a person submits a request for release from detention (temporary or permanent) that is denied/declined, a CART team support worker should be present (on the phone) to provide support (if the person consents to this, and if CART are already working with the person).

- The CART team can support the person before and after the exemption discussion with the doctor which is a separate discussion, in anticipation of some emotional distress upon hearing the outcome.
- The CART worker can help the person gain insight into the public health risk, understand the information they are receiving, and provide insight into what they can and can't do whilst they remain a public health risk.
- This will also inform the doctor/nurse and CART team of further risk management and support required for the person going forth.

### Temporary leave from mandatory quarantine

Permission for temporary leave from mandatory quarantine in hotels may be granted in the following circumstances:

- Attendance at a funeral
- Medical treatment
- Seeing family members who are about to pass away
- Smoking breaks where people are suffering extreme anxiety and where it is safe to do so from a public health and infection control perspective- see 'Smoking' above
- Exercise breaks for those suffering extreme anxiety and where it is safe to do so

Where health and welfare issues exist in any of the above cases, particularly in the case of extreme anxiety, the on-site health staff will assess individual and assist in providing recommendations as to the most appropriate supports for the individual.

### Assessment in preparation for exit

All persons departing mandatory quarantine will be offered a health check with a nurse 24-48 hours prior to exiting. This health check is voluntary. This will consist of questions about symptoms of COVID-19 and a temperature screening.

If a person screens positive on the health check:

- They will not be detained longer than the 14 day mandatory quarantine period
- A swab will be sent and they will be informed that they need to self-isolate after exiting, until the result of the swab is known
- If they do not have appropriate accommodation to self-isolate after release, they will be assisted to find such accommodation

If a person screens negative on the health check, no further action will be taken.

## Infection control and hygiene

### COVID floors/hotels

Each hotel should have a COVID-19 positive floor or area (a "RED ZONE"). Any person who is a confirmed case should be relocated to this area of the hotel when the test result is known. Appropriate signage, PPE and other consumables should be available at the entrance to this area of the hotel. Where there are large numbers of confirmed cases arriving on a flight, a COVID hotel may be considered. Where the infrastructure allows, suspected cases may also be moved to an area of the hotel away from well individuals.

### Personal protective equipment

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

PPE should be available at the hotel. Biohazard bags for waste disposal, and hand hygiene stations, should be available at the doffing section of the hotel.

PPE protocols should be available to all staff working in the hotels, so that there is clear instruction on what type of PPE to wear and in what circumstances, how to don and doff it, and how to dispose of it.

See Appendix 5- PPE advice for hotel-based healthcare workers

### Laundry

Staff may wear PPE when handling dirty laundry. Laundry should be washed on the highest possible setting and thoroughly dried before use. Staff should not overly handle the linen – it should be put straight into the washing machines. Staff should follow hand hygiene procedures after handling dirty linen.

## Cleaning

Though not directly medical care, all quarantined individuals have the right to a safe and comfortable room and environment. Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the quarantined individual with cleaning their room. In rare instances the quarantined individual may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the quarantined individual is not capable of doing so themselves. Any persons for whom there is a concern about room hygiene and safety should be flagged to the team leader.

Please refer to the department document 'Cleaning and disinfecting to reduce COVID-19 transmission'.

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

## Room sharing

### Well persons

In instances where two or more well people who are not suspected or confirmed cases of COVID-19 wish to share a room in advance of check-in at the hotel, this can be facilitated. 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.

If a request to share a room is made after an initial period in separate rooms, they should be informed that this may increase their risk of infection with COVID-19 if the other person is incubating the infection, and that COVID-19 infection may result in serious illness and death in some cases. They should also be informed, as above, that such an arrangement may have implications for the amount of time they are required to quarantine for if their roommate goes on to develop infection. If the persons still insist, then it must be documented in the Dynamic CRM Database that the risks have been discussed with them (e.g. by a nurse), before facilitating this request.

### COVID discordant couples

In instances where one person in a room share situation is identified as a confirmed case and the other person is asymptomatic or has a negative COVID-19 test, the confirmed case should self-isolate in a separate room away from the person who does not have COVID-19. The 14-day quarantine period (but not the mandatory detention period) for the COVID-negative person starts from their last contact with the confirmed case during the confirmed case's infectious period. This may mean that they need to self-quarantine for an additional number of days after the mandatory detention period ends, but they may do this in their own home or in alternate accommodation, not in detention. The self-isolation arrangements for the confirmed case are outlined in the section below ("Exit arrangements for confirmed COVID-19 cases").

# COVID-19 in people in mandatory quarantine

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

### Overall actions

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE**.
- A designated COVID-19 hotel should be available when there are large numbers of cases coming off flights (e.g. high risk repatriation flights with a high burden of suspected or confirmed COVID-19).

### Personal protective equipment (PPE)

See Appendix 5- PPE advice for hotel-based healthcare workers

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

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

### Current infectious cases

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

### Recovered cases

- In the situation that an individual states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.

- The onus on the individual to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- The department will decide on a case-by-case basis whether evidence from other sources (from testing done overseas) can be considered sufficient proof to inform clinical and public health decision-making.
- If they meet the criteria for release from isolation (see below) and the testing and medical reports provided are considered sufficient by the department, they may be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation.

## Release from isolation

### Criteria for release from isolation

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

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

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

### Process for release from isolation

As per the DHHS guidelines for health services and general practitioners (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 [COVID.quarantine@dhhs.vic.gov.au](mailto: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.

If a confirmed case is due for release from mandatory quarantine but does not yet meet the department's criteria for release from isolation, they will not be detained longer than the 14-day quarantine period. They will be released from detention at the agreed time, but will be subject to the Isolation (Diagnosis) Direction and 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.

## Exit planning for individuals with confirmed COVID-19

### Non-emergency ambulance transport

When a confirmed case of COVID-19 who is considered still infectious but is stable is assessed as appropriate for transition to isolation in their home, Ambulance Victoria will be requested by the DHHS Team Leader for mandatory quarantine to provide non-emergency patient transport for that person to a destination in Victoria that is the assessed appropriate home isolation location.

If there are multiple persons to be transitioned to home isolation on the same day, subject to compliance-related logistics being able to be handled and any privacy considerations being met, it is permissible for two or more potentially infectious confirmed cases of COVID-19 to be transported together in one NEPT, i.e. to cohort confirmed cases

### Exit arrangements

The following table documents the exit management plans for quarantined individuals in different scenarios.

| Scenario   | Exit plan   |
|--|---|
| Well person who has served 14 days of quarantine   | <ul style="list-style-type: none"> <li>Can leave – gets end of detention notice (universal version).</li> </ul>   |
| Confirmed case of COVID-19 who has met criteria for release from isolation (i.e. is declared no longer infectious)                                   | <ul style="list-style-type: none"> <li>Can leave – must not be prevented from leaving if the AO is aware they are cleared and the person demands to leave – they are non-infectious and therefore not a public health risk.</li> <li>Gets clearance from isolation letter from PHC (as per Isolation (Diagnosis) Direction).</li> </ul>   |
| Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days   | <ul style="list-style-type: none"> <li>Must stay in detention.</li> </ul>   |
| Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period                              | <ul style="list-style-type: none"> <li>Can leave detention but is now subject to the Isolation (Diagnosis) Direction.</li> <li>Safe travel should be arranged by the authorised officer at the hotel via the Operations Soteria EOC to place of home isolation in Victoria (mask, stay separate, go straight to home; but preferred travel by non-emergency patient transport with PPE'd ambulance officers)</li> <li>Not permitted to travel interstate or to fly domestically but no detention order is needed to prevent that (in keeping with all other confirmed cases)</li> <li>If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified</li> </ul> |
| Well close contact of a confirmed case of COVID-19 (i.e. roommate at hotel), where the roommate has reached the end of their 14 day detention period | <ul style="list-style-type: none"> <li>Case and Contact Sector to do assessment, assign a new 14 day period (from date of last contact with infectious case) and issue a requirement to quarantine until that 14 days ends – factsheet, lodge new date in PHESS, reverting person to effective close contact status</li> </ul>  |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• No detention order required, and no legal order preventing flying, but must be advised by case and contact management sector not to fly and that they need to quarantine</li> <li>• If lives interstate, the authorised officer at the hotel can arrange via the Operations Soteria EOC a hotel if a person would otherwise be homeless.</li> </ul> |
| <p>Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period.</p> | <ul style="list-style-type: none"> <li>• Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation).</li> <li>• EOC should follow-up result to convey result (as DHHS oversaw this testing so is obliged to follow-through).</li> </ul>  |

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## Exit arrangements for 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 a safe 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.

## Reporting / escalating concerns

### Principles

- Decisions about medical care should be left to the nurses and doctors and should not be determined by any other staff.
- In any emergency situation, the priority is to call 000 before notifying any other managing or governing figure.
- If there is any doubt over whether an issue or concern should be escalated to senior management, escalate the concern.

### Clinical escalation

This is described in **Appendix 3- Clinical escalation/referral pathway**.

### Escalation for mental health concerns

#### Chain of escalation for mental health concerns and issues

The following table indicates the chain of escalation for concerns about the mental health of people in mandatory quarantine.

| Situation   | Responded to by  | Escalated to                              | Reported to  |
|---|--|---|--|
| Non-urgent mental health concern                              | Nurse or GP<br>Regular healthcare provider by telemedicine   | Mental health nurse<br>Psychiatric triage | Medical lead<br>General practitioner                           |
| Repeated mental health concerns / acute mental health concern | Mental health nurse or GP, urgent review<br>Psychiatric triage urgent review<br>Daily physical welfare review thereafter | Ongoing mental health nurse management    | Welfare lead<br>Medical lead<br>Compliance lead                |
| Risk of self-harm / serious mental health concerns            | Immediately phone 000 →<br>Emergency Department<br>Call GP/nurse to attend urgently                                      | Emergency inpatient tertiary care         | Welfare lead<br>Team leader<br>Medical lead<br>Compliance lead |

|  |  |  |                                |
|--|--|--|--------------------------------|
|  |  |  | Deputy Public Health Commander |
|--|--|--|--------------------------------|

### Specific events to escalate

The following mental health-related events or situations should lead to an escalation to the Deputy Commander - Welfare at EOC who will also notify the Deputy Public Health Commander:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required.

### Escalation for medical reasons

An escalation flowchart is at **Appendix 3**.

### Nurse or doctor to escalate

In the following circumstances, the nurse / general practitioner should call the DHHS Team Leader:

- There is any practical issue arising from the medical consultation that needs the assistance of DHHS;
- A patient needs to access an alternative medical or welfare service such as mental health nursing, a medical specialist or acute hospital care;
- A patient needs to be admitted to hospital in an emergency;
- A patient has suffered any form of life-threatening injury or health event;
- A patient has died.

### DHHS Team Leader to escalate

The following concerns or events must be escalated by the DHHS Team Leader to the Deputy Commander - Welfare at EOC within one hour during business hours, or Operation Soteria Deputy Commander Reception after hours, who will also notify the Deputy Public Health Commander within two hours:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required;
- A serious act of non-compliance;
- An acute medical deterioration;
- Any hospital admission or emergency transfer to hospital;
- A serious risk to the health and safety of a person in mandatory quarantine (or a staff member);
- Serious illness/harm/injury (including assault) to a person in mandatory quarantine;
- A severe allergic reaction (anaphylaxis);
- A death.
- An unauthorised absence from mandatory detention (a missing person)
- A fire or other emergency in a hotel;
- A potential outbreak of COVID-19 or another infectious disease

See also Appendix 4- **Chain of command re detainee with physical/mental health issue**

## Daily health and welfare report to Public Health Commander

A daily health and welfare report should be provided to the Deputy Public Health Commander for Physical Distancing by the Deputy Commander Welfare. This is to ensure oversight and accountability for the mandatory quarantine process. This report should include but is not limited to the following:

- Total number of people in mandatory detention
- Total number of confirmed COVID-19 cases (cumulative and new)
- Total number requesting exemptions to leave mandatory quarantine (temporary and permanent)
- The number of persons in mandatory detention receiving:
  - A nurse review
  - A mental health assessment
  - A GP review
  - Referral to hospital
  - A 000 call
- The number of persons awaiting:
  - A mental health assessment
  - A GP review
- The number of persons in the following groups:
  - Significant psychiatric history - mild/moderate/severe mental health issues (as per the risk stratification)
  - Serious/life-threatening medical conditions (e.g. anaphylaxis, stage 4 cancer)
  - Age < 16 years or > 70 years
  - Pregnant women
- The number of calls from the hotels to:
  - 000
  - VicPol
  - Other DHHS phone lines
- The number of risk incidents logged in the database.
- Other major concerns flagged.

## Audit

### Healthcare audit

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. This should be reported to the EOC Commander and Deputy Public Health Commander. The audit process may consist of, but is not limited to, the following:

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

### Welfare audit

Audit of welfare procedures should be performed by the Welfare Lead at the EOC on a regular basis. The audit process may consist of:

- Review of weekly satisfaction surveys;
- Feedback from staff;
- Audit of welfare check calls (review of a sample of recorded calls).

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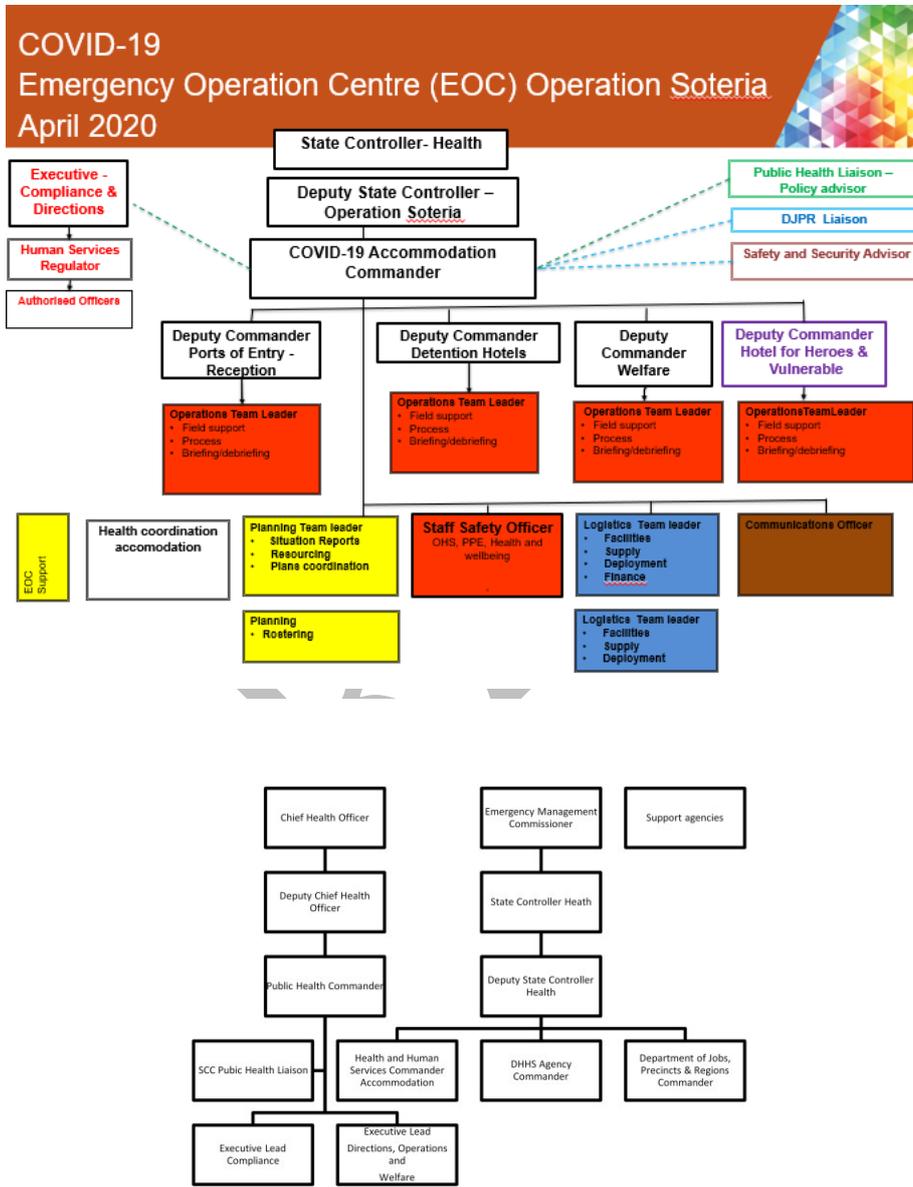
## Appendices

### List of appendices currently attached

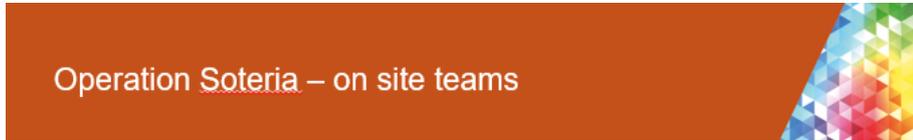
1. EOC Operation Soteria governance flowchart
2. Operation Soteria on site teams
3. Clinical escalation/referral pathway
4. Chain of command re detainee with physical/mental health issue
5. PPE advice for healthcare workers in hotels
6. Welfare survey
7. Ambulance transfer flowcharts
8. Hospital and Pharmacy contacts for each hotel
9. Food safety factsheet- process for people with food allergies,
10. Meal order information for people with food allergies
11. Food Safety Questionnaire

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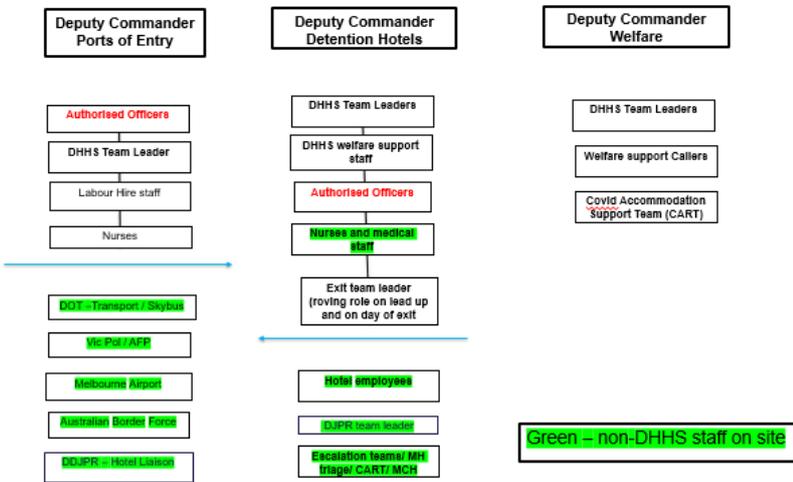
Appendix 1 - Governance



Appendix 2 – Operation Soteria on site teams

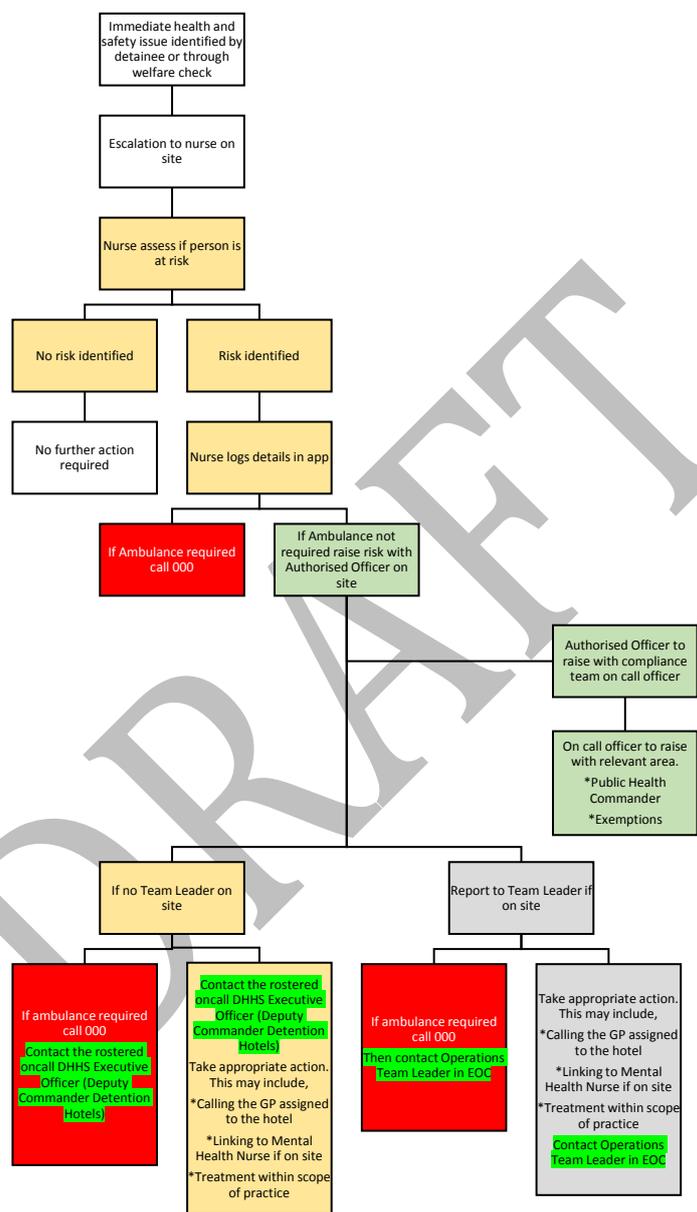


Operation Soteria – on site teams

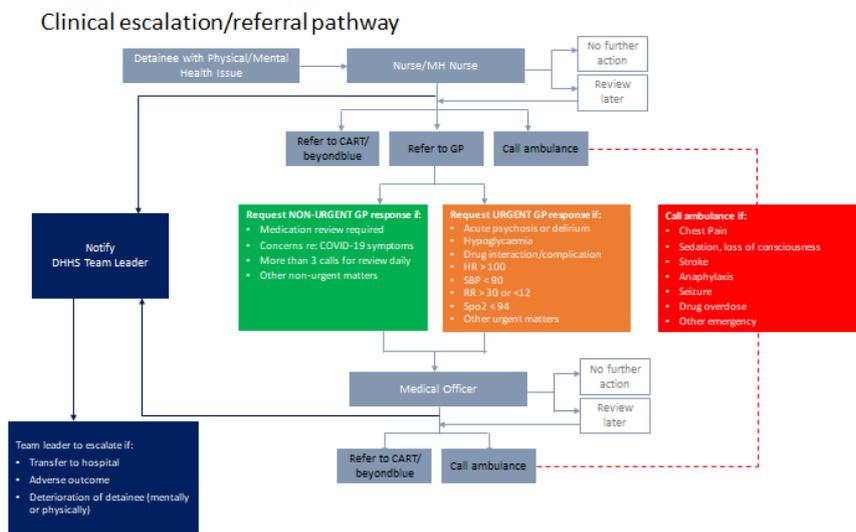


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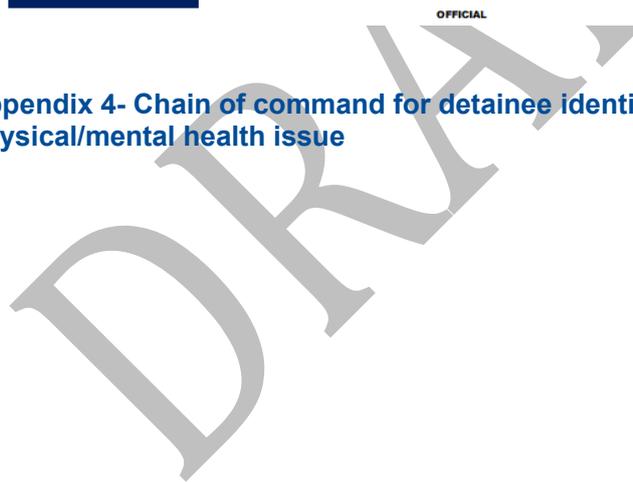
## Appendix 2 – Escalation Process



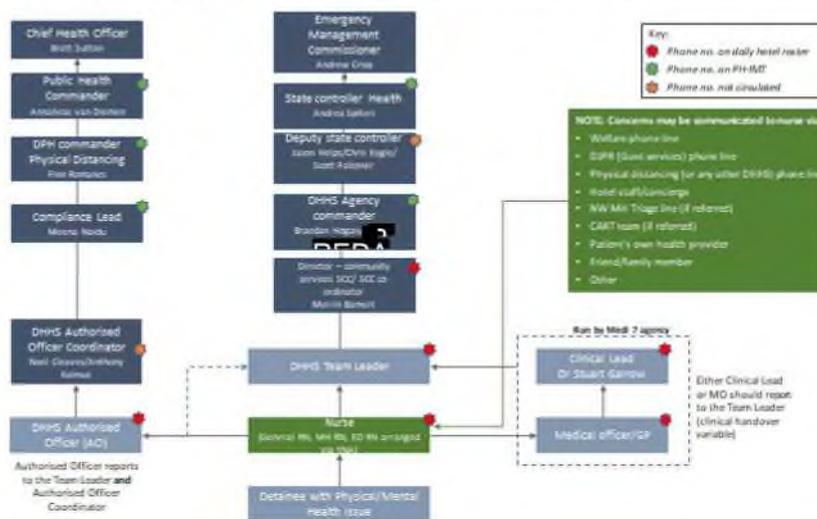
### Appendix 3- Clinical Escalation/Referral Pathway



### Appendix 4- Chain of command for detainee identified as having physical/mental health issue



Chain of command re: Detainee Physical/Mental Health Issues



Appendix 5- PPE advice for hotel-based healthcare workers

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

Adapted from: Infection Prevention Australia

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

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

| Setting  | Target personnel or patients or clients | Activity   | Type of PPE or procedure   |
|--|---|--|--|
| Hotel quarantine floor<br><br>Not entering the client/s room or having direct contact with client/s. | Health care worker                      | Telephone or online triage to check for recent change in condition or development of symptoms. No direct client contact. | No PPE   |
|  | Health care worker                      | Any visit  | Maintain physical distance of at least 1.5 meters. When physical distance is not feasible and yet no patient contact, use surgical face mask and eye protection. |

| Setting   | Target personnel or patients or clients   | Activity  | Type of PPE or procedure   |
|---|---|---|--|
| <b>Perform hand hygiene before and after every client contact</b>   | Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath) | Doorway indirect contact by HCW   | <u>Surgical face mask</u><br>Eye protection<br>Gown<br>Gloves<br>Request client/s to wear surgical face mask if tolerated and remind client to perform hand and respiratory hygiene  |
|   | Patients/clients <u>without symptoms</u> suggestive of COVID-19                               | Doorway indirect contact by HCW (e.g. taking electronic temperature)                              | <u>Surgical face mask</u><br>Eye protection<br>Perform hand hygiene and have the patient/client perform hand hygiene and wear a <u>surgical face mask</u>  |
| <b>Client/s room</b><br><b>Entering the client/s room</b>   | Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath) | Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures | Ask client/s to wear a surgical face mask if tolerated<br><u>Surgical face mask</u><br>Gown<br>Gloves<br>Eye protection (goggles or face shield)   |
| Examples of aerosol generating procedures include:<br>Collecting nasopharyngeal swabs<br>Cardiopulmonary resuscitation<br>Nebulisation of medication<br>Intubation<br>Suctioning airways<br><br><b>Perform hand hygiene before and after every client contact</b> | Patients/clients <u>without symptoms</u> suggestive of COVID-19                               | Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures | Ask client/s to wear a surgical face mask if tolerated<br><u>Surgical face mask</u><br>Gown<br>Gloves<br>Eye protection (goggles or face shield)   |
|   | Any client - confirmed or unconfirmed COVID-19 case   | Providing direct care to in the <u>presence</u> of aerosol generating procedures                  | <u>Respirator N95/P2 standard</u><br>Gown<br>Gloves<br>Eye protection<br>Maintain physical distance of at least 1.5 meters.<br>Ask client/s to wear a <u>surgical face mask</u> if tolerated<br>Immediately move the client to a separate room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1.5 meters from other household/room members.<br>Perform hand hygiene and have the patient perform hand hygiene |

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

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

**Compliance & Welfare Management System (applies to Welfare Survey below)**

Release Notes: 17/04/2020

The following is a summary of key changes included this release:

|   | <b>Area</b>    | <b>Change</b>   | <b>Application</b>        |
|---|----------------|---|---------------------------|
| 1 | Welfare Survey | Change made to wording and flow of existing health question: <ul style="list-style-type: none"> <li>• “Have you been seen by a nurse today?”<br/>– default: NO, if the answer is yes, then it pops up a box: “reason why”</li> <li>• “Have you been seen by a nurse on another day?”<br/>– default: NO, if the answer is yes, then it pops up a box: “reason why”</li> </ul>                  | Welfare Management System |
| 2 | Welfare Survey | Change made to an existing health question: <ul style="list-style-type: none"> <li>• “Are you a lone occupant in your hotel room?”</li> </ul> Sibling and Other (eg. Friend) are now selectable options.  | Welfare Management System |
| 3 | Welfare Survey | Change made to an existing health question: <ul style="list-style-type: none"> <li>• “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?”</li> </ul> A text field has been added to notes, in addition to the current selectable options. | Welfare Management System |
| 4 | Welfare Survey | Change made to an existing final question: <ul style="list-style-type: none"> <li>• Existing questions “Do you have any other needs that we may be able to help you with?”, “Do you have any other concerns” have been merged to one question.</li> </ul> “Do you have any other needs or concerns that we may be able to help you with?”   | Welfare Management System |
| 5 | Welfare Survey | Change made to wording of existing health questions: <ul style="list-style-type: none"> <li>• “Do you, or anyone in your group (including children) have any immediate health concerns?”</li> <li>• “What sort of things that help you to live well every day before COVID-19? For example, do you exercise every day, do you eat at the same time every day?”</li> </ul>                     | Welfare Management System |
| 6 | Welfare Survey | Change made to wording of an existing wellbeing question: <ul style="list-style-type: none"> <li>• “What kind of things have you been doing to occupy yourself while you’re in quarantine, e.g. yoga, reading books, playing games, playing with toys?”</li> </ul>  | Welfare Management System |

## Appendix 6– Welfare Survey

### Survey questions – daily check-in

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

### Script

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

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|  |

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

There are 23 questions in total, and it should take only a few minutes to go through these with you.

When you answer, we would like to know about you as well as any other occupants in your room.

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

### Introductory questions

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

|  |
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|  |
|  |

2. Are you a lone occupant in your hotel room? Yes/No if No:  
5. 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

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**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?

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|  |
|  |

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)?

|  |
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|  |
|  |

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

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

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

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

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10. Are you keeping up regular handwashing?

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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?

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**Safety questions**

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

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

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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?

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*If the person answers yes to either question 10 or the one above, you could say:*

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

If yes...

2. 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?

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

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

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

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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?

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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?

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**Final**

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

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

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23. Do you have any other concerns?

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**End of survey**

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

**Office use only**

8. Referral details

|                           |  |
|---------------------------|--|
| Nurse                     |  |
| Authorised officer        |  |
| Complex Client Specialist |  |
| Other                     |  |

9. NOTES:

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**10. 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)

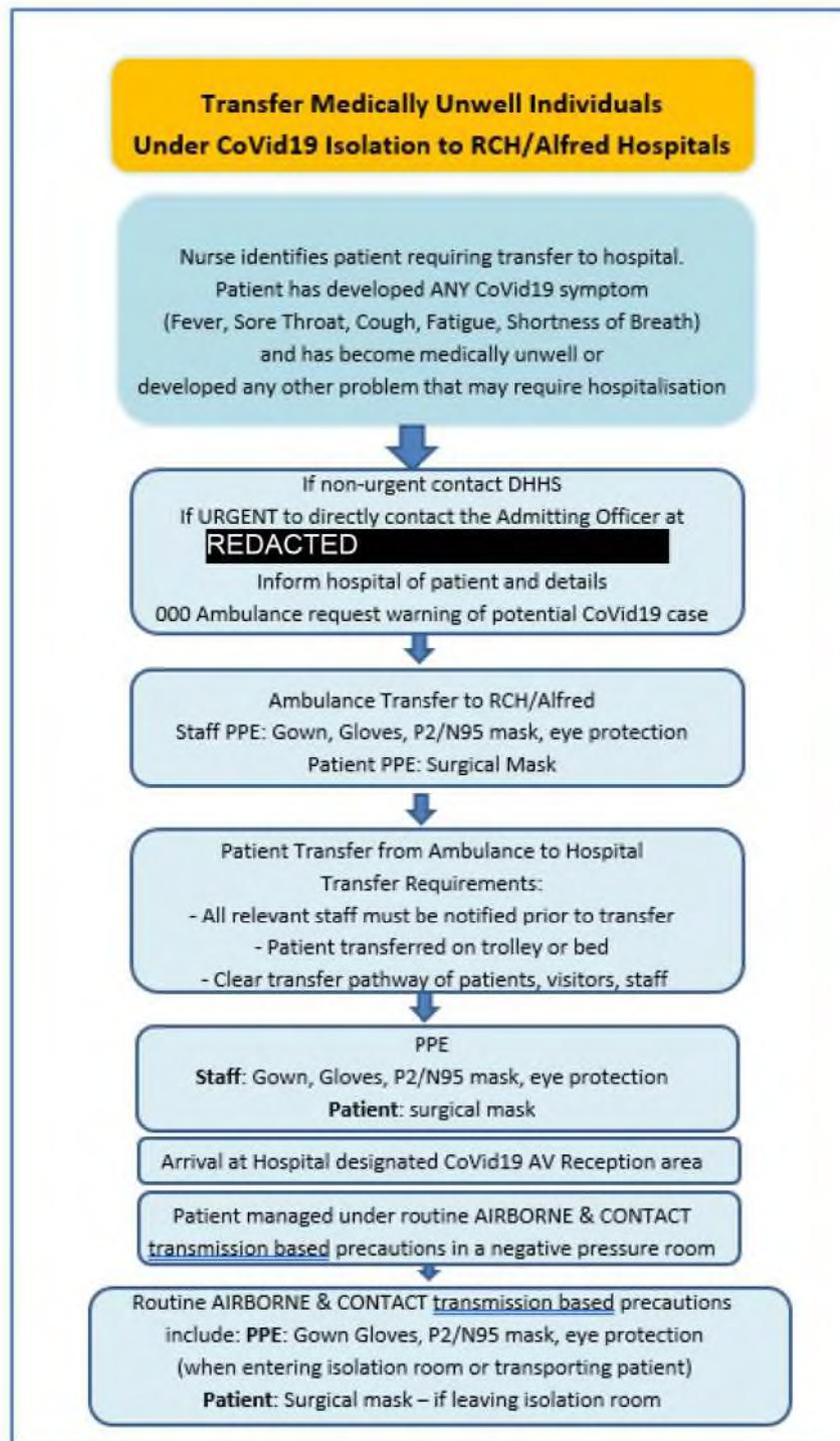
Safe word documented

Make note of mobile number or if they don't have one.

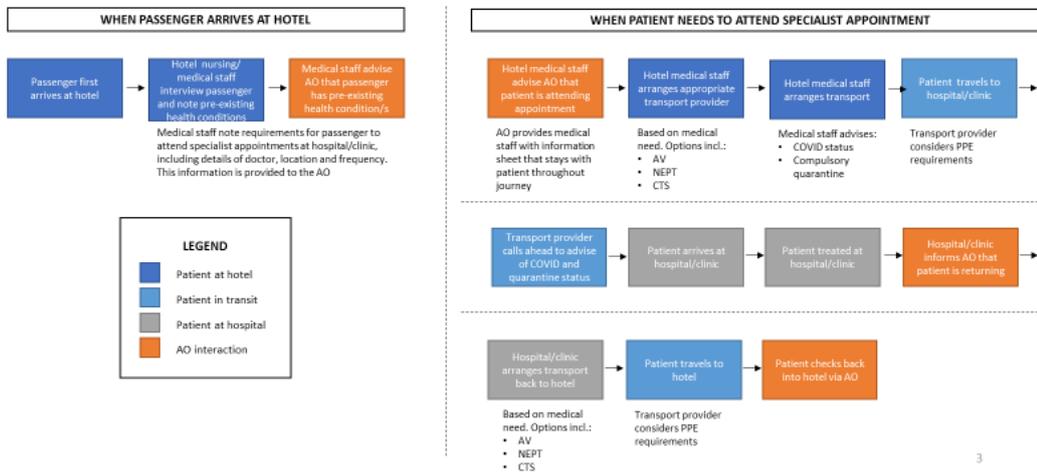
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**Appendix 7- Ambulance transfer flowcharts**

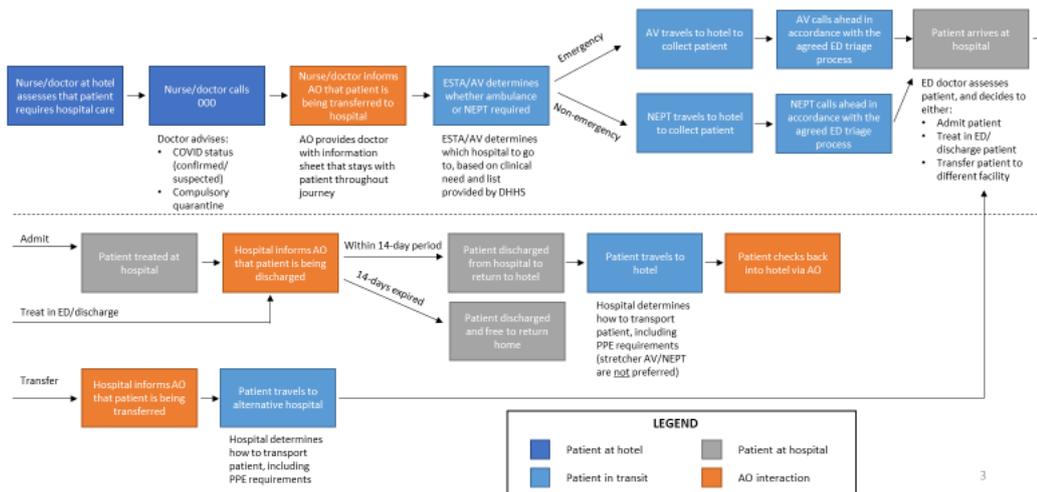
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## Process to transfer passengers to hospital (planned)



## Process to transfer passengers to hospital (unplanned)



**Appendix 8- Hospital and Pharmacy contacts for each hotel**

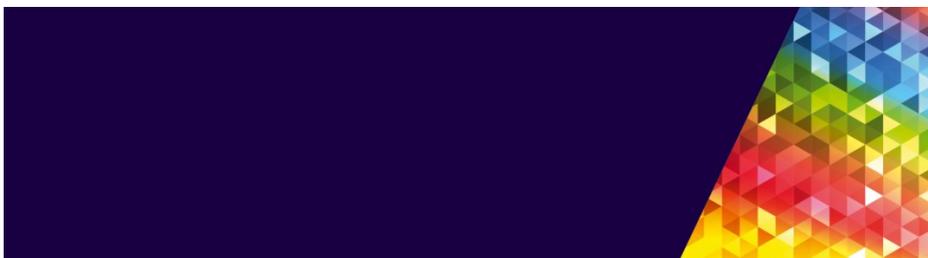
| Hotel  | Pharmacy and contact person    | Pharmacy phone | Pharmacy email | Hospital   | Hospital ED phone | Hospital MH phone | Hospital liaison name and number        |
|--------|--------------------------------|----------------|----------------|------------|-------------------|-------------------|---|
| Crowne | Southgate pharmacy<br>REDACTED | REDACTED       | REDACTED       | The Alfred | REDACTED          |                   | REDACTED<br>ED unit manager<br>REDACTED |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |

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## Appendix 9- Process for people with food allergies

COVID-19 – Hotel isolation:

Process for people with food allergies



Upon arrival at Melbourne Airport, passengers will be provided with two questionnaires that must be completed and handed in to DHHS staff at the hotel on arrival. These questionnaires are:

- Welfare questionnaire
- Food safety questionnaire

For airport staff

Please ensure that arriving passengers are provided with both forms and are instructed to complete one form for every passenger prior to arrival at their hotel.

For hotel staff

Passengers arriving at the hotel will be in possession of two completed questionnaires and these should be handed in to DHHS Team Leader at the hotel on arrival:

- a welfare questionnaire
- a food safety questionnaire

The DHHS Team Leader will liaise with the hotel and request 3 copies of each questionnaire for distribution to the following:

- o The ED Nurse at the hotel
- o The hotel
- o The Authorised Officer at the hotel
- o The original should be kept by the DHHS Concierge Team Leader

Food Safety Questionnaire - IMPORTANT

DHHS Team Leaders should check all Food Safety questionnaire forms and identify those where a person has answered 'Yes' to Question 1 or 4. In these cases the individual should be contacted and advised that we cannot guarantee the dietary needs can be met by the hotel and therefore the department asks that the guest

purchase food consistent with their dietary needs using the Uber Eats online service. The DHHS Team Leader will also advise the hotel Duty Manager regarding the arrangement so they can coordinate this with the hotel kitchen.

Individuals are permitted to purchase meals up to the value of:

- o \$20 per meal for breakfast
- o \$25 per meal for lunch
- o \$40 per meal for dinner.

Guests who are advised to purchase meals through Uber Eats must be advised to purchase meals using their own funds but retain receipts for all purchases to enable reimbursement by the Victorian Government. They should be provided with the reimbursement form at Attachment A and advised to return this form to the Department of Health and Human Services within 60 days of the end of their isolation period at the hotel. Only people who answer 'Yes' to Question 1 or 4 on the Food Safety questionnaire are permitted to purchase food in this way, and have it paid for by the department.

Under individual arrangements at hotels, other individuals may be permitted to purchase meals through an outside service if the hotel kitchen is unable to fulfil their specific dietary needs. In these cases however, the guest will not be reimbursed for the cost of the meal.

The Department of Justice, Precincts and Regions has put in place arrangements across all hotels to permit Uber Eats drivers to deliver food to the hotel and for security staff to assist in the delivery of meals to rooms.

Reconciliation of reimbursement forms will be made against the Food Safety questionnaire when receipts are received to ensure only those eligible for reimbursement will be reimbursed.

#### Questions

Why not pay direct to a DHHS set-up account?

- There is a risk that the account details will be released beyond those authorised to use it and significant purchases will be made using the department's account. There is no way to control purchases once this account number gets out and if the purchasing becomes excessive the only control would be to shut the account down.

Why not have the Concierge Team Leader make the purchases on behalf of people?

- There is no way of knowing the volume of people who may need to book through Uber Eats and therefore the logistical demands on Team Leaders may simply be too large to effectively manage.

- Concierge Team Leaders may be held unfairly responsible for any errors that may be made in purchases. Responsibility for correct purchasing should remain with the individual consumer.

## ATTACHMENT A

## COVID-19 – Victorian Hotel Isolation

## Reimbursement Form for meal purchases

|   |    |
|---|----|
| Name:                                   |    |
| Hotel:                                  |    |
| Room Number:                            |    |
| Date Checked-in:                        |    |
| Date Checked-out:                       |    |
| <b>Breakfast</b>                        |    |
| Total number of breakfasts to reimburse |    |
| Total value of breakfasts to reimburse  | \$ |
| <b>Lunch</b>                            |    |
| Total number of lunches to reimburse    |    |
| Total value of lunches to reimburse     | \$ |
| <b>Dinner</b>                           |    |
| Total number of dinners to reimburse    |    |
| Total value of dinners to reimburse     | \$ |
| <b>TOTAL</b>                            |    |
| Total Claim Amount                      | \$ |

Bank Account details (for reimbursement purposes):

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts. The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:



Emergency Management Branch

Department of Health and Human Services

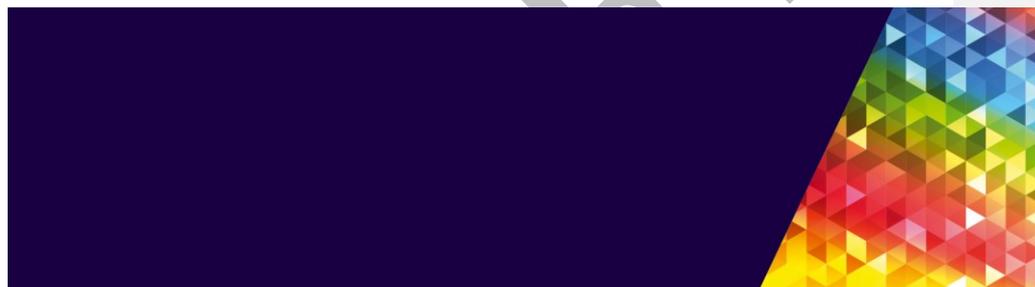
Level 16, 50 Lonsdale Street

Melbourne, 3000

## Appendix 10- Meal order information for people with food allergies

### COVID-19 – Hotel isolation:

#### Meal order information for people with food allergies



Thank you for completing the Food Safety questionnaire form and advising the department of your food allergy.

The hotel and government cannot guarantee that your dietary needs can be met by the hotel. Those with food allergies will need to purchase food consistent with their dietary needs using the UberEats online service, as suitable hotel catering will not be available.

This information sheet will provide you with information about how to order meals through UberEats, the amounts reimbursable for meals and the process for reimbursement. **Please note that you will be responsible for purchasing meals that meet your dietary requirement and the hotel and government accept no liability if the meals do not meet those requirements.**

The DHHS Team Leader will advise the hotel Duty Manager regarding this arrangement so they and the hotel kitchen are aware you will be sourcing your own meals.

To make an order through UberEats, download the application on the Apple store (for iPhone) or Google Play store (for Android). Create your account and place your order as appropriate. Issues with the app can be supported through UberEats customer support line - 1300 091 272.

Guests are permitted to purchase meals up to the value of:

- \$20 per meal for breakfast
- \$25 per meal for lunch
- \$40 per meal for dinner.

Guests who will be purchasing meals through Uber Eats must purchase meals using their own funds but **retain receipts** for all purchases to enable reimbursement by the Victorian Government. A reimbursement form is attached at Attachment A. You should return this form and all original receipts to the Department of Health and Human Services within 60 days of the end of your isolation period at the hotel.

Please note only those individuals who have declared a food allergy at the beginning of their stay and have been approved to use this process will be permitted to purchase food through UberEats and have it reimbursed by the department.

The Department of Jobs, Precincts and Regions has put in place arrangements across all hotels to permit UberEats drivers to deliver food to the hotel. Security staff will receive meals from UberEats drivers and deliver directly to your room.

Thank you for your understanding. If you have any questions about this process, please direct to the DHHS Team Leader located at your hotel.

#### ATTACHMENT A

#### COVID-19 – Victorian Hotel Isolation Reimbursement Form for meal purchases

|   |    |
|---|----|
| Name:                                   |    |
| Hotel:                                  |    |
| Room Number:                            |    |
| Date Checked-in:                        |    |
| Date Checked-out:                       |    |
| Breakfast                               |    |
| Total number of breakfasts to reimburse |    |
| Total value of breakfasts to reimburse  | \$ |
| Lunch                                   |    |
| Total number of lunches to reimburse    |    |
| Total value of lunches to reimburse     | \$ |
| Dinner                                  |    |
| Total number of dinners to reimburse    |    |
| Total value of dinners to reimburse     | \$ |
| TOTAL                                   |    |
| Total Claim Amount                      | \$ |

*Bank Account details (for reimbursement purposes):*

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts.

The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:

Emergency Management Branch  
Department of Health and Human Services  
Level 16, 50 Lonsdale Street  
Melbourne, 3000

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## Appendix 11- Food Safety Questionnaire

### Food Safety Questionnaire

To be provided to DHHS Team Leader at hotel once completed



This form needs to be completed for each individual staying at a hotel under quarantine in Victoria (i.e. children staying with parents should have their own form). Completed forms should be provided to DHHS staff member.

Name: \_\_\_\_\_ Room number: \_\_\_\_\_

Contact number ph: \_\_\_\_\_

Q1. Do you have anaphylaxis?

- Yes (please indicate)  
 Single allergen  
 Multiple allergens  
 No, go to Q4

Q2 Do you have an EpiPen (in date) with you?  Yes  No

Q3. Is your anaphylaxis caused by food?  Yes (please specify)  no (please specify below)

- sulphites  
 cereals containing gluten (wheat, rye, barley, oats, spelt & their hybridised strains)  
 crustacea  
 egg  
 fish  
 milk  
 peanuts  
 soybeans  
 sesame seeds  
 lupin  
 tree nuts (please indicate)  almonds  
 brazil nuts  
 cashews  
 chestnuts  
 hazelnuts  
 macadamia nuts  
 pecans  
 pine nuts  
 pistachios  
 shea nuts  
 walnuts  
 Other food/cause (please specify): \_\_\_\_\_

Q4. Have you ever experienced a reaction after eating food and needed to take medication, like Ventolin or antihistamines?

- Yes (please specify food/s): \_\_\_\_\_  No

**If you answered yes to any of the above these details, hotel catering may not be able to meet your requirements and we will provide further information.**

Q5. Do you have a medically prescribed modified diet (please specify diet required)?

- No  
 Coeliac disease \_\_\_\_\_  
 Crohn's disease \_\_\_\_\_  
 Diabetic \_\_\_\_\_  
 Other condition (please specify): \_\_\_\_\_

Q6. Do you have a medically diagnosed food intolerance?

- No  
 Lactose  
 Fructose  
 Other food (please specify): \_\_\_\_\_

Q7. Do you have a non-diagnosed food intolerance? (e.g. never good after eating onions)

- No  
 Food/s (please specify): \_\_\_\_\_

Q8. Do you have any dietary preferences?

- No  
 vegetarian  
 vegan  
 gluten free by preference  
 low fodmap diet  
 halal  
 kosher  
 other (please specify): \_\_\_\_\_

Please note this information may be provided to the hotel, catering services, on-site nurses and Authorised Officers.

## RE: Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

**From:** "Meena Naidu (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=7e73595a7c7040b5bdcc9dc8ae7b6d00-mnai2504">  
**To:** "Finn Romanes (DHHS)" REDACTED "Pam Williams (DHHS)" REDACTED  
**Cc:** "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>, "Simon Crouch (DHHS)" REDACTED, "Annaliese Van Diemen (DHHS)" REDACTED, "Brett Sutton (DHHS)" REDACTED, "Claire Harris (DHHS)" REDACTED, "Euan Wallace (DHHS)" REDACTED  
**Date:** Sat, 18 Apr 2020 23:02:11 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.09 MB)

Hi all

Apologies for the delay. Please find attached the compliance plan. It still requires a bit of work to clean it up but did not want to delay distribution further.

Kind regards  
 Meena

### Meena Naidu

**Lead Executive – COVID-19 Compliance**  
**Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
 Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

Marie Kavadas

p: 03 9096 5251 | e: [Marie.Kavadas@dhhs.vic.gov.au](mailto:Marie.Kavadas@dhhs.vic.gov.au)



**From:** Finn Romanes (DHHS) REDACTED  
**Sent:** Saturday, 18 April 2020 10:54 PM  
**To:** Pam Williams (DHHS) REDACTED  
**Cc:** SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>; Simon Crouch (DHHS) REDACTED; Meena Naidu (DHHS) REDACTED; Annaliese Van Diemen (DHHS) REDACTED; Brett Sutton (DHHS) REDACTED; Claire Harris (DHHS) REDACTED; Euan Wallace (DHHS) REDACTED  
**Subject:** Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

Dear Pam and Chris / Deputy State Controller – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin,

that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through Cameron/Jenny that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by Deputy State Controller Health – Operation Soteria for awareness and any comments and endorsement.

Can you / Chris take it from here?

Kind regards

Finn

Dr Finn Romanes  
Public Health Commander  
Novel Coronavirus Public Health Emergency

**REDACTED**

Department of Health and Human Services  
State Government of Victoria

# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

15 April 2020 Version 1

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

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

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Available at [insert web site or web page name and make this the live link <web page address>](#)

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# Purpose

This purpose of this document is to:

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

## Processes may be subject to change

It is acknowledged that the covid-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.

To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.

This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

## Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

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

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

## AO Operational contacts

For URGENT operational advice contact the on call (as per the roster) DHHS Compliance management.

| DHHS Compliance lead | Title  | Contact details |
|----------------------|--|-----------------|
| Anthony Kolmus       | AO Operational Lead<br>COVID-19 Compliance Cell<br>Regulation, Health Protection and Emergency Management<br>Department of Health and Human Services   | REDACTED        |
| REDACTED             | AO Team Leader<br>COVID-19 Compliance cell<br>Regulation, Health Protection & Emergency Management Division<br>Department of Health & Human Services   | REDACTED        |
| Noel Cleaves         | AO Team Leader Regulation, Health Protection & Emergency Management Division<br>Department of Health and Human Services                                | REDACTED        |
| REDACTED             | AO Team leader<br>COVID-19 Compliance Cell<br>Regulation, Health Protection & Emergency Management Division<br>Department of Health and Human Services | REDACTED        |

## At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

**Table 1 Roles and responsibilities of staff at hotels**

| Role   | Responsibility   | Authority  |
|--|--|--|
| <b>Authorised Officers under the <i>Public Health and Wellbeing Act 2008</i> at airport and hotels</b> | <p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention).</li> </ul> <p>AOs are required to keep records (written or electronic) of compliance and other issues they become aware of.</p>  | <p><i>Public Health and Wellbeing Act 2008</i> s199</p> <p>Direction and Detention Notices (No 1 and No 2)</p> |
| <b>Hotel site lead</b>   | <ul style="list-style-type: none"> <li>Supports the health and well-being of staff,</li> <li>Liaises with airport command and staff from other departments and agencies represented at the hotel</li> <li>Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations</li> <li>Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required</li> <li>Ensures appropriate records management processes are in place.</li> </ul> |  |
| <b>Medical staff</b>   | <ul style="list-style-type: none"> <li>Provide 24 hour on-call medical support subject to demand</li> <li>Provide welfare to detainees through a daily welfare check — welfare officers email <a href="mailto:\COVIDQuarantine@dhhs.vic.gov.au">\COVIDQuarantine@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues</li> <li>Provide a satisfaction survey for residents to complete each week.</li> </ul>   | Contracted by DHHS.  |

|                                   |   |  |
|-----------------------------------|---|--|
| <b>Department and hotel staff</b> | <ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs</li> <li>• Deliver hyper-care (concierge) services onsite</li> <li>• Manage contracts with accommodation providers</li> <li>• Manage transport arrangements from the airport and other locations detainees may be permitted to go</li> <li>• Manage material needs including food and drink.</li> </ul> |  |
| <b>Security</b>                   | <ul style="list-style-type: none"> <li>• To assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, movement of detainees where they have permission to leave rooms, assisting with release</li> </ul>   |  |

**AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and mediation skills to help persons settle into the new environment.**

# Background

## Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See <https://www.dhhs.vic.gov.au/state-emergency>

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

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Covid-19 Compliance Executive Lead under the Covid-19 Public Health Incident Management Team 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.

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

## Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

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

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

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

## Authorisation under section 200 for the purposes of the emergency order

Only public servants who have been authorised as AOs under the PHWA and **also** authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

**AOs are encouraged to read Part 9 and seek advice from AO Operations Lead if they are unsure in the administration of their powers**

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

# Charter of Human Rights obligations

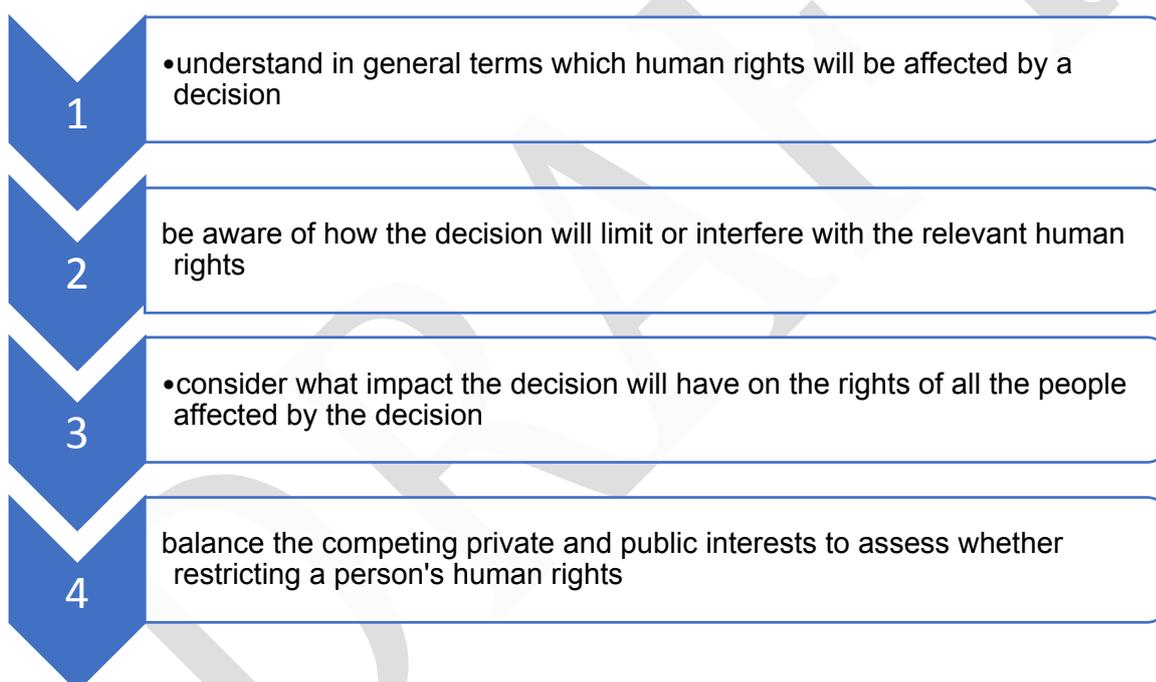
## Key points

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

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



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"> <li>• 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</li> </ul> |
| Right to protection from torture and cruel, inhuman or degrading treatment | <ul style="list-style-type: none"> <li>• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>   |
| Right to freedom of movement   | <ul style="list-style-type: none"> <li>• while detention limits this right, it is done to</li> </ul>  |

| Charter Right  | Obligation   |
|--|--|
|  | <p>minimise the serious risk to public health as a result of people travelling to Victoria from overseas</p>   |
| <b>Right to privacy and reputation</b>                     | <ul style="list-style-type: none"> <li>• this includes protecting the personal information of persons in detention and storing it securely</li> </ul>  |
| <b>Right to protection of families and children</b>        | <ul style="list-style-type: none"> <li>• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>               |
| Property Rights  | <ul style="list-style-type: none"> <li>• this includes ensuring the property of a person in detention is protected</li> </ul>  |
| <b>Right to liberty and security of person</b>             | <ul style="list-style-type: none"> <li>• 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</li> </ul> |
| <b>Rights to humane treatment when deprived of liberty</b> | <ul style="list-style-type: none"> <li>• this includes treating persons in detention humanely.</li> </ul>  |

# Airport

## Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

| Authorised Officers* Responsibility   | Mandatory obligation   | Section (PHWA)   |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>   | Yes<br><br>Section 166   |
|  | <ul style="list-style-type: none"> <li>• 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"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>remind the person they must keep their detention notice.</b></li> </ul> </li> <li>• 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.</li> </ul> | Yes.<br><br>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.<br><br>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)]<br><b>(mandatory AO obligation).</b> |

|   |  |     |                |
|---|--|-----|----------------|
|    | <ul style="list-style-type: none"> <li>ensure each Direction and Detention Notice: <ul style="list-style-type: none"> <li>states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>contains signature of person being detained or their guardian as receipt of the notice</li> <li>states the name of AO</li> <li>contains signature of AO</li> <li>contains the hotel name at which the person will be detained</li> <li>contains the date of detention</li> </ul> </li> </ul> |     |                |
|    | <ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application<sup>1</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>  |     |                |
|   | <ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is <b>REDACT</b>)</li> </ul>  | Yes | Section 200(5) |
|  | <ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival.</li> <li>This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>   |     |                |

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

<sup>1</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Supplementary roles

Transport is the responsibility of [the Department of Transport] and should be managed in accordance with physical distancing and hygiene guidelines.

## Other airport issues

### People who are unwell at the airport

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

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport.

After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should
  - log the person as requiring mandatory quarantine at a specified hotel and issue the detention notice
  - , provide a permission to enable the person to be transported to the hospital and, following medical release, be transported back to the hotel
  - Provide an information sheet to travel with the person to provide to the hospital advising it that the person is being detained and with a phone number for the hospital to call when the person is ready to be returned. so the hotel team leader can arrange a transfer (patient transfer/ambulance/ maxi taxi etc) to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the AO lead informed
- If the person is well enough to be discharged they should return to the hotel \ and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19. The AO must ensure the room number is included on the detention notice.

### Transfer of uncooperative person to be detained to secure accommodation

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation. Contact Compliance Lead to discuss the situation with EOC.

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

# At the hotel

## Key points

- AO reiterates detention requirements and the penalties that apply for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, other staff and medical staff.

## Key responsibilities at check-in

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO reiterates detention requirements and ensure room number is documented on the notice. The notice must be returned to the detainee.
- The AO at the hotel must ensure the room details are recorded in the COVID-19 Compliance Application along with other information not captured at the airport.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next day

AOs to make themselves known to on-site security.

## Possible changes to hotel-check in process

As of 14 April 2020, DHHS is exploring using data entry staff at each hotel to input scanned copies of the direction and detention notice and data into the Compliance Application. This would mean that the AO at the hotel is primarily responsible for compliance related issues and associated notes.

## Monitoring compliance related issues at the hotel

- AOs should check that security are doing some floor walks to encourage compliance and deter non-compliance.
- AO will oversee and provide advice on compliance-related issues such as requests for temporary leave (see Temporary leave from the place of detention process), a person refusing to comply and a person demanding to be removed from detention. AOs may be called upon by security, hotel staff, or nursing staff to remind a person the reason for the detention and the penalties if they do not comply. There may be a need, in consultation with a nurse or medical practitioner, to refer a person for a welfare check or further assistance. Help of this nature may support compliance and a person's wellbeing. **This information must be captured on the COVID-19 Compliance Application.**

- AOs may need to answer questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.
- AOs must facilitate any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is 51034
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO must provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

## Non-compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

## The AO Operations Lead to undertake review each day

- The AO Operations Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**)
- The AO Operations Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to ‘Charter of Human Rights’ obligations
  - any other issues that have arisen.
- The AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance executive lead and approval by the Chief Health Officer prior to submitting to the Minister for Health.

To inform the review, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person’s health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues

- being cleared of COVID-19 results while in detention
- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application**. This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

### **Mandatory reporting (mandatory AO obligation)**

As part of the review the AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance Executive Lead and approval by the Chief Health Officer (or their delegate) prior to submitting to the Minister for Health. The brief will serve as a written notice 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 AO operations lead could identify that detention may no longer be required (with the approval of the Compliance Executive Lead and Public Health Commander). These matters will be referred to the Permissions and Exemptions team within the Covid Compliance cell to facilitate Public Health Command review and decision.

# Grant of leave from detention

## Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

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

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

## COVID-19 Escalation procedure for requests for leave from people in quarantine

### Persons emailing [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au)

People in detention should email their request, with as much detail as possible, to [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed temporary leave from detention (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will immediately forward the request on to the COVIDQUARANTINE email address.
  - NB All requests from people in quarantine that do not relate specifically to requesting an exemption or permission from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward any permissioning requests to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex permissioning may require escalation to the relevant AO team leader and then the AO operations Lead
- Any matter related to changing the place of detention or early release will be managed through the Permissions and exemptions team for approval through the CHO/DCHO. Each matter is to be considered on a case by case basis. However, a number of circumstances have been identified as likely to warrant consideration of early release or change of detention location. These are:
  - 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 require 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 .
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs EOC and the AO Compliance Lead who delegates implementation of the decision

### **Recommendation for leave by on-site nurse, medical practitioner of welfare staff**

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
  - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under “Persons emailing covidquarantine@dhhs.vic.gov.au’ above.

### **Urgent medical attention**

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

### **Other requests**

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance. The Compliance Executive leave should be immediately advised is an exemption is being sought through an MP.

### **Physical health (exercise) – see procedure at end of this chapter**

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:

- willingness and availability of security to facilitate exercise
- site layout and capability to ensure persons are in a cordoned off area
- maintaining infection control.
- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

## Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- must complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, and
- enter in Compliance Application if available.

## Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

## Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any issues raised
- confirm appropriate infection control measures are in place
- advise on physical distancing requirements.

## Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.

- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room.

### **Guidance for security escort**

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home
- Exercise should be undertaken in a cordoned off area with no public access or interaction.

### **Other considerations**

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits 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.

## 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.

DRAFT

## Hospital transfer plan

The following outlines the role of the AO in hospital transfers

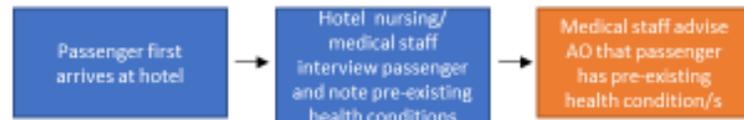
- Nurse/doctor assess that patient requires hospital care
- **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the COVID-19 Compliance Application or register. The detainee should also be provided with an information sheet to be provided to the hospital to quarantine and contact arrangements.**
- **All relevant staff including AO must be notified prior to the transfer.**
- Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19. This takes priority over any AO requirements.
- 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).
- 

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)

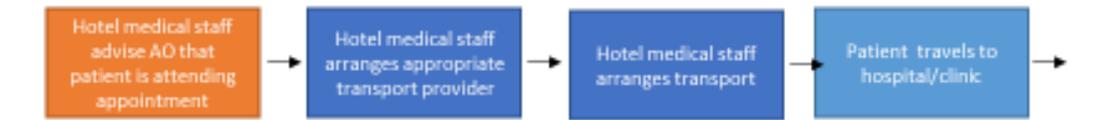
## WHEN PASSENGER ARRIVES AT HOTEL



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

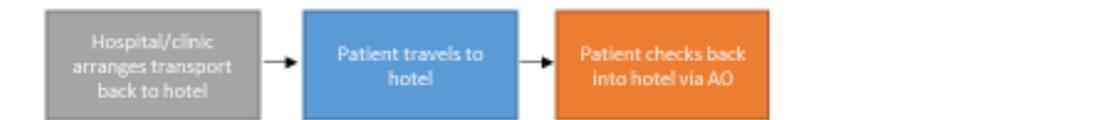
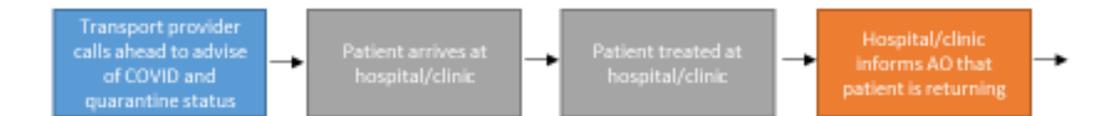
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

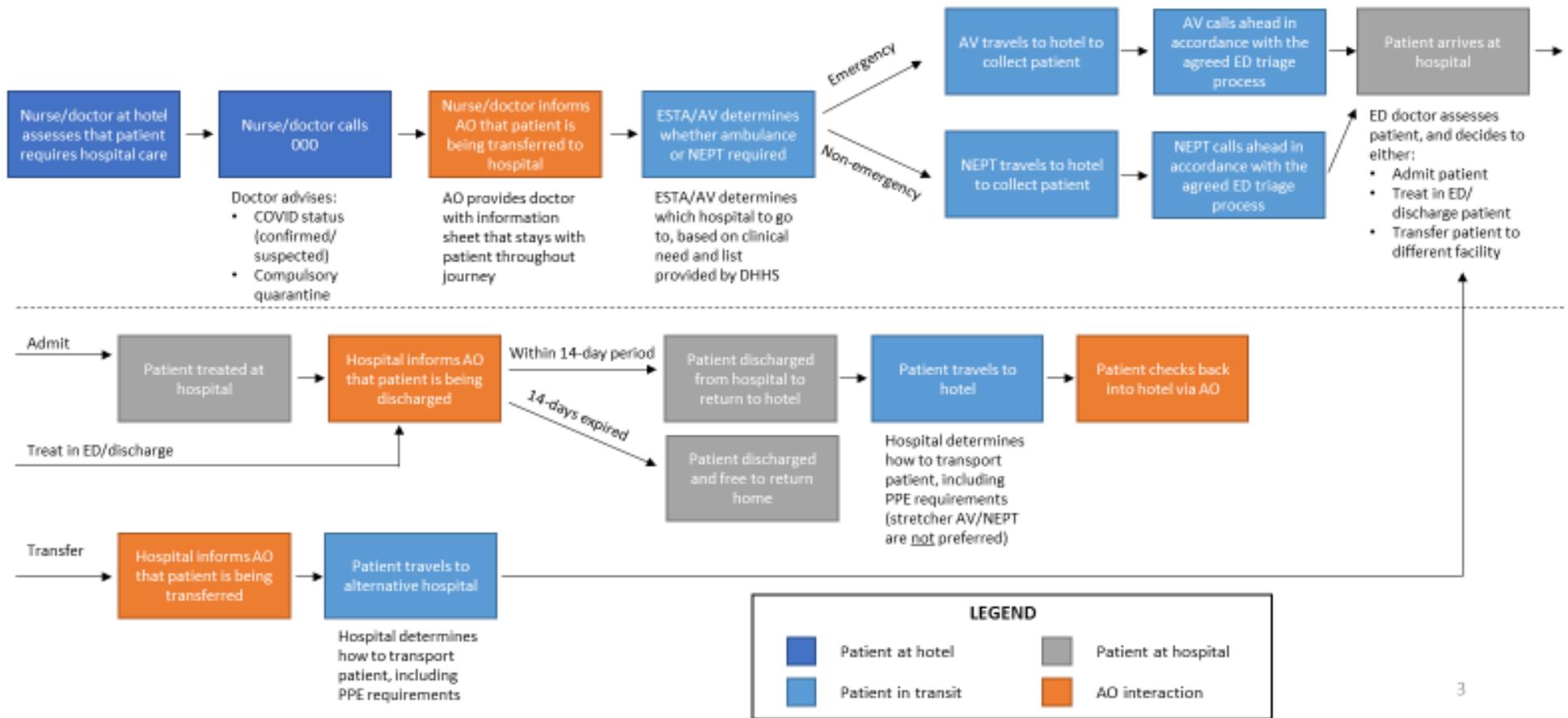


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)



# Compliance

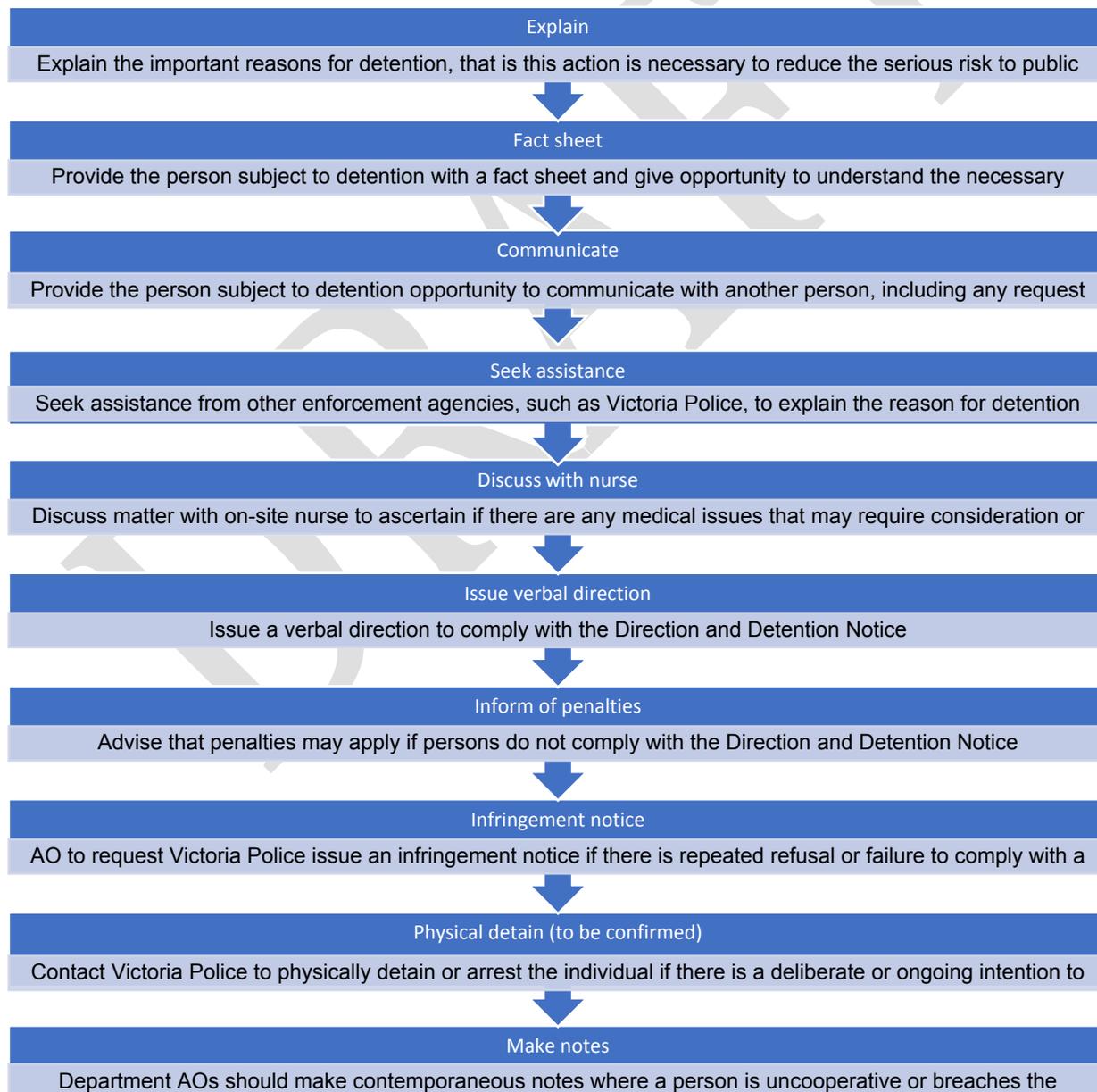
## Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on arrests, including moving people into a 'forced' detention or physical contact with a person must be managed by Victoria Police.**

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

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

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

If the person is located, the AO should:

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

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

| Section (PHWA) | Description  | Amount                                     |
|----------------|--|--|
| s.183          | Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).   | 5 penalty units (PU)                       |
| s.188(2)       | Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.  | 10 PU natural person, 30 PU body corporate |
| s.193(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |
| s.203(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |

# Policy and procedure on unaccompanied minors

## Key points

- unaccompanied minors will be dealt with on a case by case basis.
- If an unaccompanied minor is detained in a hotel without parents, specific processes must apply.

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

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

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

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

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

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

## When an unaccompanied minor is normally resident in Victoria

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

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

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3**.

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in**

a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

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

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

## When an unaccompanied minor is detained in a hotel

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

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

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

## Escalation of issues

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

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

# Departure – release from mandatory detention

## Key points

- AOs are responsible for the compliance check out.

## Background

Prior to release of a person being detained, they will be provided with an End of Detention Notice, **Appendix 8** or an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9** that confirms release details and specifies requirements to follow. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

## Pre check-out

- Exit Notices and associated materials prepared and dropped to hotel.
- Early hours releases transport booked (DJPR).
- Early hours releases documentation actioned by AO evening prior.
- Notices for all persons subject to detention placed under doors (by Security).

The person in detention will be:

- notified they are due for release from detention in 48 hours
- notified that a health check to determine their status is recommended
- provided information for people exiting quarantine on transport and other logistical matters.

## Health check

- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

## Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location.

## Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- At check-out, the AO will:
  - request to see identification and the End of Detention notice
  - confirm the person's identification and room number on exit sheet

- confirm the period of detention and explain detention period has ceased, including highlighting other requirements
- site and sign the End of Detention notice and provide to the person
- mark the person off an exit list as being discharged and request that they sign the list confirming discharge
- provide cab charge
- update the Compliance Application (note this may be a data entry update after the process has been completed).

DRAFT

# Occupational health and safety (OHS) for Authorised Officers

## Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents.
- AOs must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible

## Purpose

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

## Health Emergency

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

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

## Compliance Activity

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

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

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED**

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

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

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

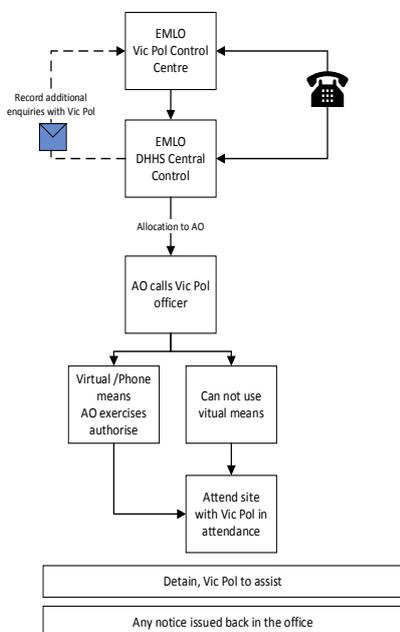
## Fatigue

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

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

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

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

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

## Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

### AOs going onto floor of hotel

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### Relocating covid-19 positive person

- This process is lead by the nurses/medical staff, who are trained and prepared for it.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Again, security are just there to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in PPE and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO WILL THEN LEAVE IN A SEAPARATE LIFT TO THE SECURITY/NURSING STAFF.
- The Team Leader can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

### Measures and guides to enhance occupational health and safety

| PPE/measure                                     | Guide  |
|---|--|
| Single-use face mask (surgical mask)            | When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained. |
| Gloves  | If contact with the person or blood or body fluids is anticipated.   |
| Hand hygiene / Hand Sanitizer<br>Soap and water | Always   |
| Physical distancing of at least 1.5 meters      | Always   |

**Known risks and hazards**

| <b>Hazard</b>           | <b>Risk</b>                          | <b>Mitigate</b>   |
|-------------------------|--------------------------------------|---|
| 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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury         | Low / Medium                         | Only attend a site with Victoria Police or with security.   |
| Other infectious agents |                                      | Follow personal protective measures   |

# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

- (b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

- (c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

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

### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 3 Guidance: Exemptions under Commonwealth law

PLEASE NOTE THAT THIS IS SUBJECT TO VICTORIAN DIRECTIONS. PLEASE CHECK WITH COVID COMPLIANCE EXECUTIVE LEAD RE CURRENT POLICY



## 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](http://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](http://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.

DRAFT

# Appendix 5 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.

DRAFT

## Appendix 6 Other issues

### Welfare and health service provision

- DHHS Welfare team to conduct a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

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

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

### Family violence (FV)

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

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

### Alcohol and other drugs

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

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

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## Appendix 7: 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.**

#### 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 <<EXIT END TIME>> 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

Your detention **does not end** until the time stated in paragraph 3(4) 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 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. **This is estimated to be within thirty minutes of your exit time.**

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.*

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## 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.

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

\_\_\_\_\_ 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

# Appendix 10: Release Process 'Running Sheet'

## ***Evening prior to release***

- Exit Notices and associated materials prepared and dropped to hotel  
[Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist  
If issues or lack of exit time, contact: \_\_\_\_\_
- Notices for all other exiting detainees placed under doors (by Security)

## ***Day of release***

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

## ***Release process***

- AO to sight ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- AO to inform detainee of release (highlight conditions etc)
- Detainee signs exit sheet
- Welfare staff provide cab charge, facilitate transport etc

## Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

| Ref No. | Date | Name of detained person | Reason | Time-Out | Time-In |
|---------|------|-------------------------|--------|----------|---------|
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |

## PROTECTED: FOR COMMENT: Public Health Command and RHPem resourcing project - scan and next steps

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From: "Nick Chiam (DHHS)" [REDACTED]  
 To: "Brett Sutton (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Angie Bone (DHHS)" [REDACTED], "Meena Naidu (DHHS)" [REDACTED], "Andrea Spiteri (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED]  
 Cc: "Mara Burge (DHHS)" [REDACTED], "Gordon Caris (DHHS)" [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], "Mat Williams (DHHS)" [REDACTED]  
 Date: Thu, 21 May 2020 15:48:39 +1000  
 Attachments: DRAFT - Environmental scan.pptx (2.39 MB); FINAL - Pub Health & RHPem Resourcing Project scope May 20.pptx (1.33 MB)

Dear Meena, Brett, Annaliese, Angie, Andrea and Pam

Thank you to you and your teams for contributing to the initial environmental scan for the Public Health, Enforcement and Compliance and Emergency Operations Command functions over the last week or so.

### Project Scope

As you know this is the first product for a resourcing project that Melissa Skilbeck and Jacinda de Witts have agreed to be joint sponsors for. As set out in the attached project scope endorsed by the sponsors, the project will develop the design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the re-establishment of business as usual RHPem functions.

### Feedback on draft environmental scan

The first stage of the project is the delivery of the environmental scan that seeks to understand structures in place across Public Health Command, Enforcement and Compliance and Emergency Operations, identify critical roles within these structures and provide some preliminary analysis on workforce supply and demand pressures.

The first draft of the scan is attached **for your review and comment by 9am Monday, 25 May – is it accurate and complete**. Please feel free to test your sections with relevant leaders in your teams but I'd ask you not to share widely, as this is still a draft.

### Reference group

Under the project scope, you or your nominee are invited to join a reference group to provide endorsement for products to be presented to the project sponsors, discuss key issues and recommend any solutions. For example, the initial scan identifies that there are corporate support functions across the structures that have been stood up and asks the question whether some of these should be managed more consistently (eg using same rostering system).

Mindful of your precious time, the project sponsors support a *virtual reference group* based largely out of session work with you with targeted meetings only as needed by the project team to progress the work. We are testing sending you a product at end of day Thurs for feedback by Monday. If this works, we would use a similar rhythm for future papers.

That said, given that part of the project is to get everyone on the same page about what we expect will involve competing priorities and challenges, I propose to hold a kick off meeting of the reference group. We are aiming for early next week depending on schedules. The focus is proposed to be: any general questions you have on the project scope; key interdependencies you want the project team to be aware of; and your feedback on the proposed key issues and

next steps on slide 11. We will send you an agenda ahead of the meeting.

You will see that the proposed next steps require continued work with you and Corporate Services partners. We have met with Marg and Gordon in particular and agreed to coordinate how we support the next steps with your logistics leads. Be assured, as set out in the project scope there are urgent sourcing and funding bid next steps already happening in parallel. I am also checking with Euan regarding a Health Coordinator representative/input regarding clinical workforce matters.

I will ask my office to speak to yours to see what might work best for a meeting time. Assuming not all of you will be able to attend a particular time, you are welcome to consider a suitable executive nominee/rostered alternate.

Feel free to call me or REDACTED who is Project Director for this work if you have any questions in the meantime.

Cheers

**Nick Chiam**

Deputy Secretary

Organisational Transformation

Department of Health & Human Services

5, 2 Lonsdale Street, Melbourne Victoria 3000

REDACTED

**PROTECTED**

## RE: Health Emergency Mission - Dashboard - Urgent input by 3:30pm

**From:** "Pam Williams (DHHS)" REDACTED  
 REDACTED

**To:** "Jacinda de Witts (DHHS)" REDACTED "John King (DHHS)"  
 REDACTED "Melissa Skilbeck (DHHS)"  
 REDACTED "Euan Wallace (DHHS)"  
 REDACTED, "Matthew Hercus (DHHS)"  
 REDACTED "Pam Anders (DHHS)"  
 REDACTED "Annaliese Van Diemen (DHHS)"  
 REDACTED "Finn Romanes (DHHS)"  
 REDACTED "Terry Symonds (DHHS)"  
 REDACTED "Helen Mason (DHHS)"  
 REDACTED "Kira Leeb (DHHS)" REDACTED

**Cc:** "Amity Durham (DHHS)" REDACTED, "Kym Arthur (DHHS)"  
 REDACTED "Elise Tuffy (DHHS)" REDACTED  
 "Brett Sutton (DHHS)" REDACTED REDACTED (DHHS)"  
 REDACTED

**Date:** Tue, 21 Apr 2020 15:28:59 +1000

**Attachments:** Health Emergency Mission Dashboard.PW comments.pptx (569.9 kB)

Some suggestions. I have checked with DJPR re the data they provide

**Pam Williams**  
**Operation Soteria, COVID-19 Accommodation Commander**  
**Department of Health and Human Services**  
 REDACTED  
[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

**From:** Jacinda de Witts (DHHS) REDACTED  
**Sent:** Tuesday, 21 April 2020 12:54 PM  
**To:** John King (DHHS) REDACTED; Melissa Skilbeck (DHHS)  
 REDACTED; Pam Williams (DHHS) REDACTED; Euan  
 Wallace (DHHS) REDACTED; Matthew Hercus (DHHS)  
 REDACTED; Pam Anders (DHHS) REDACTED  
 Annaliese Van Diemen (DHHS) REDACTED; Finn Romanes (DHHS)  
 REDACTED; Terry Symonds (DHHS) REDACTED  
 Helen Mason (DHHS) REDACTED; Kira Leeb (DHHS)  
 REDACTED  
**Cc:** Amity Durham (DHHS) REDACTED; Kym Arthur (DHHS)  
 REDACTED; Elise Tuffy (DHHS) REDACTED; Brett Sutton  
 (DHHS) REDACTED; REDACTED (DHHS) REDACTED  
**Subject:** Health Emergency Mission - Dashboard - Urgent input by 3:30pm

All

I apologise for the very short timeframes for you to input into this document and thanks in advance for your help.

We have been asked to prepare a dashboard with key indicators and measures on the Health Emergency Mission. We need to settle the template to be attached to a brief being lodged today for CCC on Thursday. CCC will consider the template on Thursday and we will start reporting against it after that. Therefore we need to ensure that the measures in the dashboard provide an overall picture of how we are progressing against the mission and enable meaningful oversight, but the measures also need to be robust and accessible.

We have prepared a draft of the dashboard (attached). We have inserted a range of measures (following the outline Kym provided at Board this morning) but please feel free to finesse the way the measure is described or suggest an approach.

The dashboard has three elements:

1. Public health - COVID cases and public health capacity needed to ease restrictions
2. Returned travellers and broader hotel accommodation – numbers and supports – this crosses over with the social services mission
3. Health capacity – PPE and COVID testing capacity, ICU capacity, mental health impacts, restoration of hospital services etc

Could I suggest the following input is needed:

1. COVID – Slides 3 to 5 - Jacinda overall with input from Kirra, Annaliese and Finn
2. Returned travellers – Slides 6 to 7 - Melissa overall and Pam Williams, Euan, Mathew and Pam Anders to review their relevant sections. I note the second slide 7 re quarantine and isolation support needs particular focus - **Please amend these pages in a new document and send it back to REDACTED with any comments on other pages**
3. Health capacity – Slides 8 to 13 - Terry overall and Helen, Euan, Matthew and Pam Anders to review their relevant sections. I note the hospital restoration and mental health sections need particular work. **Please amend these pages in a new document and send it back to REDACTED with any comments on other pages**
4. Intersection with Social Services Mission – John King to review overall - **Please provide comments by email**

Could I ask you to please finalise your input on the dashboard by no later than **3:30pm today (or earlier if possible)** as it then requires review by the MO and DPC before submission to CCC?

Thank you

**Jacinda de Witts**

**Deputy Secretary, Public Health Emergency Operations and Coordination**

REDACTED

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

REDACTED

# Health Emergency Mission Dashboard

Cabinet-in-Confidence - Update 21 April 2020

# Overview/Contents page

## **Public health**

- COVID-19 testing and confirmed cases
- COVID-19 infection rates and sources
- Pre-conditions capacity

## **Returned travellers**

- Quarantine of returned travellers
- Quarantine and isolation reports

## **Health sector capacity**

- PPE and core health equipment
- COVID-19 testing supplies
- COVID-19 testing clinics
- Acute healthcare capacity
- Elective surgery capacity
- Mental health capacity

# COVID-19 testing and confirmed cases

| Indicator                                   | Result for week of 13 to 19 April 2020? | Forecast - Week of 20 April to 26 April 2020?<br>[what can be forecasted?] |
|---|---|--|
| Tests reported                              | [#]                                     | [#]  |
| % of tests positive                         | [#]%                                    | [#]%   |
| Confirmed cases – average daily or weekly?  | [#]                                     | [#]  |
| Recovered cases                             | [#]                                     | [#]  |
| Number of deaths                            | [#]                                     | [#]  |
| Admitted to ICU                             | [#]                                     | [#]  |
| Admitted to hospital but not in ICU         | [#]                                     | [#]  |
| Isolation (not in hospital)                 | [#]                                     | [#]  |
| Contacts of confirmed cases being monitored | [#]                                     | [#]  |
| Clusters of community transmission          | [#]                                     | [#]  |

## NOTES:

# COVID-19 infection rates and sources

| Indicator   | Week of 13 to 19 April 2020 | Forecast - Week of 20 April to 26 April 2020 |
|---|-----------------------------|--|
| Average rate of infection per confirmed case (Reff) | [#]                         | [#]  |
| Unknown source of infection                         | [#]                         | [#]  |
| Confirmed cases in healthcare workers               | [#]                         | [#]  |
| Acquired in Australia – contact of a confirmed case | [#]([#])%                   | [#]([#])%                                    |
| Acquired in Australia – contact not identified      | [#]([#])%                   | [#]([#])%                                    |
| Acquired overseas                                   | [#]([#])%                   | [#]([#])%                                    |
| Source under investigation                          | [#]([#])%                   | [#]([#])%                                    |

## NOTES:

# [Pre-conditions capacity]

| Indicator                      | Week of 13 to 19 April 2020 | Forecast - Week of 20 April to 26 April 2020 |
|--------------------------------|-----------------------------|--|
| Pathology lab testing capacity | [#]                         | [#]  |
|                                | [#]%                        | [#]%   |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |

**NOTES:**

# Quarantine of returned travellers

| Indicator   | Result        |
|---|---------------|
| Total number of people who have been, or are currently in, mandatory quarantine   | [#] as at [#] |
| Current number of people in mandatory quarantine  | [#] as at [#] |
| Number of Victorian residents among returned travellers who have been, or are currently in, mandatory quarantine  | [#] ([#])%    |
| Current number of children aged less than 18 years in mandatory quarantine  |               |
| Current number of people aged 75 years and over in mandatory quarantine   |               |
| Entries into mandatory quarantine anticipated for the week of #   | [#]           |
| Exits anticipated into mandatory quarantine during the week of #  | [#]           |
| Number of COVID-19 positive tests for hotel residents in quarantine (with a positive confirmed from a Victorian laboratory diagnosis) *<br><u>(*includes cases from Greg Mortimer Cruise to Uruguay with a positive confirmed from a Victorian laboratory diagnosis)</u>  | [#]           |
| Number of people hospitalised (admitted) for COVID-19 while in mandatory quarantine   | [#]           |
| Number of workers rostered per day as at XX in hotels (DHHS, DJPR), airport arrivals (DHHS, DJPR), Operation Soteria Emergency Operations Centre, DHHS Compliance Unit*, DHHS CART team<br>(*does not include medical or nursing staff in hotels, contracted hotel security (DJPR), GSS Call Centre (DJPR), State Control Centre) | [#]           |
| Healthcare (medical and nursing and mental health nursing) workers rostered per day in hotels as at XX  | [#]           |
| <b>NOTES:</b>   |               |
| Number of hotels currently in use for quarantine and post-quarantine accommodation  | [#] as at [#] |

# Quarantine and isolation supports

| Indicator   | Result                               |
|---|--------------------------------------|
| Number of health and/or welfare checks conducted of people in quarantine per day                                | [#]                                  |
| <del>Health services provided to people in quarantine — what is the measure?</del>                              | [#]                                  |
| <del>Mental health services provided to people in quarantine — what is the measure?</del>                       | [#]                                  |
| <del>Recreation or other external activity per resident (average time per person?) — what is the measure?</del> | [#]                                  |
| Number of critical incidents reported in mandatory quarantine in hotels in the week of #                        | [#]                                  |
| <del>Post hotel quarantine relief offered/provided — what is the measure? (differentiate by cohort?)</del>      | [#]                                  |
| Total number of healthcare workers who have, or are currently, using hotel accommodation                        | [#] as at [#]                        |
| Current number of healthcare workers who are currently using hotel accommodation                                | [#] as at [#]                        |
| Reasons for healthcare worker utilisation – % COVID positive and % self isolating due to contact                |                                      |
| Total number vulnerable people who have, or are currently, using hotel accommodation                            | [#] as at [#]                        |
| Current number of vulnerable people who are currently using hotel accommodation                                 | [#] as at [#]                        |
| Relief packages delivered to self-isolating or self-quarantining Victorians                                     | [#] (cumulative or for the week of?) |

## NOTES:

# PPE and core health equipment

| Item as at # 2020   | Projected needs<br>[Retain?] | Total ordered stock | Available stock at<br>warehouse | Expected in the week of #<br>2020 |
|---|------------------------------|---------------------|---------------------------------|-----------------------------------|
| Examination gloves  | #                            | #                   | #                               | #                                 |
| Face shields  | #                            | #                   | #                               | #                                 |
| Safety glasses  | #                            | #                   | #                               | #                                 |
| Gowns   | #                            | #                   | #                               | #                                 |
| Surgical masks  | #                            | #                   | #                               | #                                 |
| Masks - N95   | #                            | #                   | #                               | #                                 |
| Hand sanitiser (litres)   | #                            | #                   | #                               | #                                 |
| Dialysis machines   | #                            | #                   | #                               | #                                 |
| Infusion pumps  | #                            | #                   | #                               | #                                 |
| Patient monitors  | #                            | #                   | #                               | #                                 |
| Ventilators<br>(additional ordered due to<br>high sovereign risk and<br>potential delays) | #                            | #                   | #                               | #                                 |

**NOTES:** This is equipment held centrally and not at health services

# COVID-19 testing supplies

| Item               | Current number of tests available | Expected number of tests performed per day | Number of days current supply will last | Number of <u>additional</u> days testing provided by kits to due arrive within the next 14 days | Number of <u>additional</u> days testing provided by kits to due arrive within the next 28 days |
|--------------------|-----------------------------------|--|---|---|---|
| Extraction Kits    | #                                 | #  | #                                       | #   | #   |
| COVID-19 Test Kits | #                                 | #  | #                                       | #   | #   |
| Swabs              |                                   |  |   |   |   |

**NOTES:** Extraction and test kits come with reagents. This includes data for all Victorian testing laboratories (public and private). *This table does not include additional extraction and testing kits held in reserve by national private pathology companies that could be deployed at their Victorian labs to meet demand. Australian Clinical Labs: ~ 80,000 test kits nationally*

# COVID-19 testing clinics

| Indicator  | Result |
|--|--------|
| Number of public respiratory assessment clinics (other measure?)         | [#]    |
| Number of Commonwealth GP respiratory clinics (other measure?)           | [#]    |
| Number of State funded community health /GP led clinics (other measure?) | [#]    |
| Number of pathology drive-thru testing clinics                           | [#]    |
| [New activities to meet preconditions to be included]                    | [#]    |
|  | [#]    |
|  | [#%]   |
|  | [#%]   |
|  | [#%]   |

**NOTES:**

# Acute healthcare capacity

| Indicator  | Result |
|--|--------|
| Emergency Department Public Hospital Presentations – COVID-19*           | [#]    |
| Respiratory Assessment Clinic Public Hospital Presentations – COVID-19** | [#]    |
| Telehealth - HealthDirect Video Calls – COVID-19***                      | [#]    |
| ICU – new capacity commissioned in the past week                         | [#]    |
| ICU – usage levels   | [#]    |
| ICU – available capacity   | [#]    |
| Total public hospital admissions (compared to the same time last year)   | [#]    |
| Total private hospital admissions (compared to the same time last year)  | [#]    |
| Other  | [#]    |

## NOTES:

\* Data has a 4 day lag.

\*\* Data has a 2 day lag.

\*\*\* Includes only calls made with the HealthDirect Video Call Service platform, greater than 5 minutes. May be 1-2% variance in call data. Reported cumulative total includes weekend activity.

# Elective surgery capacity

| Indicator   | Result |
|---|--------|
| Current utilisation (compared to the same time last year) | [#]    |
| Current utilisation against [agreed] cap                  | [#]    |
| Other   | [#]    |

**NOTES:**

# Mental health capacity

| Indicator  | Result |
|--|--------|
| Beds – new capacity commissioned, usage and available capacity                             | [#]    |
| Community contacts, registered clients who have disengaged (Pam/Matthew?)                  | [#]    |
| Best measures of suicide ideation and attempt – eg. data from lifeline, beyond blue (Pam?) | [#]    |
| AOD  | [#]    |

**NOTES:**

# Instruction in relation to allowing smoking for people in mandatory quarantine

---

From: "Finn Romanes (DHHS)" REDACTED  
 To: "Meena Naidu (DHHS)" REDACTED  
 Cc: "Braedan Hogan (DHHS)" REDACTED, "Merrin Bamert (DHHS)" REDACTED, "Simon Crouch (DHHS)" REDACTED, "Brett Sutton (DHHS)" REDACTED  
 Date: Wed, 01 Apr 2020 19:45:25 +1100

Dear Meena

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

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

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

Finn

## ***Smoking policy for people in detention***

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

### *Current laws*

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

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

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

### *COVID-19 and smoking*

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

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

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

#### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable 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.*

Finn

Dr Finn Romanes  
Deputy Public Health Commander - Planning  
Novel Coronavirus Public Health Emergency  
REDACTED

Department of Health and Human Services  
State Government of Victoria

## Checking - Smoking policy for people in detention

---

From: "Finn Romanes (DHHS)" [REDACTED]  
 To: "Simon Crouch (DHHS)" [REDACTED]  
 Cc: "Brett Sutton (DHHS)" [REDACTED], "Meena Naidu (DHHS)" [REDACTED]  
 "Merrin Bamert (DHHS)" [REDACTED]  
 Date: Wed, 01 Apr 2020 14:31:06 +1100

---

Hi Simon

We have to land the smoking policy for people in mandatory quarantine in hotels.

The full policy in the draft physical distancing plan is below, but the summary is:

- People can be allowed to smoke in hotel rooms but it isn't recommended – workers going in, not if children, against policy
- It is a good idea (in general, and to reduce COVID complications) to quit
- Use of NRT is preferable and the recommended option
- Accompanied smoking breaks should be an absolute last resort, but could be allowed – just increases the risk of transmission off surfaces

Do you agree that we promote NRT but now allow highly supervised smoking breaks in some cases, if this is feasible for AOs?

Finn

### Smoking policy for people in detention

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

#### Current laws

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

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

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#### 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.

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#### Options

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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.

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##### *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.

### **Other**

- 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.

Finn

Dr Finn Romanes  
Deputy Public Health Commander - Planning  
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services  
State Government of Victoria

# COVID-19 – 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 4m<sup>2</sup> 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

## Peer influence, education and community awareness to guide approach

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

## Exercising a Direction and considerations of enforcement

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

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

## Victoria Police COVID 19 Taskforce Sentinel

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

## Victoria Police support to DHHS compliance activity

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

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

## Contacting the Victoria Police Special Operations Centre

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

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

## Infringements

On 28 March 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.

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

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

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

## **Protocols for investigating and managing potential breaches of Directions**

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

### Action to achieve compliance and address non-compliance

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

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

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

## **Reporting and evaluation of compliance and enforcement**

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

## Plan for people returning from overseas to Victoria

### Background to the mandatory quarantine (detention) intervention

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

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

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

### Governance and oversight of the mandatory quarantine (detention) intervention

#### Lead roles

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

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

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

#### Information management for people in mandatory detention

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

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

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

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

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

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

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

## **Enforcement and Compliance Command for Mandatory Quarantine**

### **Deliverables of the enforcement and compliance function**

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

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

### **Authorised officer\* and Chief Health Officer obligations**

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

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

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

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

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

The notice to the CHO must include:

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

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

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

## Required authorised officer actions at the airport

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

DHHS Authorised Officers\*:

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

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

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

## Authorised Officer review of transport arrangements

AO should consider the following:

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

## People who are unwell at the airport

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

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

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

### **Requirement for review each day**

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

To inform decision-making, a DHHS AO must:

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

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

### **Additional roles of the AO**

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

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

### **Charter of Human Rights considerations in decision-making making process**

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

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

### **Mandatory reporting (mandatory AO obligation)**

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

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

The notice to the CHO must include:

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

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

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

### **Grant of leave from the place of detention**

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

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

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

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

### **Potential mechanisms for grant of leave from detention**

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

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

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

### **Potential reasons for permission to grant leave from detention**

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

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

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

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

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

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

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

### **Considerations**

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

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

There should then be a presumption that these requests are forwarded immediately (within two hours) to [COVID-19.vicpol@dhhs.vic.gov.au](mailto: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](mailto: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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>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](mailto: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**

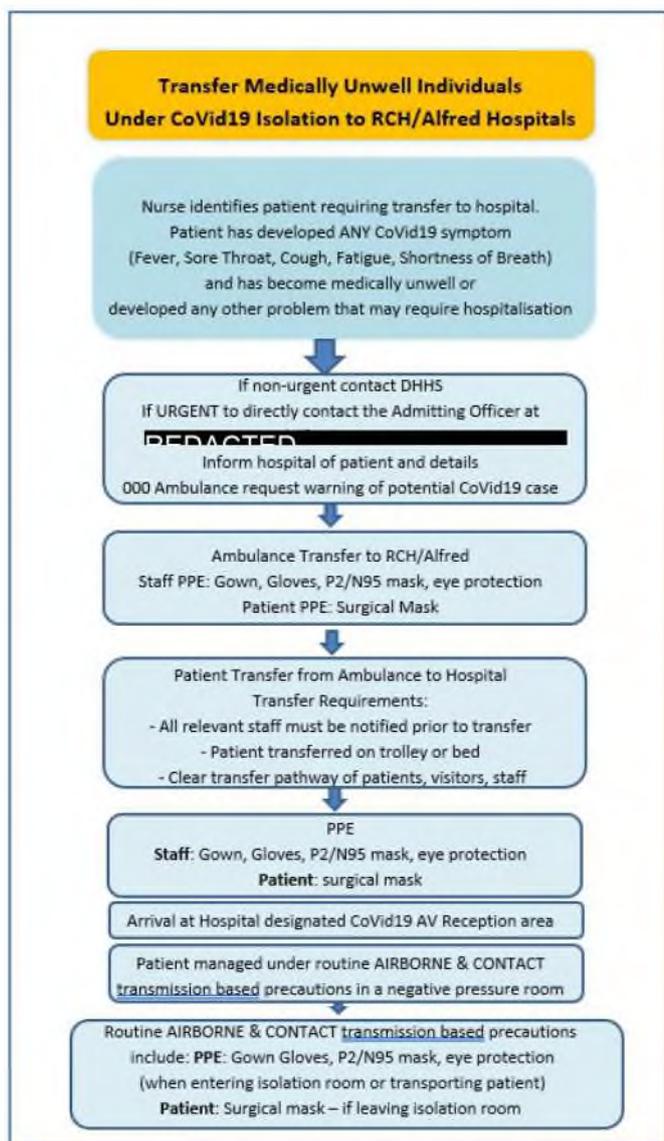
The following are the actions to enact this:

- 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](http://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](http://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](http://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](http://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 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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>Language:    |

### Script

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

|  |
|--|
|  |
|  |

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

### Introductory questions

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

|  |
|--|
|  |
|  |

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

| Name | Relationship | Age<br>(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?

|  |
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|  |

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?

|  |
|--|
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|  |

### Safety questions

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

|  |
|--|
|  |
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|  |

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

|  |
|--|
|  |
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|  |

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?

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

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

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

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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?

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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?

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### Final

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

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

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23. Do you have any other concerns?

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## **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**

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.

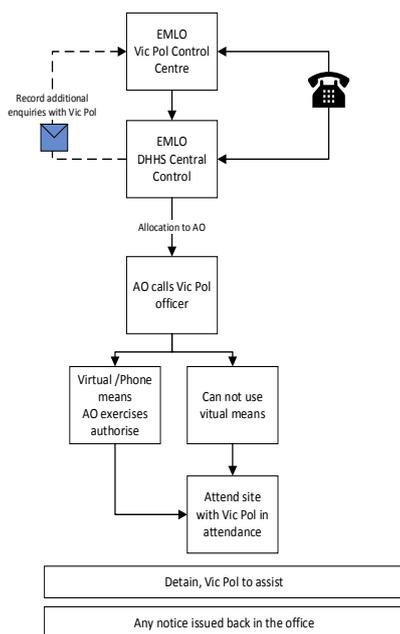
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

#### 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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury        | Low / Medium                         | Only attend a site with Victoria Police   |
| Other infectious agent |                                      | Follow personal protective measures   |

## FOR REVIEW - CIC - CCC Submissions on Quarantine and Centre for Public Health

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**From:** "John Spasevski (DHHS)" [REDACTED]  
**To:** "Brett Sutton (DHHS)" [REDACTED]  
**Cc:** "Melissa Skilbeck (DHHS)" [REDACTED]  
**Date:** Wed, 20 May 2020 18:46:23 +1000  
**Attachments:** CCC sub re Vic Centre for Public Health - Cabinet-in-Confidence 20200519\_MS.docx (67.91 kB); CIC - CCC submission - COVID-19 Sustainable Quarantine Arrangements - v0.07-19052020 - Brett.docx (86.6 kB)

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Hi Brett

We have it on good authority that these two submissions will be considered by CCC next week, with quarantine being the leading contender at this stage.

Prior to lodgement, Melissa was keen for you to review both to ensure you're comfortable with how things have been framed.

On quarantine – I note the pending conversation at AHPPC and paper that's come through. The sub notes this work but we have not dealt with it in any detail as it is not the intended purpose of our sub. However, it would be useful to get your perspective on how the tone and direction of our sub stacks up with national conversations and how we may need to frame for CCC.

Feel free to call if you have any questions or would like to discuss.

Melissa – Anything you'd like to add here? Let me know if you have any further changes. I've just received revised epi data and will update Attachment 3. It isn't included here.

Regards, John

**John Spasevski** | Executive Lead, Coordination Cell

Regulation, Health Protection and Emergency Management | Department of Health and Human Services  
50 Lonsdale St Melbourne VIC 3000

[REDACTED]

w: [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

|                |  |
|----------------|--|
| Submission No. |  |
| Copy No.       |  |

**Submission to:** Crisis Council of Cabinet

**Submission Title:** COVID-19: Sustainable Mandatory Quarantine Arrangements

**Submission Type:** Matter for Decision

**Portfolio/s:** Coordination of Health and Human Services – COVID-19

**Mission/s:** Health Emergency

## SUBMISSION PROPOSAL

### **Recommendation(s):**

That Crisis Council of Cabinet:

1. **Note** that current quarantine arrangements have been an effective contribution in curbing the ongoing risk of transmission of COVID-19 by returning travellers in Australia, but they are not sustainable due to the resourcing and human rights impacts.
2. **Note** that an effective model of quarantine is needed while returned traveller transmission risk remains, that is, until either a vaccine is available and immunisation is a condition of entry into Australia, or overseas prevalence becomes sufficiently low to no longer pose a serious risk to public health.
3. **Note** the proposed phased approach to changing the current quarantine model, along with a range of implementation and sequencing considerations.
4. **Approve** Victoria's Chief Health Officer negotiating nationally for a sustainable model of quarantine that prevents or minimises the transmission of COVID-19 from returned travellers to the Victorian public until a safe and effective vaccine is available with the minimum restriction on the human rights of those quarantined.

### **Objectives:**

1. To update Cabinet on the current hotel quarantine arrangements for Victoria, its performance and sustainability.
2. To canvas alternative and more sustainable quarantine approaches that address the future public health risk of COVID-19 within a suppression/elimination strategy; balance this risk with the human rights of returned travellers; and maintains public confidence in the response.
3. To put forward a potential transition path for Victoria to form part of National Cabinet deliberations and negotiation, enabling Victoria's Chief Health Officer to begin negotiations with other jurisdictions via the Australian Health Protection Principal Committee (AHPPC), regarding quarantine arrangements for returning travellers, and advise government accordingly.

**Key Issues:****Background**

5. On 23 March 2020, the AHPPC noted that there was a continued growth of COVID-19 cases in returned travellers. Following National Cabinet agreement, on 28 March 2020 Victoria resolved that all travellers returning from overseas to Victoria would be placed in mandatory quarantine for a period of 14-days.
6. It remains true that most Victorian and Australian COVID-19 cases are the result of travellers returning from overseas and transmitting the virus to others. As at 19 May 2020, at least 54 per cent of all Victorian cases were acquired via travel overseas.
7. A direction and detention notice to detain returning travellers in a hotel room has been made and re-made under section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (PHWA) under the declared state of emergency under that Act. The current direction was refreshed on 11 May 2020.. The current direction and detention notice is attached (**Attachment 1**).
8. As the direction notes, the detention notice is issued to an individual 'because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health'. This reflects *the consideration of public health and human rights principles required before making the past and any future sustainable quarantine directions, which include:*
  - the specific principle to be followed in the management and control of infectious diseases is its spread 'should be prevented or minimised with the minimum restriction on the rights of any person' (under section 111 of PHWA)
  - principles required to be followed in administration of the PHWA as a whole are the principle of evidence-based decision-making; the precautionary principle; the principle of primacy of prevention, the principle of accountability; and principle of proportionality, and the principle of collaboration (under sections 5 to 10 of the PHWA and set out in **Attachment 2**)
  - human rights applicable to the mandatory quarantine of returned travellers include the right to liberty; freedom of movement; freedom of religion; cultural rights; freedom of peaceful assembly and association; rights to privacy, family and home; protection of families and children; and the right to humane treatment when deprived of liberty (under the Charter of Human Rights and Responsibilities).

**Current quarantine arrangements for returned travellers**

9. Hotel quarantine is currently a joint operation between the Department of Jobs, Precincts and Regions, Department of Health and Human Services and Commonwealth agencies. At 20 April, costs modelled for incoming international passenger quarantine to the end of April 2020 were **\$36.9m** which does not include the costs of rooms contracted but not filled. It is anticipated that the cost for Victoria associated with the quarantine of incoming international passengers will be **\$51.1m** for May, increasing to a total of **\$194.8m** for the four months to the end of July 2020, based on current projections. *While this spending supports the hotel sector, the ongoing cost is one element of sustainability to consider.*

Commented [R1]: DN – Awaiting input here from DJPR.

10. At the time of writing this submission, almost 11,000 returned travellers have been detained in Victoria, of whom around 100, or less than one per cent, have returned positive tests for COVID-19, around 40 per cent due to cruise ship travel see **Attachment 3** for further details). They have resided across 16 hotels. Staffing is required to administer the program, contract and support the hotel staff in accommodating returned travellers, support security and compliance staff to manage the detention at the all ports, during transport and at the hotels. The operation is supported by Victoria Police.
11. To support the health and wellbeing of quarantined travellers and restrict limitations on human rights inherent in detention, recent additions to the service model have included staffing to manage travellers to have greater supervised exercise breaks outdoors, enhanced welfare checks supported by senior social workers, additional mental health-qualified nurses on duty, and senior medical oversight. In the first four weeks of quarantine operation, there have been three cases of anaphylaxis, one jaw injury, one ICU admission, one death, and a number of family violence incidents and episodes of mental illness requiring medical response.
12. More than 370 staff from across the above-mentioned agencies and contractors are involved in operating returned traveller quarantine 24 hours a day (not including Victoria Police resources).
13. Authorised Officers (AOs) are central to the current legal operation of hotel quarantine and have been particularly difficult to source. To meet demand, the expected number of AOs supporting operations is approximately 127. Their supports operations by, for example, granting permission for temporary leave to any detainee who leaves a room for a walk, medical treatment or a changed place of detention.
14. AOs have been sourced from DHHS (42), along with other VPS agencies (25), local government (49), and other contractors (11), who have been made available by reducing compliance activity for other regulatory schemes. In some cases, this is facilitated by the impact of stage 3 restrictions on other regulated activity, but other allocations have been by reducing other essential continuing compliance and safeguarding work such as supported residential services, radiation safety or local government environmental health oversight. *The sustainability of the risk incurred by reduced compliance and safeguarding work in other regulatory functions is also relevant to future mandatory quarantine options.*

#### **The need for longer-term mandatory quarantine**

15. Both Commonwealth biosecurity measures and state regulation are available to manage the transmission risk of those with a legal right to enter Australia (citizens, permanent residents and visa holders).
16. Currently, government-facilitated and private repatriation flights, in addition to commercial scheduled flights account for on average, over 1,500 returned travellers into Victoria per week. Commonwealth agencies are working together and with airlines to provide greater information and notice to states of arrivals and to allocate passengers to their home jurisdiction to the extent possible to avoid the difficulties of interstate travel following quarantine, as well as facilitating voluntary pre-flight health screening and testing to verify passengers are fit to fly prior to travel.
17. More recent flights have comprised a greater share of longer-term expatriates and families with children returning but without a permanent home to return to. On 21 April,

Commonwealth agencies estimated there were between 10,000 and 15,000 Australians interested in returning home and noted over 300,000 had returned in the previous month.

18. Numbers of returning travellers are expected to remain steady during May and June. Beyond this, a high degree of uncertainty exists and demand from expatriates will depend on a range of push factors. Increases associated with any new epidemic waves where Australian citizens reside, the limitations in resident countries versus Australia and the availability of transport will impact these numbers and the origin of travel over time. *A sustainable quarantine model will need to include a place to accommodate those without a permanent residence for quarantine purposes.*
19. While aggregate numbers are expected to remain steady, the current profile and composition of returned travellers is changing. Increasing numbers are arriving from the sub-continent with lower level English proficiency, placing added pressure on the availability of translators, essential in ensuring individuals understand and can comply with obligations. Greater numbers of returned travellers are also smokers, further exacerbating pressures on hotel staff and AOs. According to DFAT, there is still a queue of requests from private charter companies for flights out of India.
20. Australia's Chief Medical Officer has stated publicly that opening borders would be the last stage of any easing of restrictions, and the Commonwealth Minister for Home Affairs commented on 25 April 2020 that additional biosecurity measures will be introduced when international travel is reopened.
21. Significant work is occurring around the world to develop a vaccine. However, it is impossible to predict when, or if, one will be widely available. If an effective and safe vaccine does become available, a condition of entry into Australia could be evidence of prior immunity or vaccination. Until then, Australia will need to maintain longer-term quarantine arrangements for returning travellers.
22. Mandatory quarantine arrangements require powers available to the Chief Health Officer under a state of emergency under the PHWA.
23. The risk of transmission of COVID-19 from returned travellers to the Victorian public in future has changed: with cruise ship companies now pausing operations this recent source of cases will be reduced. However, the risk of transmission from different cohorts of travellers will change as global transmission of COVID-19 continues. Australia's success in preventing widespread community infection will also make it more attractive for citizens, permanent residents and visa holders currently residing overseas to increasingly seek to return to the relative safety of Australia.
24. *Prima facie* hotel-based mandatory quarantine continues to present human rights risks.
25. The confined hotel setting can be highly volatile and stressful for some detainees. Whilst supports are available, these are sometimes not enough, and the Deputy Chief Health Officer or delegate have amended detention notices to vary the place of detention in 396 cases, as at 18 May 2020. Reasons for varying the place of detention have been limited to cases such as unaccompanied minors in transit to another state, people with a terminal illness or transiting to see a close family member who is about die, people whose health and welfare cannot be accommodated in a hotel environment, people who are transiting directly to another country and people cleared of COVID-19 infection who have a release from public health authorities.

26. A useful comparison for any future mandatory quarantine model is the extent to which restrictions greater than those imposed under the current (and any subsequent) *Isolation on diagnosis directions* are necessary and compliant with the principles set out in paragraph 8. The isolation directions make it compulsory for anyone in the Victorian community with a confirmed diagnosis of COVID-19 to go into isolation within their usual residence.
27. Future quarantine arrangements are likely to be considered by National Cabinet on 29 May 2020. As part of these deliberations, the potential to transfer the costs of quarantine to individuals will be discussed, along with further advice around when testing should take place on people prior to release from quarantine. It should be noted that Victoria already tests returned travellers on days 3 and 11 of quarantine.

#### **Options for future quarantine arrangements**

28. In seeking to identify and assess the viability of future options, the above-mentioned risks have been transposed into a set of criteria/principles to test options (see **Attachment 3**). The criteria are:
- **Public Health** – arrangements minimise health impacts of COVID-19 and maintains community confidence in the management of COVID-19 transmission
  - **Human Rights** – arrangements meet obligations under the public health principles and the Charter of Human Rights and Responsibilities
  - **Welfare provided** – arrangements maintain access to health service support; minimise or mitigate physical health, psychological and social impacts of quarantine; maintain social connections to family and community.
  - **Sustainable** – arrangements allow government to maintain (other) essential services functions
  - **Effective** – complexity of arrangements is minimised, non-compliance is minimised, and proper enforcement is achievable.

#### **A gradual transition to a new returned traveller quarantine model**

29. It is proposed that Victoria follow a phased approach that sets out a gradual transition to a new quarantine model. This would involve progressive steps between three phases: current; interim and future. Each step would represent an improvement against the public health principles and human rights noted above.
30. A gradual transition would also enable governments to utilise new data and information and take account of changes internationally. Recent AHPPC deliberations on hotel quarantine note the value of conducting an evaluation of current arrangements across jurisdictions – potentially utilising university expertise – to guide and shape any changes. The AHPPC agreed that an evaluation and possible step-down approach to hotel quarantine should be revisited at a future meeting.
31. Adjustments in settings at each stage would also reflect improvements in testing and screening, and account for how these are administered in various settings.
32. Further implementation considerations are highlighted below. The steps and prevailing models would be characterised by the following features:
- **Current model – Maintain hotel-based arrangements in the short-term:**
    - the current model would continue for the next three months and returning travellers would quarantine for the mandatory 14-day period in hotels.

- The sustainability challenges, risks to the welfare of detainees, and risks to government due to human rights issues, would be managed but persist.
- Incremental improvements to operations, for example, screening and testing information flows to hotels, could make administration more effective and make marginal differences to traveller welfare.
- **Interim model – Some risk-based assessment and differentiated settings:**
  - This interim step would still be predominantly hotel-based. However, some home-based quarantine would be allowed where risks are deemed relatively low. Risk assessments would factor in country of origin, symptoms, and other demographics such industry settings e.g. individuals returning after working in healthcare or international aid settings.
  - This interim step would allow for small-scale implementation, review and adjustment in compliance measures for those under home-based quarantine – for example electronic monitoring, spot checks (both physical and digital) and/or public messaging – and give an indication of resourcing requirements for larger scale home-based quarantine.
  - Another feature of an interim model could involve a coordinated testing regimen that could potentially shorten hotel quarantine. It would involve testing upon arrival and point of care testing again on day 6. If all tests are negative, then a traveller could be released for a further seven days' quarantine at home. Current testing data, based on day 3 and day 11 testing, show that all positive cases have been detected during day 3 testing, lending promise to this testing approach.
  - With differentiated treatment, this option is likely to generate significant additional administrative cost through the handling of complaints and consideration of requests for exemption as well as discontent amongst those individuals quarantined in hotels.
- **Future model – Mandatory home-based quarantine:**
  - This model would see most returned travellers undertaking their 14-day quarantine at home, when it is appropriate to do so. It is predicated on the understanding that most people have a safe place in which to quarantine and prefer to quarantine at home than in a hotel.
  - A fall-back facility would be maintained to cater for individuals who do not have a place to safely quarantine who have current COVID infections or a high degree of infection risk. Returned travellers would be responsible for transportation from airports, along with food and accommodation arrangements.
  - The model would be supported by tested and refined compliance approaches initiated as part of the interim model.
  - Compliance measures may need to be expanded to ensure that the public could maintain confidence in managing transmission risk, building on the lessons learned under the interim model where electronic and other spot checks can be refined
  - This option has the potential to be less restrictive in terms of human rights and more compliant than Options 1 and 2 with PHWA principles.

- Adequate resourcing, commensurate with a greater reliance on home-based quarantine, will need to be in place, such as greater use of Victoria Police compliance checks.

#### Further implementation considerations

33. Changes in the broader context over at least the next three to six months will heavily influence the timing of when transition between phases is possible and appropriate. For example, transitions should be informed by and complement the gradual easing of restriction and occur only after the impact of these changes is assessed and understood. Furthermore, the impact of a reduced reliance on hotel quarantine will likely have negative economic consequences for the hotel industry.
34. Continual developments in critical areas, for example in screening and testing, will also influence the sequence of change. These developments are linked to a range of necessary preconditions and include opportunities to utilise the soon-to-be-available rapid point of care testing and better screening intelligence.
35. Finally, along with assessments for returned travellers to determine the risk of COVID-19 transmission, a more refined risk framework assessing the impact of quarantine on vulnerable individuals/groups, will be necessary and provide important information to inform the pace and scale of transition between phases.
36. Further information on models and phases and further considerations are at **Attachment 3**).

#### Next steps

37. Should government agree to the proposed transition, developments across the areas noted at paragraphs 33 to 36 will be monitored, ahead of more detailed development and costing work.
38. It is expected that National Cabinet will discuss further quarantine arrangements at its meeting on 29 May. Victoria would continue to work with other jurisdictions in support of a collaborative approach towards a new quarantine model.
39. Any move to an alternative quarantine model must be viewed within the context of the prevailing national strategy to manage COVID-19 and to the gradual easing of restrictions. The capacity for expanded and innovative testing; improved trace and response capacity; improving our understanding of the virus; and anticipating the impact of public health interventions (as set out in the previous CCC submission on preconditions for easing restrictions) must underpin the move to alternative quarantine arrangements.

**Commented [2]:** Given time between subs, suggest we delete this reference but keep the broader point.

**Support/Criticism:**

1. Mandatory quarantine has been viewed as warranted given the risks of transmission presented by returning travellers when the requirement was introduced on 28 March 2020. With the predominant sources of infection among travellers i.e. cruises, now ceasing, that support may be tested. The inherent limitation on the human rights of citizens returning to Australia in excess of those residents diagnosed with COVID-19 may be viewed increasingly as an unacceptable trade-off once case growth is reduced and some other restrictions are lifted.
2. On the other hand, a steady number of COVID-19 cases are being introduced by international travellers returning or visiting Victoria. The ongoing progress of transmission through new countries means this risk is not zero while travellers are permitted to enter Australia. Mandatory quarantine may be viewed as continuing to be an essential and justified defence to the re-emergence of significant COVID-19 transmission.
3. The nature of support or criticism for mandatory quarantine and its future model may vary across jurisdictions and may result in future recommended national models that are not compatible with Victoria's Charter of Human Rights and Responsibilities.

# OFFICIAL: Ministers COVID pack

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**From:** "Jinane Bou-Assi (DPC)" REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Mon, 06 Apr 2020 13:25:03 +1000  
**Attachments:** 060420\_-\_covid\_lines.docx (55.58 kB)

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Minister's COVID lines pack – it still has yesterday's numbers so please ignore that

New lines:

Heroes hotels

- Schools
- Being 'ahead of the curve'
- Peter Mac pandemic planning doc leaked

OFFICIAL

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## Coronavirus General

In order to avoid the distressing scenes we now are seeing around the world, National Cabinet has agreed to significant new restrictions on public gatherings and will also enforce that where people can stay at home, they must stay at home.

Some things in life are complex, this is not. Our message to every Victorian is clear: stay home.

There are only four reasons to leave your home: food and supplies, medical care and caregiving, exercise, and work or education.

Most Victorians are doing the right thing and we're grateful to them. But we must do more.

That's why we are also restricting gatherings to no more than two people except for members of your immediate household and for work or education.

As we deal with this health crisis, we know that for many Victorians it's an economic crisis as well. With many businesses losing their customers, and Victorians losing their jobs, paying rent is becoming impossible for some people.

That's why National Cabinet has agreed to a moratorium on evictions for the next six months for residential and commercial tenants who are experiencing financial distress due to the impact of coronavirus. This will apply across all states and territories.

To flatten the curve, we are all going to have to sacrifice a lot. But it may be the most important thing we ever do.

So please: Stay home. Protect our health system. Save lives.

## Other COVID 19 Measures

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care and caregiving, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

## Coronavirus crisis council

The Crisis Council of Cabinet (CCC) will be the core decision making forum for the Victorian Government on all matters related to the coronavirus emergency, including implementing the outcomes of the National Cabinet.

It will operate initially until 30 September 2020 and will then be reviewed.

Premier will chair the CCC and it will include:

- James Merlino: Minister for the Coordination of Education and Training – COVID-19
- Tim Pallas: Minister for the Coordination of Treasury and Finance – COVID-19
- Jacinta Allan: Minister for the Coordination of Transport – COVID-19
- Jenny Mikakos: Minister for the Coordination of Health and Human Services – COVID-19
- Jill Hennessy: Minister for the Coordination of Justice and Community Safety – COVID-19
- Martin Pakula: Minister for the Coordination of Jobs, Precincts and Regions – COVID 19
- Lisa Neville: Minister for the Coordination of Environment, Land, Water and Planning – COVID-19

These seven Ministers have been sworn-in with new portfolios with responsibility for leading all COVID-19 response activities in their respective departments, while keeping their current portfolio responsibilities.

Other Ministers will continue to administer their current portfolios and the full Cabinet will continue to meet each week to manage the general business of government.

These arrangements are temporary, but they're absolutely necessary so we can save Victorian lives and support Victorian workers and businesses to the other side of this crisis.

### Latest COVID-19 update

The total number of coronavirus (COVID-19) cases in Victoria as at Sunday morning is 1135 – an increase of 20 from Saturday. Cases range in age from babies to their early nineties.

The number of people who have died in Victoria from coronavirus is now eight.

There are 75 confirmed cases of COVID-19 in Victoria that may have been acquired through community transmission. More than 56,000 tests have been conducted to date.

Currently 47 people are in hospital – including 11 patients in intensive care – and 527 people have recovered.

The Department of Health and Human Services follows up and monitors all close contacts of confirmed cases and provides them with information and support. All close contacts must self-isolate for 14 days. Flattening the curve – transmission rate.

### 'Ahead of the Curve'

While we are starting to see some improvement in the rate of transmission, now is not the time for complacency. We still have a long way to go.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### Background

With over a thousand cases in Victoria at the moment, we would be heading to 16,000 cases in a month, which would put enormous strain on our health system.

It will be weeks before we know if we can really drive down cases to protect our health system.

### Heroes Hotels

Our healthcare workers are doing an incredible job working around the clock to care for those with coronavirus - and everyone else using Victoria's health system every day. The last thing they need while they're out saving lives is worrying about the health of their loved ones at home.

Any paramedic or hospital worker – including non-clinical workers, like cooks and cleaners – who is exposed to coronavirus will be fully supported to self-isolate.

If they can do that safely at home, that's great. But if they can't, we'll put them up in a hotel for their self-isolation period.

### Background

Healthcare workers are currently more likely to be diagnosed with coronavirus than any other workforce and are at greater risk of coming into close contact with someone with the virus.

The accommodation will be available to clinical and non-clinical staff – including cooks and cleaners – at public and private hospitals that directly engage with patients, as well as frontline paramedics and patient transport staff.

The Department of Health and Human Services is currently assessing a range of hotels and apartment buildings in Melbourne and throughout regional Victoria that could provide accommodation, to ensure they're appropriately located and set up to house people who are isolating – so no one else in the building is put at risk.

### Victorian Schools

Any decision to shift to remote and flexible learning will be made on the advice of the Victorian Chief Health Officer.

Term 2 for students will begin on 15 April and we will communicate with families as soon as possible about what format that will take.

Schools have been preparing for the possibility of a move to flexible and remote learning, with the Department supporting schools with both online and offline education materials that can be completed by students at home, should it be required.

### **Background**

Any changes to arrangements for schooling will be made on the recommendation of Victoria's Chief Health Officer.

We are currently working with internet providers to provide students without internet connection at home with access to the internet.

### VCE exams

Our students and their families, teachers and principals are obviously concerned about what the impact of the coronavirus pandemic will be on students who are currently doing their VCE or VCAL.

Our Year 11 and 12 students will receive the care and support they need during this important time in their schooling. VCE and VCAL students will complete their studies.

We are working on a range of options to ensure they supported to do that.

This includes a greater focus on online learning, the delaying of deadlines for particular pieces of assessable work and the GAT, the timing of exams and looking at what other supports we can provide.

### **Background**

Any major changes to the VCE including timing would need to be consistent across all states and territories given the impact it could have on student ATARs.

### Testing criteria

We have continued to boost our testing capacity in Victoria by sustained expansion of our screening clinics and coronavirus testing laboratories.

This means we can test more Victorians than ever and well above the previous key target groups, the majority of which were travellers - a diminishing group.

To ensure we are getting the best possible picture of how the virus is tracking, Victoria's Chief Health Officer has expanded testing beyond healthcare workers, vulnerable groups, returned travellers and close contacts, to include key public facing workers, such as police and disability workers, as well as patients in high risk settings.

### Background

The full current testing criteria is available from the Department of Health and Human Services website.

<https://www2.health.vic.gov.au/about/news-and-events/HealthAlerts/2019%20Coronavirus%20disease%20-COVID-19>

This broadened criteria includes an expansion of the risk groups to be considered for testing.

Individuals who develop fever and respiratory symptoms and who fall in these groups are recommended for testing. People without symptoms should not be tested.

These additional groups include police officers, child protection workers, homelessness support, paid or unpaid workers in health care, residential care and disability settings.

It also includes immunosuppressed patients who are admitted to hospital and patients in high risk settings such as military operating settings, boarding schools, prisons and correctional settings.

The case definition is regularly updated in line with national guidelines, intelligence of the pandemic and epidemiology in Victoria and Australia.

### Peter Mac pandemic planning docs

All hospitals undertake scenario planning when it comes to dealing with pandemics.

We are boosting the number of beds and equipment available in our hospitals to deal with coronavirus and it's why we are doing everything we can to flatten the curve.

Our message is simple: Stay home. Protect our health services. Save lives.

### Alfred hospital cases

A third patient who had tested positive for COVID-19 has now died at the Alfred.

Stringent infection control measures remain in place on the ward, which has been closed to new admissions since last week

The Alfred is still admitting new cancer patients in need of urgent care into other areas of the hospital.

Two COVID-19 positive patients remain in a stable condition at The Alfred, while 10 staff have the virus and are recovering at home.

The Alfred has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

An investigation is underway to determine the source of transmission.

### ICU expansion

Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won't need all of this extra capacity, and we'll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

#### Background

At present, Victoria's public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won't be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

#### *Funding - general*

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

## Staffing

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

## Partners – CHO exemption

We know these restrictions are very strict and they are strict for a reason.

In order to save lives and protect our health system – people need to stay home.

There were significant concerns about people who were in a relationship and living at home with parents and elderly people, who are a vulnerable cohort – potentially passing that on to them

But we understand that we have to have a practical application of these directions as best we can. That's why the Chief Health Officer is providing an exemption so partners who don't live together can see each other during this time.

## Fishing

The advice is clear: stay home.

There are a lot of sacrifices we need to make – and going out to fish is one of them.

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

## Hunting

To help slow the spread of coronavirus, you can't leave your property to undertake recreational hunting.

### Background

Hunting on your own private property remains permissible. Directions of the Chief Health Officer in relation to restricted activities in Victoria expire on 13 April, but can be extended. Duck hunting season is scheduled to start on Saturday, 2 May.

## Construction and coronavirus

Construction is continuing in Victoria, in accordance with requirements set out by the Chief Health Officer, including social distancing.

We've been working closely with industry and the Unions to ensure we can protect workers' safety and jobs, including the 115,000 working across Victoria's Big Build and other projects in our unprecedented infrastructure program.

### Background

Work practices on Victorian construction sites will be determined on the advice of the Chief Health Officer.

## Firearms restrictions

The sale of firearms and ammunitions for sporting or recreational purposes will be temporarily banned, following deliberations by the National Cabinet.

The new measures are designed to protect licensed firearm owners and dealers as well as the broader community.

We're responding to an increase in demand for firearms and ammunition across the country by doing what we can to protect licensed firearm owners and dealers as well as the broader community.

We sincerely hope that Victoria Police does not have to issue one of these on the spot fines, and people do the right thing. But for those who don't, they will be dealt with.

## Background

Licensed firearm owners and dealers exercise a high degree of care when complying with their obligations, however, there has been an increase in firearm permits to acquire applications and additional ammunition in recent times, increasing the risk that firearms and ammunition may not be stored correctly.

Farmers, rural landholders, professional vermin control and armed guards will still have access.

## Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

It has also been agreed that the Australian Defence Force will be engaged to support the implementation of these arrangements.

As we take this extra step to slow the spread of coronavirus, our message to every other Victorian remains the same: Stay at home, protect our health system, save lives.

If you can stay home, you must stay home.

If you don't, people will die.

## On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system.

Our message is clear: if you can, you must stay at home.

## Coronavirus – PSOs

The government is currently looking at all options to ensure the appropriate use of all police resources.

### Background

Currently PSOs are restricted to the transport network under existing legislation.

### Going to the beach

Many beaches have been closed to help slow the spread of coronavirus.

While you can exercise at the beach if you follow the two-person restrictions, our message is clear: stay home.

### Holiday houses/Easter travel

Our message to Victorians is clear – stay home.

No one needs to spend the day at the beach or the weekend touring around regional Victoria. This will only spread the virus and more people will die.

### Background

Travelling to a holiday house is not banned. But if you do, then you must still practice social distancing measures, by keeping at least 1.5 metres away from other people, and only going out for one of the four directed reasons: buying food or other essentials, medical care and caregiving, exercise, or work or education purposes

### [Call for healthcare workers to join coronavirus response](#)

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

#### **Background**

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus responsive, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](http://dhhs.vic.gov.au/coronavirus).

### [Undergrad nursing students joining Victorian workforce](#)

Our healthcare workers are the heroes on the frontline of this crisis, and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for retired doctors and nurses, those who have moved onto other careers, research and medical science staff as well as medical students to come back to work and help care for Victorians.

It's great to see so many undergraduate nursing and midwifery students stepping up to help in the coronavirus response to provide essential support to our doctors, nurses and midwives.

### [Ventilators, ICU capacity and hospital preparedness](#)

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

#### **Background**

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 450 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need.

We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

## Elective surgery

We need to wind-down non urgent surgery because coronavirus cases continue to rise.

This follows agreement by the National Cabinet. We are making these decisions in order to protect patients, health care workers and their families from this deadly virus.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can stay at home, you must stay at home.

### Background

Victoria's public hospitals have been directed to begin winding back all non-urgent surgery, where it is safe to do so, as preparations escalate for the health system to cope with the coronavirus pandemic.

No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.

This is consistent with a decision of the National Cabinet acting on advice from the AHPPC that until further notice all elective surgery, other than urgent cases, will be suspended. This will apply to both public and private hospitals.

This will not affect emergency surgery, or category one elective surgeries including those booked in as part of our elective surgery blitz – which are considered the most urgent including urgent heart, neurological and cancer procedures.

As the pandemic progresses the Department of Health and Human Services will actively plan for these services to recommence, including surge capacity to reduce waitlists, when it is safe to do so.

## Hospital visit limitations

In Victoria, patients in public, private and denominational hospitals, multi-purpose services and day procedure centres will only be allowed a maximum of two visitors at one time for two hours a day.

We are taking these unprecedented measures to protect our hospital staff, patients and visitors and we will continue to do what it takes to keep everyone safe from coronavirus.

Our doctors, nurses and allied health professionals are working around the clock caring for patients – these new measures will help protect them as they tackle this pandemic head on.

The health and wellbeing of our dedicated hospital staff is paramount. This will be incredibly difficult for many patients and families but we must do everything we can to help our health care workers as they manage the challenges of coronavirus.

### Background

People in the following categories will not be bound by the two hour time limit, however the limit of two visitors at a time must still be adhered to;

- in the case of a patient of the hospital aged under 18 years—the person is the parent or guardian of the patient or has temporary care of the patient
- in the case of a patient of the hospital with a disability—the person is the carer of the patient
- in the case of a pregnant patient of the hospital whose status as a patient relates to the pregnancy—the person is the patient's partner or support person
- in the case of a patient of the hospital attending at the hospital's emergency department—a person accompanying the patient
- in the case of a patient of the hospital attending an outpatient appointment—a person accompanying the patient
- the person's presence at the hospital is for the purposes of end of life support for a patient of the hospital.

We ask the community if they are visiting any hospital in Victoria, to practice hand hygiene and respiratory etiquette responsibly. Anyone who is unwell should stay at home and call their GP or the COVID-19 public information hotline on 1800 675 398.

## Emergency relief packages for Victorians

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

### Background

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

## COVID-19 – State of Emergency

A State of Emergency has been declared in Victoria to combat COVID-19, as agreed by National Cabinet.

Under a State of Emergency, Authorised Officers 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.

This is another step in the Victorian Government's plan to combat this virus and do what we need to do to prevent the spread of COVID-19 as much as we can.

## Isolation requirements for travellers

Returned travellers are being made to undertake their mandatory 14-day quarantine period at designated accommodation such as a hotel, rather than at home.

The National Cabinet has taken this significant step in recognition that travelers returning from overseas pose an unacceptable risk of spreading the virus.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn't go to public places including work, school, childcare, university or public gatherings.

## Coronavirus testing

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

We've completed more than 54,000 tests and have established 30 screening and assessment clinics across Melbourne and regional Victoria, and our world class hospitals stand ready to establish more as required.

With more public and private labs coming online we have been able to progressively increase our testing capacity to now be more 4000 tests per day.

Victoria continues to work closely with Commonwealth agencies, to widen testing capacity.

### Background

We currently have nine laboratories in public health services testing for coronavirus and two private laboratories.

Victorian laboratories are now conducting more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

Victoria will assist in any way we can to ensure these are brought online promptly once locations are identified.

### Test kits

We are continuing to work hard to source swabs and testing kits for Victorian hospitals amidst a significant global shortage of swabs and reagent test kits for COVID-19 testing.

We are urging clinicians to only use one swab and to limit testing to high-risk patients, and those who meet the case definition under the national guidelines which includes healthcare workers.

### Prescriptions

We advise people to ensure they have enough medication to meet their needs, particularly if they were required to undergo quarantine unexpectedly and needed to avoid pharmacies and other public places.

For the majority of people, a 30 day supply should be sufficient, but people should consider whether they need more and discuss their prescription with their GP if concerned.

### Flu vaccines

There is sufficient supply of influenza vaccine for the National Immunisation Program.

The coronavirus pandemic will no doubt put pressure on the private market stock – if immunisation providers have not placed their pre-season orders then I would strongly recommend they contact their supplier to access supplies.

We all have a role to play in slowing the spread of coronavirus and the flu, to protect our health system and save lives, and we encourage everyone to get their annual flu shot from April onwards.

### Background

So far this year, there has been 3,772 cases of influenza reported to the Department of Health and Human Services compared to 4,619 for the same period last year. There were more 69,300 cases of influenza reported to the Department in 2019.

The Victorian Government has distributed more than 778,000 doses of flu vaccine across Victoria. This includes nearly 90,000 doses for our healthcare workers this year.

GP clinics, pharmacies and local immunisations sessions will still be providing necessary and life saving vaccinations like the flu shot whilst also following all current advice around hygiene practices and physical distancing requirements.

### Panic buying

We understand there is a lot of concern in the community right now, but there is no need to rush out and stock up on goods.

The major supermarkets have assured the Government that they are well stocked and will continue to be well-stocked.

Supermarkets will stay open - this is about sensible planning so if you or your loved ones become unwell you will have supplies of consumables and medication.

### General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://dhhs.vic.gov.au/novelcoronavirus)

### Screening clinics and hotspot LGAs

We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.

We have established 30 screening and assessment clinics across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.

We're working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.

### Background

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398. Large numbers of calls will result in some delays and we ask Victorians for their patience.

### Council Meetings

We're working with Councils to consider the implications of Coronavirus on their operations including the welfare of staff, compliance with the Act, elections and their meetings.

### Local footy and cricket scheduling and coronavirus impact

We encourage all sporting bodies to work co-operatively, especially where shared facilities are involved.

#### Background

In March 2019, Minister for Sport Martin Pakula determined that, for grounds on Crown land where football and cricket are played, the football season would run from 1 April to 30 September and the cricket season would run from 1 October to 31 March.

These dates were agreed to by AFL Victoria and Cricket Victoria on behalf of their respective sports.

The determination contained flexibility for activities such as pre-season practice matches to be played on jointly-used ovals with the permission of the other sport.

The determination notes that the arrangements can be varied by mutual agreement between the sports.

## Minister covid lines

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**From:** "Jinane Bou-Assi (DPC)" [REDACTED]  
**To:** "Brett Sutton (DHHS)" [REDACTED]  
**Date:** Tue, 07 Apr 2020 07:23:03 +1000  
**Attachments:** 200407 - COVID Lines.docx (49.48 kB)

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### Coronavirus General

Some things in life are complex, this is not. Our message to every Victorian is clear: stay home.

There are only four reasons to leave your home: food and supplies, medical care and caregiving, exercise, and work or education.

While we are starting to see some improvement in the rate of transmission, now is not the time for complacency. We still have a long way to go.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

To flatten the curve, we are all going to have to sacrifice a lot. But it may be the most important thing we ever do.

So please: Stay home. Protect our health system. Save lives.

### Background

With over a thousand cases in Victoria at the moment, we would be heading to 16,000 cases in a month, which would put enormous strain on our health system.

It will be weeks before we know if we can really drive down cases to protect our health system.

### Latest COVID-19 update

The total number of coronavirus (COVID-19) cases in Victoria as at Sunday morning is 1135 – an increase of 20 from Saturday. Cases range in age from babies to their early nineties.

The number of people who have died in Victoria from coronavirus is now eight.

There are 75 confirmed cases of COVID-19 in Victoria that may have been acquired through community transmission. More than 56,000 tests have been conducted to date.

Currently 47 people are in hospital – including 11 patients in intensive care – and 527 people have recovered.

The Department of Health and Human Services follows up and monitors all close contacts of confirmed cases and provides them with information and support. All close contacts must self-isolate for 14 days. Flattening the curve – transmission rate.

### Coronavirus crisis council

The Crisis Council of Cabinet (CCC) will be the core decision making forum for the Victorian Government on all matters related to the coronavirus emergency, including implementing the outcomes of the National Cabinet.

It will operate initially until 30 September 2020 and will then be reviewed.

Premier will chair the CCC and it will include:

- James Merlino: Minister for the Coordination of Education and Training – COVID-19
- Tim Pallas: Minister for the Coordination of Treasury and Finance – COVID-19
- Jacinta Allan: Minister for the Coordination of Transport – COVID-19
- Jenny Mikakos: Minister for the Coordination of Health and Human Services – COVID-19
- Jill Hennessy: Minister for the Coordination of Justice and Community Safety – COVID-19
- Martin Pakula: Minister for the Coordination of Jobs, Precincts and Regions – COVID 19
- Lisa Neville: Minister for the Coordination of Environment, Land, Water and Planning – COVID-19

These seven Ministers have been sworn-in with new portfolios with responsibility for leading all COVID-19 response activities in their respective departments, while keeping their current portfolio responsibilities.

Other Ministers will continue to administer their current portfolios and the full Cabinet will continue to meet each week to manage the general business of government.

These arrangements are temporary, but they're absolutely necessary so we can save Victorian lives and support Victorian workers and businesses to the other side of this crisis.

### COVID 19 Restrictions

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care and caregiving, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

## Victorian Schools

Any decision to shift to remote and flexible learning will be made on the advice of the Victorian Chief Health Officer.

Term 2 for students will begin on 15 April and we will communicate with families as soon as possible about what format that will take.

Schools have been preparing for the possibility of a move to flexible and remote learning, with the Department supporting schools with both online and offline education materials that can be completed by students at home, should it be required.

### Background

Any changes to arrangements for schooling will be made on the recommendation of Victoria's Chief Health Officer.

We are currently working with internet providers to provide students without internet connection at home with access to the internet.

## VCE exams

Our students and their families, teachers and principals are obviously concerned about what the impact of the coronavirus pandemic will be on students who are currently doing their VCE or VCAL.

Our Year 11 and 12 students will receive the care and support they need during this important time in their schooling. VCE and VCAL students will complete their studies.

We are working on a range of options to ensure they supported to do that.

This includes a greater focus on online learning, the delaying of deadlines for particular pieces of assessable work and the GAT, the timing of exams and looking at what other supports we can provide.

### Background

Any major changes to the VCE including timing would need to be consistent across all states and territories given the impact it could have on student ATARs.

## Heroes Hotels

Our healthcare workers are doing an incredible job working around the clock to care for those with coronavirus - and everyone else using Victoria's health system every day. The last thing they need while they're out saving lives is worrying about the health of their loved ones at home.

Any paramedic or hospital worker – including non-clinical workers, like cooks and cleaners – who is exposed to coronavirus will be fully supported to self-isolate.

If they can do that safely at home, that's great. But if they can't, we'll put them up in a hotel for their self-isolation period.

### Background

Healthcare workers are currently more likely to be diagnosed with coronavirus than any other workforce and are at greater risk of coming into close contact with someone with the virus.

The accommodation will be available to clinical and non-clinical staff – including cooks and cleaners – at public and private hospitals that directly engage with patients, as well as frontline paramedics and patient transport staff.

The Department of Health and Human Services is currently assessing a range of hotels and apartment buildings in Melbourne and throughout regional Victoria that could provide accommodation, to ensure they're appropriately located and set up to house people who are isolating – so no one else in the building is put at risk.

## Holiday houses/Easter travel

The rules are clear - and they don't change over Easter: if you can stay at home, you must stay at home.

That means if you've booked a holiday house at the beach, or a hotel in regional Victoria, you should not go.

If you own a holiday house, you may travel there with members of your family that you currently live with, as long as you continue to practice social distancing.

But think about the pressure that might put on smaller regional communities who have fewer supplies and may not have 24-hour medical facilities - and consider whether it's absolutely necessary to travel to that house.

This is tough for many families, but no Easter holiday is worth a life. Stay at home and slow the spread of Coronavirus.

### Driving lessons

If a parent wants to teach their child to drive - they can if they are undertaking essential activity, like getting supplies.

Otherwise it shouldn't be happening.

Our message to every Victorian is clear: stay at home, protect the health system, save lives.

### Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn't go to public places including work, school, childcare, university or public gatherings.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

### Coronavirus – PSOs

This is a common sense change to boost frontline policing so that Victorians can continue to feel safe if they're leaving their home for food and supplies, medical care, exercise, or work or education.

Just like our healthcare workers and so many others in the community, our police and PSOs are on the frontline of Victoria's response to coronavirus and this will provide them with the additional support they need.

We sincerely hope that Victoria Police do not have to issue any more fines because people are doing the right thing. But for those that don't, they will be dealt with.

### Background

The Victorian Government is increasing the range of 'designated places' where Protective Services Officers (PSOs) can exercise their powers so PSOs can be redeployed from the public transport network and into communities, boosting police resources.

### On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing. Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can, you must stay at home.

## Testing criteria

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

Victoria’s testing criteria for COVID-19 have been broadened to include people whose employment and contact with the broader public may place them at higher risk of exposure to any virus which maybe circulating in the community.

These changes are aimed at striking a balance between identifying cases that are not linked to known travel or other risks and maintaining current suppression efforts targeted at returned travellers and contacts of current cases.

The number of community acquired cases contracted from an unknown source are continuing to rise – the expansion of the testing criteria will allow us to get a clearer picture of how much the virus is circulating.

These new criteria do not mean our stage 3 restrictions should be relaxed. The reverse is true, we must continue these actions to flatten the curve.

If someone in the following categories displays clinical symptoms – a fever or acute respiratory infection – they will now be tested for COVID-19.

- Childcare and early childhood education
- Primary or secondary schools; and
- Firefighters who are emergency medical responders
- People aged 65 years and older

The full testing criteria list is available at <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease--COVID-19>

Contact tracing of all known cases will continue so that anyone who has been exposed to a confirmed case completes the mandatory 14 days in self-isolation.

### Background

We currently have nine laboratories in public health services testing for coronavirus and two private laboratories.

Victorian laboratories are now conducting more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

## Preparing our hospitals

Victoria’s health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won’t need all of this extra capacity, and we’ll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

### Background

At present, Victoria’s public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won’t be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

**Funding - general**

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

**Staffing**

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

**Ventilators, ICU capacity and hospital preparedness**

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

**Background**

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 450 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need.

We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

## Alfred hospital cases

A third patient who had tested positive for COVID-19 has now died at the Alfred.

Stringent infection control measures remain in place on the ward, which has been closed to new admissions since last week

The Alfred is still admitting new cancer patients in need of urgent care into other areas of the hospital.

Two COVID-19 positive patients remain in a stable condition at The Alfred, while 10 staff have the virus and are recovering at home.

The Alfred has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

An investigation is underway to determine the source of transmission.

## Elective surgery

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can stay at home, you must stay at home.

Victoria's public hospitals have been directed to begin winding back all non-urgent surgery, where it is safe to do so, as preparations escalate for the health system to cope with the coronavirus pandemic.

No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.

This is consistent with a decision of the National Cabinet acting on advice from the AHPPC that until further notice all elective surgery, other than urgent cases, will be suspended. This will apply to both public and private hospitals.

This will not affect emergency surgery, or category one elective surgeries including those booked in as part of our elective surgery blitz – which are considered the most urgent including urgent heart, neurological and cancer procedures.

As the pandemic progresses the Department of Health and Human Services will actively plan for these services to recommence, including surge capacity to reduce waitlists, when it is safe to do so.

## Call for healthcare workers to join coronavirus response

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

### Background

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus responsive, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](https://dhhs.vic.gov.au/coronavirus).

## Students joining Victorian health workforce

Our healthcare workers are the heroes on the frontline of this crisis, and we need all hands on deck as we face this unprecedented challenge.

Students from the medical, nursing and allied health fields, will be an important part of the health workforce response to COVID 19 but are intended to work in support roles only at this stage.

Each health service will determine the number of positions, based on their needs. Students will then be offered paid employment contracts, which allow them to be supervised in roles that are suitable for their skills and level of experience.

### **Background**

A skills matrix has been developed for the three student professions (medical, nursing and allied health) which will guide the engagement of student work placements.

A number of medical students also have qualifications in other health areas – for example they were previously registered as nurses and physiotherapists. These students can register through the DHHS website to be included as part of their previous qualifications.

Decisions about whether their work will formally contribute to their degree will be determined at a later time, in consultation with the accrediting bodies.

For more information and to register for a student work placement visit [healthworkforceresponse.dhhs.vic.gov.au/](https://healthworkforceresponse.dhhs.vic.gov.au/)

### [Free car parking free for hospital workers](#)

Our healthcare staff are working around the clock to care for those with coronavirus and we're doing everything we can to support them as we manage this pandemic.

We applaud Melbourne City Council and have asked other local councils do the same to help make it easier for hospital workers.

We're also talking with major private parking providers who manage facilities on public hospital campuses, to get better access to car parking for our frontline health workers.

### [Emergency relief packages for Victorians](#)

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

### **Background**

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

### [Flu vaccines](#)

There is sufficient supply of influenza vaccine for the National Immunisation Program.

The coronavirus pandemic will no doubt put pressure on the private market stock – if immunisation providers have not placed their pre-season orders then I would strongly recommend they contact their supplier to access supplies.

We all have a role to play in slowing the spread of coronavirus and the flu, to protect our health system and save lives, and we encourage everyone to get their annual flu shot from April onwards.

### **Background**

So far this year, there has been 3,772 cases of influenza reported to the Department of Health and Human Services compared to 4,619 for the same period last year. There were more 69,300 cases of influenza reported to the Department in 2019.

The Victorian Government has distributed more than 778,000 doses of flu vaccine across Victoria. This includes nearly 90,000 doses for our healthcare workers this year.

GP clinics, pharmacies and local immunisations sessions will still be providing necessary and life saving vaccinations like the flu shot whilst also following all current advice around hygiene practices and physical distancing requirements.

### General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://www.dhhs.vic.gov.au/novelcoronavirus)

### Screening clinics and hotspot LGAs

“We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.”

“There have been 34 screening clinics established across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.”

“We're also working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.”

### Background

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria – including Barwon Health North Geelong:

<https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

The Commonwealth Government has also announced they will fund 100 pop-up clinics in areas of need across the country. Five of these clinics are so far up and running in Victoria.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398.

### Recreational Activities

There are an increasing number of locally acquired cases emerging in the community. By staying at home and limiting your contact with other people, we can all slow the spread of the virus.

This means no fishing, no hunting, no boating, no camping and no golf.

We all need to change our behaviour to change the course of this epidemic and we urge people to stop looking for loopholes - just do the right thing.

There are a lot of sacrifices we need to make – but taking these actions will save lives.

### Background

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

You cannot leave your property to undertake recreational hunting, however hunting on your own private property remains permissible.

The sale of firearms and ammunitions for sporting or recreational purposes will also be temporarily banned, following deliberations by the National Cabinet.

The new measures are designed to protect licensed firearm owners and dealers as well as the broader community.

Directions of the Chief Health Officer in relation to restricted activities in Victoria expire on 13 April, but can be extended. Duck hunting season is scheduled to start on Saturday, 2 May.

### Construction and coronavirus

Construction is continuing in Victoria, in accordance with requirements set out by the Chief Health Officer, including social distancing.

We've been working closely with industry and the Unions to ensure we can protect workers' safety and jobs, including the 115,000 working across Victoria's Big Build and other projects in our unprecedented infrastructure program.

#### **Background**

Work practices on Victorian construction sites will be determined on the advice of the Chief Health Officer.

### Council Meetings

We're working with Councils to consider the implications of Coronavirus on their operations including the welfare of staff, compliance with the Act, elections and their meetings.

## Fwd: Saturday April 4 - Media Lines

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**From:** REDACTED (DPC) REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Sat, 04 Apr 2020 09:49:51 +1100  
**Attachments:** 040420\_-\_covid\_lines.docx (45.8 kB); COVID-19 Situation Report 4 April 2020 SitRep #60.pdf (474.42 kB); MEDIA RELEASE\_POSSIBLE CORONAVIRUS DRUG IDENTIFIED BY MONASH UNIVERSITY RESEARCHERS.docx (2 MB)

---

Just an FYI - these are with Annaliese

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**From:** REDACTED (VICMIN) REDACTED  
**Sent:** Saturday, April 4, 2020 9:47 am  
**To:** Jenny Mikakos (VICMIN)  
**Cc:** REDACTED (VICMIN); REDACTED (VICMIN); REDACTED (VICMIN); REDACTED (DPC); REDACTED (VICMIN); REDACTED (VICMIN); REDACTED (VICMIN)  
**Subject:** Saturday April 4 - Media Lines

Hi Minister,

Lines log, situation report and media release on Monash University study (parasite drug that kills coronavirus) attached.

Key things I think you'll get this morning – Alfred staff isolated, Monash study, PSO's redeployed, new death, City of Hume has the highest infection rate.

You may also get Peter Mac negative test result.

I'll meet you at 50L at 11.40am and have also printed these for you including the CHO release and daily stats page.

Additional lines you may need this morning below.

Thanks,

REDACTED

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### **Peter Mac staff member cleared for coronavirus**

A health care worker at Peter MacCallum Cancer Centre has returned a negative test for coronavirus after initially testing positive.

This is a good result for the individual, for the team at Peter Mac and certainly for those patients affected.

When it comes to testing health care workers with exposure to high risk patients, we will always support a cautious approach.

We acknowledge the inconvenience and stress this incident would have caused patients, loved ones and staff and thank them for their understanding.

### **Background**

No medical test is 100 per cent accurate, and with thousands of COVID-19 tests being administered every day in Victoria, some reports of conflicting test results are to be expected.

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### **Potential treatments**

There is currently no drug treatment for coronavirus. Health services have access to supportive measures that can substantially reduce the severity of this disease.

We've got some of the brightest minds in the world in our health services, laboratories and research sector

working on the global response. Researchers around the world are also working to develop a vaccine, but it might be months away or longer. Even the best health systems will be challenged by a pandemic, so we are preparing for all scenarios.

We are expanding the already significant capacity of the Victorian Infectious Disease Reference Laboratory to meet increasing demand for rapid COVID-19 testing of suspected cases as part of the Victorian Government's recent \$6million investment to accelerate the Doherty Institute's landmark research into the virus.

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### **Coronavirus – PSOs**

The government is currently looking at all options to ensure the appropriate use of all police resources.

### **Background**

Currently PSOs are restricted to the transport network under existing legislation.

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### **GST reduction**

These changes leave Victoria \$1.27 billion worse off – the largest cut for any state, ever. It's extremely disappointing, but we'll keep fighting for a fair share of funding for schools, hospitals and the other vital services Victorians need.

**REDACTED**

### **Media Adviser Health and Human Services**

Office of the Premier of Victoria  
Level 1, 1 Treasury Place, East Melbourne VIC 3002

**REDACTED**



Office of  
the Premier

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## Coronavirus General

In order to avoid the distressing scenes we now are seeing around the world, National Cabinet has agreed to significant new restrictions on public gatherings and will also enforce that where people can stay at home, they must stay at home.

Some things in life are complex, this is not. Our message to every Victorian is very clear: stay home.

There are only four reasons to leave your home: food and supplies, medical care, exercise, and work or education.

Most Victorians are doing the right thing and we're grateful to them. But we must do more.

That's why we are also restricting gatherings to no more than two people except for members of your immediate household and for work or education.

As we deal with this health crisis, we know that for many Victorians it's an economic crisis as well. With many businesses losing their customers, and Victorians losing their jobs, paying rent is becoming impossible for some people.

That's why National Cabinet has agreed to a moratorium on evictions for the next six months for residential and commercial tenants who are experiencing financial distress due to the impact of coronavirus. This will apply across all states and territories.

To flatten the curve, we are all going to have to sacrifice a lot. But it may be the most important thing we ever do.

So please: Stay home. Protect our health system. Save lives.

## Other COVID 19 Measures

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

## Coronavirus crisis council

The coronavirus (COVID-19) pandemic is something that our state and our nation has not faced in our lifetimes and it presents an unprecedented challenge to the operation of Government.

It has already disrupted our lives in ways we could not have imagined, even four weeks ago.

As a Government, it is our job to respond to this health emergency now to keep Victorians safe, and then ensure our state is best placed to recover and rebuild when we get to the other side of this crisis.

The Crisis Council of Cabinet (CCC) will be the core decision making forum for the Victorian Government on all matters related to the coronavirus emergency, including implementing the outcomes of the National Cabinet.

It will operate initially until 30 September 2020 and will then be reviewed.

Premier will chair the CCC and it will include:

- James Merlino: Minister for the Coordination of Education and Training – COVID-19

- Tim Pallas: Minister for the Coordination of Treasury and Finance – COVID-19
- Jacinta Allan: Minister for the Coordination of Transport – COVID-19
- Jenny Mikakos: Minister for the Coordination of Health and Human Services – COVID-19
- Jill Hennessy: Minister for the Coordination of Justice and Community Safety – COVID-19
- Martin Pakula: Minister for the Coordination of Jobs, Precincts and Regions – COVID 19
- Lisa Neville: Minister for the Coordination of Environment, Land, Water and Planning – COVID-19

These seven Ministers have been sworn-in with new portfolios with responsibility for leading all COVID-19 response activities in their respective departments, while keeping their current portfolio responsibilities.

Other Ministers will continue to administer their current portfolios and the full Cabinet will continue to meet each week to manage the general business of government.

The most senior levels of the Victorian Public Service will also be structured to align with these new coordinating responsibilities, with a focus on eight core missions that will help us respond appropriately and effectively to the coronavirus emergency.

Departmental Secretaries will appoint Associate Secretaries to run the day-to-day administration of their departments, allowing the Secretaries to lead teams focused on the pandemic response.

These arrangements are temporary, but they're absolutely necessary so we can save Victorian lives and support Victorian workers and businesses to the other side of this crisis.

### Latest COVID-19 update

The total number of coronavirus (COVID-19) cases in Victoria is 1085 – an increase of 49 from yesterday.

Yesterday a man in his eighties died in hospital, taking the number of people who have died in Victoria from coronavirus to seven.

The total number of cases includes 577 men and 504 women. Cases range in age from babies to their early nineties. There are 62 confirmed cases of COVID-19 in Victoria that may have been acquired through community transmission. More than 51,000 tests have been conducted to date.

Currently 36 people are in hospital – including six patients in intensive care – and 422 people have recovered.

Currently 37 people are in hospital – including seven patients in intensive care – and 476 people have recovered.

Of the total 1,085 cases, there have been 866 in Melbourne and 205 in regional Victoria. A number of cases remain under investigation.

Details can be found on the DHHS website at: <https://www.dhhs.vic.gov.au/media-hub-coronavirus-disease-covid-19>.

The Department of Health and Human Services follows up and monitors all close contacts of confirmed cases and provides them with information and support. All close contacts must self-isolate for 14 days.

### Flattening the curve – transmission rate

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### Background

With over a thousand cases in Victoria at the moment, we would be heading to 16,000 cases in a month, which would put enormous strain on our health system.

It will be weeks before we know if we can really drive down cases to protect our health system.

### Alfred hospital cases

A third patient who had tested positive for COVID-19 has now died at the Alfred.

Stringent infection control measures remain in place on the ward, which has been closed to new admissions since last week

The Alfred is still admitting new cancer patients in need of urgent care into other areas of the hospital.

Two COVID-19 positive patients remain in a stable condition at The Alfred, while 10 staff have the virus and are recovering at home.

The Alfred has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

An investigation is underway to determine the source of transmission.

### ICU expansion

Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won't need all of this extra capacity, and we'll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

### Background

At present, Victoria's public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won't be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

### *Funding - general*

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

### Staffing

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

### Partners – CHO exemption

We know these restrictions are very strict and they are strict for a reason.

In order to save lives and protect our health system – people need to stay home.

There were significant concerns about people who were in a relationship and living at home with parents and elderly people, who are a vulnerable cohort – potentially passing that on to them

But we understand that we have to have a practical application of these directions as best we can. That's why the Chief Health Officer is providing an exemption so partners who don't live together can see each other during this time.

### Fishing and hunting

The advice is clear, you need to stay home.

There are a lot of sacrifices we need to make – and going out to fish or hunt are some of them.

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

### Construction and coronavirus

Construction is continuing in Victoria, in accordance with requirements set out by the Chief Health Officer, including social distancing.

We've been working closely with industry and the Unions to ensure we can protect workers' safety and jobs, including the 15,000 working across Victoria's Big Build and other projects in our unprecedented infrastructure program.

#### Background

Work practices on Victorian construction sites will continue to be determined on the advice of the Chief Health Officer.

The Department of Health and Human Services advice is that, any worker who tests positive is required to go into self-isolation for 14 days.

Any close contacts identified by DHHS tracing are required to go into self-quarantine for 14 days. Once a site has been cleaned, it is the builder's decision on whether it is reopened.

DHHS has compiled detailed guidelines for best practice in the construction industry.

This includes the requirement for screening of construction workers to ensure no one recently returned from overseas is on site, and that people who have flu-like symptoms not attend work. Workers also need to adhere to physical distancing rules and maintain high levels of on-site hygiene.

These can be found here:

[https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best\\_practice\\_for\\_managing\\_construction\\_sites\\_COVID-19\\_3103-final.pdf.pdf](https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best_practice_for_managing_construction_sites_COVID-19_3103-final.pdf.pdf)

### Firearms restrictions

The sale of firearms and ammunitions for sporting or recreational purposes will be temporarily banned, following deliberations by the National Cabinet.

The new measures are designed to protect licensed firearm owners and dealers as well as the broader community.

We're responding to an increase in demand for firearms and ammunition across the country by doing what we can to protect licensed firearm owners and dealers as well as the broader community.

We sincerely hope that Victoria Police does not have to issue one of these on the spot fines, and people do the right thing. But for those who don't, they will be dealt with.

## Background

Licensed firearm owners and dealers exercise a high degree of care when complying with their obligations, however, there has been an increase in firearm permits to acquire applications and additional ammunition in recent times, increasing the risk that firearms and ammunition may not be stored correctly.

Farmers, rural landholders, professional vermin control and armed guards will still have access.

## Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

It has also been agreed that the Australian Defence Force will be engaged to support the implementation of these arrangements.

As we take this extra step to slow the spread of coronavirus, our message to every other Victorian remains the same: Stay at home, protect our health system, save lives.

If you can stay home, you must stay home.

If you don't, people will die.

## On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system.

Our message is clear: if you can, you must stay at home.

## Coronavirus – PSOs

The government is currently looking at all options to ensure the appropriate use of all police resources.

### Background

Currently PSOs are restricted to the transport network under existing legislation.

### Going to the beach

Many beaches have been closed to help slow the spread of coronavirus.

While you can exercise at the beach if you follow the two-person restrictions, our message is clear: stay home.

### Holiday houses

Our message to Victorians is clear – stay home.

No one needs to spend the day at the beach or the weekend touring around regional Victoria. This will only spread the virus and more people will die.

### Background

Travelling to a holiday house is not banned. But if you do, then you must still practice social distancing measures, by keeping at least 1.5 metres away from other people, and only going out if you need to buy food or medical supplies.

### Call for healthcare workers to join coronavirus response

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

#### Background

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus responsive, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](https://dhhs.vic.gov.au/coronavirus).

### Victorian Schools

School holidays for government schools in Victoria were brought forward to allow teachers and staff to plan for flexible and remote learning in the event schools need to move to that method of teaching.

Primary school students and all students in specialist schools who are the children (or under the care) of essential services workers are eligible for care and supervision programs.

Examples of essential services may include health, police, corrections and emergency services workers.

### Term 2 school start

Any decision to shift to remote and flexible learning will be made on the advice of the Victorian Chief Health Officer.

Term 2 for students will begin on 15 April and we will communicate with families as soon as possible about what format that will take.

### Ventilators, ICU capacity and hospital preparedness

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

#### Background

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 500 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need.

We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

## Elective surgery

We need to wind-down non urgent surgery because coronavirus cases continue to rise.

This follows agreement by the National Cabinet. We are making these decisions in order to protect patients, health care workers and their families from this deadly virus.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can stay at home, you must stay at home.

### Background

Victoria's public hospitals have been directed to begin winding back all non-urgent surgery, where it is safe to do so, as preparations escalate for the health system to cope with the coronavirus pandemic.

No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.

This is consistent with a decision of the National Cabinet acting on advice from the AHPPC that until further notice all elective surgery, other than urgent cases, will be suspended. This will apply to both public and private hospitals.

This will not affect emergency surgery, or category one elective surgeries including those booked in as part of our elective surgery blitz – which are considered the most urgent including urgent heart, neurological and cancer procedures.

As the pandemic progresses the Department of Health and Human Services will actively plan for these services to recommence, including surge capacity to reduce waitlists, when it is safe to do so.

## Hospital visit limitations

In Victoria, patients in public, private and denominational hospitals, multi-purpose services and day procedure centres will only be allowed a maximum of two visitors at one time for two hours a day.

We are taking these unprecedented measures to protect our hospital staff, patients and visitors and we will continue to do what it takes to keep everyone safe from coronavirus.

Our doctors, nurses and allied health professionals are working around the clock caring for patients – these new measures will help protect them as they tackle this pandemic head on.

The health and wellbeing of our dedicated hospital staff is paramount. This will be incredibly difficult for many patients and families but we must do everything we can to help our health care workers as they manage the challenges of coronavirus.

### Background

People in the following categories will not be bound by the two hour time limit, however the limit of two visitors at a time must still be adhered to;

- in the case of a patient of the hospital aged under 18 years—the person is the parent or guardian of the patient or has temporary care of the patient
- in the case of a patient of the hospital with a disability—the person is the carer of the patient
- in the case of a pregnant patient of the hospital whose status as a patient relates to the pregnancy—the person is the patient's partner or support person
- in the case of a patient of the hospital attending at the hospital's emergency department—a person accompanying the patient
- in the case of a patient of the hospital attending an outpatient appointment—a person accompanying the patient
- the person's presence at the hospital is for the purposes of end of life support for a patient of the hospital.

We ask the community if they are visiting any hospital in Victoria, to practice hand hygiene and respiratory etiquette responsibly. Anyone who is unwell should stay at home and call their GP or the COVID-19 public information hotline on 1800 675 398.

## Emergency relief packages for Victorians

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

### Background

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

## COVID-19 – State of Emergency

A State of Emergency has been declared in Victoria to combat COVID-19, as agreed by National Cabinet.

Under a State of Emergency, Authorised Officers 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.

This is another step in the Victorian Government's plan to combat this virus and do what we need to do to prevent the spread of COVID-19 as much as we can.

## Isolation requirements for travellers

Returned travellers are being made to undertake their mandatory 14-day quarantine period at designated accommodation such as a hotel, rather than at home.

The National Cabinet has taken this significant step in recognition that travelers returning from overseas pose an unacceptable risk of spreading the virus.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn't go to public places including work, school, childcare, university or public gatherings.

## Coronavirus testing

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

We've completed more than 49,000 tests and have established 30 screening and assessment clinics across Melbourne and regional Victoria, and our world class hospitals stand ready to establish more as required.

With more public and private labs coming online we have been able to progressively increase our testing capacity to now be more 4000 tests per day.

Victoria continues to work closely with Commonwealth agencies, to widen testing capacity.

### Background

We currently have nine laboratories in public health services testing for coronavirus and two private laboratories.

Victorian laboratories are now conducting more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

Victoria will assist in any way we can to ensure these are brought online promptly once locations are identified.

## Testing criteria

We have continued to boost our testing capacity in Victoria by sustained expansion of our screening clinics and coronavirus testing laboratories.

This means we can test more Victorians than ever and well above the previous key target groups, the majority of which were travellers - a diminishing group.

To ensure we are getting the best possible picture of how the virus is tracking, Victoria's Chief Health Officer has expanded testing beyond healthcare workers, vulnerable groups, returned travellers and close contacts, to include key public facing workers, such as police and disability workers, as well as patients in high risk settings.

## Background

The full current testing criteria is available from the Department of Health and Human Services website.

<https://www2.health.vic.gov.au/about/news-and-events/HealthAlerts/2019%20Coronavirus%20disease%20-COVID-19>

This broadened criteria includes an expansion of the risk groups to be considered for testing.

Individuals who develop fever and respiratory symptoms and who fall in these groups are recommended for testing. People without symptoms should not be tested.

These additional groups include police officers, child protection workers, homelessness support, paid or unpaid workers in health care, residential care and disability settings.

It also includes immunosuppressed patients who are admitted to hospital and patients in high risk settings such as military operating settings, boarding schools, prisons and correctional settings.

The case definition is regularly updated in line with national guidelines, intelligence of the pandemic and epidemiology in Victoria and Australia.

## Test kits

We are continuing to work hard to source swabs and testing kits for Victorian hospitals amidst a significant global shortage of swabs and reagent test kits for COVID-19 testing.

We are urging clinicians to only use one swab and to limit testing to high-risk patients, and those who meet the case definition under the national guidelines which includes healthcare workers.

## Prescriptions

We advise people to ensure they have enough medication to meet their needs, particularly if they were required to undergo quarantine unexpectedly and needed to avoid pharmacies and other public places.

For the majority of people, a 30 day supply should be sufficient, but people should consider whether they need more and discuss their prescription with their GP if concerned.

## Panic buying

We understand there is a lot of concern in the community right now, but there is no need to rush out and stock up on goods.

The major supermarkets have assured the Government that they are well stocked and will continue to be well-stocked.

Supermarkets will stay open - this is about sensible planning so if you or your loved ones become unwell you will have supplies of consumables and medication.

## General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://dhhs.vic.gov.au/novelcoronavirus)

## Screening clinics and hotspot LGAs

We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.

We have established 30 screening and assessment clinics across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.

We're working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.

### Background

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398. Large numbers of calls will result in some delays and we ask Victorians for their patience.

## Council Meetings

We're working with Councils to consider the implications of Coronavirus on their operations including the welfare of staff, compliance with the Act, elections and their meetings.

## Local footy and cricket scheduling and coronavirus impact

We encourage all sporting bodies to work co-operatively, especially where shared facilities are involved.

### Background

In March 2019, Minister for Sport Martin Pakula determined that, for grounds on Crown land where football and cricket are played, the football season would run from 1 April to 30 September and the cricket season would run from 1 October to 31 March.

These dates were agreed to by AFL Victoria and Cricket Victoria on behalf of their respective sports.

The determination contained flexibility for activities such as pre-season practice matches to be played on jointly-used ovals with the permission of the other sport.

The determination notes that the arrangements can be varied by mutual agreement between the sports.

## OFFICIAL: FW: Daily DHHS Key Messages - 13 April 2020

**From:** REDACTED (DPC) REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Mon, 13 Apr 2020 19:27:43 +1000  
**Attachments:** 200413 DHHS key messages - Coronavirus Disease (COVID-19) - APPROVED.docx (102.22 kB)

Not sure if you get these sent to you? If not see attached

OFFICIAL

**From:** DHHS EmergencyCommunications (DHHS) <em.comms@dhhs.vic.gov.au>

**Subject:** Daily DHHS Key Messages - 13 April 2020

Hi all,  
 Today's key messages, noting messaging and FAQs about the case definition changes are being developed and will be sent around later tonight.

Thanks

REDACTED  
 ED

REDACTED

**Manager, Emergency Management Communications**

REDACTED

Communications and Media

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

**Out of hours please call the DHHS public information officer: 1300 170 708**



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# Coronavirus (COVID-19)

## DHHS key messages

13 April 2020 as at 15.30hrs

### How we can all save lives

- Stay home. Protect our health system. Save lives.
- The Victorian Government is directing Victorians to stay at home to help slow the spread of coronavirus (COVID-19)
- By staying at home and limiting your contact with other people, we can all help slow the spread of the virus.
- If you can stay home, you must stay home.
- There are only four reasons for Victorians to leave their home: food and supplies, medical care and care giving, exercise, and work or education.
- We're asking Victorians to please stop looking for loopholes. The advice is clear, by staying at home you're saving lives.
- Younger Victorians are not immune to coronavirus (COVID-19).
- There are an increasing number of locally acquired cases emerging in the community.
- Coronavirus (COVID-19) spreads through close contact with an infected person, mostly face-to-face or within a household.
- People may also pick up the virus from surfaces contaminated by a person with the infection.
- Physical distancing will help slow the spread of coronavirus (COVID-19).
- These measures aim to slow the spread and 'flatten the curve' or minimise the peak of the pandemic.
- Victoria Police has the role of ensuring Victorians stay in their homes unless absolutely necessary during this difficult period. They will approach groups of more than two people to ensure compliance with the Stay at Home direction.
- We continue to work around the clock with health services, the Australian Government and international agencies to respond to this threat and to keep the Victorian community safe.

### Latest announcements

#### Extension of State of Emergency

- The State of Emergency in Victoria has been extended for four weeks until midnight 11 May 2020.
- The extension will ensure the Government can continue its strict enforcement of physical distancing, isolation and other vital directions put in place by Victoria's Chief Health Officer to slow the spread of coronavirus.
- The message to Victorians hasn't changed: Stay home. Protect our health system. Save lives. There are only four reasons to leave your home: food and supplies, medical care and caregiving, exercise, and work or education.
- Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses. Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

#### Funding boost for Victoria's mental health system

- The Victorian Government announced a funding boost to support Victoria's mental health system and ensure Victorians get the care they need, as demand for services spikes during the coronavirus (COVID-19) pandemic.
- Premier Daniel Andrews and Minister for Mental Health Martin Foley announced a \$59.4 million package to help meet demand as Victorians reach out for help with stress, isolation and uncertainty.

- This package is designed to assist those who already struggle with mental illness, as well as those who are experiencing it for the first time due to measures that are currently in place to protect our health system and save lives. The package includes:
- \$17.8 million to begin the first phase roll out of 170 extra youth and adult acute mental health beds
  - Nearly \$7 million to help mental health services deliver supports for people with severe mental illness via phone and video, to prevent relapse and emergency department presentations.
  - \$6.7 million to expand online and phone counselling services through BeyondBlue, Lifeline, Kids Helpline and Suicide Line Victoria. This funding will boost the capacity of the Victorian Mental Illness Awareness Council and Tandem helplines, which are also experiencing a large increase in calls.
  - \$6 million to fast track Orygen Youth Health's new eOrygen platform, which will provide online therapy and peer support for young people.
  - The package also includes funding for a range of specific initiatives to help veterans, seniors, new mums, Aboriginal Victorians, multicultural and faith groups, and the LGBTIQ community, as well as vulnerable groups including people with eating disorders and victims of family violence.

### Death in quarantine

- A man passed away while in quarantine accommodation on Saturday 11 April.
- Police are not treating the death as suspicious.
- The coroner will be investigating the incident.
- Counsellors are being provided to both staff and travellers in the hotel.

### Departure from quarantine

- More than 450 people left their city hotel in a staged procedure on Sunday 12 April, following 14 days of mandatory quarantine as returned international travellers.
- The exit from quarantine was managed to maintain appropriate physical distancing across a large number of people. People are being supported to travel home or on to other states.
- Everyone leaving underwent health checks and must follow the rules in place for all Victorians; that is to go home and stay home.
- Anyone who tests positive to coronavirus or develops symptoms will be treated the same as other positive cases in the community. They are required to self-isolate until discharged by DHHS and their treating doctor.
- The operation will continue for some days as more travellers complete their mandatory quarantine.

## State of Emergency

- A State of Emergency has been declared in Victoria coronavirus (COVID-19) until midnight on 11 May 2020 to slow the spread of coronavirus (COVID-19).
- This gives the Victorian Chief Health Officer powers to do whatever is necessary to contain the spread of the virus.

## Current restrictions

Stage 3 restrictions are now being enforced in Victoria to slow the spread of coronavirus (COVID-19). These are:

- Gatherings of more than 2 people, except for members of your immediate household and for work or education purposes, are not allowed;
- Requirements to stay home under the Stage 3 restrictions are enforceable by law and the physical distancing rule of 1.5 metres should be observed in the community. There are only four reasons to be out:
  - shop for food and supplies that you need
  - exercise
  - access medical care or provide care for someone
  - attend work and education – if necessary.

- You may also leave your home to provide child-minding assistance so the parent or guardian of a child can leave the house for the reasons listed above, or to work or study from home.
- You are encouraged to delay visiting a cemetery. To stop the spread of coronavirus everyone is being asked to stay at home.
- Alternative ways to remember your loved ones while staying at home include lighting a candle or holding a virtual remembrance with family and friends.
- If you do visit loved ones at the cemetery, please ensure that no more than your immediate household or two people (including you) are gathered. Physical distance has to be maintained by staying at least 1.5 metres apart.
- Parents or guardians of a child can also drop their child at another person's house for child-minding purposes, as long it is for one of the four listed reasons.
- You may also leave your home in an emergency, or if required by law.
- The purpose of these restrictions is to stop people gathering in large numbers and spreading infection.
- There is no restriction on individuals who live separately from their partners from staying with or meeting them.
- Rules have been introduced for weddings (no more than five people to attend) and funerals (no more than ten people can attend).
- Recreational exercise such as fishing, hunting, boating, golf and other activities that go beyond basic exercise, are not allowed.
- Boat ramps, piers, jetties, and other marine infrastructure are now closed to recreational boating, including those run by members of private based facilities.
- People who are over 70 years of age, or are 60 years of age who have existing health conditions or comorbidities, and Aboriginal people over the age of 50 who have existing health conditions or comorbidities, are strongly advised to self-isolate at home wherever possible.
- In an enclosed space, there should be no more than one person per four square metres of floor space. For example, there can be 25 people in a 100 square metre room, with a physical distance of 1.5 metres.
- Further information about the restrictions in place is available on the coronavirus (COVID-19) website [www.coronavirus.vic.gov.au](http://www.coronavirus.vic.gov.au)

## Overseas arrivals

- All travellers arriving into Australia from overseas will be placed in quarantine for 14-days to slow the spread of coronavirus (COVID-19).
- Returning travellers are being placed in enforced quarantine in hotels, motels, caravan parks, and student accommodation.
- States and territories are enforcing the 14-day quarantine period with support from the Commonwealth and Australian Defence Force (ADF).
- The costs of accommodation, public health and security are being covered by each individual jurisdiction.
- Those in quarantine are receiving care packages of food and other essentials during this time.
- Travellers returning from overseas are being housed in the state or territory they initially arrive in for 14 days.
- Victoria has 5,000 hotel beds available for travellers returning from overseas and is working with the hospitality sector to ensure that adequate and appropriate accommodation is available.
- Skybus is supplying 85 buses to transfer people arriving at the airport to their accommodation.

## Travel advice and restrictions

- Australian citizens and Australian permanent residents are now restricted from travelling overseas.
- Australians who are already overseas and wish to return home are advised to return as soon as possible.
- People are urged to cancel all non-essential international and domestic travel.
- The situation is changing rapidly – visit Smart Traveller for the latest updates ([www.smarttraveller.gov.au/](http://www.smarttraveller.gov.au/)).

## Spot fines

- On-the-spot fines have been introduced for Victorians and Victorian businesses that are found to be in breach of physical distancing and quarantine requirements including:
  - Organising or attending a mass gathering prohibited by the Prohibited Gatherings Direction
  - Attending a wedding that has more than five people, including the two persons being married, the celebrant, and two witnesses, or a funeral that has more than 10 persons, as prohibited by the Prohibited Gatherings Direction
  - Organising an auction for the sale of a residential property, as prohibited by the Non-Essential Activity Direction.
- Victoria Police are issuing individuals with on-the-spot fines of up to \$1,652 and up to \$9,913 for Victorian businesses for failing to adhere to directives.
- People who don't comply with the restrictions could be taken to court and receive a fine of up to \$20,000, while companies face fines of up to \$100,000.

### Deploying PSOs

- The Victorian Government is increasing the range of 'designated places' where Protective Services Officers (PSOs) can exercise their powers. PSOs can be redeployed from the public transport network and into communities.
- 200 PSOs will be sent every day to major activity centres in the Melbourne CBD, as well as commercial hubs and suburban areas across greater Melbourne and the regions, including Geelong, Ballarat and Bendigo.
- PSOs will work in teams with police officers to patrol these areas and provide a highly visible policing presence and public safety role, reassuring workers and members of the community shopping for supplies or travelling to health appointments, and deterring crime.
- PSOs will continue to work at 83 train stations and will maintain a mobile presence across the transport network.

### Hospital and care facility restrictions

- Emergency powers under the Public Health and Wellbeing Act 2008 have been enacted to limit visits to patients in hospitals to partners, parents or guardians or care and support people.
- These restrictions have now been expanded to cover residential care facilities for disability services, alcohol and drug services and secure welfare services.
- You must not enter a care facility unless you are a resident, staff member or are visiting a resident of the facility, and even then, only in limited circumstances.
- Visits to residents of care facilities will be limited to one per day, for a maximum of two hours and with no more than two people at one time. Exceptions to this rule will be made for people receiving palliative care.
- The following people are not allowed to visit a hospital:
  - recently returned travellers
  - a person who has a confirmed case of coronavirus (COVID-19)
  - a person who has been in contact with a person who has a confirmed case of coronavirus (COVID-19) or
  - a person with a high-temperature or symptoms of acute respiratory illness.
- Children under the age of 16 will only be permitted to visit aged care facilities in exceptional circumstances.
- These directions will be enforced by the Commonwealth Government.

### Family violence

- With more people staying at home to reduce the community spread of coronavirus (COVID-19), there may be an increased risk of family violence.
- Services are still operating to help women and children in family violence situations, including crisis accommodation.
- If you or someone you know is at risk or experiencing family violence call 000 in an emergency or safe steps 24/7 crisis service on 1800 015 188.

- The Victorian Government is investing \$40.2 million into crisis accommodation and specialist services for people suffering or at risk of family violence:
  - \$20 million into short-term accommodation for family violence victim survivors who do not feel safe isolating or recovering from coronavirus (COVID-19) at home
  - \$20.2 million to help Victorian family violence services meet the expected increase in demand during the coronavirus (COVID-19) pandemic and provide critical help for victim-survivors.
- The accommodation will provide a safe haven for women and children escaping family violence throughout the pandemic, and will include support to help them get back on their feet once it has passed.

## Mental health

- The Victorian Government announced a funding boost to support Victoria's mental health system and ensure Victorians get the care they need, as demand for services spikes during the coronavirus (COVID-19) pandemic.
- Premier Daniel Andrews and Minister for Mental Health Martin Foley announced a \$59.4 million package to help meet demand as Victorians reach out for help with stress, isolation and uncertainty.
- We recognise the feelings of anxiety or concern that many people may be experiencing during this time.
- People experiencing these feelings might include seniors, families and young people, and those going into self-isolation or quarantine. It is important to remember that we can do many things to feel empowered and enabled during this time.
- For your mental wellbeing, activities that can enable us to stay calm and healthy include:
  - maintaining a healthy diet, exercise, and basic hygiene
  - staying connected by talking to loved ones
  - engaging in hobbies and enjoyable activities
  - receiving information from trusted and credible sources
  - continuing to take any prescribed medication and monitoring any new symptoms for those already managing mental health issues.
- For those in self-isolation or quarantine, it is important to support your mental health and seek professional support early if you're having difficulties. Remind yourself that this is a temporary period of isolation to slow the spread of the coronavirus (COVID-19), and that your effort is helping others in the community.

## Gambling and drinking responsibly

- Gambling and drinking large amounts of alcohol can be an escape for people who have experienced a stressful change in life, such as the unprecedented changes in society we are all experiencing due to coronavirus (COVID-19).
- Excessive alcohol consumption is harmful for your health and can weaken your immune system, making you more susceptible to pneumonia, acute respiratory stress syndromes (ARDS), and sepsis.
- If you drink alcohol, please drink responsibly by following the Australian Guidelines which recommend healthy adults drink no more than 2 standard drinks on any day.
- When people turn to gambling at vulnerable times in their lives and it becomes a way for them to cope, it can lead to gambling problems.
- Responsible gambling means understanding the odds, knowing how much time or money to spend and when to stop. If you gamble you should expect to lose.
- Gambling should be budgeted as an expense, just like going out for dinner, and not considered a way to make money.
- If you need support or would like to speak to someone about your gambling please visit: <https://gamblershelp.com.au/> or phone [1800 858 858](tel:1800858858)

## Safety around the home

- Victorians are urged not to undertake building or repair works around their home where they do not have the required skills or experience.
- If you do not have the required skills or experience, always use a professional to safely complete all repairs and renovations around the house.
- To find an accredited builder go to: <https://www.vba.vic.gov.au/tools/find-practitioner>

## New orders for pharmacists and prescription medications

- To ensure rapid access to essential medicines for all Victorians, a new emergency order has been enacted so that pharmacists can now receive digital images of Schedule 4 prescriptions from a prescriber without relying on the original or faxed copy.
- This means for patients that are self-isolating, their GP can email their pharmacist who may be able to arrange delivery to their home.
- During coronavirus (COVID-19), pharmacists can supply prescription medications without a prescription for one month in emergency circumstances except for Schedule 8 medicines.
- Doctors prescribing Schedule 8 medicines for non-drug dependent patients will not be required to apply for a Schedule 8 treatment permit for the next six months, but instead check SafeScript.
- Practitioners will need to apply for Schedule 8 treatment permits for drug dependent patients, including opioid replacement therapy.
- During the pandemic health practitioners should take all reasonable steps to access SafeScript, as it is a very effective in providing up-to-date information about a patient's prescribing and dispensing history.
- Two new public health emergency orders have come into effect and can be found here: <http://www.gazette.vic.gov.au/gazette/Gazettes2020/GG2020S158.pdf>

## Investing in healthcare

- Additional capacity is being provided to the healthcare sector to manage the coronavirus (COVID-19) response. This includes:
  - 4,000 ICU beds in addition to the existing 500 ICU beds
  - additional equipment and consumables, as well as capital works and workforce training
  - extra personal protective equipment such as gloves, facemasks and gowns
- The Victorian Government has also announced the refurbishment of the old Peter MacCallum Cancer Centre.
- Public and private hospitals are working together to deliver a system-wide response that provides 9,000 additional beds including 170 ICU beds to complement the existing 15,000 beds in the public sector.

### Public and private healthcare system deal

- A deal has been struck with the state's major private hospital operators to ensure they can continue to care for Victorians during the coronavirus (COVID-19) pandemic.
- The deal will see Victoria's public and private hospitals work together to relieve pressure on public hospitals and ensure the entire health system is operating at full capacity.
- This agreement will ensure our private hospital medical workforce and hospital staff remain in the healthcare system for the duration of the coronavirus (COVID-19) pandemic.

## Building the Healthcare Workforce

- The coronavirus (COVID-19) health workforce response website has been established to attract expressions of interest for working in the Victorian health system in both clinical and non-clinical roles. <https://healthworkforceresponse.dhhs.vic.gov.au/>
- We are working closely with the Australian Health Practitioner Regulation Agency to refresh the registration of returning clinical staff to enable them to return to healthcare duties soon as possible.

- To date, around 4,000 expressions of interest have been received.
- The contact tracing team has increased from 57 people to over 1,000.

## Supporting healthcare workers

- It's everyone's responsibility to support essential healthcare workers – such as doctors and nurses – to stay at work during the coronavirus (COVID-19) pandemic.
- Healthcare workers may need extra help to ensure their children have care so they can work during this period.
- Where possible, partners of essential healthcare workers – who are not healthcare workers themselves – should support them to continue working by taking care of children.
- Older people – such as grandparents – and other at-risk groups should not be engaged as carers to reduce their risk of infection.

### Accommodation for hospital workers and paramedics

- Frontline healthcare workers who test positive for coronavirus (COVID-19), and those that have had unanticipated and unprotected contact with a person suspected of having coronavirus (COVID-19), will be put up in hotels or apartments to self-isolate (self-quarantine) free of charge.
- The move will allow healthcare workers to keep their families or housemates safe, without the financial burden of taking on extra rent. This is particularly important for those who live with other healthcare workers or vulnerable people– including people over 65, people who are immunosuppressed or have an underlying chronic condition, pregnant women, or Aboriginal and Torres Strait Islander people.
- Healthcare workers are currently more likely to be diagnosed with coronavirus (COVID-19) than any other workforce and are at greater risk of coming into close contact with someone with coronavirus (COVID-19).

## Elective surgery

- Victoria's public hospitals are winding back all non-urgent surgery where it is safe to do so.
- No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.
- The most urgent procedures including emergency surgery, or category one elective surgeries - including those booked in as part of our elective surgery blitz –such as urgent heart, neurological and cancer procedures will not be affected.

## Dental

- Victoria's school dental program, Smile Squad, will also be put on hold for three months.
- All non-urgent public dental procedures across Victoria will be placed on hold for the next three months to limit the spread of coronavirus (COVID-19) and to protect patients and staff.

## Flu Vaccinations

- All Victorians are encouraged to get their flu vaccination, now available from pharmacies and GPs.
- The vaccination cannot protect you from coronavirus (COVID-19) but will ensure your immunity isn't compromised further by contracting influenza.
- Victorian pharmacists can administer approved vaccinations outside of their normal location – through the mobile and outreach services of a hospital, pharmacy or pharmacy depot, increasing access to immunisations for all Victorians.
- It is also easier for younger Victorians to get these immunisations from their local pharmacy, with appropriately trained pharmacists now able to administer the flu shot to children aged ten and older. Pharmacists will also be able to administer the measles-mumps-rubella, meningococcal and whooping cough-containing vaccines to people 15 years of age and older – protecting young people from deadly diseases that, combined with the threat of coronavirus (COVID-19), could overwhelm the state's hospitals.

## Victorian students to learn from home

- All Victorian Government primary, secondary and special schools will move to remote and flexible learning and teaching when Term 2 starts.
- To ensure more kids can learn from home, the Government will loan more than 6,000 laptops and tablets to students who don't have access to digital technologies. Schools will also distribute other classroom devices as required to ensure all students who do not have access to a laptop or tablet at home are provided one.
- To slow the spread of coronavirus (COVID-19), the message to students and parents of government schools is clear: all children who can learn at home must learn from home – with exceptions only in extremely limited circumstances.
- On-site learning will only be available for children whose parents can't work from home and vulnerable students without access to a suitable learning environment at home.

## Support available

### Coronavirus (COVID-19) hotline

- The Victorian Coronavirus Hotline provides a single point of information for Victorians, where they can access:
  - Health information about coronavirus (COVID-19)
  - A symptoms assessment by the National Coronavirus Information Service (available 24 hours a day).
  - information regarding physical distancing and other actions to reduce transmission (available 8am – 6pm daily)
  - information and registration for emergency [relief packages](#) from the Victorian Government for eligible vulnerable Victorians needing to self-isolate due to coronavirus (available 8am – 6pm). For translating or interpreting services, call 131 450.
- Victoria Police has established a coronavirus (COVID-19) enforcement squad of five hundred officers to ensure containment measures that have been put in place to combat coronavirus (COVID-19) are followed.
- To alert authorities to any breaches of mass gatherings and self-isolations following overseas travel, please contact the Police Assistance Line on 131 444 (available 24 hours a day).
- For information about coronavirus (COVID-19) in Victoria, and ways to reduce the risk of infection and slow the spread of the virus, visit the Department of Health and Human Services [website](#).

### Emergency relief packages

- Vulnerable Victorians who need to self-quarantine due to coronavirus (COVID-19) and do not have access to a support network or alternative means of obtaining supplies such as online delivery will be provided with emergency relief packages.
- All requests will be assessed on need and urgency, prioritising those in greatest need.
- We ask that wherever possible you arrange for family or friends who are not required to self-isolate to get food or necessities for you.
- Each emergency food relief package is designed to provide basic food essentials and personal care items for two weeks.
- Relief packages will be distributed by partner organisations including the Red Cross and Foodbank Victoria

### Economic survival package

- The Victorian Government is delivering a \$1.7 billion economic survival and jobs package to complement Federal Government support. This includes:
  - full payroll tax refunds for 2019-20 financial year for small and medium-sized businesses with payroll of less than \$3 million
  - the same businesses will be able to defer any payroll tax for the first three months of 2020-21 financial year until 1 January 2021
  - more than 30,000 eligible small businesses that don't pay payroll tax are now eligible for grants of \$10,000
  - commercial tenants in government buildings can apply for rent relief

- 2020 land tax payments deferred for eligible small businesses
- Victorian Government will pay all outstanding supplier invoices within ten business days
- the 2020 liquor licensing fees waived for affected venues and small businesses.
- \$500 million will be provided to establish a Business Support Fund to help the hardest hit sectors, including hospitality, tourism, accommodation, arts and entertainment, and retail.
- A \$500 million Working for Victoria Fund will also be established to help workers who have lost their jobs find new opportunities.
- Payroll tax refunds have been deposited into the bank accounts of 2,700 small businesses and \$1.1 billion has been paid to businesses to fast-track their outstanding supplier invoices.
- \$50 million is being invested in an Agriculture Workforce Plan that will provide practical support for critical food industries, helping the sector and regional communities by matching workers who have lost their jobs with employers in the agriculture sector.

### **Homelessness and public housing support**

- Victorian homelessness organisations will receive \$6 million to help protect Victorians at risk of or experiencing homelessness because of coronavirus (COVID-19).
- Homelessness agencies will have extra resources to find temporary housing for those who need it most in metropolitan and regional areas.
- Repurposed aged-care sites will be used to provide self-isolation facilities for Victorians experiencing homelessness to help them recover from coronavirus (COVID-19), or avoid infection in the first place.
- The Victorian Government is providing \$8.8 million in funding for four pop-up facilities that will provide health care and supported accommodation for more than 200 rough sleepers over the next six months.
- The accommodation will be located at four sites in inner Melbourne and will be operated by Anglicare Victoria, Brotherhood of St Laurence, Launch Housing, Sacred Heart Mission and VincentCare Victoria.

### **Moratorium on evictions**

- Evictions will be put on hold for six months, with landlords and renters encouraged to talk about short term agreements.

### **Public Transport**

- Victoria has implemented additional cleaning on public transport, and employers are urged to consider staggered work times and remote working arrangements to reduce overcrowding at peak travel times.
- The Victorian Government will continue to work with public transport providers to ensure transport requirements are met for those who need to leave home for essential purposes such as work, obtaining supplies or delivering care.
- Public transport timetables and changes to services may be reviewed in the future.
- People travelling in taxis or ride shares are advised to sit in the back seat. Elderly people and those with pre-existing medical conditions should avoid public transport.

### **Childcare**

- The Australian Government has announced it will pay half of the fee revenue of Victoria's childcare and early learning centres – so long as these services remain open and do not charge families for care – in order to provide certainty to care services.
- This initiative, along with the JobKeeper payment subsidy to help impacted businesses continue to pay their employees, means services can offer free education and care.
- Funding for families will be made available from 6 April, and will apply based on the number of children who were in care during the fortnight leading into 2 March, whether or not they are attending services. It will not be means tested.

- Payments of higher amounts will be made in exceptional circumstances, such as where greater funding is required to meet the needs of emergency workers or vulnerable children.
- The new plan will be reviewed after one month, and an extension will be considered after three months.

## About coronavirus (COVID-19)

### Self-isolation vs Quarantine

- Quarantine is what you should do if you might have coronavirus (COVID-19) or, if you have had close contact with someone who has coronavirus (COVID-19).
- All international passengers arriving at Victorian airports or disembarking at maritime ports must go into enforced quarantine for 14 days from the day of their arrival.
- Self-isolation is what you must do if you have tested positive for coronavirus (COVID-19). This is the next step in ensuring even those you live with are protected. You can be in isolation in a hospital or isolated at home (self-isolation). If you are isolating at home, there are steps you need to take to keep the people you live with healthy.
- While most Victorians are voluntarily complying with requests to isolate, police have strong powers to enforce the direction and will conduct random spot checks where necessary.

### Risk of transmission

- If you develop a fever or respiratory symptoms you are advised to ring the 24-hour coronavirus (COVID-19) hotline on 1800 675 398, or a GP or emergency department to arrange for assessment. If you have had close contact with a confirmed case of coronavirus (COVID-19) you are required to self-isolate for 14-days.
- Visit the DHHS website resources on coronavirus (COVID-19) and self-assessment guidelines. Guidelines are also available for healthcare and residential care workers at [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus).

### Reduce your risk of coronavirus (COVID-19)

- Stay home. Protect our health system. Save lives.
- Physical distancing will save lives. Everyone needs to comply with restrictions to keep yourself, your loved ones and the whole community safe.
- Wash your hands often with soap and running water, for at least 20 seconds. Dry with paper towel or hand dryer.
- Try not to touch your eyes, nose or mouth.
- 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.
- Continue healthy habits: exercise, drink water, get plenty of sleep.
- Buy an alcohol-based hand sanitiser with at least 60 per cent alcohol.
- Face masks are not recommended for use by members of the public for the prevention of infections like coronavirus (COVID-19).
- Wearing gloves is no substitute for cleaning your hands. Washing your hands or regularly using hand sanitiser and not touching your face is the best way to protect yourself.
- A dirty glove is the same as a dirty hand.

## Testing

### Additional assessment centres

- Respiratory Assessment Centres have been established at health services in metropolitan Melbourne and in Regional Victoria.
- People who meet the testing criteria may present to these centres.

### Expanded testing criteria for coronavirus (COVID-19)

- Victoria’s testing criteria has been expanded to include any person meeting clinical criteria and aged 65 years or older or having worked in public facing roles and settings:
  - firefighters who undertake emergency medical response
  - childcare and early childhood education centres
  - primary or secondary schools.
- It will continue to include frontline healthcare workers (paid or unpaid), workers in healthcare, residential care, disability care, homelessness support, child protection workers, police officers and people that have recently returned from overseas.

## **Treatment and vaccine**

- There is no specific treatment for coronavirus (COVID-19). However, many of the symptoms can be managed and the length and severity of illness will vary from patient to patient.
- It is not yet clear how long someone is infectious after being unwell, although it is likely to be at least 24 hours after symptoms have resolved.
- Researchers around the world are working to develop a vaccine, however a vaccine may be many months away or longer.

## **Specific advice for special groups**

### **Advice for healthcare workers**

- Any healthcare or aged care worker who develops symptoms should contact their GP or the dedicated coronavirus (COVID-19) hotline on 1800 675 398 for testing.
- Like other members of the public, if healthcare or aged care workers develop fever or respiratory symptoms during self-isolation, they should seek medical attention.

### **Elderly or have pre-existing medical conditions**

- Many people will suffer only mild symptoms, however early indications are that the elderly and people with pre-existing medical conditions such as heart and lung disease may be more at risk of experiencing severe symptoms.

### **Aboriginal or Torres Strait Islander People**

- Because of higher rates of pre-existing medical conditions in this group, Aboriginal and Torres Strait Islander people who develop fever or respiratory symptoms should be tested for coronavirus (COVID-19).
- The Department of Health and Human Services recognises that many Aboriginal and Torres Strait Islander Victorians prefer to be treated at Aboriginal Community Controlled Organisations.
- While we recognise that some ACCOs will currently not be able to perform coronavirus (COVID-19) testing, the department is working closely to support ACCOs to fill this important role within the community.

## **Medical stockpiles and distribution**

- The Victorian Government is working with the Australian Government to ensure that all vital personal protective equipment (PPE) supplies are appropriately distributed to where they are needed across the Victorian health system.
- Victoria has its own stockpile of medical PPE to include masks, gloves and gowns, to be ready for the peak of coronavirus (COVID-19) infections.
- The Victorian Government has \$1.2 billion worth of equipment and consumables to support the healthcare system, and ensure there are enough supplies for the “worst case” scenario even though we are acting quickly to slow the spread of coronavirus (COVID-19).
- The supply of swabs and reagent test kits for coronavirus (COVID-19) testing is being closely monitored.

### **Boosting supply of ventilators**

- The Victorian Government is supporting local industry to produce ventilators to help equip our healthcare system as it deals with coronavirus (COVID-19), with a key international licensing agreement secured.
- The Minister for Jobs, Innovation and Trade has announced that with the backing of a \$500,000 government grant, local company Grey Innovation is well advanced in establishing a local consortium to manufacture the life-saving machines.
- The Victorian Government intends to order 2,000 locally made ventilators, with the first Victorian-produced machines potentially available in June.

## OFFICIAL: Materials for tomorrow

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**From:** REDACTED (DPC)" REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Mon, 13 Apr 2020 19:15:04 +1000  
**Attachments:** 200414 - paramedics - QAs V2 EA.docx (55.77 kB); 200414 - Event Background Brief.docx (66.08 kB); 200414 - Event Logistics.docx (66.18 kB); 200413 COVID lines.docx (65.07 kB); 200414 media release - paramedics HJ NM EA AS.docx (618.81 kB)

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Materials attached for 8.30am doorstep tomorrow with Minister and Tony Walker at Parliament back gardens attached.

I've included media release, QandAs, background brief, logistics and today's lines log.

Please see some additional AV and capital lines below.

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### **Frankston/Footscray Hospital**

As a result of the COVID-19 pandemic, the Victorian Government has made the decision to temporarily suspend the tender process for the New Footscray Hospital Project. This will allow for the re-deployment of resources to where they're needed most in the immediate term - ensuring the state's health system has as much capacity as possible to respond to the pandemic effectively.

This is only a temporary suspension and the Victorian Government remains committed to delivering the \$1.5 billion new Footscray Hospital as a Public Private Partnership.

We'll be getting on with delivering the West the new hospital it so urgently needs as soon as is practicable. To this end, we're working with the shortlisted consortia around a revised program.

### **GoodSAM**

Ambulance Victoria has been preparing, responding and adapting to the evolving COVID-19 pandemic since late-January.

Protecting the health and safety of our people, patients and the community has been, and always is, our top priority.

Based on the outcome of a thorough risk assessment, we have taken the decision to suspend GoodSAM community responder alerts to cardiac arrests for the time being. New Zealand, the United Kingdom, Scotland and others have similarly suspended their GoodSAM programs.

### **Mental Health**

I'm not going to comment on individual patient circumstances. AV are investigating the case.

We have backed Victoria's paramedics with record investments to ensure they have the working conditions they deserve and can do what they do best – save

Our investment is supporting additional paramedic training focused on improving mental health and wellbeing and reducing occupational violence.

### **Background**

Ambulance Victoria is delivering a range of health, safety and wellbeing initiatives such as Occupational Violence Prevention Education Program. This training is the first of its kind for emergency services and uses virtual reality technology to help paramedics identify risks early and strategies to manage incidents.

Ambulance Victoria is also delivering mental health training for paramedics and managers to improve the wellbeing of their workforce and their families. This includes expanding the Peer Support Dog Program to help paramedics to “open up” and engage in conversation following a traumatic incident or stressful situation.

The Andrews Labor Government has delivered a record \$1 billion to improve ambulance response times, employ hundreds more paramedics, buy new vehicles and build more stations across the state. This includes a big \$299 million boost in Victorian budget 19/20 to continue to grow Victoria’s world-class ambulance service.

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#### **Casey Hospital (140 beds)**

- The first of Casey Hospital’s additional 140 beds have come online as patients begin to move into the new tower.
- 64 beds have become operational as existing patients are relocated from wards currently operating within the Casey Hospital site.
- The beds being vacated are ready to take COVID-19 patients immediately.

#### **Barwon Baxter House (Clinic and Consulting Spaces)**

- Construction works at Baxter House is progressing to create more than 50 clinic consulting rooms and beds
- Level 2 and 5 are now complete with an acute respiratory assessment clinic now open on level 2. Level 4 is also nearing completion.
- Baxter House is currently receiving mild to moderately unwell patients referred from the screening clinic, GPs, ED and any other health care workers. It is open 7 days a week

#### **Former Peter Mac Centre (84 beds)**

- Construction works to recommission 84 beds at the former Peter Mac Centre are well underway
- Works are set to be complete by late May/early June.

#### **New Bendigo Hospital (45 beds)**

- Bendigo Health has already opened 16 additional beds in a dedicated respiratory ward.
- The remaining beds will be made available to accept patients as demand increases.

OFFICIAL

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## Repatriation flights

A repatriation flight from Uruguay carrying Australians and New Zealanders has arrived in Victoria. A significant number of passengers have tested positive to Coronavirus.

Strict protocols were in place to keep both passengers and the wider Victorian community safe, with the flight met on Sunday by a Field Emergency Medical Officer team who assessed passengers and staff.

As per current guidelines all passengers were placed into strict quarantine for 14 days.

Patients who required care were transferred to hospital. The remaining passengers have been transported to a hotel to serve out their quarantine period.

### BACKGROUND

More than 1200 Australians have arrived at Melbourne's Tullamarine airport over the course of the weekend, after the Federal Government gave the green light for repatriation flights to proceed from Peru, Delhi and Uruguay.

A majority of the passengers on the repatriation flight from Uruguay are Australian, with a small number of passengers to board charter flights to return to New Zealand. Most passengers came from the cruise ship, Greg Mortimer.

The Victorian Government sought assurances from the Commonwealth prior to the flight departing that the passengers and staff were fit to fly and would be safe during their transit to Victoria.

## State of emergency extended

We've extended the State of Emergency in Victoria for another four weeks – giving the government the powers it needs to keep slowing the spread of coronavirus and save lives.

The State of Emergency will be extended until midnight on 11 May, to continue the measures designed to 'flatten the curve' of coronavirus and give our health system the best chance of managing the virus.

We thank those Victorians who are doing the right thing by staying at home, but we must keep at it to save lives.

Our message is clear: Stay home. Protect our health system. Save lives.

### Background

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 AO considers reasonable to protect public health.

While we are starting to see some improvement in the rate of transmission, now is not the time for complacency. We still have a long way to go. If we relax now, the virus will start spreading quickly and our health system will be overwhelmed.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses. Since 28 March Victoria Police have conducted 19,303 spot checks at homes, businesses and non-essential services across the state and issued over 900 fines.

### Mental health support package

We're providing a \$59.4 million package to support Victoria's mental health system and ensure Victorians get the care they need, as demand for services spikes during the coronavirus crisis.

While staying at home and limiting physical interaction is vital to slowing the spread of the virus, it can be difficult for people's mental health and wellbeing – particularly for those already experiencing mental health conditions.

Today's investment will provide vital surge capacity for key services, which have seen a significant increase in people seeking help. Almost a quarter of people calling Lifeline in the last few weeks have been seeking support due to coronavirus, and BeyondBlue predicts demand for their services will increase by nearly 30 per cent by June.

This package is designed to assist those who already struggle with mental illness, as well as those who are experiencing it for the first time due to measures that are protecting the health system from being overrun by coronavirus.

#### Background

For more information about managing stress and support options, call the Coronavirus Mental Wellbeing Support Services on 1800 512 348 or visit [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au).

#### Returned travellers leaving quarantine

Over 450 travellers left their 14-day enforced quarantine yesterday in a staged operation to maintain social distancing and will be supported to travel home or on to other states.

Everyone leaving quarantine will undergo health checks and must follow the rules in place for all Victorians: go home and stay home.

We sincerely thank them for helping to protect our community and slow the spread of this deadly virus.

#### Background

The operation will continue as more travellers complete their mandatory quarantine.

The requirement for all travellers returning from overseas to undergo enforced quarantine follows agreement by the National Cabinet.

#### Death in quarantine

A man passed away yesterday while in quarantine accommodation.

Police are not treating the death as suspicious at this time.

The coroner will be investigating the incident and as such we are unable to comment further.

Our thoughts are with the family of the deceased at this time.

#### School attendance

The advice for parents is clear: if your child can learn from they must learn from home.

We know this year will be different to any that students, teachers and families have experienced before – but we are making sure that our kids still get the education they deserve.

We've done the work and planning so we're ready to make the move to remote and flexible learning, and I want to thank everyone involved for their dedication to our kids' education at this unprecedented time.

## **Background**

Most Victorian students will be educated from home when Term 2 starts next week.

As we act to slow the spread of coronavirus, the message to students and parents of government schools is clear: all children who can learn at home must learn from home – with exceptions only in extremely limited circumstances.

On-site learning will only be available for children whose parents can't work from home and students without access to a suitable learning environment at home.

### Contact tracing teams

Our contact tracing teams are Victoria's disease detectives and we're incredibly proud of the work they do to stay one step ahead of coronavirus and keep Victorians safe.

By identifying where confirmed cases have been and who they've been in contact with, we have been able to quickly isolate anyone who has potentially been infected and slow the spread of coronavirus within the community.

While we are starting to see some promising results, we cannot forget how quickly this virus spreads - which is why it's so important everyone continues to abide by restrictions and stay at home.

## **Background**

Victoria has recorded more than 1200 cases of COVID-19 since January - given the high rate of transmission, clusters of cases were to be expected.

The hard work of our dedicated contract tracing teams was pivotal in identifying clusters and ensuring those at risk of infection were isolated quickly.

Earlier this year, Victoria's COVID-19 contact tracing team was less than 60 people. Today it is staffed by more than 1000. Without their work, we would have many more cases and deaths from COVID-19.

### Easter police blitz

Police are out in full force over the Easter long weekend issuing fines to anyone who flouts the clear directions of the Chief Health Officer, as well as cracking down on speeding, drink and drug driving.

Our message to every Victorian is clear: stay home. There are only four reasons to leave your home: food and supplies, medical care or caregiving, exercise, and work or education.

If people have a normal Easter holiday – travelling, visiting friends, heading to the beach or staying in regional Victoria – we will see all our hard-won gains evaporate.

## **Background**

If you've booked a holiday house at the beach, or a hotel in regional Victoria, you should not go.

If you own a holiday house or have a long-term lease, you are able to travel there with members of your family that you currently live with, as long as you continue to practice strict social distancing but our advice is stay home to protect yourself and our communities.

Police have strong powers to enforce the directions of the Chief Health Officer and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Despite the significantly decreased traffic on the road recently, the number of lives lost on our roads is 76, only nine less than the same time last year.

All available police resources will hit the roads to target dangerous drivers over the next five days, including local road policing units, general duties officers and other regional resources.

They will also be targeting regional and coastal communities to ensure people are abiding by both the road rules and the directives of the Chief Health Officer.

### Metro Tunnel and West Gate Tunnel Project

Works continue on both the Metro Tunnel and West Gate Tunnel with safety and physical distancing measures in place.

We'll continue to work hard with our workforce and unions to manage the impacts of coronavirus across all of our 119 road and rail projects to protect the safety of workers and jobs.

#### Background

Coronavirus has placed pressure on the construction industry right across the country and the world.

The Metro Tunnel and West Gate Tunnel Project's are not immune to this but it's too early to say what sort of impact the virus could have on any of our 119 road and rail projects.

Construction is safely continuing on the Metro Tunnel Project and Westgate Tunnel Projects with strict protocols in place.

Protocols include modifying construction activities to maintain physical distancing and providing extra protection for workers who are required to work in close proximity for short periods of time.

Rail Projects Victoria is continuing its ongoing discussions with its Metro Tunnel contractors on all aspects of the project, including management of costs and program.

The tender process to select a site for soil disposal for the West Gate Tunnel is a responsibility for the builder who is continuing with conversations ongoing with councils and stakeholders by the operators of the sites being considered. No decision has been made yet and any site would be subject to environmental and planning approvals.

#### Health worker infections

We are very grateful to all our health workforce for stepping up and caring for all Victorians at this time.

The overwhelming majority of healthcare workers with coronavirus contracted it outside their workplace - through international travel or through close contact with an infected person.

Whenever someone tests positive to coronavirus, extensive contact tracing is undertaken to identify transmission risks - this is no different for healthcare workers.

#### Background

We continue to investigate all reports of cases involving healthcare workers to determine where their infection was acquired.

Our key actions are to identify any close contacts with these people to ensure there is no further transmission.

Victorian healthcare facilities have strong infection control procedures in place, with extra restrictions on visitors in place in many facilities.

If a transmission risk is identified in a hospital or health service, additional cleaning is undertaken and staff or patients are isolated if required.

#### Royal Children's Hospital Good Friday Appeal donation

Victorians always dig deep for the Good Friday Appeal – but the impact of coronavirus and the bushfires before that has made it harder than usual for families to donate as much as they would like.

We can't have the kids go without – so the Government is stepping in to fund the gap between what was raised last year and what has been raised this year.

This contribution is made on behalf of all Victorians and is a small way of saying thank you to all the nurses, doctors, healthcare workers, and support staff who work so hard, every day to care for our kids when they need it most.

#### Background

The Victorian Government will ensure for this year's Good Friday Appeal raises \$18.2 million for RCH by paying the difference between this record figure and what has been raised from donations.

This funding builds on the \$1.9 billion the Government has invested in Victoria's health system to ensure we have the staff, equipment and capacity it needs to care for Victorians as demand increases due to coronavirus.

#### New National Cabinet restrictions now in force

New measures are now in force to further slow the spread of coronavirus in Victoria.

These new directions have been authorised by the Chief Health Officer, Professor Brett Sutton, and are consistent with recent decisions made by National Cabinet.

Changes to the restricted activities include:

- Livestreaming of religious services is possible. Services can only be attended in person by those people necessary to conduct and livestream the service.
- Introduction of a truck stop provision exclusively for long haul drivers who can dine in a dedicated section, as long as the physical distancing four square metre rule is observed.

The Chief Health Officer has also amended current stay at home directions to provide further clarity about childcare arrangements.

To be clear, you can have another person come to your house to look after your child if you need to go out for one of the four listed reasons, or if you are working or studying at home.

You may also drop your child at another person's house to be looked after, while you are out – if it is for one of the four listed reasons.

There are only four reasons for Victorians to leave their home: food and supplies, medical care and care giving, exercise, and work or education.

Further details on the new directions can be found at <https://www.dhhs.vic.gov.au/state-emergency>.

### Coronavirus crisis council

The Crisis Council of Cabinet (CCC) will be the core decision making forum for the Victorian Government on all matters related to the coronavirus emergency, including implementing the outcomes of the National Cabinet.

It will operate initially until 30 September 2020 and will then be reviewed.

Premier will chair the CCC and it will include:

- James Merlino: Minister for the Coordination of Education and Training – COVID-19
- Tim Pallas: Minister for the Coordination of Treasury and Finance – COVID-19
- Jacinta Allan: Minister for the Coordination of Transport – COVID-19
- Jenny Mikakos: Minister for the Coordination of Health and Human Services – COVID-19
- Jill Hennessy: Minister for the Coordination of Justice and Community Safety – COVID-19
- Martin Pakula: Minister for the Coordination of Jobs, Precincts and Regions – COVID 19
- Lisa Neville: Minister for the Coordination of Environment, Land, Water and Planning – COVID-19

These seven Ministers have been sworn-in with new portfolios with responsibility for leading all COVID-19 response activities in their respective departments, while keeping their current portfolio responsibilities.

Other Ministers will continue to administer their current portfolios and the full Cabinet will continue to meet each week to manage the general business of government.

These arrangements are temporary, but they're absolutely necessary so we can save Victorian lives and support Victorian workers and businesses to the other side of this crisis.

### COVID 19 Restrictions

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care and caregiving, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

## Hero Hotels

Our healthcare workers are doing an incredible job working around the clock to care for those with coronavirus - and everyone else using Victoria's health system every day. The last thing they need while they're out saving lives is worrying about the health of their loved ones at home.

Any paramedic or hospital worker – including non-clinical workers, like cooks and cleaners – who is exposed to coronavirus will be fully supported to self-isolate.

If they can do that safely at home, that's great. But if they can't, we'll put them up in a hotel for their self-isolation period.

### Background

Healthcare workers are currently more likely to be diagnosed with coronavirus than any other workforce and are at greater risk of coming into close contact with someone with the virus.

The accommodation will be available to clinical and non-clinical staff – including cooks and cleaners – at public and private hospitals that directly engage with patients, as well as frontline paramedics and patient transport staff.

The Department of Health and Human Services is currently assessing a range of hotels and apartment buildings in Melbourne and throughout regional Victoria that could provide accommodation, to ensure they're appropriately located and set up to house people who are isolating – so no one else in the building is put at risk.

## Driving lessons

Our message is clear - stay home.

We know we're asking a lot of Victorians right now and we thank everyone for their patience and for doing the right thing to help save lives.

### Background

Driving lessons are not considered essential travel. If members of the same household are taking a trip as part of the four reasons to leave home: food and supplies, medical care, exercise, and work or education, they can supervise a learner driver in the process of conducting that local trip.

It is important the 120 hours of practical supervised driving requirement remains in place as normal to ensure Learner drivers gain the skills they need before driving on their own.

Based on the latest medical advice light vehicle drive tests and computer-based licensing have been suspended and VicRoads are continuing to work with impacted customers.

When normal testing recommences VicRoads will do everything it can to help people get their license as quickly as possible.

Heavy vehicle testing will continue as normal to ensure we keep industry moving in this unprecedented time, as will outdoor motorcycle testing.

The Department of Transport will continue to be guided by the advice of the Chief Health Officer. Childcare Centre shut

## Ventilator local production

We're fast-tracking the local production of ventilators, so hospitals and health-care workers can continue their extraordinary efforts in caring for those of us who need it most.

A local manufacturer of these life-saving machines will help us respond to coronavirus cases, create jobs and save lives.

### Background

Aided by a \$500,000 government grant, local company Grey Innovation is well advanced in establishing a local consortium to manufacture life-saving ventilators.

The Government intends to order 2,000 locally made ventilators, with the first Victorian-produced machines potentially available in June.

Grey Innovation has secured a licence from a leading global manufacturer to develop the ventilators in Australia and is now working with local suppliers and a network of engineering and advanced manufacturing operators to advance the project.

Separately, the Government is supporting other Victorian manufacturers, including Ballarat-based Gekko Systems, to advance plans to produce ventilators.

Victorian hospitals currently have about 1,000 ventilators, with thousands more on order from overseas following the Victorian Government's \$1.3 billion investment in medical equipment and consumables – including oxygen units, dialysis machines, patient monitors and millions of gloves, masks and gowns.

## Guardian Childcare and Education Centre

The Department has been notified that a staff member at Guardian Childcare and Education Centre in Brighton has tested positive for coronavirus.

Early childhood services must follow the advice and directions of DHHS, which has recommended Guardian Childcare and Education Centre close while DHHS undertakes contact tracing and the centre is cleaned.

### Background

Guardian Childcare and Education Centre in Brighton closed their centre from Tuesday, 7 April.

## Call for healthcare workers to join coronavirus response

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

### Background

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus responsive, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](https://dhhs.vic.gov.au/coronavirus).

## Alfred hospital cases

An investigation is underway to determine the source of transmission - and the Alfred has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

Stringent infection control measures remain in place on the affected oncology ward at the Alfred, which is closed to new admissions.

### Background

The Alfred is still admitting new cancer patients in need of urgent care into other areas of the hospital.

Stringent infection control measures remain in place on the ward, which has been closed to new admissions since last week

### Free car parking free for hospital workers

Our healthcare staff are working around the clock to care for those with coronavirus and we're doing everything we can to support them as we manage this pandemic.

We're also talking with major private parking providers who manage facilities on public hospital campuses, to get better access to car parking for our frontline health workers.

### Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn't go to public places including work, school, childcare, university or public gatherings.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

### Quarantined travellers with health concerns

The department has an on-site nurse at each hotel where travellers are quarantined.

We encourage any traveller with a specific health concern or condition to contact the nurse through our Government Support Service which has been set up to help them.

They can find out more about her specific needs and make appropriate arrangements.

#### **Background**

Contact details for medical assistance are on the information sheets travellers have been provided.

We are happy to talk to individuals to find out more about their specific needs.

### Coronavirus – PSOs

This is a common sense change to boost frontline policing so that Victorians can continue to feel safe if they're leaving their home for food and supplies, medical care, exercise, or work or education.

Just like our healthcare workers and so many others in the community, our police and PSOs are on the frontline of Victoria's response to coronavirus and this will provide them with the additional support they need.

We sincerely hope that Victoria Police do not have to issue any more fines because people are doing the right thing. But for those that don't, they will be dealt with.

#### **Background**

The Victorian Government is increasing the range of 'designated places' where Protective Services Officers (PSOs) can exercise their powers so PSOs can be redeployed from the public transport network and into communities, boosting police resources.

### On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system.

Our message is clear: stay at home.

### Police Assistance Line

Our message is clear: stay home. I want to say thank you again to all those Victorians who are doing the right thing and following the advice.

Our Police Assistance Line is an invaluable resource to the community and the increased number of calls shows Victorians are reporting those doing the wrong thing.

Anyone who continues to flout the rules will be dealt with, and we're working with Victoria Police to ensure all calls to the Police Assistance Line are answered and resolved as quickly as possible.

### Prison emergency management days

For decades, Emergency Management Days have been one of many tools used to help maintain the safety, security and good order of the prison system during major emergencies.

If needed, the Corrections Commissioner will grant these depending on the individual impacts, circumstances and behaviour of prisoners.

Emergency Management Days are a privilege, not a right, and anyone who is involved in an incident would give up the privilege to be automatically considered for any future Emergency Management Days.

### Background

Partial lockdowns (whereby only half the prison population can be out of their cells at any one time) are currently in place at the Melbourne Assessment Prison, Metropolitan Remand Centre and Port Phillip Prison to ensure physical distancing measures can be followed.

### Testing criteria

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

Victoria's testing criteria for COVID-19 have been broadened to include people whose employment and contact with the broader public may place them at higher risk of exposure to any virus which maybe circulating in the community.

These changes are aimed at striking a balance between identifying cases that are not linked to known travel or other risks and maintaining current suppression efforts targeted at returned travellers and contacts of current cases.

The number of community acquired cases contracted from an unknown source are continuing to rise – the expansion of the testing criteria will allow us to get a clearer picture of how much the virus is circulating.

These new criteria do not mean our stage 3 restrictions should be relaxed. The reverse is true, we must continue these actions to flatten the curve.

If someone in the following categories displays clinical symptoms – a fever or acute respiratory infection – they will now be tested for COVID-19.

- Childcare and early childhood education
- Primary or secondary schools; and
- Firefighters who are emergency medical responders
- People aged 65 years and older

The full testing criteria list is available at <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease--COVID-19>

Contact tracing of all known cases will continue so that anyone who has been exposed to a confirmed case completes the mandatory 14 days in self-isolation.

### **Background**

We currently have nine laboratories in public health services testing for coronavirus and three private laboratories, with a further three expected to come online next week.

Victorian laboratories can conduct more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

### **Rapid response testing**

Our testing regime in Victoria is among the highest per capita in the world.

More than 67,000 Victorians have been tested to date, using a pathology test developed by the Victorian Infectious Diseases Reference Laboratory.

Victoria is exploring rapid testing as part of the increased effort to combat the coronavirus.

### **Background**

We're continuing to expand our coronavirus testing capacity with nine public laboratories and three private providers now testing.

### **Preparing our hospitals**

Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won't need all of this extra capacity, and we'll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

### **Background**

At present, Victoria's public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won't be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

### ***Funding - general***

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

### **Staffing**

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

### **Ventilators, ICU capacity and hospital preparedness**

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

### **Background**

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 450 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need.

We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

### **Warburton Hospital**

We know that once Victoria hits its peak of the coronavirus pandemic, we will need more staff and beds than ever before to manage the significant increase in patients.

We've provided our health system with \$1.3 billion to boost hospital capacity with an extra 4,000 ICU beds right across the state.

The Department of Health and Human Services is commissioning new and old buildings, as well as looking at a range of settings that could be used to create extra capacity if it's needed.

We are preparing for all contingencies – but if Victorians stay at home and protect the health system, we hopefully won't need all this extra capacity and we'll save lives.

## Students joining Victorian health workforce

Our healthcare workers are the heroes on the frontline of this crisis, and we need all hands on deck as we face this unprecedented challenge.

Students from the medical, nursing and allied health fields, will be an important part of the health workforce response to COVID 19 but are intended to work in support roles only at this stage.

Each health service will determine the number of positions, based on their needs. Students will then be offered paid employment contracts, which allow them to be supervised in roles that are suitable for their skills and level of experience.

### Background

A skills matrix has been developed for the three student professions (medical, nursing and allied health) which will guide the engagement of student work placements.

A number of medical students also have qualifications in other health areas – for example they were previously registered as nurses and physiotherapists. These students can register through the DHHS website to be included as part of their previous qualifications.

Decisions about whether their work will formally contribute to their degree will be determined at a later time, in consultation with the accrediting bodies.

For more information and to register for a student work placement visit [healthworkforceresponse.dhhs.vic.gov.au/](https://healthworkforceresponse.dhhs.vic.gov.au/)

## Emergency relief packages for Victorians

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

### Background

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

## Flu vaccines

There is sufficient supply of influenza vaccine for the National Immunisation Program.

The coronavirus pandemic will no doubt put pressure on the private market stock – if immunisation providers have not placed their pre-season orders then I would strongly recommend they contact their supplier to access supplies.

We all have a role to play in slowing the spread of coronavirus and the flu, to protect our health system and save lives, and we encourage everyone to get their annual flu shot from April onwards.

### Background

As of 8 April, there has been 3,791 cases of influenza reported to the Department of Health and Human Services compared to 5,168 for the same period last year. There were more 69,300 cases of influenza reported to the Department in 2019.

As of 8 April, Victorian Government has distributed more than 1,097,188 doses of flu vaccine across Victoria. This includes more than 112,270 doses for our healthcare workers this year.

GP clinics, pharmacies and local immunisations sessions will still be providing necessary and lifesaving vaccinations like the flu shot whilst also following all current advice around hygiene practices and physical distancing requirements.

## Victorian Schools - General

We know this year will be different to any that students, teachers and families have experienced before – but we are making sure that our kids still get the education they deserve.

We've done the work and planning so we're ready to make the move to remote and flexible learning, and we thank everyone involved for their dedication to our kids' education at this unprecedented time.

As we act to slow the spread of coronavirus, the message to students and parents of government schools is clear: all children who can learn at home must learn from home – with exceptions only in extremely limited circumstances.

For VCE students – they will receive an ATAR score and there will be no Year 13. The GAT will move from June to October or November and end of year exams won't happen until at least December.

Every student will get the support they need, whether they are learning at home or attending school on-site. We will provide a device to every child that needs one and provide thousands more with free internet.

### Background

Most Victorian students will be educated from home when Term 2 starts next week.

VCE students will still receive an ATAR score, but there will be a number of changes to the academic timetable for VCE and VCAL students:

- The GAT test will move from June to October or November
- End of year exams will be postponed until at least December
- School based assessment tasks will be reduced where possible to relieve some pressure on students as they move to remote and flexible learning arrangements
- Universities will be asked to delay the start of the 2021 university year to account for impacts of coronavirus on senior secondary students.

As we act to slow the spread of coronavirus, the message to students and parents of government schools is clear: all children who can learn at home must learn from home – with exceptions only in extremely limited circumstances.

On-site learning will only be available for children whose parents can't work from home and students without access to a suitable learning environment at home.

To ensure more kids can learn from home, the Government will loan more than 6,000 laptops and tablets to students who don't have access to digital technologies.

Schools will also distribute other classroom devices as required to ensure all students who do not have access to a laptop or tablet at home will be provided one.

Internet access should not determine a child's access to education – so we will deliver free SIM cards or dongles to thousands of students at government schools who need them the most. This includes an agreement with Telstra to provide 4000 SIM cards for government primary and secondary school students. The Government has also purchased an extra 1000 SIM-enabled dongle devices.

### General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://www.dhhs.vic.gov.au/novelcoronavirus)

### Screening clinics and hotspot LGAs

We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.

There have been 34 screening clinics established across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.

We're also working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.

#### Background

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria – including Barwon Health North Geelong:

<https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

The Commonwealth Government has also announced they will fund 100 pop-up clinics in areas of need across the country. Five of these clinics are so far up and running in Victoria.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398.

### Recreational Activities

There are an increasing number of locally acquired cases emerging in the community. By staying at home and limiting your contact with other people, we can all slow the spread of the virus.

This means no fishing, no hunting, no boating, no camping and no golf.

We all need to change our behaviour to change the course of this epidemic and we urge people to stop looking for loopholes - just do the right thing.

There are a lot of sacrifices we need to make – but taking these actions will save lives.

#### Background

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

You cannot leave your property to undertake recreational hunting, however hunting on your own private property remains permissible.

The sale of firearms and ammunitions for sporting or recreational purposes will also be temporarily banned, following deliberations by the National Cabinet.

The new measures are designed to protect licensed firearm owners and dealers as well as the broader community.

Directions of the Chief Health Officer in relation to restricted activities in Victoria expire on 13 April, but can be extended. Duck hunting season is scheduled to start on Saturday, 2 May.

### Construction and coronavirus

Construction is continuing in Victoria, in accordance with requirements set out by the Chief Health Officer, including social distancing.

We've been working closely with industry and the Unions to ensure we can protect workers' safety and jobs, including the 115,000 working across Victoria's Big Build and other projects in our unprecedented infrastructure program.

#### Background

Work practices on Victorian construction sites will be determined on the advice of the Chief Health Officer.

## Council Meetings

We're working with Councils to consider the implications of Coronavirus on their operations including the welfare of staff, compliance with the Act, elections and their meetings.

## Business remaining open during stage 3 restrictions

Businesses remaining open during this time must adhere to the physical distancing and hygiene requirements.

The rules are clear and they don't change over Easter. If you can stay at home, you must stay at home.

We ask Victorians to stop looking for loopholes. Just do the right thing. This is tough for many families, but no Easter holiday is worth a life. Stay home and save lives.

### **Background**

There are only four reasons for Victorians to leave their home: food and supplies, medical care and care giving, exercise, and work or education. Other than these reasons, people must stay home.

There are three special requirements for every business in Victoria that has customers on its premises including maximum numbers of customers based on floorspace, signs to limit capacity and cleaning regimes.

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15. For all questions about fines and enforcement of the Chief Health Officer's restrictions, please contact Victoria Police.

## Care at home for patients

GPs and other healthcare workers assess if patients have access to suitable home care if they are diagnosed with coronavirus.

People who test positive for coronavirus and remain at home are contacted daily by DHHS, and are not allowed to end self-isolation before a number of criteria have been met to ensure they are no longer infectious.

### **BACKGROUND**

Information for caregivers is provided in various fact sheets for patients on the department's website here: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

## OFFICIAL: PPO/MO daily Covid Media Lines

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**From:** REDACTED (DPC)"REDACTED"  
**To:** "Brett Sutton (DHHS)"REDACTED  
**Date:** Fri, 03 Apr 2020 07:18:33 +1100  
**Attachments:** 030420\_-\_covid\_lines\_jf\_as.docx (41.54 kB)

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OFFICIAL

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**From:** REDACTED (VICMIN) REDACTED  
**Sent:** Friday, 3 April 2020 7:17 AM  
**To:** REDACTED (DPC) REDACTED  
**Subject:** Daily lines

Hey, here you go!

REDACTED  
**Senior Media Adviser**

Office of the Premier of Victoria  
Level 1, 1 Treasury Place, East Melbourne VIC 3002

REDACTED



Office of  
the Premier

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### Coronavirus General

In order to avoid the distressing scenes we now are seeing around the world, National Cabinet has agreed to significant new restrictions on public gatherings and will also enforce that where people can stay at home, they must stay at home.

Some things in life are complex, this is not.

Our message to every Victorian is that there are only four reasons to leave your home: food and supplies, medical care, exercise, and work or education.

Most Victorians are doing the right thing and we're grateful to them. But we must do more.

That's why we are also restricting gatherings to no more than two people except for members of your immediate household and for work or education.

As we deal with this health crisis, we know that for many Victorians it's an economic crisis as well. With many businesses losing their customers, and Victorians losing their jobs, paying rent is becoming impossible for some people.

That's why National Cabinet has agreed to a moratorium on evictions for the next six months for residential and commercial tenants who are experiencing financial distress due to the impact of coronavirus. This will apply across all states and territories.

To flatten the curve, we are all going to have to sacrifice a lot. But it may be the most important thing we ever do.

So please: Stay home. Protect our health system. Save lives.

### Other COVID 19 Measures

The restrictions in place now include:

- All returning travellers from overseas must self-isolate for 14 days.
- All people with coronavirus must self-isolate
- The closure of a number of businesses, including pubs, clubs, casinos and restaurants, unless its takeaway or home delivery
- All close contacts of people with coronavirus must self-isolate for 14 days
- All gatherings are restricted to two people, unless for work or education purposes
- There are only four reasons to leave the house: buying food or other essentials, medical care, exercise, or work or education purposes

A full list of restrictions is available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

### Sixth coronavirus death

Sadly we have been advised of a sixth coronavirus death – a woman in her 60s who passed away at a Melbourne hospital late on Wednesday.

This came after confirmation of a fifth death – a woman in her 70s who died at another hospital on Wednesday night.

Our thoughts are with the families at this sad time, as well as the staff affected.

This is a reminder of just how dangerous this virus can be for vulnerable patients and the risks our hard-working health staff take every day during this pandemic.

I urge all Victorians to do their part to protect the lives of others - if you can stay home, you must stay home.

### **Background**

The hospital has taken all the necessary steps to isolate anyone who may be at risk of transmission and undertake thorough cleaning as per infection control guidelines.

### [Flattening the curve – transmission rate](#)

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### **Background**

The number of new infections in Australia used to double every 3-4 days, now they double every 7 days.

With over a thousand cases in Victoria at the moment, we would be heading to 16,000 cases in a month, which would put enormous strain on our health system.

It will be weeks before we know if we can really drive down cases to protect our health system.

### [ICU expansion](#)

Victoria's health system will receive a massive \$1.3 billion injection to quickly establish an extra 4,000 ICU beds as we respond to the coronavirus pandemic and protect Victorian lives.

The boost will secure the ICU equipment, staff and space we need to meet the expected surge in case load at the peak of the pandemic.

We are preparing for the worst – but if Victorians stay at home and protect the health system, won't need all of this extra capacity, and we'll save lives.

This type of investment has never been made in Victoria before and shows the magnitude of what we are preparing to deal with.

### **Background:**

At present, Victoria's public and private health services have approximately 450 fully equipped and staffed ICU beds, but we know that won't be nearly enough if the spread of the coronavirus continues.

To be ready for the pandemic peak, we are ordering \$1.2 billion worth of equipment and consumables we need, as well as investing over \$65 million for capital works and workforce training – securing record capacity for our intensive care system.

The order will also see additional personal protective equipment (PPE) purchased, including 551 million gloves, 100 million masks and 14.5 million gowns.

### *Funding - general*

On top of the \$1.3 billion ICU increase, Victoria's health system will also receive a \$537 million-dollar boost to help respond to the COVID-19 pandemic.

More than \$80 million will be invested to bring more beds online including 84 beds at the old Peter Mac Hospital and 45 beds at Bendigo Health. These 129 beds are in addition to the 140 new beds that are coming online at Casey Hospital.

Baxter House will be recommissioned to keep regional Victorians safe and Barwon Health will provide consulting rooms and virus clinic capacity.

Victoria's hospitals will be better prepared for the increase in demand with a \$115 million injection to cover an extra 45,000 emergency department presentations, 5,000 hospital admissions, and a further 2,000 intensive care unit admissions during the pandemic peak.

Healthcare workers will have the tools they need to care for sick COVID-19 patients with \$107 million to buy life-saving equipment, including 550 ventilators, 4,000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

A further \$97 million will also be set aside to backfill the healthcare workforce if staff need to self-isolate through exposure or infection.

### *Staffing*

We're working to quickly activate every health care worker who can provide patient care in our hospitals and we are prioritising training clinicians with similar skills to ICU staff, including anaesthetists, paramedics, emergency specialists and critical care nurses to ensure they have the necessary skills and training.

The public service, health services, universities and clinical experts are working around the clock to find ways to maximise the use of the existing workforce.

We are also considering what is required to ensure non-clinical staff who are integral to the successful management of ICU beds, including cleaners, security and cooks have the skills they need to do their job.

### Partners – CHO exemption

We know these restrictions are very strict and they are strict for a reason.

In order to save lives and protect our health system – people need to stay home.

There were significant concerns about people who were in a relationship and living at home with parents and elderly people, who are a vulnerable cohort – potentially passing that on to them

But we understand that we have to have a practical application of these directions as best we can. That's why the Chief Health Officer is providing an exemption so partners who don't live together can see each other during this time.

### Fishing and hunting

The advice is clear, you need to stay home.

There are a lot of sacrifices we need to make – and going out to fish or hunt are some of them.

For some people, fishing is their job – and at this stage we won't get in the way of that – however, if you don't need to go fishing or hunting, you shouldn't be.

## Construction and coronavirus

The Government has been working with Unions and industry to ensure we can protect workers safety and jobs.

The Department of Health and Human Services advice is that, any worker who tests positive is required to go into self-isolation for 14 days.

Any close contacts identified by DHHS tracing are required to go into self-quarantine for 14 days. Once a site has been cleaned, it is the builder's decision on whether it is reopened.

### Background

DHHS has compiled detailed guidelines for best practice in the construction industry.

This includes the requirement for screening of construction workers to ensure no one recently returned from overseas is on site, and that people who have flu-like symptoms not attend work. Workers also need to adhere to physical distancing rules and maintain high levels of on-site hygiene.

These can be found here:

[https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best\\_practice\\_for\\_managing\\_construction\\_sites\\_COVID-19\\_3103-final.pdf.pdf](https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/best_practice_for_managing_construction_sites_COVID-19_3103-final.pdf.pdf)

## Firearms restrictions

The sale of firearms and ammunitions for sporting or recreational purposes will be temporarily banned, following deliberations by the National Cabinet.

The new measures are deigned to protect licensed firearm owners and dealers as well as the boarder community.

We're responding to an increase in demand for firearms and ammunition across the country by doing what we can to protect licensed firearm owners and dealers as well as the broader community.

We sincerely hope that Victoria Police does not have to issue one of these on the spot fines, and people do the right thing. But for those who don't, they will be dealt with.

### Background

Licensed firearm owners and dealers exercise a high degree of care when complying with their obligations, however, there has been an increase in firearm permits to acquire applications and additional ammunition in recent times, increasing the risk that firearms and ammunition may not be stored correctly.

Farmers, rural landholders, professional vermin control and armed guards will still have access.

## Latest COVID-19 update

The total number of coronavirus (COVID-19) cases in Victoria is 1036 – an increase of 68 from yesterday.

Yesterday a woman in her seventies died in hospital, taking the number of people who have died in Victoria from coronavirus to five.

The total number of cases includes 551 men and 480 women. Cases range in age from babies to their early nineties.

There are 57 confirmed cases of COVID-19 in Victoria that may have been acquired through community transmission. More than 49,000 tests have been conducted to date.

Currently 36 people are in hospital – including six patients in intensive care – and 422 people have recovered.

Of the total 1036 cases, there have been 828 in Melbourne and 193 in regional Victoria. A number of cases remain under investigation. Details can be found on the DHHS website at:

<https://www.dhhs.vic.gov.au/media-hub-coronavirus-disease-covid-19>

The Department of Health and Human Services follows up and monitors all close contacts of confirmed cases and provides them with information and support. All close contacts must self-isolate for 14 days.

### Enforced quarantine

Following agreement by the National Cabinet, all travellers returning from overseas to Victoria are now placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus.

This will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period.

These measures will not only help slow the spread of coronavirus, they will also support hospitality workers who are facing significant challenges during this time.

It has also been agreed that the Australian Defence Force will be engaged to support the implementation of these arrangements.

As we take this extra step to slow the spread of coronavirus, our message to every other Victorian remains the same: Stay at home, protect our health system, save lives.

If you can stay home, you must stay home.

If you don't, people will die.

### On-the-spot fines/Enforcement

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system.

Our message is clear: if you can, you must stay at home.

## Going to the beach

Many beaches have been closed to help slow the spread of coronavirus.

While you can exercise at the beach if you follow the two-person restrictions, our message is clear: if you can stay at home, you must stay at home.

## Call for healthcare workers to join coronavirus response

Our healthcare workers are heroes on the frontline of this crisis and we need all hands on deck as we face this unprecedented challenge.

We're doing everything we can to slow the spread of coronavirus and save lives. But additional support may be needed, which is why we're asking for skilled health professionals to come back to work and help care for Victorians.

### **Background**

Healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, are being called on to return to work as part of the Victorian Government's coronavirus response.

We have launched new website where people with a wide range of skill sets can express their interest to work as part of Victoria's health system, with the aim of boosting our workforce and response during the coronavirus pandemic.

The Victorian Government will also be seeking expressions of interest from patient care assistants, assistants-in-nursing, and undergraduate students in health-related disciplines to provide essential support to our doctors, nurses and midwives.

Health professionals who believe they have the drive and skills to be part of Victoria's frontline coronavirus responsive, can register their interest via the Department of Health and Human Services coronavirus website [dhhs.vic.gov.au/coronavirus](https://dhhs.vic.gov.au/coronavirus).

## Victorian Schools

School holidays for government schools in Victoria have been brought forward and have now started.

Schools will use this time to support teachers and staff plan for flexible and remote learning in the event schools need to move to that method of teaching.

Primary school students and all students in specialist schools who are the children (or under the care) of essential services workers are eligible for care and supervision programs.

Examples of essential services may include health, police, corrections and emergency services workers.

## Ventilators, ICU capacity and hospital preparedness

We know that when the peak of the pandemic hits we will need more staff and beds than ever before to manage the significant increase in patients.

We are boosting beds across the system, commissioning new and old buildings, and winding back elective surgery. We've also ordered thousands of ventilators and getting more staff and equipment to boost our intensive care unit capacity.

Many people have already put their hands up to support our hospitals in the coming weeks and months – including retired staff, those who have moved onto other careers, research and medical science staff as well as students.

We're working to quickly activate every health care worker who is able to provide patient care in our hospitals and ensure they have the necessary qualifications, training and registration.

### **Background**

In Victoria – in the public and private system -- we usually operate in the order of more than 23,000 beds and more than 500 ICU beds. But we can flex up these bed numbers as needed. We can do this rapidly and this work is already under way, with an additional 269 beds already being commissioned at the Casey Tower, old Peter Mac Hospital and Bendigo Hospital.

We have about 1000 ventilators in Victoria, with thousands more on order. We are also in discussion with local companies about the possibility of manufacturing ventilators here.

Ventilators are portable units and can be transferred around the system to any areas of need. We are also purchasing 4000 high flow oxygen therapy units for patients in acute respiratory failure, 130 dialysis machines and 1,200 patient monitors.

The Department is also undertaking contingency planning to look at possible additional public health and non-health settings that could be used to create extra capacity if needed.

### **Elective surgery**

We need to wind-down non urgent surgery because coronavirus cases continue to rise.

This follows agreement by the National Cabinet. We are making these decisions in order to protect patients, health care workers and their families from this deadly virus.

Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can stay at home, you must stay at home.

### **Background**

Victoria's public hospitals have been directed to begin winding back all non-urgent surgery, where it is safe to do so, as preparations escalate for the health system to cope with the coronavirus pandemic.

No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.

This is consistent with a decision of the National Cabinet acting on advice from the AHPPC that until further notice all elective surgery, other than urgent cases, will be suspended. This will apply to both public and private hospitals.

This will not affect emergency surgery, or category one elective surgeries including those booked in as part of our elective surgery blitz – which are considered the most urgent including urgent heart, neurological and cancer procedures.

As the pandemic progresses the Department of Health and Human Services will actively plan for these services to recommence, including surge capacity to reduce waitlists, when it is safe to do so.

## Hospital visit limitations

In Victoria, patients in public, private and denominational hospitals, multi-purpose services and day procedure centres will only be allowed a maximum of two visitors at one time for two hours a day.

We are taking these unprecedented measures to protect our hospital staff, patients and visitors and we will continue to do what it takes to keep everyone safe from coronavirus.

Our doctors, nurses and allied health professionals are working around the clock caring for patients – these new measures will help protect them as they tackle this pandemic head on.

The health and wellbeing of our dedicated hospital staff is paramount. This will be incredibly difficult for many patients and families but we must do everything we can to help our health care workers as they manage the challenges of coronavirus.

### Background

People in the following categories will not be bound by the two hour time limit, however the limit of two visitors at a time must still be adhered to;

- in the case of a patient of the hospital aged under 18 years—the person is the parent or guardian of the patient or has temporary care of the patient
- in the case of a patient of the hospital with a disability—the person is the carer of the patient
- in the case of a pregnant patient of the hospital whose status as a patient relates to the pregnancy—the person is the patient's partner or support person
- in the case of a patient of the hospital attending at the hospital's emergency department—a person accompanying the patient
- in the case of a patient of the hospital attending an outpatient appointment—a person accompanying the patient
- the person's presence at the hospital is for the purposes of end of life support for a patient of the hospital.

We ask the community if they are visiting any hospital in Victoria, to practice hand hygiene and respiratory etiquette responsibly. Anyone who is unwell should stay at home and call their GP or the COVID-19 public information hotline on 1800 675 398.

## Emergency relief packages for Victorians

We need to look out for each other over the next few months – but for people who have no one nearby to support them, we'll make sure they get what they need.

There is plenty of food for all Victorians so please don't take more than you need. But if you do find yourself isolated, and can't access the basics, we have emergency relief packages for you.

### Background

The emergency relief program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods delivered door-to-door.

Food packages will include items such as long-life milk, pasta, cereal, canned vegetables and sugar. Personal care packages will also be distributed to eligible households and include soap, toothpaste and deodorant.

The program will be coordinated by the Red Cross in partnership with Foodbank Victoria and under the direction of the State Relief Coordinator.

### Beach houses

If you consider it necessary to travel to your holiday house then the exact same social distancing restrictions apply - stay indoors unless it is absolutely essential to leave and do not congregate in groups.

If you do go out, ensure you stay at least 1.5 metres away from other people.

### Background

A full list of restrictions are available at [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au). Businesses seeking advice about whether they are affected can also call the Business Victoria coronavirus hotline on 13 22 15.

### COVID-19 – State of Emergency

A State of Emergency has been declared in Victoria to combat COVID-19, as agreed by National Cabinet.

Under a State of Emergency, Authorised Officers 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.

This is another step in the Victorian Government's plan to combat this virus and do what we need to do to prevent the spread of COVID-19 as much as we can.

### Isolation requirements for travellers

Returned travellers are being made to undertake their mandatory 14-day quarantine period at designated accommodation such as a hotel, rather than at home.

The National Cabinet has taken this significant step in recognition that travelers returning from overseas pose an unacceptable risk of spreading the virus.

The Victorian Government has 5000 rooms on standby and is working with the hotel industry to ensure these arrangements are as convenient as possible.

People returning to Australia will be fed and transported at no cost to them, while police, private security and health authorities will be able to more efficiently monitor their compliance with quarantine requirements.

Regardless of whether a person is isolating in a hotel or at home, during the 14 days of isolation, people should stay at home or in their hotel and shouldn't go to public places including work, school, childcare, university or public gatherings.

### Coronavirus testing

Our testing regime in Victoria is among the highest per capita in the world – and focuses on those who need to be tested most.

We've completed more than 49,000 tests and have established 30 screening and assessment clinics across Melbourne and regional Victoria, and our world class hospitals stand ready to establish more as required.

With more public and private labs coming online we have been able to progressively increase our testing capacity to now be more 4000 tests per day.

Victoria continues to work closely with Commonwealth agencies, to widen testing capacity.

## Background

We currently have nine laboratories in public health services testing for coronavirus and two private laboratories.

Victorian laboratories are now conducting more than 4,400 coronavirus tests daily. Test results generally take at least 24 hours to confirm a positive coronavirus case.

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

Victoria will assist in any way we can to ensure these are brought online promptly once locations are identified.

## Testing criteria

We have continued to boost our testing capacity in Victoria by sustained expansion of our screening clinics and coronavirus testing laboratories.

This means we can test more Victorians than ever and well above the previous key target groups, the majority of which were travellers - a diminishing group.

To ensure we are getting the best possible picture of how the virus is tracking, Victoria's Chief Health Officer has expanded testing beyond healthcare workers, vulnerable groups, returned travellers and close contacts, to include key public facing workers, such as police and disability workers, as well as patients in high risk settings.

## Background

The full current testing criteria is available from the Department of Health and Human Services website.

<https://www2.health.vic.gov.au/about/news-and-events/HealthAlerts/2019%20Coronavirus%20disease%20-COVID-19>

This broadened criteria includes an expansion of the risk groups to be considered for testing.

Individuals who develop fever and respiratory symptoms and who fall in these groups are recommended for testing. People without symptoms should not be tested.

These additional groups include police officers, child protection workers, homelessness support, paid or unpaid workers in health care, residential care and disability settings.

It also includes immunosuppressed patients who are admitted to hospital and patients in high risk settings such as military operating settings, boarding schools, prisons and correctional settings.

The case definition is regularly updated in line with national guidelines, intelligence of the pandemic and epidemiology in Victoria and Australia.

## Test kits

We are continuing to work hard to source swabs and testing kits for Victorian hospitals amidst a significant global shortage of swabs and reagent test kits for COVID-19 testing.

We are urging clinicians to only use one swab and to limit testing to high-risk patients, and those who meet the case definition under the national guidelines which includes healthcare workers.

## Prescriptions

We advise people to ensure they have enough medication to meet their needs, particularly if they were required to undergo quarantine unexpectedly and needed to avoid pharmacies and other public places.

For the majority of people, a 30 day supply should be sufficient, but people should consider whether they need more and discuss their prescription with their GP if concerned.

## Panic buying

We understand there is a lot of concern in the community right now, but there is no need to rush out and stock up on goods.

The major supermarkets have assured the Government that they are well stocked and will continue to be well-stocked.

Supermarkets will stay open - this is about sensible planning so if you or your loved ones become unwell you will have supplies of consumables and medication.

## General hygiene lines

The best way people can protect themselves and others is to wash their hands with soap and water regularly and practice cough etiquette. If you are unwell stay at home and avoid contact with others.

We are asking people to take those extra precautions to minimise the risk of being infected.

Victorians are also being asked to consider how they'll manage if they become unwell or require isolation, including working remotely, managing food and medication, and the potential need to isolate individual family members.

We are all in this together – and as we saw during the bushfires – in the worst of times, we are confident that we will see the best of Victorians.

If you are concerned, call the Coronavirus Hotline on 1800 675 398. For more information, visit [dhhs.vic.gov.au/novelcoronavirus](https://dhhs.vic.gov.au/novelcoronavirus)

## Screening clinics and hotspot LGAs

We all have a role to play slowing the spread of this deadly virus - follow the rules for physical distancing and self isolation, practice good hand hygiene, and if you can stay at home, you must stay at home.

We have established 30 screening and assessment clinics across Melbourne and regional Victoria to get as many people tested as possible and our world class hospitals stand ready to establish more as required.

We're working closely with the Commonwealth Government to ensure GPs are also supported in providing advice and screening to potential COVID-19 patients.

## Background

The Commonwealth Government has announced they will fund 100 pop-up clinics in areas of need across the country, so hospitals are freed up to treat the patients who need them, and so more Victorians can access screening in areas of high need.

To date, Respiratory Assessment Centres, or screening clinics, have been established at 29 health services – 12 in metropolitan Melbourne and 17 in Regional Victoria:

<https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.

Victorians can also contact the public health and information line for COVID-19, which is 1800 675 398. Large numbers of calls will result in some delays and we ask Victorians for their patience.

## COVID-19: Hotel team leader and concierge support staff needed urgently

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**From:** HeadsUp <internalcomms@dhhs.vic.gov.au>  
**To:** "Brett Sutton (DHHS)" **REDACTED**  
**Date:** Thu, 09 Apr 2020 16:10:09 +1000

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HeadsUp



We urgently require staff to assist with the COVID-19 response in key supporting roles at hotels across Melbourne that are hosting recent arrivals to Australia who must remain in quarantine.

As Concierge Team Leader and Concierge Support, you will provide crucial frontline assistance to the hotel guests in quarantine.

As the **Concierge Team Leader**, you will be responsible for:

- Coordinating VPS staff concierge duties and activities onsite at the hotel
- Liaising with hotel staff, authorised officer, medical staff, security, other government departments and Victoria Police onsite at the hotel.

As **Concierge Support**, you will be responsible for:

- Providing concierge support to people in quarantine – this could include picking up food, clothing, toiletries or prescriptions
- Entering information into a data base
- Conducting wellbeing check-ins via phone and ensuring quarantined people have all they need.

Both roles are for a **3 month duration**. Hotels are located in the CBD and at Melbourne airport.

Shifts will be allocated via a rotating roster of 4 days on, 2 days off. There are two shifts per day: 7:30am – 3:00pm and 2:30pm – 10:00pm. Shift and location preferences will be respected.

Your safety is a priority. You will be provided with all necessary safety equipment such as masks, goggles and gloves. Please note that you do not have to physically come into contact with quarantined people, but you may be in close range.

For more information, please contact [careerdevelopment@dhhs.vic.gov.au](mailto:careerdevelopment@dhhs.vic.gov.au)

Please ensure that you have your manager's approval before proceeding.

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This email was sent by Communications and Media Branch, Department of Health and Human Services, 50  
Lonsdale Street, Melbourne, Victoria 3000, Australia to **REDACTED**



## Saved in TRIM RE: Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

**From:** "Meena Naidu (DHHS)" [REDACTED]  
**To:** "Finn Romanes (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED]  
**Cc:** "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>, "Simon Crouch (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED], "Claire Harris (DHHS)" [REDACTED], "Euan Wallace (DHHS)" [REDACTED]  
**Date:** Sat, 18 Apr 2020 23:02:11 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.09 MB)

Hi all

Apologies for the delay. Please find attached the compliance plan. It still requires a bit of work to clean it up but did not want to delay distribution further.

Kind regards  
 Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance  
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**From:** Finn Romanes (DHHS) [REDACTED]  
**Sent:** Saturday, 18 April 2020 10:54 PM  
**To:** Pam Williams (DHHS) [REDACTED]  
**Cc:** SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>; Simon Crouch (DHHS) [REDACTED]; Meena Naidu (DHHS) [REDACTED]; Annaliese Van Diemen (DHHS) [REDACTED]; Brett Sutton (DHHS) [REDACTED]; Claire Harris (DHHS) [REDACTED]; Euan Wallace (DHHS) [REDACTED]  
**Subject:** Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

Dear Pam and Chris / Deputy State Controller – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin, that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan

to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through REDACTED that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by Deputy State Controller Health – Operation Soteria for awareness and any comments and endorsement.

Can you / Chris take it from here?

Kind regards

Finn

Dr Finn Romanes  
Public Health Commander  
Novel Coronavirus Public Health Emergency  
REDACTED  
Department of Health and Human Services  
State Government of Victoria

# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

15 April 2020 Version 1

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

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# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

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

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# Purpose

This purpose of this document is to:

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

## Processes may be subject to change

It is acknowledged that the covid-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.

To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.

This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

## Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

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

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

## AO Operational contacts

For URGENT operational advice contact the on call (as per the roster) DHHS Compliance management.

| DHHS Compliance lead | Title  | Contact details |
|----------------------|--|-----------------|
| Anthony Kolmus       | AO Operational Lead<br>COVID-19 Compliance Cell<br>Regulation, Health Protection and<br>Emergency Management<br>Department of Health and Human<br>Services   | REDACTED        |
| REDACTED             | AO Team Leader<br>COVID-19 Compliance cell<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health & Human<br>Services   | REDACTED        |
| Noel Cleaves         | AO Team Leader Regulation,<br>Health Protection & Emergency<br>Management Division<br>Department of Health and Human<br>Services                             | REDACTED        |
| REDACTED             | AO Team leader<br>COVID-19 Compliance Cell<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health and Human<br>Services | REDACTED        |

## At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

**Table 1 Roles and responsibilities of staff at hotels**

| Role   | Responsibility   | Authority  |
|--|--|--|
| <b>Authorised Officers under the <i>Public Health and Wellbeing Act 2008</i> at airport and hotels</b> | <p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention).</li> </ul> <p>AOs are required to keep records (written or electronic) of compliance and other issues they become aware of.</p>  | <p><i>Public Health and Wellbeing Act 2008</i> s199</p> <p>Direction and Detention Notices (No 1 and No 2)</p> |
| <b>Hotel site lead</b>   | <ul style="list-style-type: none"> <li>Supports the health and well-being of staff,</li> <li>Liaises with airport command and staff from other departments and agencies represented at the hotel</li> <li>Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations</li> <li>Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required</li> <li>Ensures appropriate records management processes are in place.</li> </ul> |  |
| <b>Medical staff</b>   | <ul style="list-style-type: none"> <li>Provide 24 hour on-call medical support subject to demand</li> <li>Provide welfare to detainees through a daily welfare check — welfare officers email <a href="mailto:\COVIDQuarantine@dhhs.vic.gov.au">\COVIDQuarantine@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues</li> <li>Provide a satisfaction survey for residents to complete each week.</li> </ul>   | Contracted by DHHS.  |

|                                   |   |  |
|-----------------------------------|---|--|
| <b>Department and hotel staff</b> | <ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs</li> <li>• Deliver hyper-care (concierge) services onsite</li> <li>• Manage contracts with accommodation providers</li> <li>• Manage transport arrangements from the airport and other locations detainees may be permitted to go</li> <li>• Manage material needs including food and drink.</li> </ul> |  |
| <b>Security</b>                   | <ul style="list-style-type: none"> <li>• To assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, movement of detainees where they have permission to leave rooms, assisting with release</li> </ul>   |  |

**AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and mediation skills to help persons settle into the new environment.**

# Background

## Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See <https://www.dhhs.vic.gov.au/state-emergency>

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

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Covid-19 Compliance Executive Lead under the Covid-19 Public Health Incident Management Team 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.

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

## Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

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

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

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

## Authorisation under section 200 for the purposes of the emergency order

Only public servants who have been authorised as AOs under the PHWA and **also** authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

**AOs are encouraged to read Part 9 and seek advice from AO Operations Lead if they are unsure in the administration of their powers**

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

# Charter of Human Rights obligations

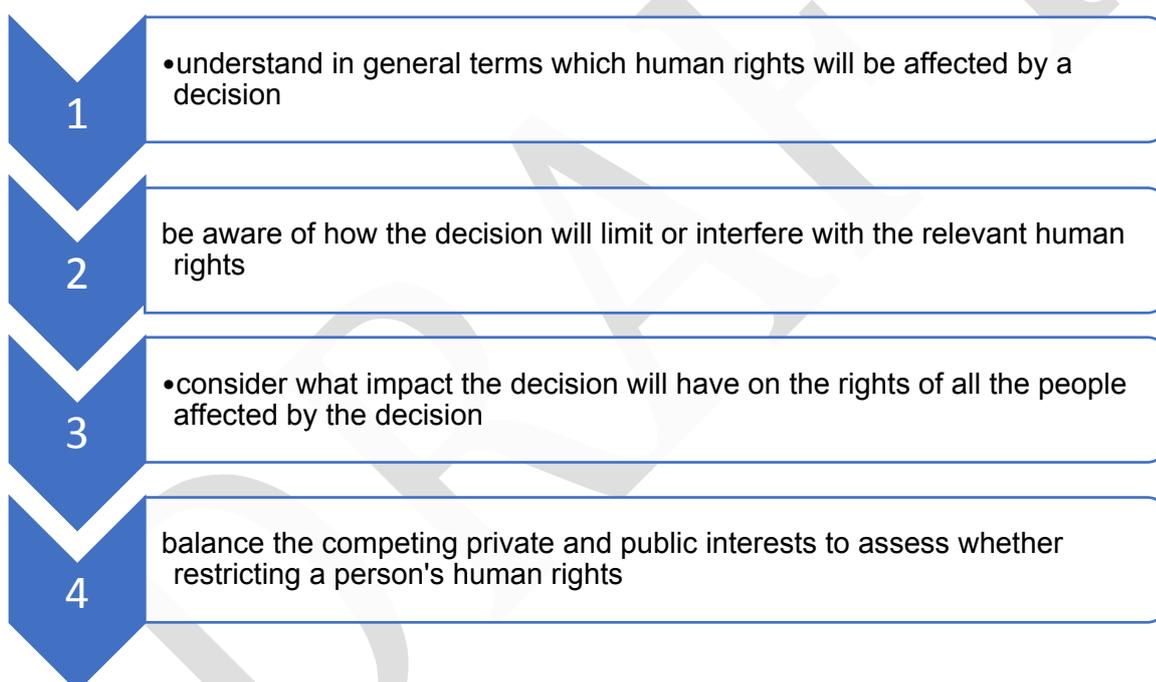
## Key points

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

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



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"> <li>• 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</li> </ul> |
| Right to protection from torture and cruel, inhuman or degrading treatment | <ul style="list-style-type: none"> <li>• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>   |
| Right to freedom of movement   | <ul style="list-style-type: none"> <li>• while detention limits this right, it is done to</li> </ul>  |

| Charter Right  | Obligation   |
|--|--|
|  | <p>minimise the serious risk to public health as a result of people travelling to Victoria from overseas</p>   |
| <b>Right to privacy and reputation</b>                     | <ul style="list-style-type: none"> <li>• this includes protecting the personal information of persons in detention and storing it securely</li> </ul>  |
| <b>Right to protection of families and children</b>        | <ul style="list-style-type: none"> <li>• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>               |
| Property Rights  | <ul style="list-style-type: none"> <li>• this includes ensuring the property of a person in detention is protected</li> </ul>  |
| <b>Right to liberty and security of person</b>             | <ul style="list-style-type: none"> <li>• 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</li> </ul> |
| <b>Rights to humane treatment when deprived of liberty</b> | <ul style="list-style-type: none"> <li>• this includes treating persons in detention humanely.</li> </ul>  |

# Airport

## Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

| Authorised Officers* Responsibility   | Mandatory obligation   | Section (PHWA)   |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>   | Yes<br><br>Section 166   |
|  | <ul style="list-style-type: none"> <li>• 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"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>remind the person they must keep their detention notice.</b></li> </ul> </li> <li>• 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.</li> </ul> | Yes.<br><br>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.<br><br>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)]<br><b>(mandatory AO obligation).</b> |

|   |  |     |                |
|---|--|-----|----------------|
|    | <ul style="list-style-type: none"> <li>ensure each Direction and Detention Notice: <ul style="list-style-type: none"> <li>states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>contains signature of person being detained or their guardian as receipt of the notice</li> <li>states the name of AO</li> <li>contains signature of AO</li> <li>contains the hotel name at which the person will be detained</li> <li>contains the date of detention</li> </ul> </li> </ul> |     |                |
|    | <ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application<sup>1</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>  |     |                |
|   | <ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is REDACT)</li> </ul>   | Yes | Section 200(5) |
|  | <ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival.</li> <li>This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>   |     |                |

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

<sup>1</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Supplementary roles

Transport is the responsibility of [the Department of Transport] and should be managed in accordance with physical distancing and hygiene guidelines.

## Other airport issues

### People who are unwell at the airport

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

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport.

After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should
  - log the person as requiring mandatory quarantine at a specified hotel and issue the detention notice
  - , provide a permission to enable the person to be transported to the hospital and, following medical release, be transported back to the hotel
  - Provide an information sheet to travel with the person to provide to the hospital advising it that the person is being detained and with a phone number for the hospital to call when the person is ready to be returned. so the hotel team leader can arrange a transfer (patient transfer/ambulance/ maxi taxi etc) to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the AO lead informed
- If the person is well enough to be discharged they should return to the hotel \ and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19. The AO must ensure the room number is included on the detention notice.

### Transfer of uncooperative person to be detained to secure accommodation

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation. Contact Compliance Lead to discuss the situation with EOC.

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

# At the hotel

## Key points

- AO reiterates detention requirements and the penalties that apply for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, other staff and medical staff.

## Key responsibilities at check-in

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO reiterates detention requirements and ensure room number is documented on the notice. The notice must be returned to the detainee.
- The AO at the hotel must ensure the room details are recorded in the COVID-19 Compliance Application along with other information not captured at the airport.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next day

AOs to make themselves known to on-site security.

## Possible changes to hotel-check in process

As of 14 April 2020, DHHS is exploring using data entry staff at each hotel to input scanned copies of the direction and detention notice and data into the Compliance Application. This would mean that the AO at the hotel is primarily responsible for compliance related issues and associated notes.

## Monitoring compliance related issues at the hotel

- AOs should check that security are doing some floor walks to encourage compliance and deter non-compliance.
- AO will oversee and provide advice on compliance-related issues such as requests for temporary leave (see Temporary leave from the place of detention process), a person refusing to comply and a person demanding to be removed from detention. AOs may be called upon by security, hotel staff, or nursing staff to remind a person the reason for the detention and the penalties if they do not comply. There may be a need, in consultation with a nurse or medical practitioner, to refer a person for a welfare check or further assistance. Help of this nature may support compliance and a person's wellbeing. **This information must be captured on the COVID-19 Compliance Application.**

- AOs may need to answer questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.
- AOs must facilitate any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is 51034
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO must provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

## Non-compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

## The AO Operations Lead to undertake review each day

- The AO Operations Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**)
- The AO Operations Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to ‘Charter of Human Rights’ obligations
  - any other issues that have arisen.
- The AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance executive lead and approval by the Chief Health Officer prior to submitting to the Minister for Health.

To inform the review, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person’s health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues

- being cleared of COVID-19 results while in detention
- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application**. This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

### **Mandatory reporting (mandatory AO obligation)**

As part of the review the AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance Executive Lead and approval by the Chief Health Officer (or their delegate) prior to submitting to the Minister for Health. The brief will serve as a written notice 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 AO operations lead could identify that detention may no longer be required (with the approval of the Compliance Executive Lead and Public Health Commander). These matters will be referred to the Permissions and Exemptions team within the Covid Compliance cell to facilitate Public Health Command review and decision.

# Grant of leave from detention

## Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

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

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

## COVID-19 Escalation procedure for requests for leave from people in quarantine

### Persons emailing [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au)

People in detention should email their request, with as much detail as possible, to [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed temporary leave from detention (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will immediately forward the request on to the COVIDQUARANTINE email address.
  - NB All requests from people in quarantine that do not relate specifically to requesting an exemption or permission from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward any permissioning requests to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex permissioning may require escalation to the relevant AO team leader and then the AO operations Lead
- Any matter related to changing the place of detention or early release will be managed through the Permissions and exemptions team for approval through the CHO/DCHO. Each matter is to be considered on a case by case basis. However, a number of circumstances have been identified as likely to warrant consideration of early release or change of detention location. These are:
  - 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 require 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 .
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs EOC and the AO Compliance Lead who delegates implementation of the decision

### **Recommendation for leave by on-site nurse, medical practitioner of welfare staff**

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
  - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under “Persons emailing covidquarantine@dhhs.vic.gov.au’ above.

### **Urgent medical attention**

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

### **Other requests**

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance. The Compliance Executive leave should be immediately advised is an exemption is being sought through an MP.

### **Physical health (exercise) – see procedure at end of this chapter**

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:

- willingness and availability of security to facilitate exercise
- site layout and capability to ensure persons are in a cordoned off area
- maintaining infection control.
- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

## Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- must complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, and
- enter in Compliance Application if available.

## Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

## Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any issues raised
- confirm appropriate infection control measures are in place
- advise on physical distancing requirements.

## Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.

- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room.

### **Guidance for security escort**

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home
- Exercise should be undertaken in a cordoned off area with no public access or interaction.

### **Other considerations**

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits 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.

## 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.

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## Hospital transfer plan

The following outlines the role of the AO in hospital transfers

- Nurse/doctor assess that patient requires hospital care
- **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the COVID-19 Compliance Application or register. The detainee should also be provided with an information sheet to be provided to the hospital to quarantine and contact arrangements.**
- **All relevant staff including AO must be notified prior to the transfer.**
- Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19. This takes priority over any AO requirements.
- 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).
- 

The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

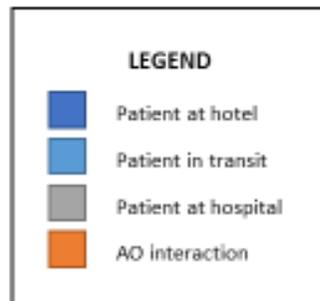
DHHS is endeavouring to organise patient transport arrangements.

# Process to transfer passengers to hospital (planned)

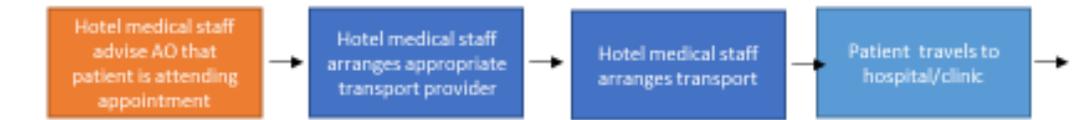
## WHEN PASSENGER ARRIVES AT HOTEL



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

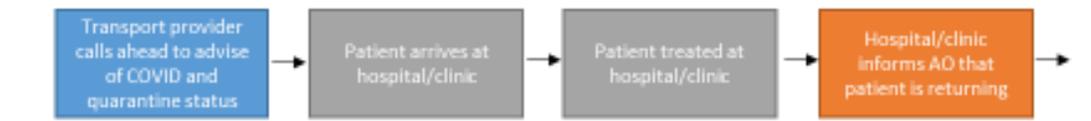
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

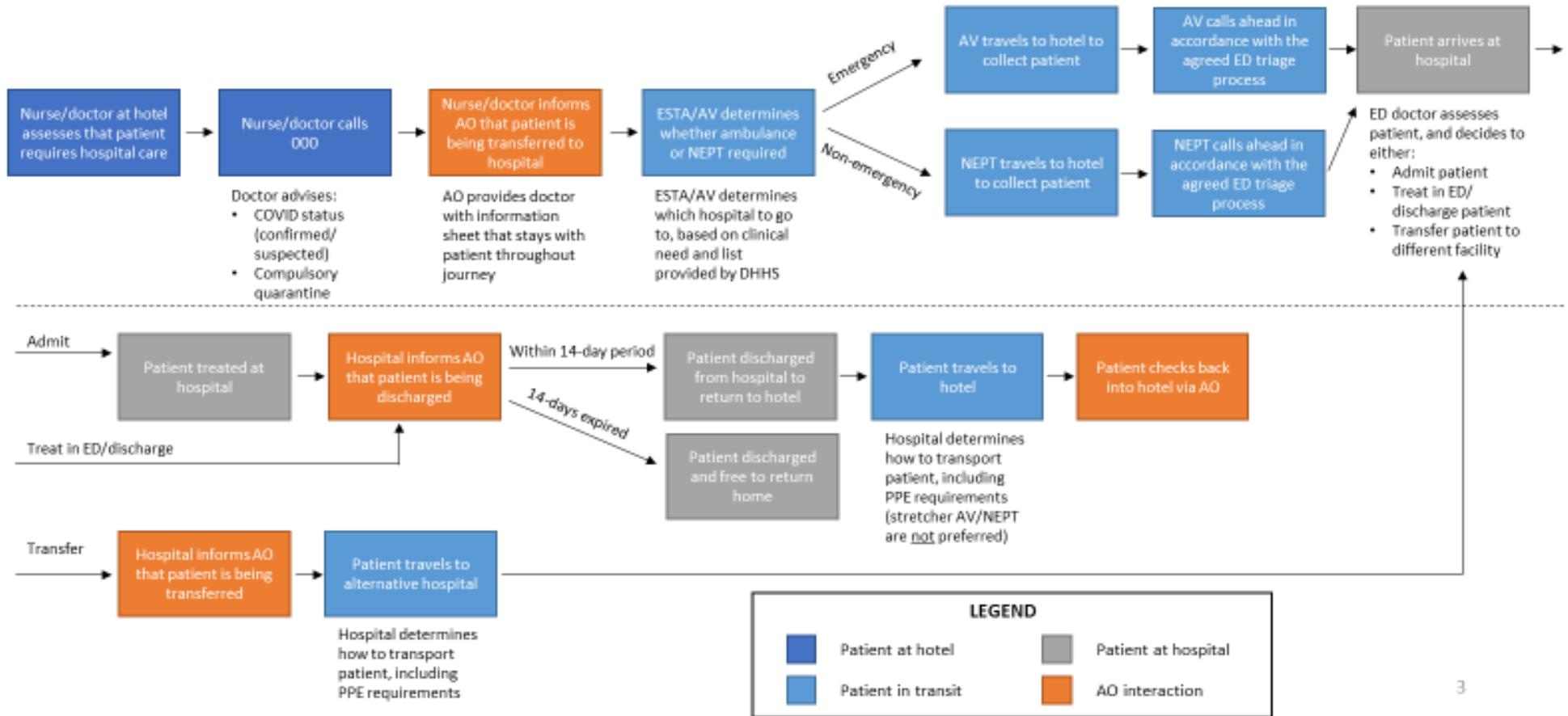


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)



# Compliance

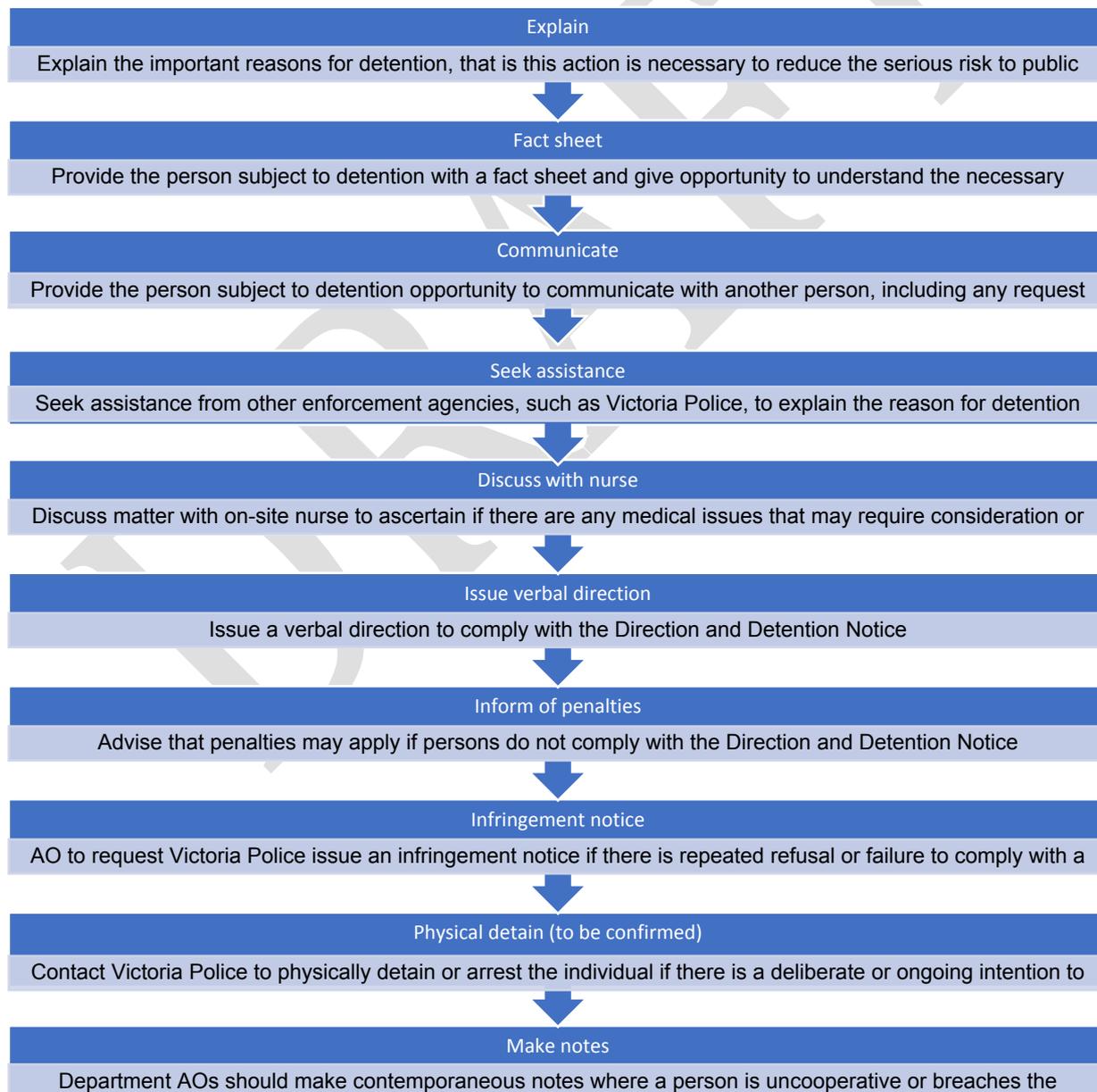
## Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on arrests, including moving people into a 'forced' detention or physical contact with a person must be managed by Victoria Police.**

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

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

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

If the person is located, the AO should:

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

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

| Section (PHWA) | Description  | Amount                                     |
|----------------|--|--|
| s.183          | Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).   | 5 penalty units (PU)                       |
| s.188(2)       | Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.  | 10 PU natural person, 30 PU body corporate |
| s.193(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |
| s.203(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |

# Policy and procedure on unaccompanied minors

## Key points

- unaccompanied minors will be dealt with on a case by case basis.
- If an unaccompanied minor is detained in a hotel without parents, specific processes must apply.

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

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

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

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

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

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

## When an unaccompanied minor is normally resident in Victoria

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

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

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3**.

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in**

a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

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

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

## When an unaccompanied minor is detained in a hotel

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

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

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

## Escalation of issues

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

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

# Departure – release from mandatory detention

## Key points

- AOs are responsible for the compliance check out.

## Background

Prior to release of a person being detained, they will be provided with an End of Detention Notice, **Appendix 8** or an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9** that confirms release details and specifies requirements to follow. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

## Pre check-out

- Exit Notices and associated materials prepared and dropped to hotel.
- Early hours releases transport booked (DJPR).
- Early hours releases documentation actioned by AO evening prior.
- Notices for all persons subject to detention placed under doors (by Security).

The person in detention will be:

- notified they are due for release from detention in 48 hours
- notified that a health check to determine their status is recommended
- provided information for people exiting quarantine on transport and other logistical matters.

## Health check

- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

## Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location.

## Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- At check-out, the AO will:
  - request to see identification and the End of Detention notice
  - confirm the person's identification and room number on exit sheet

- confirm the period of detention and explain detention period has ceased, including highlighting other requirements
- site and sign the End of Detention notice and provide to the person
- mark the person off an exit list as being discharged and request that they sign the list confirming discharge
- provide cab charge
- update the Compliance Application (note this may be a data entry update after the process has been completed).

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# Occupational health and safety (OHS) for Authorised Officers

## Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents.
- AOs must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible

## Purpose

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

## Health Emergency

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

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

## Compliance Activity

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

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

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED**

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

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

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

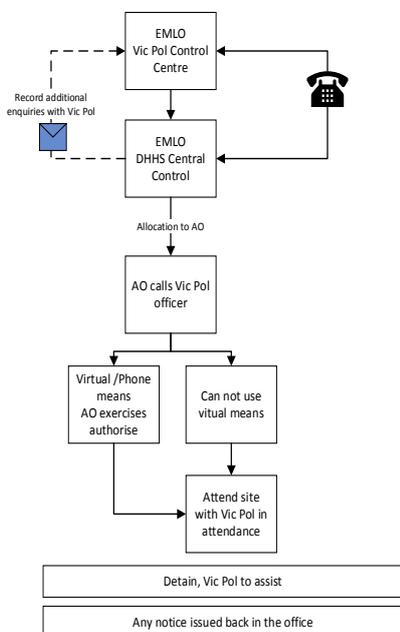
## Fatigue

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

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

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

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

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

## Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

### AOs going onto floor of hotel

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### Relocating covid-19 positive person

- This process is lead by the nurses/medical staff, who are trained and prepared for it.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Again, security are just there to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in PPE and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO WILL THEN LEAVE IN A SEAPARATE LIFT TO THE SECURITY/NURSING STAFF.
- The Team Leader can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

### Measures and guides to enhance occupational health and safety

| PPE/measure                                     | Guide  |
|---|--|
| Single-use face mask (surgical mask)            | When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained. |
| Gloves  | If contact with the person or blood or body fluids is anticipated.   |
| Hand hygiene / Hand Sanitizer<br>Soap and water | Always   |
| Physical distancing of at least 1.5 meters      | Always   |

**Known risks and hazards**

| <b>Hazard</b>           | <b>Risk</b>                          | <b>Mitigate</b>   |
|-------------------------|--------------------------------------|---|
| 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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury         | Low / Medium                         | Only attend a site with Victoria Police or with security.   |
| Other infectious agents |                                      | Follow personal protective measures   |

# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

- (b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

- (c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

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

### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 3 Guidance: Exemptions under Commonwealth law

PLEASE NOTE THAT THIS IS SUBJECT TO VICTORIAN DIRECTIONS. PLEASE CHECK WITH COVID COMPLIANCE EXECUTIVE LEAD RE CURRENT POLICY



## 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](http://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](http://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

## 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.

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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 [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

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

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

### Family violence (FV)

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

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

### Alcohol and other drugs

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

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

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## Appendix 7: 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.**

#### 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 <<EXIT END TIME>> 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

Your detention **does not end** until the time stated in paragraph 3(4) 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 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. **This is estimated to be within thirty minutes of your exit time.**

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.*

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## 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.

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

\_\_\_\_\_ **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.*

DRAFT

## 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 detainment, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge and escort each person to their transport
- if a person's detainment is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and 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

if the person is ordinarily resident outside of Victoria, notify the person of their travel arrangements and that they are to immediately travel to the airport to leave the State

# Appendix 10: Release Process 'Running Sheet'

## ***Evening prior to release***

- Exit Notices and associated materials prepared and dropped to hotel  
[Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist  
If issues or lack of exit time, contact: \_\_\_\_\_
- Notices for all other exiting detainees placed under doors (by Security)

## ***Day of release***

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

## ***Release process***

- AO to sight ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- AO to inform detainee of release (highlight conditions etc)
- Detainee signs exit sheet
- Welfare staff provide cab charge, facilitate transport etc

## Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

| Ref No. | Date | Name of detained person | Reason | Time-Out | Time-In |
|---------|------|-------------------------|--------|----------|---------|
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |

# COVID-19 Mandatory Quarantine Health and Welfare Plan – Operation Soteria

17 April 2020

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## Introduction

Mandatory quarantine for all people arriving from overseas into Victoria was introduced on 28 March 2020.

### Purpose

This plan outlines the policy for welfare and, medical, nursing and mental healthcare to individuals detained in mandatory quarantine.

### Scope

This plan will outline healthcare and welfare arrangements for people in mandatory quarantine as part of Operation Soteria.

This should be read in conjunction with the *COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)* and the *Operation Soteria – Operational Plan*.

### Audience

This document is intended for use by DHHS staff, all departments and organisations involved in Operation Soteria and the governing bodies described below.

### Governance and oversight

#### Operation Soteria

A diagram indicating the governance of strategy / policy and operation of the mandatory quarantine program is described in **Appendix 1**.

#### Roles and responsibilities

The Public Health Commander (through the Deputy Public Health Commander / delegate) will take responsibility for approving this plan.

The State Controller Health (through the Deputy State Controller Health) operating through the Emergency Operations Centre (EOC) has operational accountability.

The DHHS Commander – Operation Soteria is responsible for:

- provision of welfare to individuals in mandatory quarantine (delegated to a Director Health Protection and Emergency Management);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff;
- ensuring a safe detention environment at all times.

The Deputy State Health Coordinator is responsible for:

- provision of healthcare to individuals in mandatory quarantine.

#### Co-ordination of medical care – Requirement for a DHHS Medical Lead

Due to the large number of individuals in mandatory quarantine, the high risk environment and length of time in detention, and the potentially complex needs of this cohort, a DHHS Medical Lead should be appointed to oversee medical care, including care through general practitioners and any nursing – including mental health nursing – care provided. The DHHS Medical Lead should have a healthcare background and have experience managing complex programmes for vulnerable populations. The DHHS

Medical Lead should oversee the staffing of the various sites, reassess medical workforce needs, provide advice to staff, and ensure the minimum standards of care are being met.

The DHHS Medical Lead should identify any risks or issues and refer these to the Compliance Lead and State Control Centre Emergency Operations Centre for urgent action. They should be a senior point of contact in relation to medical and nursing care for the Compliance Lead, the State Emergency Controller / DHHS Commander, and the Public Health Commander and Deputy Public Health Commander for Physical Distancing.

## Standards for healthcare and welfare provision

### Meeting the needs of people in detention

The health and welfare of persons in detention is the highest priority and the main purpose of this plan. Mandatory detention removes some safeguards for health and welfare (such as free access to medical care of choice) and requires the highest standard of medical care at all times. This is in addition to the elevated risk of COVID-19 infection in returned travellers.

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

### Physical examination and telemedicine

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

Sufficient and appropriate PPE should be provided. If this is not available, it should be flagged immediately to the team leader/site manager to arrange for urgent stock to be delivered from another site. It may be possible to contact a nearby quarantine hotel and arrange for urgent PPE stock to be brought over to that hotel. If appropriate PPE is worn and used correctly, there should be no additional risk to the health care provider, or the patient (quarantined individual).

Any request for medical review should be carefully considered before determining whether telemedicine or physical review is most appropriate in that scenario. Phone consults or telemedicine should not be used as a substitute for direct clinical review if it is clinically indicated. If healthcare providers are concerned for their own safety, the case should be escalated to the DHHS Team Leader.

### Clinical handover

All clinical interactions must be documented, and important/ongoing issues handed over to the team covering the next shift. Nurses should hand over to the nurses on the next shift, and also the team leader so they are aware of the outstanding issues. GPs who review patients (over the phone or in person) must handover the outcome of the assessment and ongoing management plan to the nurses, and to the GPs on the next shift (or the clinical lead) if relevant. GPs contracted by Medi7 also have a Clinical Lead who is a Medi7 doctor acting as the coordinating point for these doctors. It would be advisable for a daily morning meeting to occur between the team leader, nursing cohort, medical officer and AO for every hotel. During this meeting, current issues that require escalation may be flagged to the team leader and escalated as appropriate. Documentation of the morning meeting and allocation of special tasks should be recorded in the DHHS notes.

## Triage and waiting times

Requests for medical care must be actioned within a specific time frame, in keeping with the acuity of the issue and the availability of services. Where staffing allows, the doctor may see patients before the nurse, particularly if the request is deemed urgent.

- For emergency/life-threatening issues, the patient, family member, doctor, nurse, DHHS personnel or hotel staff should call 000 immediately
- For urgent physical health issues that do not require 000, the quarantined individual must be reviewed within 30 minutes by the hotel nurse (by contacting the hotel nurse direct line) who should review the patient in person and alert the on-call doctor to arrange urgent review if required. The GP should attend as soon as possible and within one hour.
- For urgent mental health issues, the patient should be reviewed by the nurse or doctor-on-call within one hour. Where a quarantined individual may pose a risk of harm to themselves or others, a full risk assessment must be conducted by the doctor-on-call and escalation as per current policy – see safety and mental health section.
- For non-urgent issues (require assessment and management), the quarantined individual must be reviewed by a nurse (within four hours) first, then the on-call doctor must be contacted to arrange review depending on the acuity of the issue but within a 12 hour period.
- For all other issues, review by the nurse should be within eight hours and the on-call doctor (if required) within 24 hours.
- For prescriptions of regular medications, these should be arranged within a 24-hour turnaround period.
- For urgent prescriptions required same day, these should be arranged within 8 hours.

| Acuity of issue  | Time frame for response   |
|--|---|
| Emergency: serious health concern / life-threatening issue | Immediate – call 000 ASAP   |
| Urgent physical health concerns                            | Nurse review as soon as practicable (within 30 minutes)<br>GP review within 1 hour                                |
| Urgent mental health issue                                 | Doctor or nurse review within 1 hour  |
| Non-urgent issue requiring review and management           | Nurse review within 4 hours<br>GP review (if required) within 12 hours  |
| Minor health issue, non-urgent                             | Phone review as soon as practicable<br>Nurse assessment within 8 hours<br>GP review (if required) within 24 hours |

## Information and data management

There should be a minimum number of secure databases used for the storage and handling of confidential data on people in detention. This is to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this program:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software;
- Paper records (until transitioned to systems above).

**Commented [FR(1):** The Deputy State Health Coordinator should use this policy to build these expectations in, and communicate them to the medical providers. The DSHC presumably holds the contracts. If not met, escalate to Deputy State Controller and decide whether to choose a new provider (but obtain medical records on detainees first from Best Practice).

The State Controller Health, DHHS Commander - Operation Soteria (or delegate) and Public Health Commander (or delegate) should be able to access any record within these systems to enable oversight of the health and welfare of people in detention.

The Department of Jobs Precincts and Regions (DJPR) will provide a list of people arriving internationally that populates PHESS and the Dynamic CRM Database. In turn, medical information is then stored in PHESS and Best Practice. Welfare and Compliance information is stored in the Dynamic CRM Database. Within 24 hours of arrival, both the Dynamic CRM Database and PHESS will contain a complete list of people in detention. PHESS will be the complete record for all medical and compliance records for a person who was in detention in Victoria as part of this program.

An Intelligence Cell will be introduced into the EOC to oversee reporting arrangements.

## Medical records

### Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record should capture the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

### Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. 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 – Operation Soteria or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

### Follow-up of results

It is the responsibility of the doctor who orders any test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they are not able to do so, they must handover this task to the next doctor on-call, inform the nurse, and record this in the medical record.

## Provision of healthcare

### Medical care

#### Access to regular general practitioners and specialists

A person in detention should be able to access care through their normal general practitioner and specialist through telehealth arrangements if they request it. If that is to occur, the person should indicate who their provider is and should provide the contact details of the general practitioner to the nursing lead / Team Leader for their time in detention, so that the general practitioner can act as an advocate for, and communicate with, the nursing team about the health of the person in detention.

If a detainee has been reviewed by their personal GP or has received a specialist consultation via telehealth whilst detained, a letter from the GP/specialist should be requested within four hours following the review and documentation of this consult, outcome and plan should be transcribed into the Best Practice medical record. The name of the external reviewing doctor, time and contact details must also be documented into the detainee's DHHS notes by the hotel general practitioner. There must be clear communication and documentation regarding who will follow up and review any plans made by external clinicians.

#### Provider of general practice services

General practitioners (GPs) are provided by Medi7 and Doctor Doctor. **[MORE DETAILS – point of contact, contact information, ABN]**

General practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24-hour medical support to individuals in mandatory quarantine. GPs should be engaged at a ratio proportionate to the burden of healthcare problems across the hotels. The directors of the contracting companies should teleconference with the Deputy State Health Coordinator twice weekly to review workload and vary this ratio if necessary.

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

GPs are contactable via the nurses at each location. From 6pm on a weeknight, the nurse may contact the on-call GP. The on-call GP can provide telehealth services as required or attend the relevant hotel. Over weekends and on public holidays, a group of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

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

#### Clinical lead for general practice services

Medi7 has now appointed a clinical lead to oversee and coordinate the doctors working across all hotels participating in mandatory quarantine each day. The number of doctors per cluster of hotels is reviewed each morning before determining where each doctor is allocated. The Medi7 GPs can report issues to the clinical lead and seek advice and additional support. The Medi7 clinical lead should update and report concerns to the Deputy State Health Coordinator.

**Commented [FR(2):** Deputy State Health Coordinator (or role that organised medical services) should include this information, including where the contracts re held)

## Pathology and pharmacy services

### Pharmacy arrangements

Specific pharmacies in proximity to each hotel should be engaged to allow for prompt procurement of necessary medications and equipment for quarantined individuals. The address, contact details, and operational hours of the pharmacy for each hotel should be distributed to all staff working in that hotel and should be easily accessible. Each hotel should know which pharmacy can be used for urgent scripts out of hours, if their usual pharmacy cannot provide this service.

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

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

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

See Appendix 8 - Hospital and pharmacy contacts for each hotel

### Prescriptions

Both prescribed and over-the-counter (OTC) medications can be ordered from the pharmacies described above. A record should be kept of all medications dispensed to quarantined individuals.

### Prescribing benzodiazepines

When prescribing benzodiazepines for anxiety in mandatory detention, GPs should exercise a high degree of caution. Care should be taken to ensure that benzodiazepines are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications. These medications should only be required after careful history taking and assessment, to individuals who are regularly prescribed them. If they are required to be prescribed, no more than four (5mg) tablets should be prescribed at any time. Repeat prescriptions for benzodiazepines should not be given unless there is clear justification.

All new medication prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics must be discussed with the medical clinical lead by the prescribing general practitioner. A risk assessment should be performed by the prescribing general practitioner and medication changes should be documented and followed up by the prescribing doctor or handed over to the shift doctor next on call. General practitioners will take full responsibility and indemnity for all new prescriptions or medication changes.

### Pathology arrangements

#### Swabs

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

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

**REDACTED**

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

- The pathology request slip must be clearly marked as a hotel quarantine swab – this should include the clinical details section or at the top of the form (e.g. "Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234");
- There must be three identifiers on every swab and pathology request (name, DOB, address);

- The address must be listed as the hotel where the person is being quarantined, not their usual home address;
- A phone number must be provided for every patient being swabbed;
- The name and phone number of the testing clinician **and** the responsible authorised officer for the hotel should be included.

#### **Provision of swab information to public health**

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

- Testing doctor (and time)
- Name of quarantined individual tested (full name)
- Date of birth
- Usual address
- Contact number
- Email address
- Hotel address and room number
- Date of arrival
- Date of expiry of 14 days of detention

All COVID-19 swabs taken should be documented in this spreadsheet, even if the person has already had swabs taken while in quarantine.

#### **Following up 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 the result is positive, the requesting medical practitioner must notify the department on 1300 651 160.

#### **Negative swab results**

Quarantined individuals who are tested for COVID-19 may receive negative test results. This may lead to confusion and distress for the individual, as they may believe that they can now leave mandatory quarantine. In the event of a negative result, the nurse or doctor must explain to the person the implications of the result and reaffirm the public health need for the person to remain in mandatory quarantine until they reach 14 days from the start of their mandatory quarantine.

#### **Other pathology**

Other pathology requests (such as routine blood tests) should be deferred if possible until after the quarantine period. If other tests are required (as per the treating clinician – on-site doctor or person's own GP), this should be coordinated by the team leader in consultation with the GP/nurse. Equipment for taking bloods should be available at (or available to be transported to) the hotel. These specimens should be labelled as per the procedure for labelling COVID-19 swabs (same requirement for identifiers). The preferred provider for these types of pathology specimens is Melbourne Pathology.

## **Nursing care**

### **Minimum nursing requirement**

Nurses (including mental health nurses) are provided by Your Nursing Agency (YNA).

Nurses should be onsite at each hotel across the full 24 hour period. The required nursing complement should be continually reviewed and adapted according to need. This should be based on the number of

individuals in quarantine at that site, the current workload and burden of healthcare and mental health issues expected and reported at that site, and the skillset and experiences of the nurses rostered at that site.

There should be one emergency department (ED) trained nurse available 24 hours, two general registered nurses during the day, one general registered nurse on overnight, and one mental health nurse on during the day. Where nurses report that their workload is not safe and that additional nursing support is required, staffing should be reviewed and adapted as necessary.

There should be a nurse coordinator or nurse team leader each day at each site, who is rostered on a longer shift (e.g. 12 hours). This is to ensure the other nurses are adequately managed and supported, to ensure continuity of care and handover of outstanding tasks / concerns. In general, longer nursing shifts are preferable for this reason.

## Mental health care

### Mental health nurses

Mental health registered or enrolled nurses should be rostered to each hotel. The number and coverage should be increased at hotels where a growing mental health caseload is identified.

### Contacting a nurse at each site

A department-supplied mobile phone should be provided to all nurses at each site. Residents should be able to contact the nurse either directly by phone, or via the hotel concierge. The nurse phone numbers should be accessible on the hotel roster (accessible on Sharepoint). Where the nurse deems a quarantined person to have significant needs, significant requirement for medical care, or to be at risk of mental health issues, they may give the quarantined individual their mobile number so that they can contact them directly if needed. Nurses may instigate daily, twice daily, or more frequent phone-calls to check up on the individual. This is in addition to any required welfare phone call. This provides an additional safety net for the health and welfare of quarantined individuals. If a person who normally frequently calls the nurse stops calling, the nurse for that individual needs to contact the individual to check on their health and welfare.

### Summary of available mental health services

Mental health services are available to people in mandatory quarantine through the following sources:

1. Calling Lifeline or Beyond Blue;
2. Nurse or mental health nurse on site for initial assessment;
3. Doctor on-call for non-urgent or urgent review;
4. NorthWestern Mental Health triage service (phone 1300 TRIAGE);
5. Referral to CART (Complex Assessment and Referral Team) [Method for calling / contact];
6. Calling 000 for emergency care;
7. Quarantined individuals can also contact their usual mental health provider or be assisted to contact that provider. This includes a psychologist, counsellor, psychiatrist or other provider. Care can then be provided via telehealth.

### Phone support services

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

Commented [FR(3):REDACTED] should provide numbers / method for contact

Commented [FR(4):REDACTED]

## Nurses and doctors

Nurses and doctors can review persons with mental health concerns upon request from the individual or from other sources for example if a concern is flagged by the welfare check, the authorised officer, security or by another resident. Mental state examination and risk assessment should be performed by the general practitioner allocated to the hotel.

The mental health nurse may assist with this process but the outcome of the risk assessment must be reviewed by the hotel general practitioner unless the detainee has received urgent CATT assessment or has required a transfer to a mental health unit or hospital. Psychiatric input regarding additions or changes to existing antipsychotic and anxiolytic medications may be required and should be sought by the hotel general practitioner as indicated.

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

## NorthWestern Mental Health triage service

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March 2020 to provide specialist mental health support through direct or secondary consultation for persons in quarantine. Nurses and residents can contact **1300 TRIAGE (1300 874 243)** for specialist mental health support. The person making the initial referral should request the specialist priority line.

## Complex Assessment and Referral Team

CART is a new service set up by DHHS which can provide advice and support for mental health issues, drug and alcohol problems, family violence and other concerns. This service is currently staffed by two clinicians, one working 8am-2pm, and the other 2pm-8pm. If a full assessment is required CART does not currently have the capacity to complete this, and if more than phone support/advice is required, they will have to refer back to the nurse to arrange for assessment and further management from another source (e.g. NorthWestern Mental Health triage).

## Mental health emergency

If there is concern about a mental health emergency in a quarantined individual (i.e. acute suicidal ideation, thoughts of self-harm, or psychosis), and there is a delay in contacting the psychiatric triage team (**1300 TRIAGE**), the quarantined individual should be reviewed by the general practitioner as a matter of urgency and have a risk assessment completed within an hour.

The general practitioner should then assess the quarantined individual to determine if transfer to hospital via ambulance is required for urgent psychiatric assessment or if psychiatric advice can be obtained over the phone. If the quarantined individual is deemed as needing urgent psychiatric review and is not willing to be transferred for assessment, the doctor on call will need to decide if enacting provisions within the *Mental Health Act 2014* is required.

As for other medical emergencies, the authorised officer, reception or other parties do not need to be contacted before 000 is called. First responders should not be denied access to people in mandatory quarantine who make a 000 call.

## Who can alert the welfare team to mental health concerns relating to a quarantined person?

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

## Escalating medical, nursing or mental health concerns

See section on Escalation for situations requiring escalation.

See Appendix 3- Clinical escalation/referral pathway

## Emergency services

In the case of an emergency, a nurse, doctor or DHHS staff member can call 000. As soon as is practicable the person should inform the operator that the call is from a mandatory quarantine hotel and the person may be at increased risk of infection with COVID-19, so that appropriate precautions can be taken. The current hotels in operation are in the catchment of three major hospitals:

- The Alfred;
- Royal Melbourne Hospital;
- Royal Children's Hospital.

As per other medical emergencies, the Authorised Officer, reception or other parties do not need to be contacted before 000 is called. First responders must not be denied access to people in mandatory quarantine who make a 000 call.

## Transport to/from hospital

### Transfer to hospital for people with suspected or confirmed COVID-19

- Adult 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
- Children should be transferred to the Royal Children's Hospital accompanied by a parent or guardian
- If the hospital transfer is non-urgent, the nurse, doctor or AO may assist in arranging the transfer.
- If the hospital transfer is urgent, call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Contact the Admitting Officer at RCH/RMH/The Alfred and inform the hospital of patient and details.
- Staff should don full PPE (droplet and contact precautions) and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer (but this should not delay the provision of urgent medical assistance or the request for an ambulance if needed).
- AO must view appropriate authorisation.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.

### Unplanned transfers to hospital

Unplanned transfers occur via a phone call to Ambulance (AV) via 000 from the nurse, doctor, other staff member or quarantined person. The nurse or doctor then notifies an Authorised Officer of the transport. The patient is then treated and transported by AV or Non-Emergency Patient Transport (NEPT) to hospital.

### Planned transfers to hospital

Planned transfers occur via clinical staff at each hotel notifying the Authorised Officer of the transport and arranging transport via the most appropriate transport provider (e.g. AV, NEPT, Clinic Transport Service, etc). The transport then occurs to the relevant location.

## Summary of hospital transfer

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, Authorised Officers (AOs), Ambulance Victoria (AV) and hospitals.

1. Nurse/doctor makes assessment that patient requires hospital care.
2. The AO grants permission for the individual to temporarily leave mandatory quarantine. Leave should be recorded on the business system or register.
3. All relevant staff including the AO must be notified prior to the transfer (however this should not delay the transfer if it is urgent/an emergency).
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
5. If the hospital transfer is urgent call 000 to request an ambulance and inform them that the passenger is in mandatory quarantine. Let them know if the person is a suspected (or confirmed) case of COVID-19.
6. Contact the Emergency Department Admitting Officer at RCH/RMH/the Alfred to inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. All residents who are in high risk groups, unwell, breathless or hypoxic (O<sub>2</sub> sats <95%) should be considered for hospital transfer.
9. Assessment and diagnosis are made by the treating team at the hospital. A plan is made for either admission to the hospital or discharge back to the hotel (possibly for more appropriate medical care to be arranged at the hotel).
10. Prior to any movement of the patient out of the ED, a new plan or detention approval must be sought for either return to the hotel or admission to a different location in consultation with the compliance team (receiving hospital and compliance team).
11. Hospitals will need to contact the AO at the relevant hotel, then the AO team lead will advise Lead Executive Compliance to obtain any necessary approvals.

See Appendix 7- Ambulance transfer flowcharts

## Discharge from hospital

Discharge from hospital should be at the behest of the treating team. Refer to the current 'Guidelines for health services and general practitioners (see <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>).'

Transfers from hospital back to the hotel are arranged by the hospital in liaison with the DHHS Team Leader.

## Anaphylaxis

Where individuals in mandatory quarantine have severe allergies and a history of anaphylaxis, this must be recorded and specifically flagged during the welfare survey completed on the way to or at the hotel at the beginning of the stay. All individuals who require medications including antihistamines, corticosteroids and EpiPens should have an adequate supply of these. If they require an additional prescription for these this should be facilitated by the healthcare providers at the hotel and the nominated pharmacy as a matter of urgency.

If a person reports that they are having an anaphylactic reaction, 000 should be called immediately. This does not need to be escalated to an AO (or any other member of staff, medical or non-medical), an ambulance should be called immediately by whoever is first aware of the situation. The health of the quarantined individual and the provision of urgent healthcare is the priority in any medical emergency. The Authorised Officer can be informed as soon as is practicable thereafter.

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

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## Provision of welfare

### Airport screening process

At the airport, DHHS nurses and Department of Agriculture, Water and the Environment (DAWE) biosecurity officers will screen all passengers arriving from overseas for symptoms of COVID-19. Nurses will perform a temperature check on each passenger.

### Management of an unwell person at the airport

Any passengers who screen positive on this health check will trigger the DAWE biosecurity officer to contact the Human Biosecurity Officer (HBO) on-call for the department 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 take place:

- The HBO should organise an ambulance transfer to the Royal Melbourne Hospital (or Royal Children's Hospital) for testing and assessment.
- The AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/maxi taxi etc.) can be organised to bring the person to the assigned hotel.
- If the person is unwell and requires admission to hospital, the Compliance Lead should be informed.
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the AO.
- If they are a confirmed case they should be placed on a COVID-19 floor. If they are not, they can be placed in a general part of the hotel.

### Transfer of uncooperative individuals

It is recommended that a separate mode of transport to the hotel is provided for a person who is uncooperative/non-compliant. Ensure appropriate safety measures are taken (e.g. child locks on doors, a safety briefing for drivers, etc.).

If a person refuses testing for COVID-19 at a hospital and they are well enough to return to the hotel, they should be transported back to the hotel and treated as if they are COVID-19 positive (i.e. they must be situated on the COVID floor of the hotel and the necessary precautions taken). Every effort should be made to encourage them to get tested before this happens. However, they cannot be forcibly tested.

If a person refuses testing and treatment at a hospital and is too unwell to be released from hospital, a Human Biosecurity Control Order (HBCO) may need to be considered.

### Assessment at the hotel

All quarantined individuals will be given a survey to complete on the way to or at the hotel. This will include questions about past medical history, mental health history, allergies, medications, next of kin/emergency contact, dietary requirements, and other important health and welfare needs. A doctor and nurse will be available on site to urgently review anyone who reports illness or an urgent medical need on arrival at the hotel. Nurses will review the surveys and contact all individuals who are identified as having significant health needs, as soon as practicable. After initial phone contact is made, further assessment/management can be organised as needed.

## Initial information on options for accommodation

### Policy on separation of people in travelling parties to promote effective quarantine

There are a number of options for people – such a couple or family – for rooms to promote effective quarantine. Because a person needs to commence a further 14 days of quarantine when a person within a party or group is identified as positive for COVID-19, there should be an option to separate people – if they consent – at various points in the quarantine journey.

#### Option 1 – Parties stay together

A couple or family stay together and share a suite or room. If a person becomes positive, an extension of quarantine will be required on a tailored basis for the other persons.

#### Option 2 – Parties separate from the outset

A couple or family are separated from the outset. If a person becomes positive, the other parties do not need to recommence 14 days of quarantine.

#### Option 3 – Parties are separated once one person becomes positive

A couple or family separate into different rooms (with no contact thereafter) after a person becomes positive for COVID-19. The non-infected persons then start a new 14 day quarantine period, which is served at home once they complete the mandatory 14 day period in the hotel.

#### Option 4 – Parties stay together after one person becomes positive

The parties stay together. At the end of the 14 day period, they both leave to home isolation, and the non-infected persons commence a further 14 day quarantine period, as long as they separate in the house to which they go.

### Communication of these options to people in mandatory quarantine

The DHHS Team Leader should communicate these options to people at booking, with the default option being that parties stay together unless they indicate a preference to separate from the outset.

## Assessment during detention

Medical care should be available 24 hours a day to individuals in mandatory quarantine.

The need for medical care can be identified through the following channels:

- Via the daily welfare check (See Appendix 6- Welfare Survey)
- By the person contacting the concierge or nurse directly
- Nurse phone call to the individual
- The 1800 government services number (DJPR), the physical distancing hotline, the COVID hotline, or any other DHHS phone line
- Family members directly contacting the hotel/team/COVID quarantine inbox

Individuals in mandatory quarantine should be supported to contact their regular health care provider by phone or telemedicine if appropriate. In these instances, the healthcare provider should be provided with the contact details of the hotel nurse or GP so that the outcome of the assessment or management plan can be communicated with the medical team on site.

## Tiers of risk for people in mandatory quarantine for welfare checks

Individuals in mandatory quarantine will be triaged into three tiers of risk. The type of welfare check will depend on the tier the person falls into.

The following table is an initial framework for triaging the type and frequency of welfare check required:

**Table 1: Risk Characterisation for Welfare Checks**

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

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.

Individuals may be moved between risk tiers throughout their quarantine period as need dictates.

## Requirement for a welfare check

As part of the welfare check process, quarantined individuals should be provided with a satisfaction survey (available at **Appendix 6**) to complete each week. This satisfaction survey is more comprehensive than the regular daily welfare check. Any concerns raised on the survey should be escalated to the DHHS Team Leader for action.

Each individual in mandatory quarantine should receive a welfare check each day by a DHHS welfare officer (employee or contractor). A welfare check will allow people in detention to be assessed for medical and social issues. Concerns can be flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. Referrals to the nurse, social supports, mental health and other services can be made as a result.

Welfare checks are made from the DHHS welfare call centre by a DHHS welfare officer – the script for these checks is in **Appendix 6**)

## Smoking

Smoking is not permitted within the hotel rooms. The following actions should occur:

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smokers should be provided with the Quitline number to access telephone counselling - 13 78 48;
- People can also contact their regular general practitioner via telehealth for support;
- 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.

### Fresh air and exercise

Individuals in quarantine should have access to fresh air where feasible.

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

Exercise is important for physical and mental health, particularly in the mandatory quarantine environment. Requests for exercise equipment / yoga mats should be facilitated where possible, but equipment should be thoroughly cleaned and disinfected after use. Resources for exercise routines and yoga/meditation should ideally be provided to individuals in mandatory quarantine upon request.

### Alcohol and drugs

Alcohol is permitted within hotels. Excessive alcohol consumption should be discouraged and should not be facilitated.

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

- Request nurse or medical review.
- Provide numbers for support services.
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about acute alcohol withdrawal, confusion or mental state/mental illness, escalate for urgent medical review (consider calling 000).

**Note:** Alcohol should not be provided to persons who are under 18 years of age (including in the hotel room minibar).

### Nutrition and food safety (including allergies)

Individuals in quarantine should be provided with a well-balanced and plentiful diet, with options provided for those with specific dietary requirements.

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

If there are substantial concerns that someone is not eating, this should be flagged with the medical team, and appropriate review/referral arranged (e.g. for mental health assessment).

### Food allergies

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

Some form of marking or sign on the door should be used to indicate a person in the room has a significant allergy as a safeguard.

### Food safety process

Food safety questionnaires (along with the welfare questionnaire) should be distributed to individuals at the airport. Individuals with specific dietary requirements (who are eligible for this process) should be contacted and advised of the process for self-organising suitable meals (through uber eats and by submitting a claim following their stay). Uber Eats Drivers should drop meals off at the hotel, and security staff should deliver the meals directly to the requestors' rooms. The Uber Eats Driver/Rider should not drop the delivery to the person's room directly.

Please refer to the following documents for further details:

- Process for people with food allergies (Appendix 9)
- Meal order information for people with allergies (Appendix 10)
- Food safety questionnaire (Appendix 11)

### Care packages

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in mandatory quarantine. The reason for quarantine is to prevent risk of COVID-19 transmission from people in detention to other parties and does not mean a person needs to be prevented from receiving packages.

The care package should be provided to the hotel reception or other party for conveyance to the person in mandatory quarantine and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in quarantine without misdirection or tampering is essential. There is no public health reason for inspection of any care package.

### Safety and family violence

If there are concerns about family violence / the safety of women and children the following must occur:

- Arrange for separate rooms for the person to be assessed and access phone support services (separate rooms may also be indicated for the remainder of the quarantine period)
- Refer to CART
- Refer to phone support services
- Engage case worker to contact person and make an assessment
- Ensure the affected person has access to contact Victoria Police to report family violence or other safety concerns, if they chose

### Social and communications

- All residents should have access to **free** wifi/internet.

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

### Requests for exemption from mandatory quarantine

The types of situations where an exemption from mandatory quarantine is generally granted 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 safely accommodated in a hotel environment (eg mental health or require 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

In the above circumstances the passenger will either a) be released from quarantine if they were already detained or b) will be required to complete quarantine in another location (at home or in another facility) and be subject to quarantine monitoring and penalties.

### Negative permission/exemption outcomes

When a person submits a request for release from detention (temporary or permanent) that is denied/declined, a CART team support worker should be present (on the phone) to provide support (if the person consents to this, and if CART are already working with the person).

- The CART team can support the person before and after the exemption discussion with the doctor which is a separate discussion, in anticipation of some emotional distress upon hearing the outcome.
- The CART worker can help the person gain insight into the public health risk, understand the information they are receiving, and provide insight into what they can and can't do whilst they remain a public health risk.
- This will also inform the doctor/nurse and CART team of further risk management and support required for the person going forth.

### Temporary leave from mandatory quarantine

Permission for temporary leave from mandatory quarantine in hotels may be granted in the following circumstances:

- Attendance at a funeral
- Medical treatment
- Seeing family members who are about to pass away
- Smoking breaks where people are suffering extreme anxiety and where it is safe to do so from a public health and infection control perspective- see 'Smoking' above
- Exercise breaks for those suffering extreme anxiety and where it is safe to do so

Where health and welfare issues exist in any of the above cases, particularly in the case of extreme anxiety, the on-site health staff will assess individual and assist in providing recommendations as to the most appropriate supports for the individual.

### Assessment in preparation for exit

All persons departing mandatory quarantine will be offered a health check with a nurse 24-48 hours prior to exiting. This health check is voluntary. This will consist of questions about symptoms of COVID-19 and a temperature screening.

If a person screens positive on the health check:

- They will not be detained longer than the 14 day mandatory quarantine period
- A swab will be sent and they will be informed that they need to self-isolate after exiting, until the result of the swab is known
- If they do not have appropriate accommodation to self-isolate after release, they will be assisted to find such accommodation

If a person screens negative on the health check, no further action will be taken.

## Infection control and hygiene

### COVID floors/hotels

Each hotel should have a COVID-19 positive floor or area (a "RED ZONE"). Any person who is a confirmed case should be relocated to this area of the hotel when the test result is known. Appropriate signage, PPE and other consumables should be available at the entrance to this area of the hotel. Where there are large numbers of confirmed cases arriving on a flight, a COVID hotel may be considered. Where the infrastructure allows, suspected cases may also be moved to an area of the hotel away from well individuals.

### Personal protective equipment

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

PPE should be available at the hotel. Biohazard bags for waste disposal, and hand hygiene stations, should be available at the doffing section of the hotel.

PPE protocols should be available to all staff working in the hotels, so that there is clear instruction on what type of PPE to wear and in what circumstances, how to don and doff it, and how to dispose of it.

See Appendix 5- PPE advice for hotel-based healthcare workers

### Laundry

Staff may wear PPE when handling dirty laundry. Laundry should be washed on the highest possible setting and thoroughly dried before use. Staff should not overly handle the linen – it should be put straight into the washing machines. Staff should follow hand hygiene procedures after handling dirty linen.

## Cleaning

Though not directly medical care, all quarantined individuals have the right to a safe and comfortable room and environment. Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the quarantined individual with cleaning their room. In rare instances the quarantined individual may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the quarantined individual is not capable of doing so themselves. Any persons for whom there is a concern about room hygiene and safety should be flagged to the team leader.

Please refer to the department document 'Cleaning and disinfecting to reduce COVID-19 transmission'.

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

## Room sharing

### Well persons

In instances where two or more well people who are not suspected or confirmed cases of COVID-19 wish to share a room in advance of check-in at the hotel, this can be facilitated. 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.

If a request to share a room is made after an initial period in separate rooms, they should be informed that this may increase their risk of infection with COVID-19 if the other person is incubating the infection, and that COVID-19 infection may result in serious illness and death in some cases. They should also be informed, as above, that such an arrangement may have implications for the amount of time they are required to quarantine for if their roommate goes on to develop infection. If the persons still insist, then it must be documented in the Dynamic CRM Database that the risks have been discussed with them (e.g. by a nurse), before facilitating this request.

### COVID discordant couples

In instances where one person in a room share situation is identified as a confirmed case and the other person is asymptomatic or has a negative COVID-19 test, the confirmed case should self-isolate in a separate room away from the person who does not have COVID-19. The 14-day quarantine period (but not the mandatory detention period) for the COVID-negative person starts from their last contact with the confirmed case during the confirmed case's infectious period. This may mean that they need to self-quarantine for an additional number of days after the mandatory detention period ends, but they may do this in their own home or in alternate accommodation, not in detention. The self-isolation arrangements for the confirmed case are outlined in the section below ("Exit arrangements for confirmed COVID-19 cases").

# COVID-19 in people in mandatory quarantine

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

### Overall actions

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE**.
- A designated COVID-19 hotel should be available when there are large numbers of cases coming off flights (e.g. high risk repatriation flights with a high burden of suspected or confirmed COVID-19).

### Personal protective equipment (PPE)

See Appendix 5- PPE advice for hotel-based healthcare workers

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

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

### Current infectious cases

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

### Recovered cases

- In the situation that an individual states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.

- The onus on the individual to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- The department will decide on a case-by-case basis whether evidence from other sources (from testing done overseas) can be considered sufficient proof to inform clinical and public health decision-making.
- If they meet the criteria for release from isolation (see below) and the testing and medical reports provided are considered sufficient by the department, they may be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation.

## Release from isolation

### Criteria for release from isolation

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

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

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

### Process for release from isolation

As per the DHHS guidelines for health services and general practitioners (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 [COVID.quarantine@dhhs.vic.gov.au](mailto: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.

If a confirmed case is due for release from mandatory quarantine but does not yet meet the department's criteria for release from isolation, they will not be detained longer than the 14-day quarantine period. They will be released from detention at the agreed time, but will be subject to the Isolation (Diagnosis) Direction and 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.

## Exit planning for individuals with confirmed COVID-19

### Non-emergency ambulance transport

When a confirmed case of COVID-19 who is considered still infectious but is stable is assessed as appropriate for transition to isolation in their home, Ambulance Victoria will be requested by the DHHS Team Leader for mandatory quarantine to provide non-emergency patient transport for that person to a destination in Victoria that is the assessed appropriate home isolation location.

If there are multiple persons to be transitioned to home isolation on the same day, subject to compliance-related logistics being able to be handled and any privacy considerations being met, it is permissible for two or more potentially infectious confirmed cases of COVID-19 to be transported together in one NEPT, i.e. to cohort confirmed cases

### Exit arrangements

The following table documents the exit management plans for quarantined individuals in different scenarios.

| Scenario   | Exit plan   |
|--|---|
| Well person who has served 14 days of quarantine   | <ul style="list-style-type: none"> <li>Can leave – gets end of detention notice (universal version).</li> </ul>   |
| Confirmed case of COVID-19 who has met criteria for release from isolation (i.e. is declared no longer infectious)                                   | <ul style="list-style-type: none"> <li>Can leave – must not be prevented from leaving if the AO is aware they are cleared and the person demands to leave – they are non-infectious and therefore not a public health risk.</li> <li>Gets clearance from isolation letter from PHC (as per Isolation (Diagnosis) Direction).</li> </ul>   |
| Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days   | <ul style="list-style-type: none"> <li>Must stay in detention.</li> </ul>   |
| Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period                              | <ul style="list-style-type: none"> <li>Can leave detention but is now subject to the Isolation (Diagnosis) Direction.</li> <li>Safe travel should be arranged by the authorised officer at the hotel via the Operations Soteria EOC to place of home isolation in Victoria (mask, stay separate, go straight to home; but preferred travel by non-emergency patient transport with PPE'd ambulance officers)</li> <li>Not permitted to travel interstate or to fly domestically but no detention order is needed to prevent that (in keeping with all other confirmed cases)</li> <li>If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified</li> </ul> |
| Well close contact of a confirmed case of COVID-19 (i.e. roommate at hotel), where the roommate has reached the end of their 14 day detention period | <ul style="list-style-type: none"> <li>Case and Contact Sector to do assessment, assign a new 14 day period (from date of last contact with infectious case) and issue a requirement to quarantine until that 14 days ends – factsheet, lodge new date in PHESS, reverting person to effective close contact status</li> </ul>  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• No detention order required, and no legal order preventing flying, but must be advised by case and contact management sector not to fly and that they need to quarantine</li> <li>• If lives interstate, the authorised officer at the hotel can arrange via the Operations Soteria EOC a hotel if a person would otherwise be homeless.</li> </ul> |
| Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period. | <ul style="list-style-type: none"> <li>• Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation).</li> <li>• EOC should follow-up result to convey result (as DHHS oversaw this testing so is obliged to follow-through).</li> </ul>  |

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## Exit arrangements for 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 a safe 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.

## Reporting / escalating concerns

### Principles

- Decisions about medical care should be left to the nurses and doctors and should not be determined by any other staff.
- In any emergency situation, the priority is to call 000 before notifying any other managing or governing figure.
- If there is any doubt over whether an issue or concern should be escalated to senior management, escalate the concern.

### Clinical escalation

This is described in **Appendix 3- Clinical escalation/referral pathway**.

### Escalation for mental health concerns

#### Chain of escalation for mental health concerns and issues

The following table indicates the chain of escalation for concerns about the mental health of people in mandatory quarantine.

| Situation   | Responded to by  | Escalated to                              | Reported to  |
|---|--|---|--|
| Non-urgent mental health concern                              | Nurse or GP<br>Regular healthcare provider by telemedicine   | Mental health nurse<br>Psychiatric triage | Medical lead<br>General practitioner                           |
| Repeated mental health concerns / acute mental health concern | Mental health nurse or GP, urgent review<br>Psychiatric triage urgent review<br>Daily physical welfare review thereafter | Ongoing mental health nurse management    | Welfare lead<br>Medical lead<br>Compliance lead                |
| Risk of self-harm / serious mental health concerns            | Immediately phone 000 → Emergency Department<br>Call GP/nurse to attend urgently   | Emergency inpatient tertiary care         | Welfare lead<br>Team leader<br>Medical lead<br>Compliance lead |

|  |  |  |                                |
|--|--|--|--------------------------------|
|  |  |  | Deputy Public Health Commander |
|--|--|--|--------------------------------|

### Specific events to escalate

The following mental health-related events or situations should lead to an escalation to the Deputy Commander - Welfare at EOC who will also notify the Deputy Public Health Commander:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required.

### Escalation for medical reasons

An escalation flowchart is at **Appendix 3**.

### Nurse or doctor to escalate

In the following circumstances, the nurse / general practitioner should call the DHHS Team Leader:

- There is any practical issue arising from the medical consultation that needs the assistance of DHHS;
- A patient needs to access an alternative medical or welfare service such as mental health nursing, a medical specialist or acute hospital care;
- A patient needs to be admitted to hospital in an emergency;
- A patient has suffered any form of life-threatening injury or health event;
- A patient has died.

### DHHS Team Leader to escalate

The following concerns or events must be escalated by the DHHS Team Leader to the Deputy Commander - Welfare at EOC within one hour during business hours, or Operation Soteria Deputy Commander Reception after hours, who will also notify the Deputy Public Health Commander within two hours:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required;
- A serious act of non-compliance;
- An acute medical deterioration;
- Any hospital admission or emergency transfer to hospital;
- A serious risk to the health and safety of a person in mandatory quarantine (or a staff member);
- Serious illness/harm/injury (including assault) to a person in mandatory quarantine;
- A severe allergic reaction (anaphylaxis);
- A death.
- An unauthorised absence from mandatory detention (a missing person)
- A fire or other emergency in a hotel;
- A potential outbreak of COVID-19 or another infectious disease

See also Appendix 4- **Chain of command re detainee with physical/mental health issue**

## Daily health and welfare report to Public Health Commander

A daily health and welfare report should be provided to the Deputy Public Health Commander for Physical Distancing by the Deputy Commander Welfare. This is to ensure oversight and accountability for the mandatory quarantine process. This report should include but is not limited to the following:

- Total number of people in mandatory detention
- Total number of confirmed COVID-19 cases (cumulative and new)
- Total number requesting exemptions to leave mandatory quarantine (temporary and permanent)
- The number of persons in mandatory detention receiving:
  - A nurse review
  - A mental health assessment
  - A GP review
  - Referral to hospital
  - A 000 call
- The number of persons awaiting:
  - A mental health assessment
  - A GP review
- The number of persons in the following groups:
  - Significant psychiatric history - mild/moderate/severe mental health issues (as per the risk stratification)
  - Serious/life-threatening medical conditions (e.g. anaphylaxis, stage 4 cancer)
  - Age < 16 years or > 70 years
  - Pregnant women
- The number of calls from the hotels to:
  - 000
  - VicPol
  - Other DHHS phone lines
- The number of risk incidents logged in the database.
- Other major concerns flagged.

## Audit

### Healthcare audit

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. This should be reported to the EOC Commander and Deputy Public Health Commander. The audit process may consist of, but is not limited to, the following:

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

### Welfare audit

Audit of welfare procedures should be performed by the Welfare Lead at the EOC on a regular basis. The audit process may consist of:

- Review of weekly satisfaction surveys;
- Feedback from staff;
- Audit of welfare check calls (review of a sample of recorded calls).

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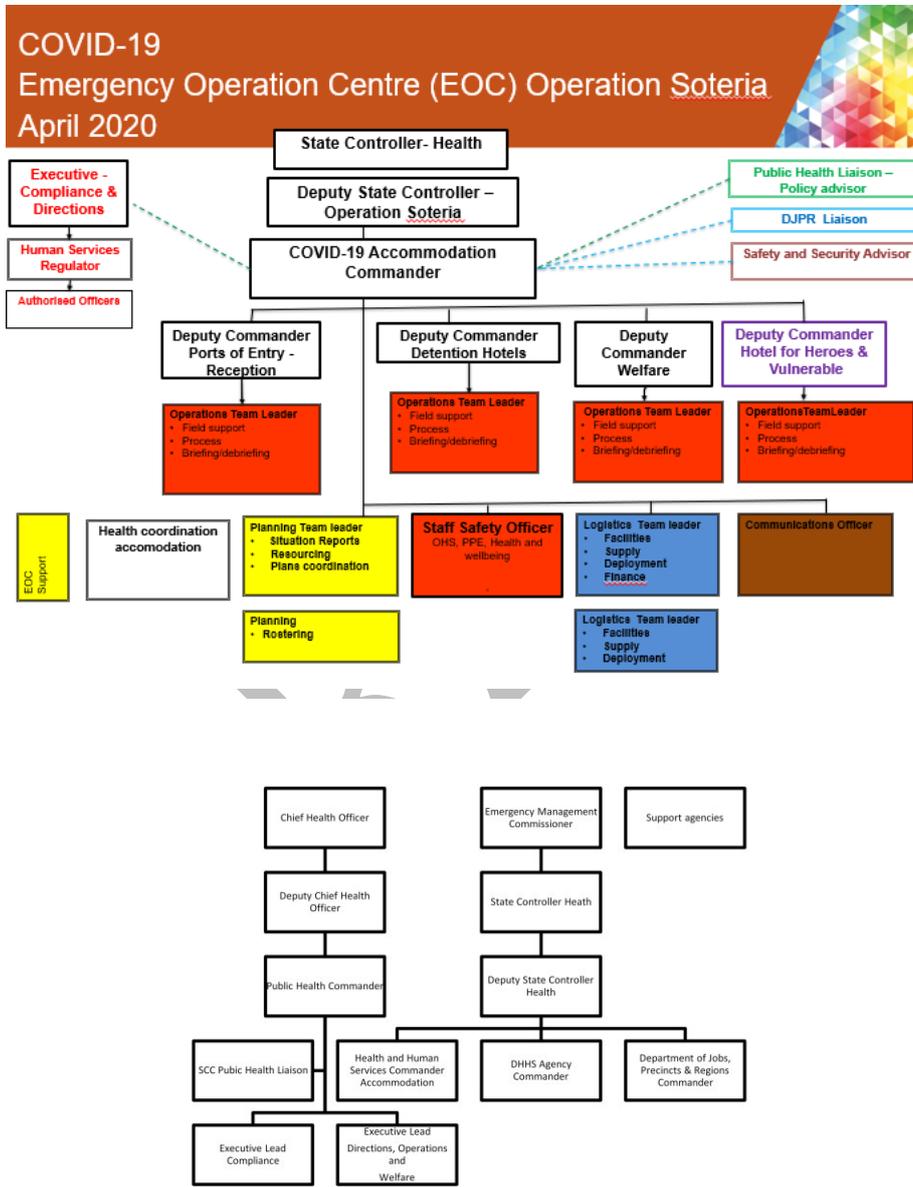
## Appendices

### List of appendices currently attached

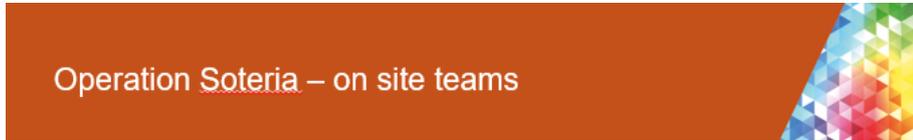
1. EOC Operation Soteria governance flowchart
2. Operation Soteria on site teams
3. Clinical escalation/referral pathway
4. Chain of command re detainee with physical/mental health issue
5. PPE advice for healthcare workers in hotels
6. Welfare survey
7. Ambulance transfer flowcharts
8. Hospital and Pharmacy contacts for each hotel
9. Food safety factsheet- process for people with food allergies,
10. Meal order information for people with food allergies
11. Food Safety Questionnaire

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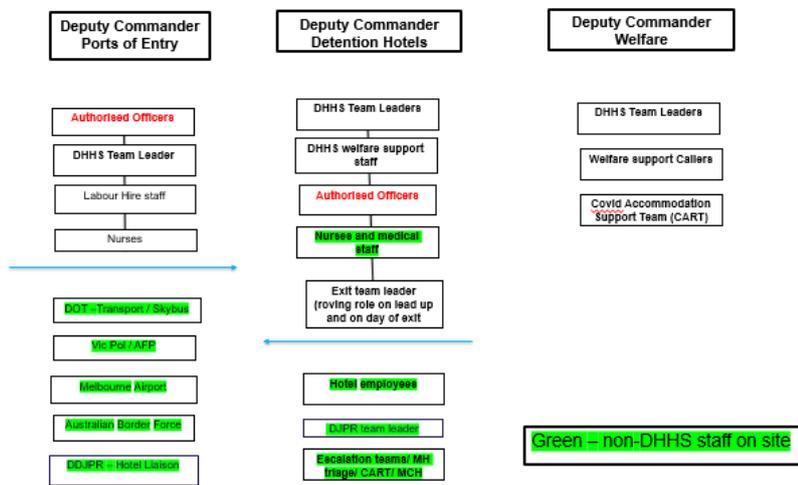
Appendix 1 - Governance



Appendix 2 – Operation Soteria on site teams

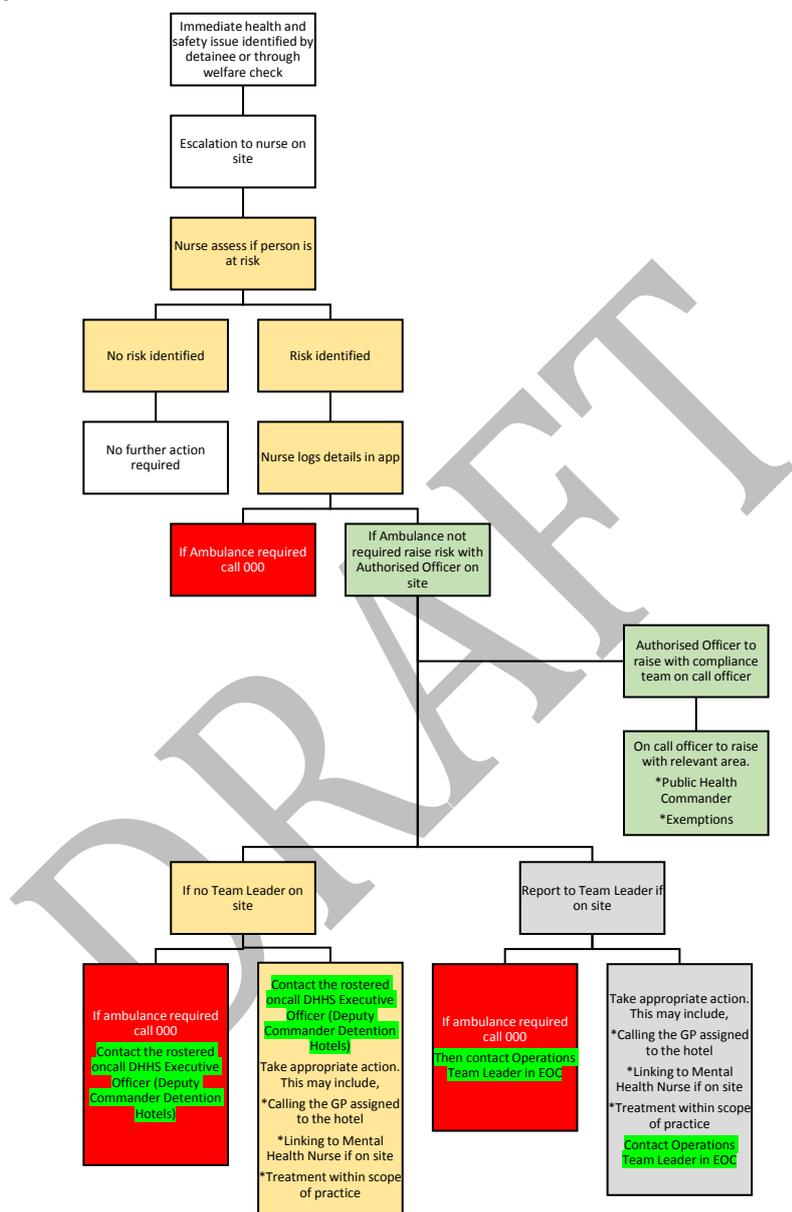


Operation Soteria – on site teams

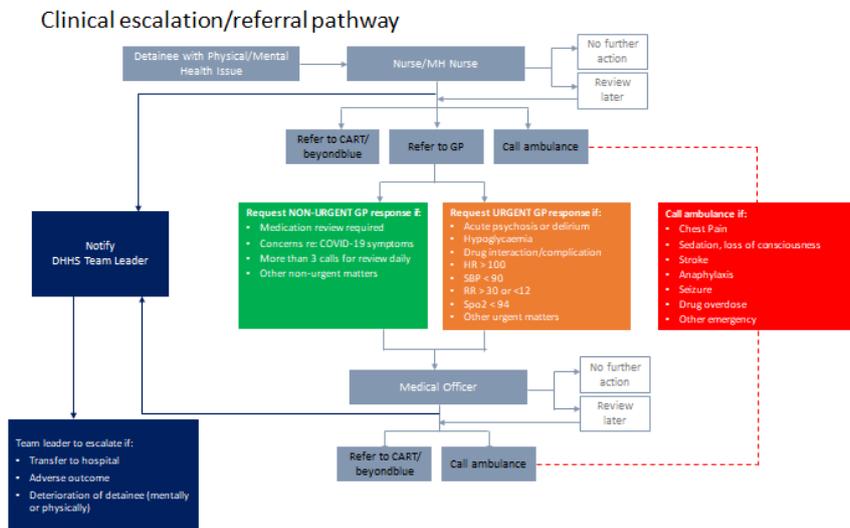


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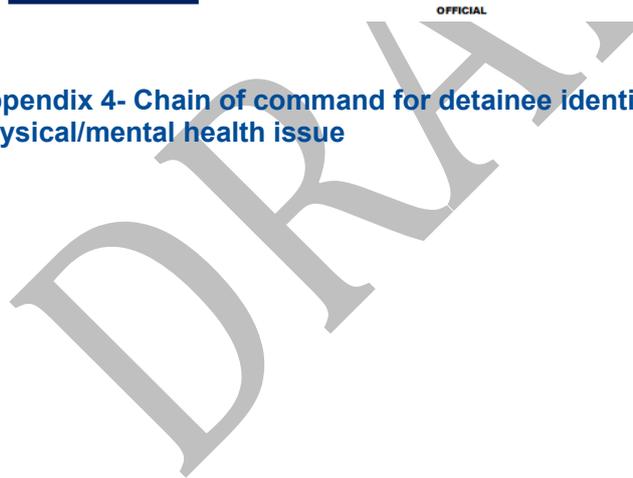
## Appendix 2 – Escalation Process



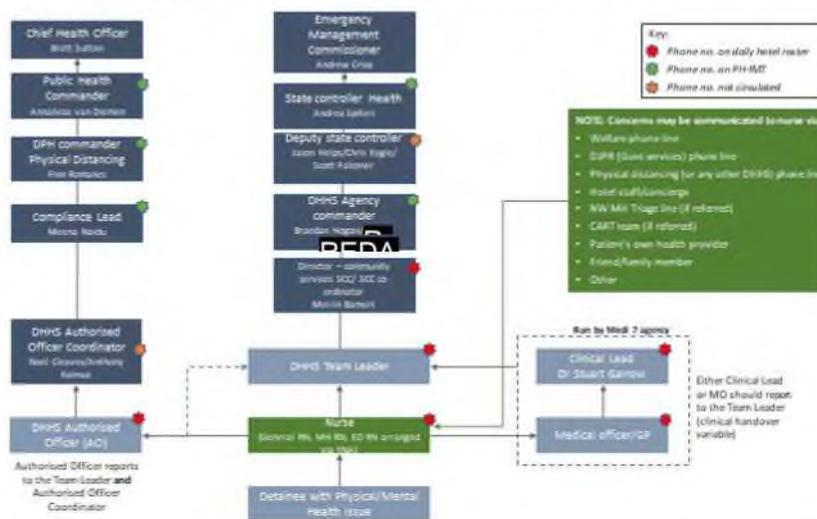
### Appendix 3- Clinical Escalation/Referral Pathway



### Appendix 4- Chain of command for detainee identified as having physical/mental health issue



Chain of command re: Detainee Physical/Mental Health Issues



Appendix 5- PPE advice for hotel-based healthcare workers

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

Adapted from: Infection Prevention Australia

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

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

| Setting  | Target personnel or patients or clients | Activity   | Type of PPE or procedure   |
|--|---|--|--|
| Hotel quarantine floor<br><br>Not entering the client/s room or having direct contact with client/s. | Health care worker                      | Telephone or online triage to check for recent change in condition or development of symptoms. No direct client contact. | No PPE   |
|  | Health care worker                      | Any visit  | Maintain physical distance of at least 1.5 meters. When physical distance is not feasible and yet no patient contact, use surgical face mask and eye protection. |

| Setting   | Target personnel or patients or clients   | Activity  | Type of PPE or procedure   |
|---|---|---|--|
| <b>Perform hand hygiene before and after every client contact</b>   | Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath) | Doorway indirect contact by HCW   | <u>Surgical face mask</u><br>Eye protection<br>Gown<br>Gloves<br>Request client/s to wear surgical face mask if tolerated and remind client to perform hand and respiratory hygiene  |
|   | Patients/clients <u>without symptoms</u> suggestive of COVID-19                               | Doorway indirect contact by HCW (e.g. taking electronic temperature)                              | <u>Surgical face mask</u><br>Eye protection<br>Perform hand hygiene and have the patient/client perform hand hygiene and wear a <u>surgical face mask</u>  |
| <b>Client/s room</b><br><b>Entering the client/s room</b>   | Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath) | Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures | Ask client/s to wear a surgical face mask if tolerated<br><u>Surgical face mask</u><br>Gown<br>Gloves<br>Eye protection (goggles or face shield)   |
| Examples of aerosol generating procedures include:<br>Collecting nasopharyngeal swabs<br>Cardiopulmonary resuscitation<br>Nebulisation of medication<br>Intubation<br>Suctioning airways<br><br><b>Perform hand hygiene before and after every client contact</b> | Patients/clients <u>without symptoms</u> suggestive of COVID-19                               | Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures | Ask client/s to wear a surgical face mask if tolerated<br><u>Surgical face mask</u><br>Gown<br>Gloves<br>Eye protection (goggles or face shield)   |
|   | Any client - confirmed or unconfirmed COVID-19 case   | Providing direct care to in the <u>presence</u> of aerosol generating procedures                  | <u>Respirator N95/P2 standard</u><br>Gown<br>Gloves<br>Eye protection<br>Maintain physical distance of at least 1.5 meters.<br>Ask client/s to wear a <u>surgical face mask</u> if tolerated<br>Immediately move the client to a separate room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1.5 meters from other household/room members.<br>Perform hand hygiene and have the patient perform hand hygiene |

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

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

**Compliance & Welfare Management System (applies to Welfare Survey below)**

Release Notes: 17/04/2020

The following is a summary of key changes included this release:

|   | Area           | Change  | Application               |
|---|----------------|---|---------------------------|
| 1 | Welfare Survey | <p>Change made to wording and flow of existing health question:</p> <ul style="list-style-type: none"> <li>“Have you been seen by a nurse today?”<br/>– default: NO, if the answer is yes, then it pops up a box: “reason why”</li> <li>“Have you been seen by a nurse on another day?”<br/>– default: NO, if the answer is yes, then it pops up a box: “reason why”</li> </ul>                           | Welfare Management System |
| 2 | Welfare Survey | <p>Change made to an existing health question:</p> <ul style="list-style-type: none"> <li>“Are you a lone occupant in your hotel room?”</li> </ul> <p>Sibling and Other (eg. Friend) are now selectable options.</p>  | Welfare Management System |
| 3 | Welfare Survey | <p>Change made to an existing health question:</p> <ul style="list-style-type: none"> <li>“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?”</li> </ul> <p>A text field has been added to notes, in addition to the current selectable options.</p> | Welfare Management System |
| 4 | Welfare Survey | <p>Change made to an existing final question:</p> <ul style="list-style-type: none"> <li>Existing questions “Do you have any other needs that we may be able to help you with?”, “Do you have any other concerns “ have been merged to one question.</li> </ul> <p>“Do you have any other needs or concerns that we may be able to help you with?”</p>  | Welfare Management System |
| 5 | Welfare Survey | <p>Change made to wording of existing health questions:</p> <ul style="list-style-type: none"> <li>“Do you, or anyone in your group (including children) have any immediate health concerns?”</li> <li>“What sort of things that help you to live well every day before COVID-19? For example, do you exercise every day, do you eat at the same time every day?”</li> </ul>                              | Welfare Management System |
| 6 | Welfare Survey | <p>Change made to wording of an existing wellbeing question:</p> <ul style="list-style-type: none"> <li>“What kind of things have you been doing to occupy yourself while you’re in quarantine, e.g. yoga, reading books, playing games, playing with toys?”</li> </ul>   | Welfare Management System |

## Appendix 6– Welfare Survey

### Survey questions – daily check-in

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

### Script

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

|  |
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|  |
|  |

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

There are 23 questions in total, and it should take only a few minutes to go through these with you.

When you answer, we would like to know about you as well as any other occupants in your room.

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

### Introductory questions

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

|  |
|--|
|  |
|  |

2. Are you a lone occupant in your hotel room? Yes/No if No:  
5. 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

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**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?

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|--|
|  |
|  |

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)

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|--|
|  |
|  |

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

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

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

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10. Are you keeping up regular handwashing?

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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?

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|  |

**Safety questions**

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

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|  |

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

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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?

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|  |

*If the person answers yes to either question 10 or the one above, you could say:*

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

If yes...

2. 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?

|  |
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|  |

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

|  |
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|  |

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

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

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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?

|  |
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|  |
|  |

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

|  |
|--|
|  |
|  |

**Final**

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

|  |
|--|
|  |
|  |

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

|  |
|--|
|  |
|  |

23. Do you have any other concerns?

|  |
|--|
|  |
|  |

**End of survey**

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

**Office use only**

8. Referral details

|                           |  |
|---------------------------|--|
| Nurse                     |  |
| Authorised officer        |  |
| Complex Client Specialist |  |
| Other                     |  |

9. NOTES:

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**10. 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)

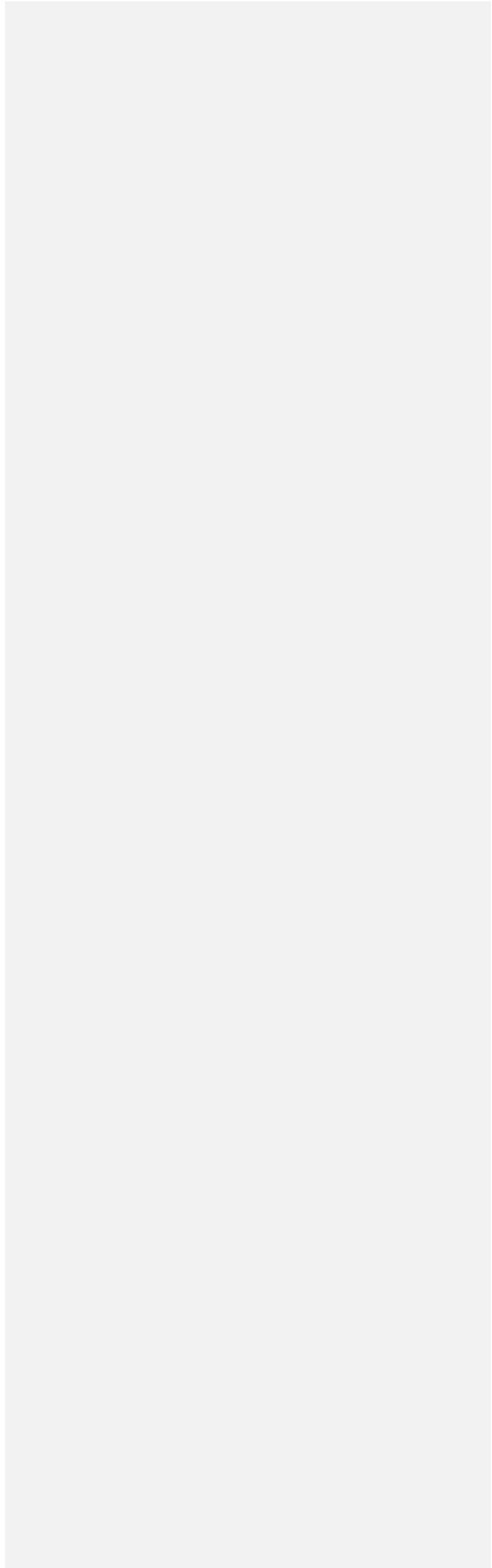
Safe word documented

Make note of mobile number or if they don't have one.

DRAFT

**Appendix 7- Ambulance transfer flowcharts**

DRAFT



## Transfer Medically Unwell Individuals Under CoVid19 Isolation to RCH/Alfred Hospitals

Nurse identifies patient requiring transfer to hospital.  
Patient has developed ANY CoVid19 symptom  
(Fever, Sore Throat, Cough, Fatigue, Shortness of Breath)  
and has become medically unwell or  
developed any other problem that may require hospitalisation

If non-urgent contact DHHS  
If URGENT to directly contact the Admitting Officer at  
**REDACTED**  
Inform hospital of patient and details  
000 Ambulance request warning of potential CoVid19 case

Ambulance Transfer to RCH/Alfred  
Staff PPE: Gown, Gloves, P2/N95 mask, eye protection  
Patient PPE: Surgical Mask

Patient Transfer from Ambulance to Hospital  
Transfer Requirements:  
- All relevant staff must be notified prior to transfer  
- Patient transferred on trolley or bed  
- Clear transfer pathway of patients, visitors, staff

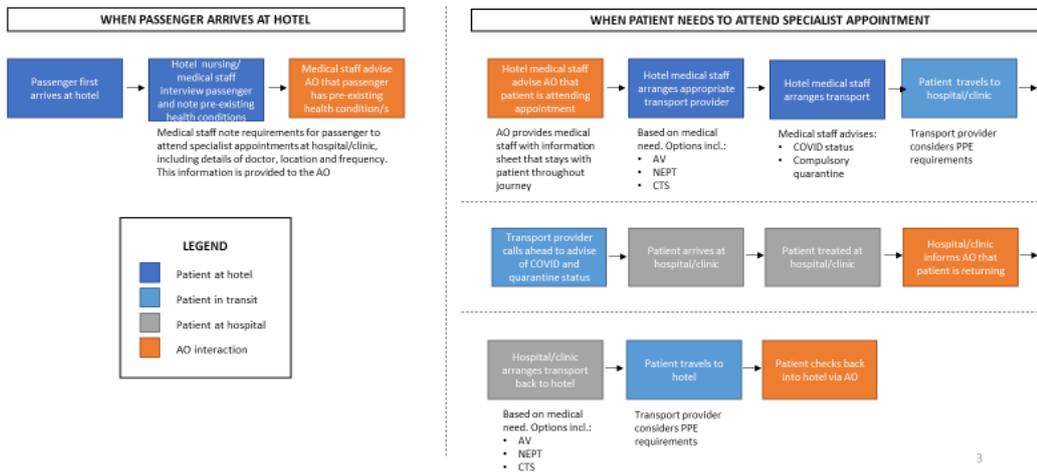
PPE  
Staff: Gown, Gloves, P2/N95 mask, eye protection  
Patient: surgical mask

Arrival at Hospital designated CoVid19 AV Reception area

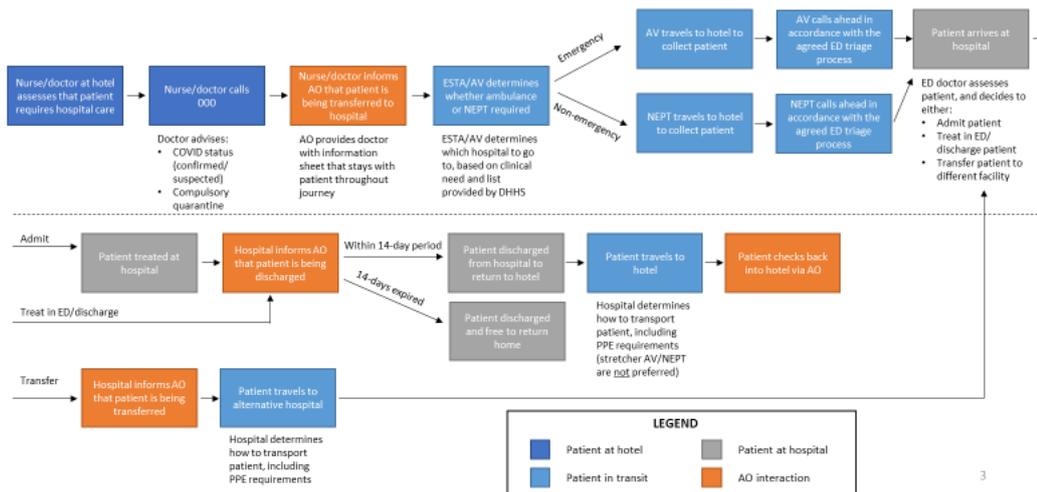
Patient managed under routine AIRBORNE & CONTACT  
transmission based precautions in a negative pressure room

Routine AIRBORNE & CONTACT transmission based precautions  
include: PPE: Gown Gloves, P2/N95 mask, eye protection  
(when entering isolation room or transporting patient)  
Patient: Surgical mask – if leaving isolation room

## Process to transfer passengers to hospital (planned)



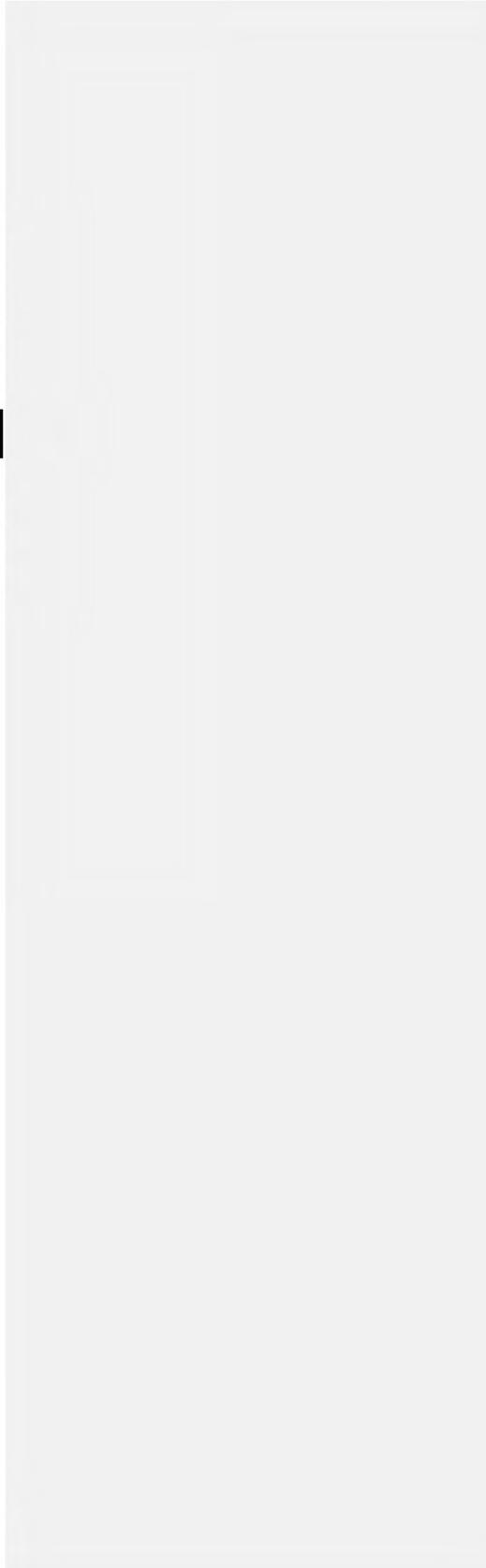
## Process to transfer passengers to hospital (unplanned)



**Appendix 8- Hospital and Pharmacy contacts for each hotel**

| Hotel  | Pharmacy and contact person    | Pharmacy phone | Pharmacy email | Hospital   | Hospital ED phone | Hospital MH phone | Hospital liaison name and number        |
|--------|--------------------------------|----------------|----------------|------------|-------------------|-------------------|---|
| Crowne | Southgate pharmacy<br>REDACTED | REDACTED       | REDACTED       | The Alfred | REDACTED          |                   | REDACTED<br>ED unit manager<br>REDACTED |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |

DRAFT



## Appendix 9- Process for people with food allergies

COVID-19 – Hotel isolation:

Process for people with food allergies



Upon arrival at Melbourne Airport, passengers will be provided with two questionnaires that must be completed and handed in to DHHS staff at the hotel on arrival. These questionnaires are:

- Welfare questionnaire
- Food safety questionnaire

For airport staff

Please ensure that arriving passengers are provided with both forms and are instructed to complete one form for every passenger prior to arrival at their hotel.

For hotel staff

Passengers arriving at the hotel will be in possession of two completed questionnaires and these should be handed in to DHHS Team Leader at the hotel on arrival:

- a welfare questionnaire
- a food safety questionnaire

The DHHS Team Leader will liaise with the hotel and request 3 copies of each questionnaire for distribution to the following:

- o The ED Nurse at the hotel
- o The hotel
- o The Authorised Officer at the hotel
- o The original should be kept by the DHHS Concierge Team Leader

Food Safety Questionnaire - IMPORTANT

DHHS Team Leaders should check all Food Safety questionnaire forms and identify those where a person has answered 'Yes' to Question 1 or 4. In these cases the individual should be contacted and advised that we cannot guarantee the dietary needs can be met by the hotel and therefore the department asks that the guest

purchase food consistent with their dietary needs using the Uber Eats online service. The DHHS Team Leader will also advise the hotel Duty Manager regarding the arrangement so they can coordinate this with the hotel kitchen.

Individuals are permitted to purchase meals up to the value of:

- \$20 per meal for breakfast
- \$25 per meal for lunch
- \$40 per meal for dinner.

Guests who are advised to purchase meals through Uber Eats must be advised to purchase meals using their own funds but retain receipts for all purchases to enable reimbursement by the Victorian Government. They should be provided with the reimbursement form at Attachment A and advised to return this form to the Department of Health and Human Services within 60 days of the end of their isolation period at the hotel. Only people who answer 'Yes' to Question 1 or 4 on the Food Safety questionnaire are permitted to purchase food in this way, and have it paid for by the department.

Under individual arrangements at hotels, other individuals may be permitted to purchase meals through an outside service if the hotel kitchen is unable to fulfil their specific dietary needs. In these cases however, the guest will not be reimbursed for the cost of the meal.

The Department of Justice, Precincts and Regions has put in place arrangements across all hotels to permit Uber Eats drivers to deliver food to the hotel and for security staff to assist in the delivery of meals to rooms.

Reconciliation of reimbursement forms will be made against the Food Safety questionnaire when receipts are received to ensure only those eligible for reimbursement will be reimbursed.

#### Questions

Why not pay direct to a DHHS set-up account?

- There is a risk that the account details will be released beyond those authorised to use it and significant purchases will be made using the department's account. There is no way to control purchases once this account number gets out and if the purchasing becomes excessive the only control would be to shut the account down.

Why not have the Concierge Team Leader make the purchases on behalf of people?

- There is no way of knowing the volume of people who may need to book through Uber Eats and therefore the logistical demands on Team Leaders may simply be too large to effectively manage.

- Concierge Team Leaders may be held unfairly responsible for any errors that may be made in purchases. Responsibility for correct purchasing should remain with the individual consumer.

## ATTACHMENT A

## COVID-19 – Victorian Hotel Isolation

## Reimbursement Form for meal purchases

|   |    |
|---|----|
| Name:                                   |    |
| Hotel:                                  |    |
| Room Number:                            |    |
| Date Checked-in:                        |    |
| Date Checked-out:                       |    |
| <b>Breakfast</b>                        |    |
| Total number of breakfasts to reimburse |    |
| Total value of breakfasts to reimburse  | \$ |
| <b>Lunch</b>                            |    |
| Total number of lunches to reimburse    |    |
| Total value of lunches to reimburse     | \$ |
| <b>Dinner</b>                           |    |
| Total number of dinners to reimburse    |    |
| Total value of dinners to reimburse     | \$ |
| <b>TOTAL</b>                            |    |
| Total Claim Amount                      | \$ |

Bank Account details (for reimbursement purposes):

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts. The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:



Emergency Management Branch

Department of Health and Human Services

Level 16, 50 Lonsdale Street

Melbourne, 3000

## Appendix 10- Meal order information for people with food allergies

### COVID-19 – Hotel isolation:

#### Meal order information for people with food allergies



Thank you for completing the Food Safety questionnaire form and advising the department of your food allergy.

The hotel and government cannot guarantee that your dietary needs can be met by the hotel. Those with food allergies will need to purchase food consistent with their dietary needs using the UberEats online service, as suitable hotel catering will not be available.

This information sheet will provide you with information about how to order meals through UberEats, the amounts reimbursable for meals and the process for reimbursement. **Please note that you will be responsible for purchasing meals that meet your dietary requirement and the hotel and government accept no liability if the meals do not meet those requirements.**

The DHHS Team Leader will advise the hotel Duty Manager regarding this arrangement so they and the hotel kitchen are aware you will be sourcing your own meals.

To make an order through UberEats, download the application on the Apple store (for iPhone) or Google Play store (for Android). Create your account and place your order as appropriate. Issues with the app can be supported through UberEats customer support line - 1300 091 272.

Guests are permitted to purchase meals up to the value of:

- \$20 per meal for breakfast
- \$25 per meal for lunch
- \$40 per meal for dinner.

Guests who will be purchasing meals through Uber Eats must purchase meals using their own funds but **retain receipts** for all purchases to enable reimbursement by the Victorian Government. A reimbursement form is attached at Attachment A. You should return this form and all original receipts to the Department of Health and Human Services within 60 days of the end of your isolation period at the hotel.

Please note only those individuals who have declared a food allergy at the beginning of their stay and have been approved to use this process will be permitted to purchase food through UberEats and have it reimbursed by the department.

The Department of Jobs, Precincts and Regions has put in place arrangements across all hotels to permit UberEats drivers to deliver food to the hotel. Security staff will receive meals from UberEats drivers and deliver directly to your room.

Thank you for your understanding. If you have any questions about this process, please direct to the DHHS Team Leader located at your hotel.

#### ATTACHMENT A

#### COVID-19 – Victorian Hotel Isolation Reimbursement Form for meal purchases

|   |    |
|---|----|
| Name:                                   |    |
| Hotel:                                  |    |
| Room Number:                            |    |
| Date Checked-in:                        |    |
| Date Checked-out:                       |    |
| Breakfast                               |    |
| Total number of breakfasts to reimburse |    |
| Total value of breakfasts to reimburse  | \$ |
| Lunch                                   |    |
| Total number of lunches to reimburse    |    |
| Total value of lunches to reimburse     | \$ |
| Dinner                                  |    |
| Total number of dinners to reimburse    |    |
| Total value of dinners to reimburse     | \$ |
| TOTAL                                   |    |
| Total Claim Amount                      | \$ |

*Bank Account details (for reimbursement purposes):*

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts.

The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:

Emergency Management Branch  
Department of Health and Human Services  
Level 16, 50 Lonsdale Street  
Melbourne, 3000

DRAFT

## Appendix 11- Food Safety Questionnaire

### Food Safety Questionnaire

To be provided to DHHS Team Leader at hotel once completed



This form needs to be completed for each individual staying at a hotel under quarantine in Victoria (i.e. children staying with parents should have their own form). Completed forms should be provided to DHHS staff member.

Name: \_\_\_\_\_ Room number: \_\_\_\_\_

Contact number ph: \_\_\_\_\_

Q1. Do you have anaphylaxis?

- Yes (please indicate)  
 Single allergen  
 Multiple allergens  
 No, go to Q4

Q2 Do you have an EpiPen (in date) with you?  Yes  No

Q3. Is your anaphylaxis caused by food?  Yes (please specify)  no (please specify below)

- sulphites  
 cereals containing gluten (wheat, rye, barley, oats, spelt & their hybridised strains)  
 crustacea  
 egg  
 fish  
 milk  
 peanuts  
 soybeans  
 sesame seeds  
 lupin  
 tree nuts (please indicate)  almonds  
 brazil nuts  
 cashews  
 chestnuts  
 hazelnuts  
 macadamia nuts  
 pecans  
 pine nuts  
 pistachios  
 shea nuts  
 walnuts  
 Other food/cause (please specify): \_\_\_\_\_

Q4. Have you ever experienced a reaction after eating food and needed to take medication, like Ventolin or antihistamines?

- Yes (please specify food/s): \_\_\_\_\_  No

**If you answered yes to any of the above these details, hotel catering may not be able to meet your requirements and we will provide further information.**

Q5. Do you have a medically prescribed modified diet (please specify diet required)?

- No  
 Coeliac disease \_\_\_\_\_  
 Crohn's disease \_\_\_\_\_  
 Diabetic \_\_\_\_\_  
 Other condition (please specify): \_\_\_\_\_

Q6. Do you have a medically diagnosed food intolerance?

- No  
 Lactose  
 Fructose  
 Other food (please specify): \_\_\_\_\_

Q7. Do you have a non-diagnosed food intolerance? (e.g. never good after eating onions)

- No  
 Food/s (please specify): \_\_\_\_\_

Q8. Do you have any dietary preferences?

- No  
 vegetarian  
 vegan  
 gluten free by preference  
 low fodmap diet  
 halal  
 kosher  
 other (please specify): \_\_\_\_\_

Please note this information may be provided to the hotel, catering services, on-site nurses and Authorised Officers.

## For Information - COVID-19 Detention Recreation Policy

---

**From:** "Finn Romanes (DHHS)" REDACTED  
**To:** "Annaliese Van Diemen (DHHS)" REDACTED  
**Cc:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Tue, 07 Apr 2020 22:51:28 +1000  
**Attachments:** COVID-19 Detention Recreation Policy.pdf (99.21 kB)

---

For information only.

I provided comment and this was endorsed by me on your behalf.

Finn

Dr Finn Romanes  
Public Health Commander  
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services  
State Government of Victoria

---

**From:** Melissa Skilbeck (DHHS) REDACTED  
**Sent:** Tuesday, 7 April 2020 10:46 PM  
**To:** Kym Peake (DHHS) REDACTED  
**Cc:** Pam Williams (DHHS) REDACTED; Andrea Spiteri (DHHS)  
REDACTED; Finn Romanes (DHHS) REDACTED  
**Subject:** COVID-19 Detention Recreation Policy

Kym

Please find attached the hotel detention recreation policy in one page – as discussed earlier this evening

We appreciate your effort to encourage staffing offers from other VPS agencies to assist us to implement this across the increasing number of hotels

Regards  
Melissa

## COVID-19 Detention Recreation Policy

To assist in Victoria's response to the COVID-19 emergency, a mandatory quarantine (detention) approach was introduced 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.

In order to implement the policy, hotel rooms were sourced extremely quickly from available stock, with the majority being high rise buildings in the Melbourne CBD, with limited internal recreational space that could be used whilst ensuring physical distancing protocols.

The Direction – Detention notice – 27 March 2020 provides for the detention of all persons who arrive in Australia 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 a grant of permission to leave the room can be given by an authorised officer. In exceptional circumstances only, where the public health risk is managed, the Public Health Commander may choose not to issue a detention order.

Temporary leave from the place of detention (the hotel room) may be granted by the Deputy Chief Health Officer or the Public Health Commander, where it is reasonably necessary for physical or mental health, amongst other limited circumstances. If approval is granted, the Authorised Officer must be notified, persons subject to detention are not permitted to enter any other building that is not their self-isolating premises (their hotel room), and persons are to always be accompanied by an on-site nurse, DHHS authorised officer, security staff or a Victoria Police officer, and physical distancing principles must be adhered to.

Given the limitations of the detention order, the physical fabric of the hotels and the importance of maintaining the health of people:

- Recreation is primarily to be undertaken within the hotel room. There are a range of on-line exercise programs that people can access and yoga mats and similar items can be requested.
- Opportunities will be provided for supervised outdoor recreation breaks which ensure appropriate physical distancing and consistency with quarantine principles. This requires the person concerned to be compliant with the detention requirements and they must be asymptomatic before they can be allowed to have a supervised outdoor recreation break. Given the difficulty of providing this option for such a large number of people, the DHHS Authorised Officer will work with the on-site nurses to develop a priority list of those who ought to be given the opportunity, based on length of stay, mental health, smoking status and age, with children being given a high priority. A trial of this approach has been conducted (on 4 – 5 April), with supervision provided by security guards, with two or three required for each supervised break to ensure appropriate supervision. The trial had good results and will now be implemented across the hotels. The number of supervised outdoor recreation breaks will be dependent on available staffing.

## CIC-PROTECTED: CCC submission - health protection funding

---

**From:** "Michael Coppola (DHHS)" <[REDACTED]>  
**To:** "Brett Sutton (DHHS)" <[REDACTED]>, "Annaliese Van Diemen (DHHS)" <[REDACTED]>, "Angie Bone (DHHS)" <[REDACTED]>  
**Cc:** "Nick Chiam (DHHS)" <[REDACTED]>, "[REDACTED] (DHHS)" <[REDACTED]>  
**Date:** Thu, 23 Apr 2020 10:11:58 +1000  
**Attachments:** CIC - CCC submission - COVID-19 Strengthening Victoria's health protection 22 april\_MelissaMarkUP.docx (99.56 kB)

Good morning

Attached is the draft CCC submission on Health Protection funding which includes edits and comments (which will be actioned in meantime) from Melissa.

Melissa is meeting with Nick and Annette at 5:00pm where we think submission will be discussed so would be grateful for any comments you have before then – preferably by 4:00 so they can be incorporated and form a consolidated doc for Melissa. Appreciate you are all busy, so understand if not possible.

Brett – we make a couple references to the CHO's advice and views about the submission, which we hope are accurate, but by no means intended to pre-empt your views.

Regards  
 Michael

### **PROTECTED//Cabinet-In-Confidence**

**From:** Melissa Skilbeck (DHHS) <[REDACTED]>  
**Sent:** Thursday, 23 April 2020 12:10 AM  
**To:** Michael Coppola (DHHS) <[REDACTED]>, Nick Chiam (DHHS) <[REDACTED]>  
**Cc:** [REDACTED] (DHHS) <[REDACTED]@dhhs.vic.gov.au>  
**Subject:** RE: CIC-PROTECTED: CCC submission

Michael and team

Thank you very much for this draft – I think it has all the key elements – and I have marked up nuance and connections to add mostly on my first review – as attached

Regards,  
 Melissa

#### **Melissa Skilbeck**

Deputy Secretary | Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

[REDACTED] [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

### **PROTECTED//Cabinet-In-Confidence**

**From:** Michael Coppola (DHHS) <[REDACTED]>  
**Sent:** Wednesday, 22 April 2020 10:13 PM  
**To:** Melissa Skilbeck (DHHS) <[REDACTED]>; Nick Chiam (DHHS) <[REDACTED]>  
**Cc:** [REDACTED] (DHHS) <[REDACTED]>

**Subject:** CIC-PROTECTED: CCC submission

Melissa, Nick

Attached is first draft of Cabinet submission.

Funding Table in Cabinet submission has not yet been updated, but attached is the excel workbook which **REDACTED** will start translating into the Cabinet submission tonight.

I'm having issues with Teams so have saved this version offline (partly why this is later than I would have liked, sorry) - grateful if you could provide marked up version using version attached to this e-mail.

Regards  
Michael

**Michael Coppola**  
Organisational Transformation  
Department of Health & Human Services | 50 Lonsdale Street, Melbourne, Victoria, 3000  
m. **REDACTED**  
**REDACTED**

**PROTECTED//Cabinet-In-Confidence**

|                |  |
|----------------|--|
| Submission No. |  |
| Copy No.       |  |

**Submission to:** Crisis Council of Cabinet

**Submission Title:** **COVID-19:** Strengthening Victoria's health protection services

**Submission Type:** Matter for Decision

**Portfolio/s:** Coordination of Health and Human Services – COVID-19

**Mission/s:** Health Emergency

### SUBMISSION PROPOSAL

#### Recommendation(s):

That Crisis Council of Cabinet:

1. **Agree** to the Department of Health and Human Services (DHHS) restoring critical public health regulatory and safeguarding functions to protect the community, while maintaining its COVID-19 response, noting that the public health risk profile will look different in the short to medium term because of COVID-19.
2. **Agree** that the COVID-19 crisis has revealed vulnerability in Victoria's health protection services, ~~which are lean compared to other jurisdictions,~~ including challenges in the ability to rapidly scale up core services across the State to respond to emergencies.
3. **Agree** to the strengthening of Victoria's health protection services by providing:
  - a. \$14.235 million in 2020-21 to maintain core health protection services that would otherwise need to be suspended ~~or reduced~~ due to the continued redirection of staff to the COVID-19 response;
  - b. \$87.62 million over four years from 2020-2021 to 2023-24 and \$22.538 million a year ongoing to address critical gaps in Victoria's health protection services, consistent with the 2020-21 State Budget 'Public health, public trust' bid; and
  - c. \$58.680 million over four years from 2020-21 to 2023-24 and \$9.63 million a year ongoing to establish new and expanded health protection capabilities and services additional to the 'Public health, public trust' bid based on lessons learned from COVID-19, including building regional public health capacity and disaster preparedness, and establishing a dedicated quarantine facility as part of the 'new normal' COVID-19 world.

#### Objectives:

1. To seek agreement from the Crisis Council of Cabinet (CCC) for the investment needed to strengthen Victoria's health protection services in the short to medium term to effectively manage both the ongoing COVID-19 emergency response and other public health risks and respond to other emergencies.

**Commented [R1]:** Does the pre-conditions submission include \$ for compliance of directions, including quarantine? The compliance team comes from HHSRR as well as HPB

2. To seek agreement from the CCC to begin establishing new and expanding high priority health protection capabilities and services that COVID-19 has shown ~~are becoming to be~~ the 'new normal', so Victoria can better plan and mitigate and minimise the impact of future public health emergencies on the health system and broader community.

#### **Key Issues:**

1. Victoria ~~has~~ in place a broad range of complementary public health measures to manage incidents of COVID-19 and prepare our hospital system for the pandemic. ~~This includes~~This includes 'Stage 3' restrictions on social and economic activity to limit the rate of transmission.
2. These measures are showing ~~early~~, positive signs of slowing the rate of transmission, or 'flattening the curve', and have likely avoided thousands of deaths and our hospital system being overwhelmed.
3. ~~While~~ Victoria acted decisively and early – informed by lessons from other jurisdictions, ~~– there is an element of luck about the favourable position the State is in. The truth is that we almost lost control of this pandemic, and that we may still yet lose control of it.~~ Initial success in managing the pandemic is not a guarantee of continued success, as illustrated by some countries such as Singapore that are now experiencing a second wave of transmissions.
4. This risk is heightened due to the weaknesses in Victoria's health protection services which compromise our emergency preparedness in ways this proposal seeks to address – a pertinent example of this is our centralised health protection system, which leaves our State vulnerable to regional outbreaks.
5. Health protection aims to keep Victorians healthy and safe by reducing avoidable harm from communicable disease, food, water, radiation and other environmental hazards. It plays a key role in the response to, and recovery from, emergencies like the recent bushfires and COVID-19; and increasingly common environmental health concerns relating to, climate change, such as ~~higher temperatures~~heat health concerns, and reduced water quality.
6. The effectiveness of Victoria's health protection services is being compromised due to increasing demands and complexity, coupled with a lack of investment in new technologies, community-based operations, and innovative workforce approaches. The current state of our health protection services is placing an unacceptable risk to the whole community.
- ~~7. Victoria's health protection services have an ongoing role in the State Health Emergency Response Plan, and the department's Chief Health Officer is part of the State Emergency Management Team.~~
- ~~8.~~7. Health Protection has played a key role in investigations, planning and responding to COVID-19, and has guided Victorian health practitioners and hospitals throughout the pandemic. Key response activities, like contact tracing, have highlighted the lack ~~of capacity~~of capacity and meant we ~~have~~ needed to urgently seek surge assistance outside the department. However, compliance staff of environmental health functions are providing hotel quarantine and directions compliance support for Victoria Police.
- ~~9.~~8. The submission [proper name needed: preconditions for easing restrictions] addressed the costs of managing the virus' transmission through testing and contact

~~tracing, and outbreak response until end 2020/21. We need to plan for the management of COVID-19 until a vaccine has been developed and fully distributed to the population Australians and internationally – expected to be overassumed for this submission to be within the next two financial years. This will require Health Protection staff to be diverted away from other critical Health Protection services and functions.~~

10.9 Given this, we need to continue to adequately resource our core health protection services during this time to manage non-COVID 19 ~~risks, and risks and~~ be ready for future health emergencies.

**Commented [R5(2)]:** It just sounds like a duplication of funding vis the preconditions \$ - if that is fully funded the diversion from that is gone – we have to introduce the compliance with directions/quarantine as duplication too

*Services stopped or reduced due to redirection of resources to COVID 19:*

11.10. Critical health protection services, such as monitoring of safe drinking water, tracking and regulating exposure to radioactive material, testing environmental sources for harmful organisms (such as legionnaire’s disease in air-conditioning cooling towers) and responding to communicable disease notifications have been suspended or reduced, as more than half (93) of health protection staff, including the Chief Health Officer and his deputies, have been redirected to the COVID-19 response.

12.11. While this has been necessary for the initial response, it has ~~created a large backlog in notifications and~~ left the State exposed to significant risks such as outbreaks of communicable diseases; undetected water catchment contamination due to bushfires or blue-green algae; and inadvertent radiation exposures due to mishandling of radioactive materials.

13.12. A Treasurer’s Advance has enabled some temporary backfilling of critical health protection functions during this time, but this funding will cease in June 2020. ~~Urgent incidents since late January, such as two further cases of congenital syphilis and an eastern states salmonella outbreak impacting 600+ people unwell, have been responded to by non-communicable disease staff with assistance from some contracted former public health officers. While some of these functions have been backfilled, generalist knowledge and training is insufficient to effectively regulate issues such the management of water catchments, poisons or radioactive materials on an ongoing basis.~~

**Commented [R5(3)]:** No – it hasn’t. The TA was for the initial build up of COVID response only

**Commented [R4(4)]:** Where has this come from? All we’ve done is used some of the time of contracted old CHOs for salmonella outbreak

14.13. Continuing a minimalist response on all non-COVID 19 public health risks over the next two years is clearly not sustainable and exposes ~~the community~~ Victorians to unacceptable level of ~~risk~~ harm.

15. ~~Without additional funding, it is more likely than not, that our luck run will run out at some point over the next 12-24 months and we will face another public health emergency at the same time we were still dealing with the COVID-19 response.~~

**Commented [R5(5)]:** Noting can stop another emergency, we hope to prevent most harms and need to be better equipped to protect Vic but we couldn’t have stopped COVID

16.14. The Health Emergency Mission states that [DN: insert wording about HP reform]

*Investments*

17.15. The CCC submission of 20 April about preconditions flagged that a more sustainable 12 to 18 month approach to reflect the anticipated duration of the COVID-19 response would need to be considered by CCC.

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**Commented [R5(6)]:** It was approved in principle on 20/4, will be considered in detail on 27/4 .. both before this sub

~~18-16.~~ The investments needed to support this approach are being brought forward across ~~a number of several~~ submissions to CCC. Other submissions currently being prepared for consideration are:

- a. The investments to rapidly establish the public health preconditions (ie significantly enhance clinical and population level testing and outbreak prevention and control) that are needed before any changes are made to current measures in place to slow the spread of COVID-19 which were agreed-in-principle by CCC on 20 April and expected to be considered again on 27 April
- b. The costs involved for longer-term accommodation for quarantining and isolating during the COVID-19 response, which was expected to be considered by CCC on 27 April.

**Commented [MS(7)]:** Start this as – This submission seeks investments in addition TA1 and TA2 and funding approved on 27 April to support preconditions for lifting restrictions – see reconciliation  
It updates the budget initiative submitted for 20/21 Budget for the recent emergency experience ... refer to reco – do we have a table or attachment stepping it out?

**Commented [MS(8)]:** This sub appears after preconditions #2 has been considered

~~19-17.~~ This submission seeks funding to mitigate the short to medium term public health risks associated with responding to COVID-19 and to improve the capability to plan for and respond to future public health emergencies, including pandemics. There are three main funding streams which are discussed in more detail in the next section:

- Addressing risks arising from suspending or reducing critical health protection functions due to staff being redirected to the COVID-19 response that have been covered by the Treasurer's Advance in 2019-20
- Addressing public health risks caused by existing weaknesses in Victoria's health protection system as detailed in the 2020-21 State Budget bid 'Public health, public trust', while leveraging the gains in systems that have been put in place as part of the COVID-19 response
- Establishing new health protection functions as part of the 'new normal' for a short to medium term COVID world.

**Commented [MS(9)]:** Need to think of better way of describing these costs – bc they sound fully funded

*Addressing risks from suspending or reducing health protection functions due to COVID-19*

~~20-18.~~ There are various arrangements currently in place to support the Public Health response including consultancies, contractors, seconded staff from other departments and agencies and reassigned DHHS staff.

~~21-19.~~ A Treasurer's Advance for 2019-20 is allowing around 93 health protection staff to be temporarily reassigned to work on the COVID-19 response: in public health team and in hotel quarantine and other compliance team.

~~22-20.~~ However, due to the sheer effort required for COVID-19, there has been only a minimal response for all other public health risks during this time. The backlog in disease notifications is an observable indicator of the incidents not responded to but many public health risks cannot be known without health protection staff monitoring, investigation and inspection. is has created a backlog in non-COVID-19 public health risks.

**Commented [MS(10)]:** None of the 93 have been backfilled with new funding – aside from 2 contractors for a couple of weeks  
MS(10) may have allowed the TA to include those costs, but those funds haven't been spent on already paid staff

~~23-21.~~ This submission seeks funding for 2020-21 to allow critical non COVID-19 health protection services that have been suspended or reduced to return to normal to acceptable service levels. This would be enabled by either health protection staff with specialist skills who have been working on the COVID-19 response to return to their substantive roles, or roles or finding suitable resources to backfill their roles over the next 12 months or (mostly likely) a mix of both.

**Commented [MS(11)]:** Not normal as in usual – but acceptable unusually

~~24-22.~~ Without this funding ~~being provided~~, critical health protection functions will continue to be under-resourced, ~~increasing the likelihood of public health risks permitting unacceptable levels of harm to public health like unsafe drinking water and communicable disease outbreaks~~, and leaving us ill-prepared to respond to any other public health emergencies that eventuate over the next 12 months.

~~25-23.~~ The resumption of health protection services will look different to the pre-COVID 19 environment ~~however~~, and resources will be directed accordingly. COVID-19 has changed the risk profile of some public health risks. For example, ~~behaviours required under~~ COVID-19 restrictions have contributed to a large drop in influenza cases compared to the same time last year.

~~26-24.~~ Funding of \$14.235 million (Recommendation 3a) is sought based on the current number and classifications of health protection FTE that are ~~working on the~~ COVID-19 response (Recommendation 3a).

~~27-25.~~ Funding is sought for 2020-21 only, but it is likely that further funding would also be needed into 2021-22 as a vaccine is unlikely to be developed and fully distributed to the population for ~~18-24~~ months.

#### *Addressing public health risks caused by weaknesses in Victoria's health protection system*

~~28-26.~~ Even before the recent bushfires and COVID-19 emergency, Victoria's health protection services were struggling to meet demand ~~at the beginning of the emergency the full team included only 11 FTE of public health physicians~~.

~~29-27.~~ Reasons for this include:

- The Victorian health protection workforce lags other jurisdictions eg. Victoria has one communicable disease prevention and control staff member for every 231,000 people, compared to NSW which has one staff member for every 114,300 people
- Highly specialised health protection services, such as regulation of hazards and threats (eg drinking water, radiation), are unable to keep up with growth in demand and complexity
- As a result, there are now many public health risks that we are not addressing but should be. This means that many adverse events are going unnoticed until they reach a severe state, resulting in significant avoidable costs to individuals, health services, government and industry.
- The health protection system in Victoria is centralised, with a single team of frontline professional workers in the central office and a small contingent across the ~~four~~ operational divisions. In contrast New South Wales has 15 public health units and Queensland has 13 public health units spread across the state. In those states they have demonstrated that they have regional capacity to respond to regional outbreaks – in Victoria we do not.

~~30-28.~~ Investment to address fundamental weakness in Victoria's health protection services is currently being sought as part of the 2020-21 State Budget process through the 'Public health, public trust' bid.

~~31-29.~~ The bid (Recommendation 3b) seeks \$87.62 million over four years and ~~\$23.71 million~~ ongoing for two strategic priorities to develop a strong base for a modern health protection service:

Commented [RE 2]: ??less the preconditions funding

- Surveillance and regulation: rapid identification of risks by building on our initial successful work to create modern surveillance capabilities to provide real time identification of emerging illness
- More connected intelligence and response, strengthened regulatory practice, and more frequent inspections of high-risk businesses.

~~32-30.~~ Early consideration of the 'Public health, public trust' Budget bid is requested given the COVID-19 emergency requires us to reshape our public health function for this new normal.

~~33-31.~~ The 'Public health, public trust' budget bid has been reviewed to consider the early lessons of the states COVID-19 response. An early finding is that there is a critical need to more significantly strengthen our regional public health capacity. In the 'Public health, public trust' this was proposed, in part, through embedding single senior public health physicians in each of the four departmental divisions. It is now clear that this is insufficient-inadequate and these positions are now included in the eis proposal as part of the establishment of Regional Public Health teams.

~~34-32.~~ The removal of the regional public health physicians from the Budget bid into the third stream discussed below (Recommendation 3c), reduces the funding in this stream from \$92.053 million over four years and \$23.717 million a year ongoing to \$87.62 million over four years and \$22.538 million a year ongoing.

*Establishing new health protection functions as part of the 'new normal'*

~~35-33.~~ In addition to addressing the weaknesses in the baseline health protection functions in Victoria, the recent bushfires and COVID-19 emergencies have highlighted the need to establish and boost existing health protection functions that are quickly becoming the 'new normal' and which bring Victoria closer to – but not on par with – other jurisdictions.

~~36-34.~~ In particular, the COVID-19 emergency has highlighted the need for Victoria to strengthen regional health protection capacity and to establish a dedicated in-house specialist team for planning, preparing and being able to quickly and effectively respond to future pandemics and disasters.

~~37-35.~~ These initiatives were not proposed in the 20-21 State Budget bid as the focus was on addressing weaknesses in current functions. However, the COVID-19 emergency has highlighted the need for these investments and meet growing community expectations about the State's capabilities to protect its people.

~~38-36.~~ The investment sought for establishing the 'new normal' has been restricted to what is considered the highest priority and most urgent initiatives on the advice of the Chief Health Officer and his deputies:

- Enhanced regional approach:** the COVID-19 response highlighted deficiencies in our regional public health capacity. The establishment of specialist Regional Public Health teams (each around 10FTE) in each of the department's four operations divisions, comprised of a mix of public health physicians, nurses, environmental health officers and epidemiologists, would enable faster and more agile responses and reduce the pressure that a single incident can put on the entire system. This incorporates and builds on the proposal within 'Public health, public trust' to embed a single senior public health practitioner in each division.

The enhanced regional approach would also include ~~establishing-placing~~ Public Health Registrars in each of the Operational Divisions as one of the physicians. The COVID-19 response has highlighted core workforce supply issues, and embedding public health registrars within a strengthened Regional Public Health team will ~~increase-support Victoria's access to public health physicians in training which has collapsed in recent years~~ future workforce supplies (4 FTE).

Other Australian states have seen COVID-19 localised outbreaks, and we should be prepared to respond to non-metropolitan Melbourne outbreaks while the virus remains non-vaccine-preventable. The [preconditions] sub provides for outbreak control squads for one year. Some capacity to respond to support these squands regionally is required, for all public health harms.

- b. **Disaster preparedness:** Establishment of a centrally based, in-house public health "disaster preparedness" team, is required to ensure continuous quality improvement is embedded in our disaster response capabilities. This team would lead disaster preparedness pre-events systemically developing processes to mitigate the causes of a risk or event, monitor and evaluate responses during event and incorporate lessons from events into future pandemic and disaster planning (7 FTE).

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Commented [RE 13]: No – its to have some disaster preparedness first – it would also be good to keep improving if we had such a function

#### *Establishment of a secure quarantine facility for Victoria:*

~~39-37.~~ Under the *Public Health and Wellbeing Act 2008*, the Chief Health Officer ~~is able to may~~ issue Public Health Orders to detain individuals with communicable diseases such as HIV and Tuberculosis (TB) who undertake behaviours that pose a significant risk to public health. Despite recurrent need, a readily available secure facility to securely isolate people under orders has not been available to the Chief Health Officer since 2007, when facilities were re-gazetted.

~~40-38.~~ Current quarantine options include using security guards at public hospitals, serviced apartments, rental properties, and in the case of COVID 19 – hotels, all of which are inadequate for containing individuals with communicable diseases ~~that whose behaviours or circumstances mean they cannot treat and manage their conditions and~~ pose a risk to ~~others~~ public health. These risks include transmission of blood borne viruses such as HIV and hepatitis through behaviours such as sharing of needles and syringes while knowingly spreading disease; and transmission of airborne diseases such as TB in the community through non-compliance with prescribed treatment regimes.

~~41-39.~~ At any one time across the State, there can be upwards of three individuals detained under Health Protection Orders due to non-compliance with treatment orders and intentional spreading of communicable disease. Without an adequate quarantine facility in Victoria, individuals will need to be placed in inadequate settings, ~~such as hospital beds, reducing our capacity to treat critically ill patients requiring hospitalisation for the individuals and the staff seeking to treat them or keep them safe.~~

~~42-40.~~ A six bed quarantine facility is proposed to provide a fit-for-purpose solution to address this shortfall in public health service.

Commented [R 14]: CHECK – public health orders I think

~~43-41.~~ The cost of establishing the operational quarantine facility is \$21.50 million over 5 years, and is expected to be completed by 2022-23.

**Next steps**

~~44-42.~~ Emerging health investment requirements to manage the pandemic will continue to be advised to CCC on an ongoing basis.

**Risks:**

1. There is a risk that if the proposals to address the core weaknesses in the State's health protection system are not supported, we will witness the continued deterioration of the health protection system and see an ongoing decrease in the state's capacity and capabilities to proactively manage or respond to threats from communicable diseases and the environment.

**Support/Criticism:**

1. This submission has been informed ~~by,~~ and ~~is~~ fully supported by the Chief Health Officer ~~and his deputies.~~ ~~Given the fiscal environment, a number of initiatives recommended by the Chief Health Officer and his deputies have either not been included in this submission or reduced in scope.~~
2. The Victorian community is likely to be supportive of strengthening of Victoria's health protection services, particularly given their lived experience of COVID-19 and desire that the health, social and economic impact of future public health emergencies, including pandemics, on them and their families and friends is minimised.

## FUNDING

**Table 1: Output/operating funding (\$ million)**

Commented [R15]: This is preconditions money

| Financial impact outputs  | 2019-20       | 2020-21       | 2021-22      | 2022-23      | 2023-24      | 5-year total   | Ongoing  |
|---|---------------|---------------|--------------|--------------|--------------|----------------|----------|
| <b>Expanded and innovative testing</b>  |               |               |              |              |              | 0.000          |          |
| Mobile Testing Units  | 2.021         | 7.347         | 0.000        | 0.000        | 0.000        | 9.368          |          |
| Testing 'hubs' in GPs   | 3.000         | 12.000        | 0.000        | 0.000        | 0.000        | 15.000         |          |
| Waste water surveillance  | 0.925         | 2.590         | 0.000        | 0.000        | 0.000        | 3.515          |          |
| Pathology capacity and innovative testing   | 5.375         | 21.500        | 0.000        | 0.000        | 0.000        | 26.875         |          |
| Community Information and Temperature Screening   | 5.205         | 0.000         | 0.000        | 0.000        | 0.000        | 5.205          |          |
| <b>Improved trace &amp; response capacity</b>   |               |               |              |              |              |                |          |
| Outbreak Control Squads   | 5.961         | 23.363        | 0.000        | 0.000        | 0.000        | 29.324         |          |
| Technology and innovative tools   | 1.000         | 0.000         | 0.000        | 0.000        | 0.000        | 1.000          |          |
| <b>Improving our understanding the virus</b>  |               |               |              |              |              |                |          |
| COVID-19 Research Long Term Impacts   | 8.560         | 4.660         | 4.660        | 3.560        | 3.560        | 25.000         |          |
| <b>Anticipating the impact of public health interventions</b>   |               |               |              |              |              |                |          |
| Intelligence Capability   | 0.500         | 2.000         | 0.000        | 0.000        | 0.000        | 2.500          |          |
| <b>VPS mobility and response</b>  |               |               |              |              |              |                |          |
| VPS Staff, Project Coordination and Support <sup>^</sup>  | 0.528         | 2.164         | 0.000        | 0.000        | 0.000        | 2.692          |          |
| <b>Subtotal gross output</b>  | <b>33.075</b> | <b>75.624</b> | <b>4.66</b>  | <b>3.56</b>  | <b>3.56</b>  | <b>120.479</b> | <b>0</b> |
| Offset from internal reprioritisation   |               |               |              |              |              | 0              |          |
| Offset from other sources* (e.g. new revenue, trust fund, Commonwealth funding) – please insert rows to specify each separately if possible | 12.007        | 34.482        |              |              |              | 46.489         |          |
| <b>Subtotal offsets</b>   | <b>12.007</b> | <b>34.482</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>46.489</b>  | <b>0</b> |
| <b>Net impact output</b>  | <b>21.067</b> | <b>41.142</b> | <b>4.660</b> | <b>3.560</b> | <b>3.560</b> | <b>73.989</b>  | <b>0</b> |

<sup>^</sup> Does not include VPS staff required for Temperature Screening and Intelligence capability

**Table 2: Asset/capital funding (\$ million)**

| Financial impact (capital)  | 2019-20      | 2020-21      | 2021-22      | 2022-23      | 2023-24      | 5-year total | 2024-25      | 2025-26      | TEI          |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Mobile Testing Units ( 4 Vehicles)  | 0.400        |              |              |              |              | 0.400        |              |              | 0.400        |
| <b>Subtotal gross capital</b>   | <b>0.400</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>0.400</b> | <b>0.000</b> | <b>0.000</b> | <b>0.400</b> |
| Offset from other sources* (e.g. proceeds from asset sales, trust accounts, Commonwealth funding) – please insert rows to specify each separately if possible | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            |
| <b>Net impact capital</b>   | <b>0.400</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>0.400</b> | <b>0.000</b> | <b>0.000</b> | <b>0.400</b> |

\*Specific components that will be in scope for the CW offset to be confirmed. Offset based on proposed in scope activities presented for AHMAC consideration and guidance

Relevant DTF Relationship Manager(s) and the Department have agreed to the costings in this submission;

 Yes  No 

Field Code Changed

Field Code Changed

## RE: Health Emergency Mission - Dashboard - Urgent input by 3:30pm

**From:** "Pam Williams (DHHS)" <pam.williams@dhhs.vic.gov.au>  
**To:** "Jacinda de Witts (DHHS)" <[REDACTED]>, "John King (DHHS)" <[REDACTED]>, "Melissa Skilbeck (DHHS)" <[REDACTED]>, "Euan Wallace (DHHS)" <[REDACTED]>, "Matthew Hercus (DHHS)" <[REDACTED]>, "Pam Anders (DHHS)" <[REDACTED]>, "Annaliese Van Diemen (DHHS)" <[REDACTED]>, "Finn Romanes (DHHS)" <[REDACTED]>, "Terry Symonds (DHHS)" <[REDACTED]>, "Helen Mason (DHHS)" <[REDACTED]>, "Kira Leeb (DHHS)" <kira.leeb@vahi.vic.gov.au>  
**Cc:** "Amity Durham (DHHS)" <[REDACTED]>, "Kym Arthur (DHHS)" <[REDACTED]>, "Elise Tuffy (DHHS)" <[REDACTED]>, "Brett Sutton (DHHS)" <[REDACTED]>, [REDACTED] (DHHS) <[REDACTED]@dhhs.vic.gov.au>  
**Date:** Tue, 21 Apr 2020 15:28:59 +1000  
**Attachments:** Health Emergency Mission Dashboard.PW comments.pptx (569.9 kB)

Some suggestions. I have checked with DJPR re the data they provide

**Pam Williams**  
**Operation Soteria, COVID-19 Accommodation Commander**  
**Department of Health and Human Services**  
 m: [REDACTED] e [REDACTED]  
[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

**From:** Jacinda de Witts (DHHS) <Jacinda.deWitts@dhhs.vic.gov.au>  
**Sent:** Tuesday, 21 April 2020 12:54 PM  
**To:** John King (DHHS) <[REDACTED]>; Melissa Skilbeck (DHHS) <[REDACTED]>; Pam Williams (DHHS) <[REDACTED]>; Euan Wallace (DHHS) <[REDACTED]>; Matthew Hercus (DHHS) <[REDACTED]>; Pam Anders (DHHS) <pam.anders@mhrv.vic.gov.au>; Annaliese Van Diemen (DHHS) <[REDACTED]>; Finn Romanes (DHHS) <[REDACTED]>; Terry Symonds (DHHS) <[REDACTED]>; Helen Mason (DHHS) <[REDACTED]>; Kira Leeb (DHHS) <[REDACTED]>  
**Cc:** Amity Durham (DHHS) <[REDACTED]>; Kym Arthur (DHHS) <[REDACTED]>; Elise Tuffy (DHHS) <[REDACTED]>; Brett Sutton (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>  
**Subject:** Health Emergency Mission - Dashboard - Urgent input by 3:30pm

All

I apologise for the very short timeframes for you to input into this document and thanks in advance for your help.

We have been asked to prepare a dashboard with key indicators and measures on the Health Emergency Mission. We need to settle the template to be attached to a brief being lodged today for CCC on Thursday. CCC will consider the template on Thursday and we will start reporting against it after that. Therefore we need to ensure that the measures in the dashboard provide an overall picture of how we are progressing against the mission and enable meaningful oversight, but the measures also need to be robust and accessible.

We have prepared a draft of the dashboard (attached). We have inserted a range of measures (following the outline Kym provided at Board this morning) but please feel free to finesse the way the measure is described or suggest an approach.

The dashboard has three elements:

1. Public health - COVID cases and public health capacity needed to ease restrictions
2. Returned travellers and broader hotel accommodation – numbers and supports – this crosses over with the social services mission
3. Health capacity – PPE and COVID testing capacity, ICU capacity, mental health impacts, restoration of hospital services etc

Could I suggest the following input is needed:

1. COVID – Slides 3 to 5 - Jacinda overall with input from Kirra, Annaliese and Finn
2. Returned travellers – Slides 6 to 7 - Melissa overall and Pam Williams, Euan, Mathew and Pam Anders to review their relevant sections. I note the second slide 7 re quarantine and isolation support needs particular focus - **Please amend these pages in a new document and send it back to REDACTED, with any comments on other pages**
3. Health capacity – Slides 8 to 13 - Terry overall and Helen, Euan, Matthew and Pam Anders to review their relevant sections. I note the hospital restoration and mental health sections need particular work. **Please amend these pages in a new document and send it back to REDACTED, with any comments on other pages**
4. Intersection with Social Services Mission – John King to review overall - **Please provide comments by email**

Could I ask you to please finalise your input on the dashboard by no later than **3:30pm today (or earlier if possible)** as it then requires review by the MO and DPC before submission to CCC?

Thank you

**Jacinda de Witts**

**Deputy Secretary, Public Health Emergency Operations and Coordination**

REDACTED | REDACTED | REDACTED

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

Senior Coordinator: REDACTED

t. REDACTED | e. REDACTED@dhhs.vic.gov.au

# Health Emergency Mission Dashboard

Cabinet-in-Confidence - Update 21 April 2020

# Overview/Contents page

## **Public health**

- COVID-19 testing and confirmed cases
- COVID-19 infection rates and sources
- Pre-conditions capacity

## **Returned travellers**

- Quarantine of returned travellers
- Quarantine and isolation reports

## **Health sector capacity**

- PPE and core health equipment
- COVID-19 testing supplies
- COVID-19 testing clinics
- Acute healthcare capacity
- Elective surgery capacity
- Mental health capacity

# COVID-19 testing and confirmed cases

| Indicator                                   | Result for week of 13 to 19 April 2020? | Forecast - Week of 20 April to 26 April 2020?<br>[what can be forecasted?] |
|---|---|--|
| Tests reported                              | [#]                                     | [#]  |
| % of tests positive                         | [#]%                                    | [#]%   |
| Confirmed cases – average daily or weekly?  | [#]                                     | [#]  |
| Recovered cases                             | [#]                                     | [#]  |
| Number of deaths                            | [#]                                     | [#]  |
| Admitted to ICU                             | [#]                                     | [#]  |
| Admitted to hospital but not in ICU         | [#]                                     | [#]  |
| Isolation (not in hospital)                 | [#]                                     | [#]  |
| Contacts of confirmed cases being monitored | [#]                                     | [#]  |
| Clusters of community transmission          | [#]                                     | [#]  |

## NOTES:

# COVID-19 infection rates and sources

| Indicator   | Week of 13 to 19 April 2020 | Forecast - Week of 20 April to 26 April 2020 |
|---|-----------------------------|--|
| Average rate of infection per confirmed case (Reff) | [#]                         | [#]  |
| Unknown source of infection                         | [#]                         | [#]  |
| Confirmed cases in healthcare workers               | [#]                         | [#]  |
| Acquired in Australia – contact of a confirmed case | [#]([#])%                   | [#]([#])%                                    |
| Acquired in Australia – contact not identified      | [#]([#])%                   | [#]([#])%                                    |
| Acquired overseas                                   | [#]([#])%                   | [#]([#])%                                    |
| Source under investigation                          | [#]([#])%                   | [#]([#])%                                    |

## NOTES:

# [Pre-conditions capacity]

| Indicator                      | Week of 13 to 19 April 2020 | Forecast - Week of 20 April to 26 April 2020 |
|--------------------------------|-----------------------------|--|
| Pathology lab testing capacity | [#]                         | [#]  |
|                                | [#]%                        | [#]%   |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |
|                                | [#]                         | [#]  |

**NOTES:**

# Quarantine of returned travellers

| Indicator   | Result        |
|---|---------------|
| Total number of people who have been, or are currently in, mandatory quarantine   | [#] as at [#] |
| Current number of people in mandatory quarantine  | [#] as at [#] |
| Number of Victorian residents among returned travellers who have been, or are currently in, mandatory quarantine  | [#] ([#])%    |
| Current number of children aged less than 18 years in mandatory quarantine  |               |
| Current number of people aged 75 years and over in mandatory quarantine   |               |
| Entries into mandatory quarantine anticipated for the week of #   | [#]           |
| Exits anticipated into mandatory quarantine during the week of #  | [#]           |
| Number of COVID-19 positive tests for hotel residents in quarantine (with a positive confirmed from a Victorian laboratory diagnosis) *<br><u>(*includes cases from Greg Mortimer Cruise to Uruguay with a positive confirmed from a Victorian laboratory diagnosis)</u>  | [#]           |
| Number of people hospitalised (admitted) for COVID-19 while in mandatory quarantine   | [#]           |
| Number of workers rostered per day as at XX in hotels (DHHS, DJPR), airport arrivals (DHHS, DJPR), Operation Soteria Emergency Operations Centre, DHHS Compliance Unit*, DHHS CART team<br>(*does not include medical or nursing staff in hotels, contracted hotel security (DJPR), GSS Call Centre (DJPR), State Control Centre) | [#]           |
| Healthcare (medical and nursing and mental health nursing) workers rostered per day in hotels as at XX  | [#]           |
| <b>NOTES:</b>   |               |
| Number of hotels currently in use for quarantine and post-quarantine accommodation  | [#] as at [#] |

# Quarantine and isolation supports

| Indicator   | Result                               |
|---|--------------------------------------|
| Number of health and/or welfare checks conducted of people in quarantine per day                                | [#]                                  |
| <del>Health services provided to people in quarantine — what is the measure?</del>                              | <del>[#]</del>                       |
| <del>Mental health services provided to people in quarantine — what is the measure?</del>                       | <del>[#]</del>                       |
| <del>Recreation or other external activity per resident (average time per person?) — what is the measure?</del> | <del>[#]</del>                       |
| Number of critical incidents reported in mandatory quarantine in hotels in the week of #                        | [#]                                  |
| <del>Post hotel quarantine relief offered/provided — what is the measure? (differentiate by cohort?)</del>      | <del>[#]</del>                       |
| Total number of healthcare workers who have, or are currently, using hotel accommodation                        | [#] as at [#]                        |
| Current number of healthcare workers who are currently using hotel accommodation                                | [#] as at [#]                        |
| Reasons for healthcare worker utilisation – % COVID positive and % self isolating due to contact                |                                      |
| Total number vulnerable people who have, or are currently, using hotel accommodation                            | [#] as at [#]                        |
| Current number of vulnerable people who are currently using hotel accommodation                                 | [#] as at [#]                        |
| Relief packages delivered to self-isolating or self-quarantining Victorians                                     | [#] (cumulative or for the week of?) |

## NOTES:

# PPE and core health equipment

| Item as at # 2020   | Projected needs<br>[Retain?] | Total ordered stock | Available stock at<br>warehouse | Expected in the week of #<br>2020 |
|---|------------------------------|---------------------|---------------------------------|-----------------------------------|
| Examination gloves  | #                            | #                   | #                               | #                                 |
| Face shields  | #                            | #                   | #                               | #                                 |
| Safety glasses  | #                            | #                   | #                               | #                                 |
| Gowns   | #                            | #                   | #                               | #                                 |
| Surgical masks  | #                            | #                   | #                               | #                                 |
| Masks - N95   | #                            | #                   | #                               | #                                 |
| Hand sanitiser (litres)   | #                            | #                   | #                               | #                                 |
| Dialysis machines   | #                            | #                   | #                               | #                                 |
| Infusion pumps  | #                            | #                   | #                               | #                                 |
| Patient monitors  | #                            | #                   | #                               | #                                 |
| Ventilators<br>(additional ordered due to<br>high sovereign risk and<br>potential delays) | #                            | #                   | #                               | #                                 |

**NOTES:** This is equipment held centrally and not at health services

# COVID-19 testing supplies

| Item               | Current number of tests available | Expected number of tests performed per day | Number of days current supply will last | Number of <u>additional</u> days testing provided by kits to due arrive within the next 14 days | Number of <u>additional</u> days testing provided by kits to due arrive within the next 28 days |
|--------------------|-----------------------------------|--|---|---|---|
| Extraction Kits    | #                                 | #  | #                                       | #   | #   |
| COVID-19 Test Kits | #                                 | #  | #                                       | #   | #   |
| Swabs              |                                   |  |   |   |   |

**NOTES:** Extraction and test kits come with reagents. This includes data for all Victorian testing laboratories (public and private). *This table does not include additional extraction and testing kits held in reserve by national private pathology companies that could be deployed at their Victorian labs to meet demand. Australian Clinical Labs: ~ 80,000 test kits nationally*

# COVID-19 testing clinics

| Indicator  | Result |
|--|--------|
| Number of public respiratory assessment clinics (other measure?)         | [#]    |
| Number of Commonwealth GP respiratory clinics (other measure?)           | [#]    |
| Number of State funded community health /GP led clinics (other measure?) | [#]    |
| Number of pathology drive-thru testing clinics                           | [#]    |
| [New activities to meet preconditions to be included]                    | [#]    |
|  | [#]    |
|  | [#%]   |
|  | [#%]   |
|  | [#%]   |

**NOTES:**

# Acute healthcare capacity

| Indicator  | Result |
|--|--------|
| Emergency Department Public Hospital Presentations – COVID-19*           | [#]    |
| Respiratory Assessment Clinic Public Hospital Presentations – COVID-19** | [#]    |
| Telehealth - HealthDirect Video Calls – COVID-19***                      | [#]    |
| ICU – new capacity commissioned in the past week                         | [#]    |
| ICU – usage levels   | [#]    |
| ICU – available capacity   | [#]    |
| Total public hospital admissions (compared to the same time last year)   | [#]    |
| Total private hospital admissions (compared to the same time last year)  | [#]    |
| Other  | [#]    |

## NOTES:

\* Data has a 4 day lag.

\*\* Data has a 2 day lag.

\*\*\* Includes only calls made with the HealthDirect Video Call Service platform, greater than 5 minutes. May be 1-2% variance in call data. Reported cumulative total includes weekend activity.

# Elective surgery capacity

| Indicator   | Result |
|---|--------|
| Current utilisation (compared to the same time last year) | [#]    |
| Current utilisation against [agreed] cap                  | [#]    |
| Other   | [#]    |

**NOTES:**

# Mental health capacity

| Indicator  | Result |
|--|--------|
| Beds – new capacity commissioned, usage and available capacity                             | [#]    |
| Community contacts, registered clients who have disengaged (Pam/Matthew?)                  | [#]    |
| Best measures of suicide ideation and attempt – eg. data from lifeline, beyond blue (Pam?) | [#]    |
| AOD  | [#]    |

**NOTES:**

# Crown Resorts

---

**From:** REDACTED  
**To:** "Brett Sutton (DHHS)" REDACTED  
**Cc:** "Annaliese Van Diemen (DHHS)" REDACTED ACTE  
REDACTED  
**Date:** Wed, 06 May 2020 16:45:31 +1000  
**Attachments:** image001.png (6.32 kB); Crown Melbourne - Covid-19 Re-opening Plan.pdf (709.04 kB)

Dear Brett,

It has been some weeks since we last were in contact. Congratulations on your management of this crisis, it has been exemplary.

As you would be aware Crown Melbourne was required to close on 25 March 2020 following the Direction issued by your office on that date. In the lead up to that closure, we implemented a series increasingly expanded social distancing and hygiene measures which were developed in consultation with you and others in your office.

Since the closure our team has been working on a Re-opening Plan (Plan), which has been designed to keep our guests, employees and the community safe, whilst enabling our operations to recommence. I have attached a copy of the overview of the Plan. This overview is a high-level summary that is underpinned by more comprehensive procedures and policies that can be provided to you and your team for review should you require it.

Further, we have asked Professor REDACTED, Infectious Diseases Physician and Epidemiologist, Doherty Institute, Royal Melbourne Hospital and University of Melbourne to provide feedback on our re-opening plan. RE suggested further enhancements and these are reflected in the Plan.

We remain conscious that re-opening must be undertaken in a safe and measured manner to help reduce the risk of spread of COVID-19.

We would welcome your feedback on the Plan and look forward to akin working with you and your office in a collaborative way to ensure the safe operation of our business.

REDACTED  
**Chief Executive Officer**  
**Crown Resorts Limited**



Crown Towers, 8 Whiteman Street, Southbank, Victoria 3006

p: REDACTED

m: REDACTED

e: REDACT@[crownsresorts.com.au](mailto:REDACT@crownsresorts.com.au)

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# **CROWN MELBOURNE**

## **COVID-19 RE-OPENING PLAN**



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## Background

The health and safety of our employees and patrons is our priority and Crown is committed to implementing appropriate policy responses which help combat the spread of COVID-19.

On 23 March 2020, Crown closed its gaming activities, banqueting and conference facilities and the vast majority of its food and beverage operations at its Crown Melbourne and Crown Perth entertainment complexes. Crown has never before closed for an extended period of time.

As a result of the closures, Crown was forced to substantially reduce its workforce through a series of stand downs and progressively stood down, on a full or partial basis, approximately 95% or over 11,500 of its employees. Only employees in business-critical functions remain actively working.

The closure has had a material impact on our people and, as a result, Crown has been investigating ways in which it can support its employees on an ongoing basis. Returning employees to work in a COVID-19 safe workplace as soon as possible is a key priority.

The closures have also had a substantial impact on the over 5,000 businesses in Australia which make up our supply chain.

Fortunately, Australia is very well positioned relative to many other nations in its COVID-19 response, and the early actions taken by health authorities along with the Federal and State governments has slowed the spread of COVID-19. Crown is conscious that re-opening its properties must be undertaken in a safe and measured manner to help reduce the risk of spread of COVID-19 as much as possible.

Crown has developed this comprehensive Re-opening Plan (**Plan**) which has been designed to keep our guests, employees and the community safe, whilst enabling our operations to recommence. We have also sought and obtained input from Professor Benjamin Cowie, Infectious Diseases Physician and Epidemiologist, Doherty Institute, Royal Melbourne Hospital and University of Melbourne, as well as the OSHGroup, a specialist provider of occupational health and safety services.

This Plan has been developed for the re-opening of Crown Melbourne in response to the current COVID-19 situation. Particular business activities mentioned in the Plan will only be undertaken to the extent they are permitted under current government and health authority guidelines. This Plan will continue to be refined and updated as circumstances change and in response to recommendations from Commonwealth and Victorian Governments, the Department of Health and Human Services Victoria and WorkSafe Victoria.



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## Overview of Crown's Approach

Crown has developed this Plan based on the following key considerations:

- Social Distancing Measures;
- Hygiene;
- Entry Screening and Patron Movement; and
- Awareness.

The application of each of these measures is expanded on further below.

### *Social Distancing Measures*

Crown will introduce appropriate social distancing measures at Crown Melbourne and will put in place measures to adhere to all Victorian Department of Health and Human Services (**DHHS**) directives. This includes not exceeding any applicable density quotients in indoor spaces, ensuring appropriate social distancing between patrons whilst queuing, at food and beverage (**F&B**) outlets and in common areas. In addition, the number of patrons at each gaming table and the availability of gaming machines and electronic table games will be limited to ensure appropriate social distancing between patrons.

### *Hygiene*

Crown will introduce comprehensive hygiene protocols across all areas of its Crown Melbourne entertainment complex (**Crown Melbourne**), including enhanced cleaning protocols, the availability and use of hand sanitiser, and the appropriate use of Personal Protective Equipment (**PPE**) where appropriate. Crown recognises that frequent hand hygiene is one of the most effective ways to prevent infection with COVID-19. Crown will make it mandatory for patrons to use hand sanitiser upon entry to the gaming floor and F&B outlets, when approaching hotel reception counters, as well as on any entry to a table game.

### *Entry Screening and Patron Movement*

Crown will introduce entry screening protocols via non-invasive temperature checks, including the installation and use of thermal cameras at gaming floor entry points.

### *Awareness*

Crown will introduce an awareness program for employees and patrons which reinforces the health and safety measures described above. This will cover both front and back of house signage, marketing channels and employee training programs.



## General Procedures adopted by Crown

Crown will introduce the following general procedures at Crown Melbourne.

### *Oversight of the Plan*

- A manager (the **COVID-19 Response Manager**) will be appointed, whose main responsibility will be to oversee implementation and enforcement of the Plan. The COVID-19 Response Manager will also be responsible for consolidating feedback and proposing enhancements to the Plan as appropriate.
- The COVID-19 Response Manager will be supported by a dedicated team (the **COVID-19 Operations Group**), who will assist in overseeing and enforcing all aspects of the Plan.

### *Social Distancing Measures*

- Total occupancy of indoor spaces will be limited to any appropriate density quotient as advised by DHHS.
- Patrons and employees will be required to adhere to appropriate social distancing practices at Crown Melbourne.
- Areas where employees or patrons are required to queue will be clearly marked for appropriate social distancing, including front desk check-in counters, bell desks, cages, Crown Rewards desks, private gaming room reception areas, F&B outlets and taxi lines.
- Service counters will be modified to ensure social distancing. Where appropriate, Perspex infection control barriers will be installed.

### *Hygiene Protocols*

- Enhanced cleaning protocols will be implemented at increased frequencies across all areas of Crown Melbourne with an emphasis on high contact surfaces and frequently used areas including front desk check-in counters, bell desks, elevators and elevator buttons, door handles, bathrooms (particularly handles, taps and soap dispensers), room keys and locks, ATMs, escalator and stair handrails, gym equipment, dining surfaces and seating areas. These areas will be cleaned at least twice each day and when visibly soiled.
- Cleaning and disinfection will be conducted in accordance with agreed protocols.
- Patrons will be required to use hand sanitiser upon entry to the gaming floor, table games, F&B outlets and hotel reception counters.
- Hand sanitiser dispensers, touchless whenever possible, will be placed at key patron and employee entrances and contact areas such as driveways, reception areas, gaming floor entry points, various locations across the gaming floor (including at every table game), hotel lobbies, F&B outlet entrances, meeting and convention spaces, lifts, bathrooms and exercise areas.
- Employees will be educated as to appropriate hand hygiene practices, including the requirement to wash hands using soap and water for at least 20 seconds when hands are visibly dirty or after using the restroom (in preference to utilising hand sanitiser).
- Employees will be required to wash their hands or use hand sanitiser at frequent intervals and after any of the following activities: using the restroom, sneezing, touching the face, blowing the nose, cleaning, sweeping, mopping, smoking, eating, drinking, entering and leaving the gaming floor, going on break, before starting a shift and at the end of a shift.



- Sanitation and hands-free waste receptacles will be readily available for use by staff and patrons.
- PPE, including masks and gloves, will be made available to employees, with training provided for appropriate use. In certain parts of our property, and for high contact activities, the wearing of adequate PPE will be mandatory.
- The washing of certain items, such as the laundering of linen and dishwashing of crockery and cutlery, will be conducted in accordance with manufacturer's instructions using the warmest settings possible.
- Prior to re-opening, building services will ensure that air conditioning systems have been recently serviced and are fully functional. Where possible, fresh air flow will be maximised in internal spaces.

### *Entry Screening and Patron Movement*

- Points of entry to gaming floors and convention centres will be limited to allow security to conduct non-invasive temperature checks utilising thermal cameras. Random temperature checks will also occur in other areas utilising hand-held non-contact thermometers.
- Anyone displaying a temperature of over 38°C will have a secondary temperature check undertaken using an individual non-contact thermometer.
- Employees or patrons confirmed to have a temperature of greater than 38°C will be denied entry and immediately directed towards appropriate medical care.
- Any patron who refuses to provide information or cooperate with security or a first aid officer will be denied entry.
- Hotel guests who exhibit any COVID-19 symptoms while on-site will be instructed to immediately notify a Hotel Duty Manager and will be directed towards the on-site first aid team, who will conduct an initial assessment. Such guests will be provided with a surgical mask to wear, requested to perform hand hygiene and if required directed towards appropriate medical care.
- Employees who are exhibiting any COVID-19 symptoms will be required to stay home and will be supported to seek medical attention and / or attend a COVID-19 screening clinic for further assessment.
- Employees will be required to contact a manager if they notice a co-worker or guest with symptoms of COVID-19 based on the DHHS case definition, including shortness of breath and persistent coughing. Unwell employees or guests will be directed to the on-site first aid team to conduct an initial assessment.
- In the event of a confirmed case of COVID-19 being identified with a history of attending Crown Melbourne during their infectious period, Crown will work closely with DHHS to implement recommended protocols.

### *Awareness*

- Overt front and back of house signage will be displayed throughout Crown Melbourne advertising hygiene and social distancing messages and protocols. This will include signs on correct coughing and sneezing etiquette to reinforce the importance of appropriate behaviour.
- Crown's hygiene and social distancing protocols will be prominently displayed on Crown's websites and in its mobile application.
- A dedicated phone line will be established for patrons to call with any COVID-19 related concerns or questions. Employees working on the phone line will be supported by the on-



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shift COVID-19 Response Manager or delegate, and will escalate queries to the DHHS COVID-19 hotline (1800 675 398) as appropriate.

- Loyalty members will be contacted reminding them not to visit Crown if they are experiencing any symptoms associated with COVID-19.
- Signage will be displayed at key entry points reminding patrons not to enter Crown Melbourne if they are displaying any symptoms associated with COVID-19.
- Loyalty members will be contacted recommending they download the Commonwealth Government's COVIDSafe application.
- Signage will be displayed throughout Crown Melbourne promoting the download and use of the Commonwealth Government's COVIDSafe application.
- All employees will be required to complete the COVID-19 specific Commonwealth and Victorian Government training modules, as well as any Crown specific training, prior to recommencing work.
- Employees will receive a pocket guide to COVID-19 facts (including symptoms) and Crown policy measures (including the dedicated hotline number).
- Employees will be kept up-to-date with accurate and current information on the workplace risks associated with COVID-19 and strategies being implemented to mitigate these risks. Effective communication strategies will be implemented to achieve this including regular briefings from the COVID-19 Operations Group, staff query communication channels, and updates on the Crown intranet site.
- The onsite first aid team will be provided with additional PPE and training in assessment and management of suspected COVID-19 cases.
- Noting that employees may have valid concerns and anxieties regarding COVID-19, returning to work, domestic violence or other lockdown-related impacts, counselling and employee assistance will continue to be provided free of charge through Crown's employee assistance and wellness program, Benestar.

Business unit specific initiatives, in addition to the general procedures listed above, are discussed in further detail below.

## Tables Games Operations

### *Social Distancing Measures*

- Sit down table games:
  - Only players sitting at a table will be able to place a bet. ‘Back betting’ will not be permitted.
  - All sit down table games (other than poker) will be limited to 4 patrons per table.
  - Poker will be played with a maximum of 5 players per table.
  - Additional seats will be removed from the table to ensure adherence to these limits.
- Stand up games (e.g. Roulette):
  - Stand up table games will be limited to 5 patrons per table.
  - At Roulette tables, patrons will only be able to play colour chips with a maximum of 5 colours per table to ensure adherence to these limits.
- Electronic Tables Games (ETG):
  - Every second ETG terminal will be disabled and unable to be played by any patron.
  - All seats for disabled ETG terminals will be removed.

*The above measures are designed to create distance between patrons by the removal of every other gaming position. However, due to the nature and design of table games, this will not always provide for a distance of at least 1.5m between patrons or between a patron and the dealer. Instead, comprehensive entry screening and hygiene protocols (as outlined in detail in this Plan) have been proposed to deal with this issue, including the mandatory use of hand sanitizer by a patron on entry to a table game. PPE (including full face shields) will also be made available to all dealers. A comprehensive cleaning regime has also been proposed for the sanitisation of table games and surrounds, as articulated below.*

### *Hygiene Protocols*

- Hand sanitiser dispensers will be affixed to each table. Patrons will be asked to sanitise their hands on entry to the game.
- Disposable antiseptic wipes will be available at Crown Rewards desks and upon request. Disposal bins will also be provided.
- Pen/stylus for use by patrons on ETG screens will be provided upon request.
- Increased sanitisation (at least twice each day) of gaming equipment and furniture will be undertaken, including seats and bumper rails.
- Masks and/or full face shields will be made available to all dealers for use, with training provided for appropriate use.
- Gloves will be made available to all dealers that enable card and chip handling, with training provided for appropriate use.
- Buy-in desks and facilities will be introduced across the gaming floor to minimise the need for dealers to handle cash whilst at tables.
- A dealer’s work station will be cleaned on every dealer change.
- Traditional Table Game specific protocols:
  - Baccarat ‘squeeze’ games (where a patron handles the cards): All cards to be single use and discarded.
  - Poker and derivatives that utilise plastic cards: The use of hand sanitiser by a patron will be mandatory on entry to the game and at every change in dealer. New cards will be



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introduced with each change in dealer.

- Craps: dealers will exchange dice on change of shooter, and removed dice will be disinfected before being reintroduced to the game.
- Pai Gow: Pai Gow tile games will initially be unavailable due to the high contact by multiple patrons with the tiles.

### *Awareness*

- Social distancing and hygiene messages will be displayed at each table game (including on screens).

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## Gaming Machines Operations

### *Social Distancing Measures*

- Every second gaming machine will be disabled and unable to be played by any patron.
- All gaming machine stools for disabled gaming machines will be removed.

*The above measures are designed to create distance between patrons by deactivating every other gaming machine. These measures will not always create a distance of at least 1.5m between patrons, noting that in all instances there will be a distance of at least 1.4m between gaming machines (as measured from the centre of each gaming machine stool). Further, patrons will typically be facing forward towards the machine (and not towards another patron). These measures are in addition to the entry screening protocols that have been proposed. A comprehensive cleaning regime has also been proposed for the sanitisation of machines and surrounds, as articulated below.*

### *Hygiene Protocols*

- Pen/stylus for use by patrons on gaming machine screens and buttons will be provided upon request. Availability will be promoted on site and use will be encouraged for all patrons.
- Disposable antiseptic wipes for machine cleaning will be available at Crown Rewards desks and upon request. Disposal bins will also be provided.
- Increased availability of hand sanitiser dispensers between machine banks.
- Increased sanitisation of gaming machines and furniture, with cleaners working across gaming areas to enable sanitisation of gaming machines on request of the patron.
- Gloves will be made available to all gaming machine staff, with training provided for appropriate use.
- Increase sanitisation regime of TTR (Ticket Redemption) terminals and availability of hand sanitiser dispensers at each machine.
- Increase sanitisation regime of VIK (Voucher Issuance Kiosk) terminals and availability of hand sanitiser dispensers at each kiosk.

### *Awareness*

- Signage will be placed throughout the gaming floor to remind guests to sanitise gaming machines before use or to contact a gaming machine attendant for assistance.
- Social distancing and hygiene messages will be displayed on bank end screens on the gaming floor.
- Social distancing and hygiene messages will also be added to machine talkers.

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## Food & Beverage Operations

### *Social Distancing Measures*

- Restaurants will adjust seating configurations to allow for a minimum of 1.5m between groups of guests.
- Bars will reconfigure layouts and add seating areas and furniture where required to accommodate minimum social distancing measures.
- The maximum number of guests at any table will comply with applicable social distancing requirements. It is proposed a maximum of 10 people will be permitted at any one restaurant table.
- Queueing at bars will be clearly marked for appropriate social distancing.
- Seating capacities and floor plans at banqueting facilities will be reviewed on an event by event basis to ensure appropriate social distancing that follows DHHS guidelines.

### *Hygiene Protocols*

- The use of hand sanitiser will be mandatory for patrons on entry to an F&B outlet.
- Hand-sanitiser dispensers will be provided at Maître d' stations for patron use.
- Kitchens will be comprehensively cleaned and disinfected at least twice per day.
- Employees will be required to wash their hands or use hand sanitiser at the commencement and at the end of every shift and after going on break, as well as after any activity that requires hand hygiene (such as using the restroom, sneezing, touching the face, blowing the nose or eating and drinking).
- All tables and chairs will be sanitised between each patron changeover.
- Menus will be single use.
- Gloves and masks will be made available to staff, with training provided for appropriate use.
- Self-serve buffet style food service will be suspended and replaced by alternative service styles.
- When conferences are able to recommence, individual bottled water (and other disposable condiments) will be provided in lieu of shared items (such as water carafes or salt/pepper shakers).

### *Entry Screening*

- Non-invasive temperature checks will be undertaken, utilising thermal camera screening for large scale banqueting events and hand-held non-contact thermometers for smaller events and for F&B outlets (by way of random entry testing).
- Response to patrons with a temperature of greater than 38°C will be as per the 'General Procedures adopted by Crown' above.

### *Awareness*

- All guests will be advised of increased safety protocols at time of reservation.
- Social distancing and hygiene messages will be displayed in restaurant & bar areas and bathroom facilities.



## Hotel Operations

### *Social Distancing Measures*

- Reception and concierge counters will have floor markings to ensure appropriate social distancing.
- Reception staff will use every second terminal.
- Typical lifts will have no more than four people or one family/group per lift will be permitted. Smaller lifts will have capacity adjusted for size.
- Rooms will only be serviced when guests are not present.

### *Hygiene Protocols*

- Hand sanitiser dispensers will be placed at reception and concierge counters and in lifts.
- Lifts will be sanitised on a regular basis.
- Masks will be made available to staff, with training provided for appropriate use.
- In-room magazines and publications will be removed.
- Any deliveries to room (e.g. in room dining) will be left outside the room with the guest notified. In-room dining trolleys will be collected from the hallway outside the room when finished.
- Self-service ice machines will be suspended. Guests will be directed to request ice through in-room dining.
- Limos – Vehicles will be sanitised after every guest transfer. Air-conditioning will be set to fresh air.
- Valet parking – Staff will be provided with gloves and masks for use whilst moving vehicles.
- Bell Services – Trolleys and baggage transfer equipment will be sanitised regularly.
- Housekeeping – Team members will be provided with gloves and masks to use when servicing guest rooms.
- Pool & Gym – Pool lounges and workout machinery will be set 1.5m apart (or every second machine disabled). Machinery and equipment will be sanitised between guest use and hourly. Water coolers will be replaced with single use bottles.

### *Entry Screening*

- Standard COVID-19 questions to be included as part of guest registration process.

### *Awareness*

- Social distancing and hygiene messages will be displayed in reception areas, elevators, guest rooms and on hotel websites.
- If hotel guests are required to self-isolate in the hotel, specific precautions will be taken to prevent the spread of COVID-19. Employees will be provided with additional training, resources and support to manage this circumstance. Particular attention will be given to hygiene protocols, social distancing and appropriate use of PPE (e.g. by room service staff).
- Hotel guests who exhibit any COVID-19 symptoms while on-site will be instructed to immediately notify a Hotel Duty Manager and will be directed towards the on-site first aid team, who will conduct an initial assessment. Such guests will be provided with a surgical mask to wear, requested to perform hand hygiene and if required directed towards appropriate medical care.



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## Other Operations

### *Retail*

- In consultation with retail partners and tenants, guest occupancy limits will be enforced to allow for appropriate distancing.

### *Theatre*

- Theatre seating and capacity will be managed to allow for appropriate distancing between groups of guests based on approved guidelines.
- Theatre seating and public areas will be cleaned at the conclusion of each performance.

# Health Emergency Mission Dashboard

Cabinet-in-Confidence – 10 May 2020

# Contents

## **COVID-19 cases**

- Confirmed cases
- Infection sources
- Infection rates

## **Returned travellers**

- Numbers of entries and exits from quarantine
- Quarantine and isolation supports

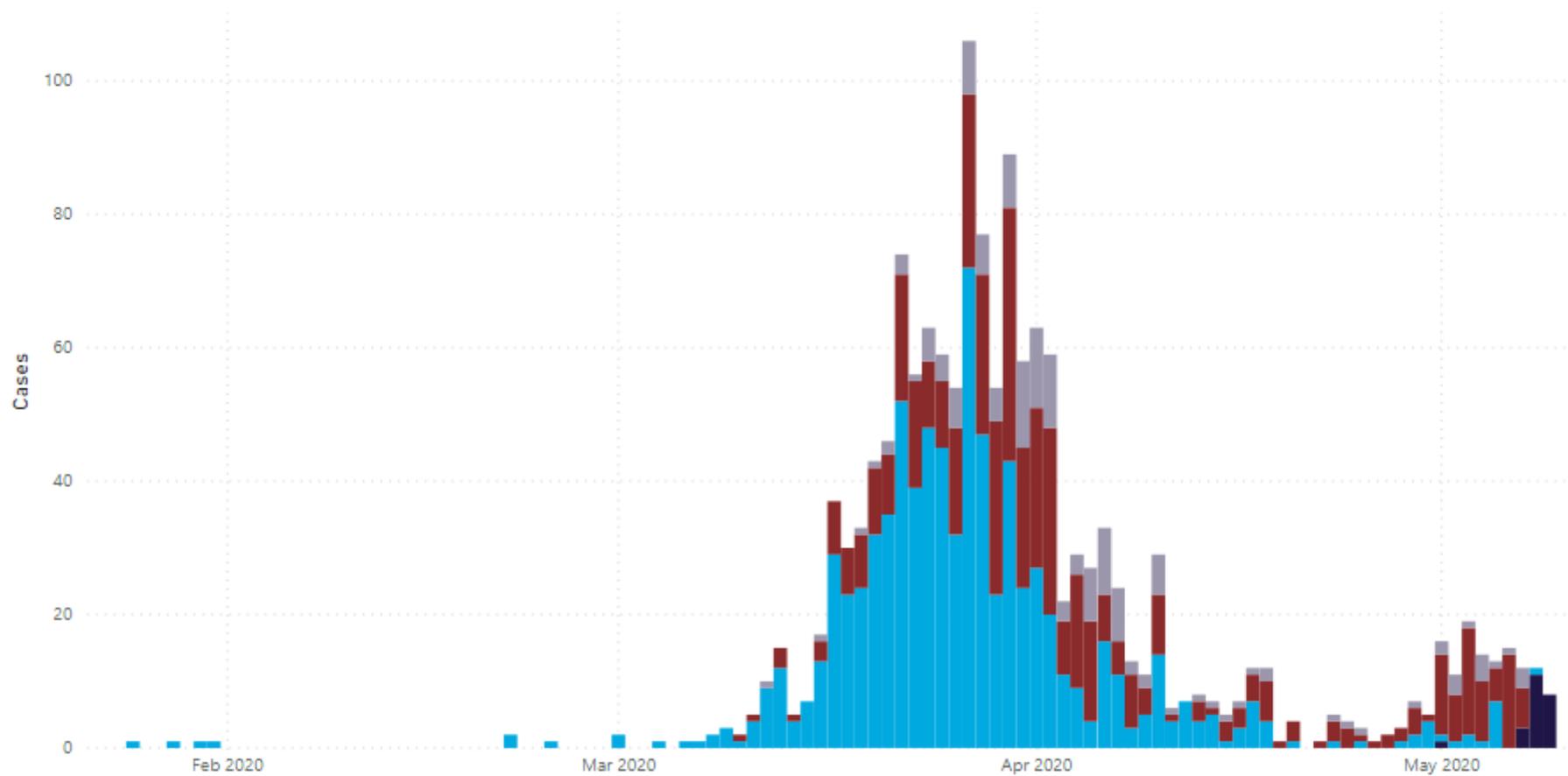
## **Health sector capacity**

- PPE and core health equipment
- COVID-19 testing supplies and testing clinics
- Hospital capacity

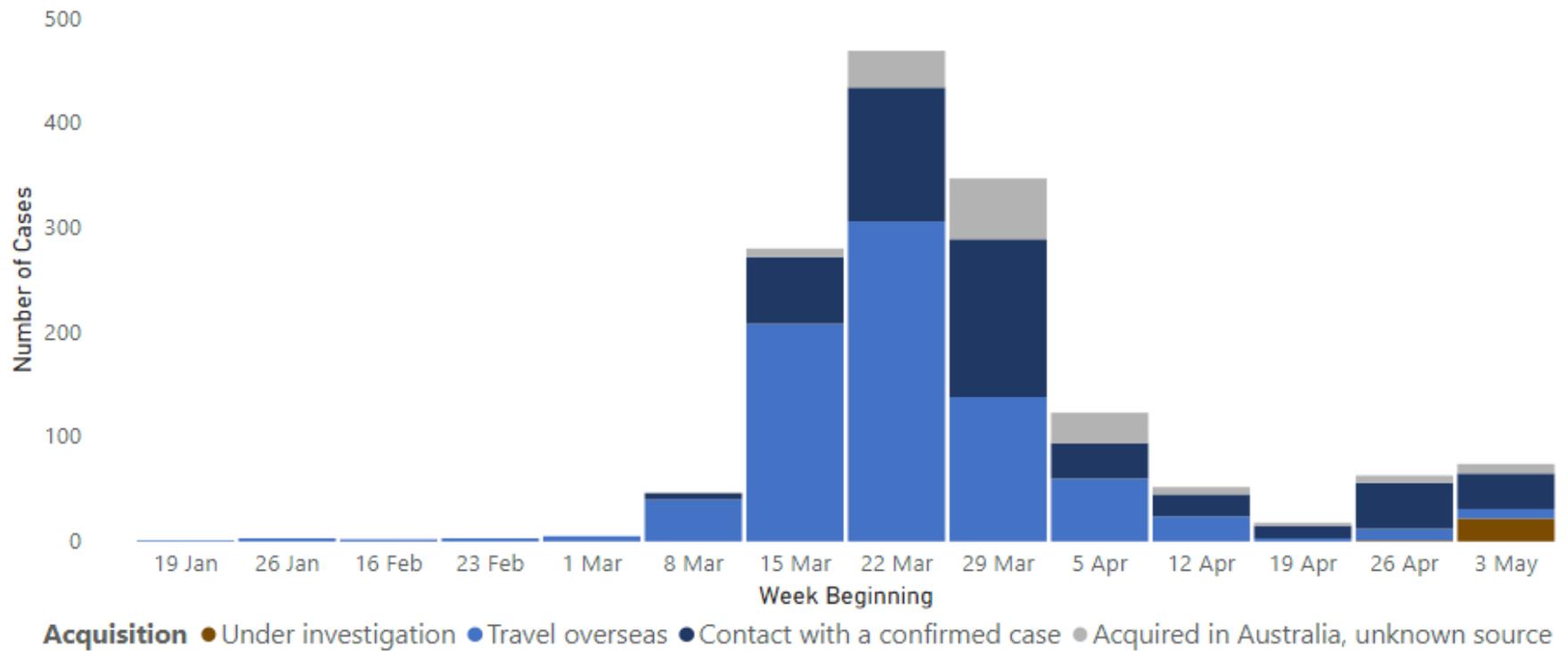


# Source of cases

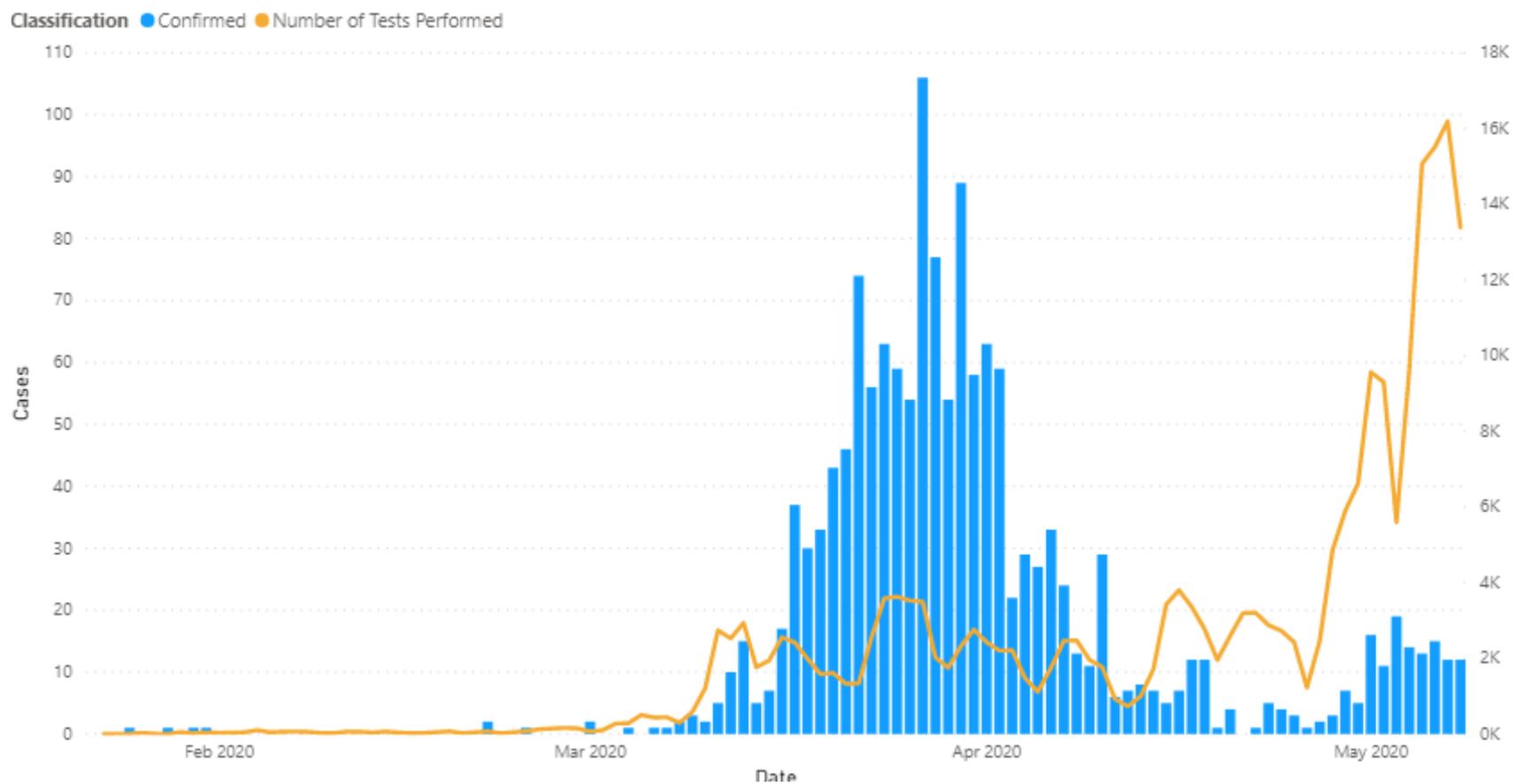
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# Source of cases - weekly

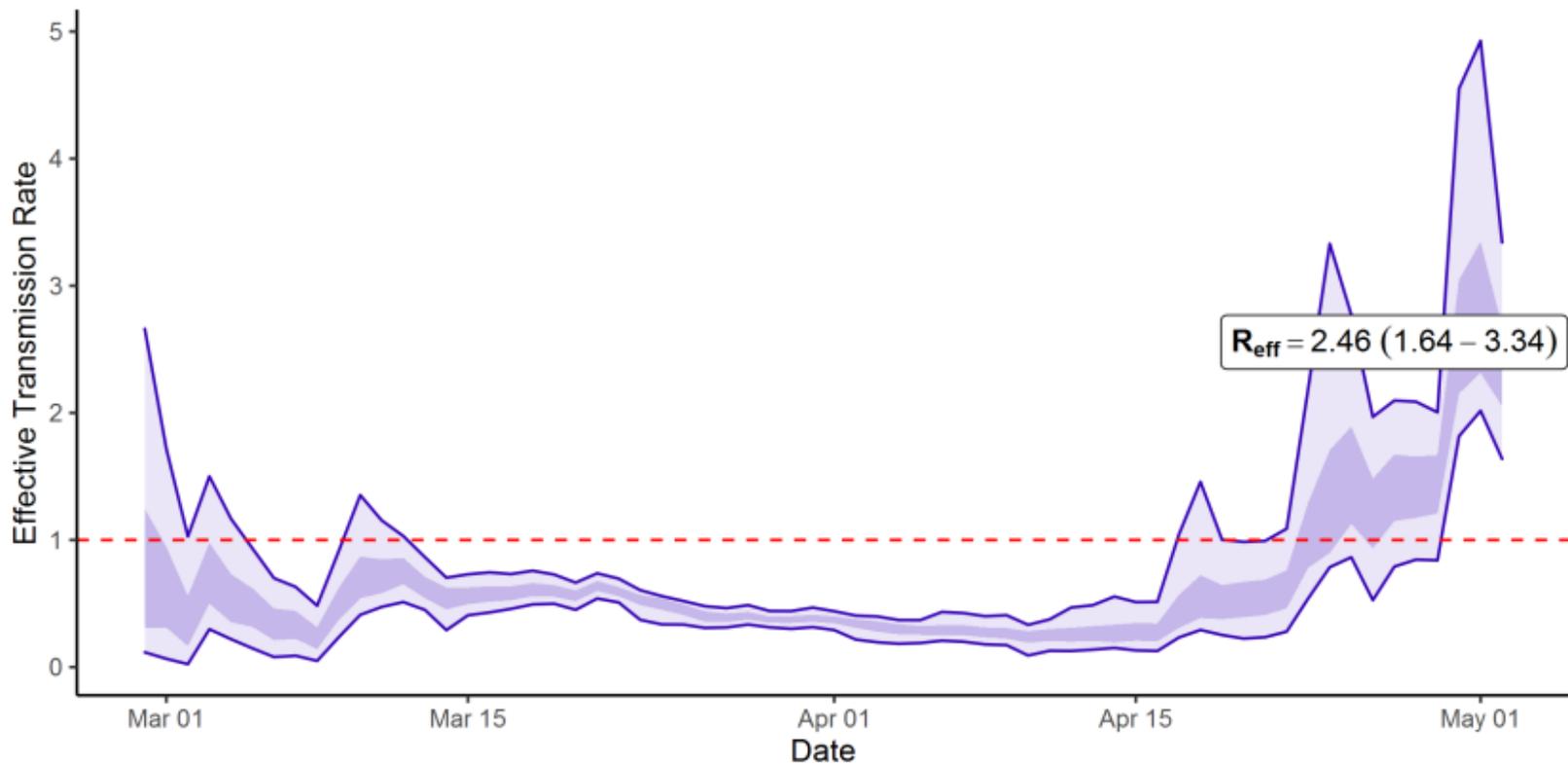


# Daily test and case numbers

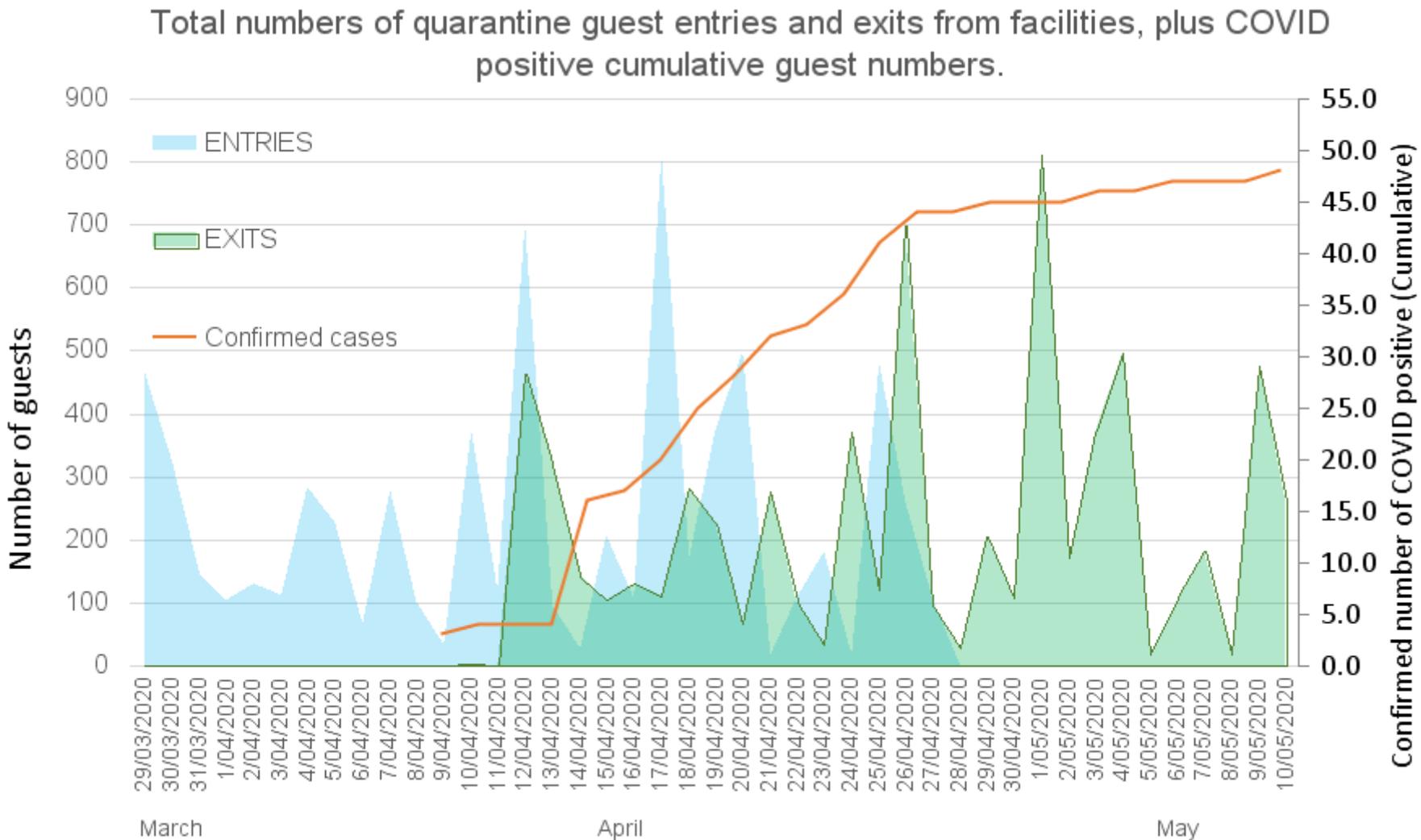


# Infection rate

## Average rate of infection per confirmed case (effective Reproduction number)



# Quarantine of returned travellers



Note: Sourced from DJPR data. Data does not include early exits and data on people who may have been transferred to hospital.

# Quarantine and isolation supports

| Indicator  | Result  |
|--|---|
| Total Number of welfare surveys completed 18 -22 April   | 1797  |
| Number of referrals for support or services made by Welfare Check Team 18-22 April   | 346   |
| Relief packages delivered to self-isolating or self-quarantining Victorians  | 2,800   |
| Estimated daily number of DHHS workers rostered at hotels (including Authorised Officers), ports (including Authorised Officers), Operation Soteria Emergency Operations Centre and case assessment and referral support (does not include medical or nursing staff in hotels, contracted hotel security, agency support staff, GSS Call Centre or State Control Centre) | 125   |
| Estimated number of healthcare (medical, nursing and mental health nursing) workers rostered at hotels   | 161<br>(rostered over 24 hours 23 April 2020) |
| Total number of returned travellers currently in mandatory quarantine as at 26 April   | 3349  |
| Cumulative number of returned travellers that have been in mandatory quarantine as at 26 April   | 6801  |

# PPE and core health equipment

| Item as at 23 April 2020   | Projected needs <sup>b</sup> | Total ordered stock | Available stock at warehouse | Expected in the week of 1 May 2020 |
|--|------------------------------|---------------------|------------------------------|------------------------------------|
| Examination gloves   | 1,092,400,000                | 923,364,500         | 5,799,500                    | 9,100,000                          |
| Face shields   | 13,000,000                   | 13,320,300          | 120                          | 1,250,100                          |
| Safety glasses   | 6,000,000                    | 6,044,496           | 119,826                      | 526,048                            |
| Gowns  | 31,000,000                   | 28,634,984          | 488,250                      | 1,450,000                          |
| Surgical masks   | 142,600,000                  | 151,515,000         | 4,682,850                    | 8,000,000                          |
| Masks - N95  | 24,000,000                   | 33,253,400          | 606,420                      | 7,000,000                          |
| Hand sanitiser (litres)  | 3,500,000                    | 3,823,715           | 24,896                       | 39,925                             |
| Dialysis machines  | 1,861                        | 130                 | 0                            | Nil data                           |
| Infusion pumps   |                              | 13,613              | 684                          | Nil data                           |
| Patient monitors   | 5,118                        | 4,545               | 0                            | Nil data                           |
| Ventilators<br><i>(additional ordered due to high sovereign risk and potential delays)</i> | 3,583                        | 7,342               | 88                           | 49 <sup>a</sup>                    |

**NOTES:**

<sup>a</sup> Subject to change.

<sup>b</sup> Projected needs – reflects estimated PPE requirements over a 52 week period for Victorian public health services, taking into account increased general utilisation as a protective measure for clinical staff across health services, as well as heightened needs in the event of a pandemic outbreak.

# COVID-19 testing supplies and clinics

| Supply item  | Current number of tests available (based on kits in stock) | Total tests performed in last seven days | Estimated number of days current stock will last                        | Arrival of new stock expected by 8 May 2020 |
|--|--|--|---|---|
| Extraction Kits  | 156,390  | 20,246                                   | 28 (based on 5,500 tests per day)<br>16 (based on 10,000 tests per day) | 55,000 tests                                |
| COVID-19 Test Kits   | 213,448  | 20,246                                   | 39 (based on 5,500 tests per day)<br>21 (based on 10,000 tests per day) | 55,000 tests                                |
| Swabs<br>(estimated swab supply currently available across Vic public health services) | 170,587  | 20,246                                   | 31 (based on 5,500 tests per day)<br>17 (based on 10,000 tests per day) | 400,000 swabs                               |

| Clinics                               | Number |
|---------------------------------------|--------|
| Public respiratory assessment clinics | 33     |
| Commonwealth GP respiratory clinics   | 10     |
| Pathology drive-thru testing clinics  | 13     |

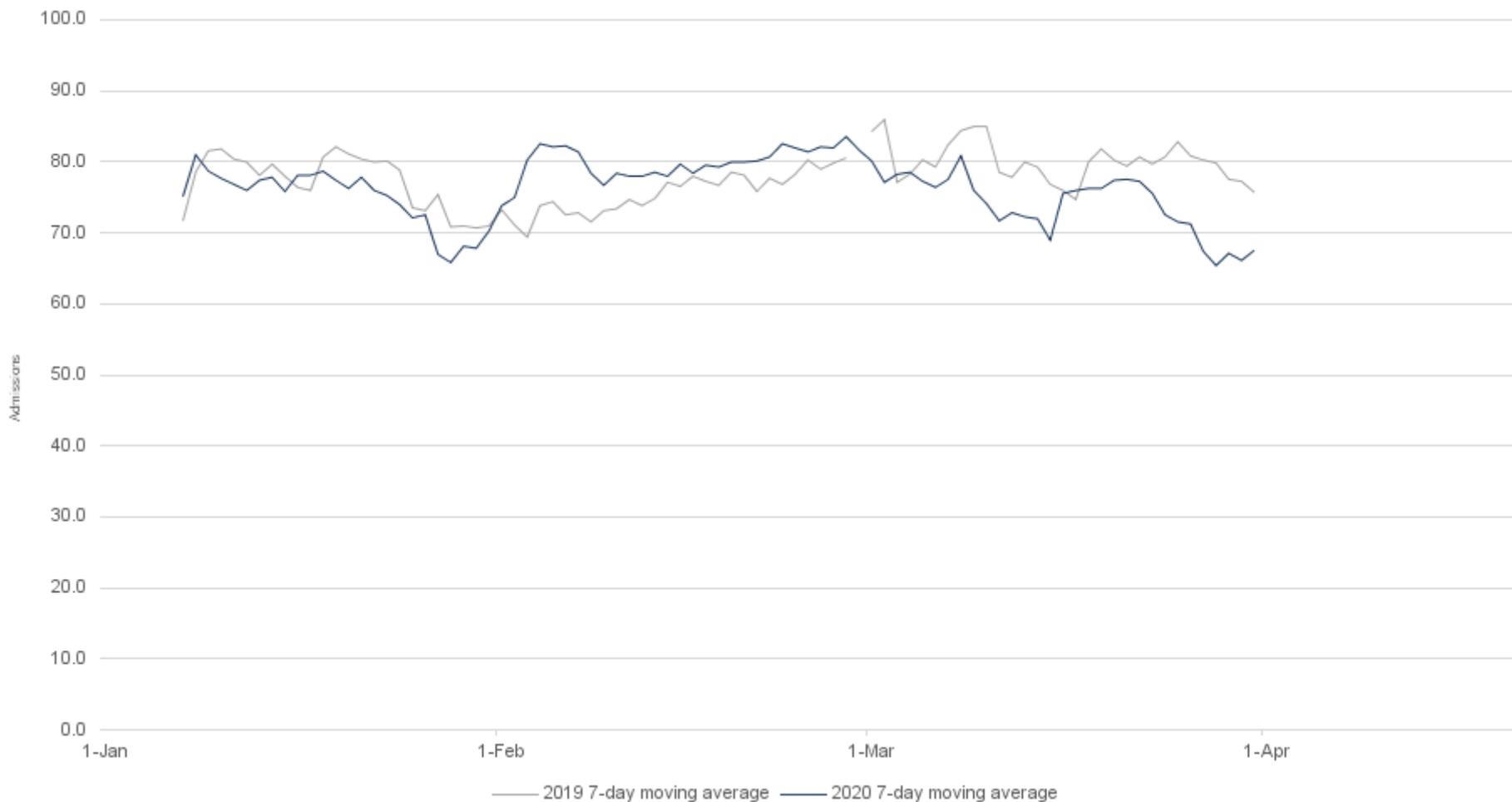
## NOTES:

### Data as at 28 April 2020

Extraction and test kits come with reagents. Multiple kit types are used and the number of tests contained per kit varies, therefore stock is standardised in tests. This includes data for all Victorian testing laboratories (public and private). This table does not include additional extraction and testing kits held in reserve by national private pathology companies that could be deployed at their Victorian labs to meet demand. Australian Clinical Labs: ~ 80,000 test kits nationally.

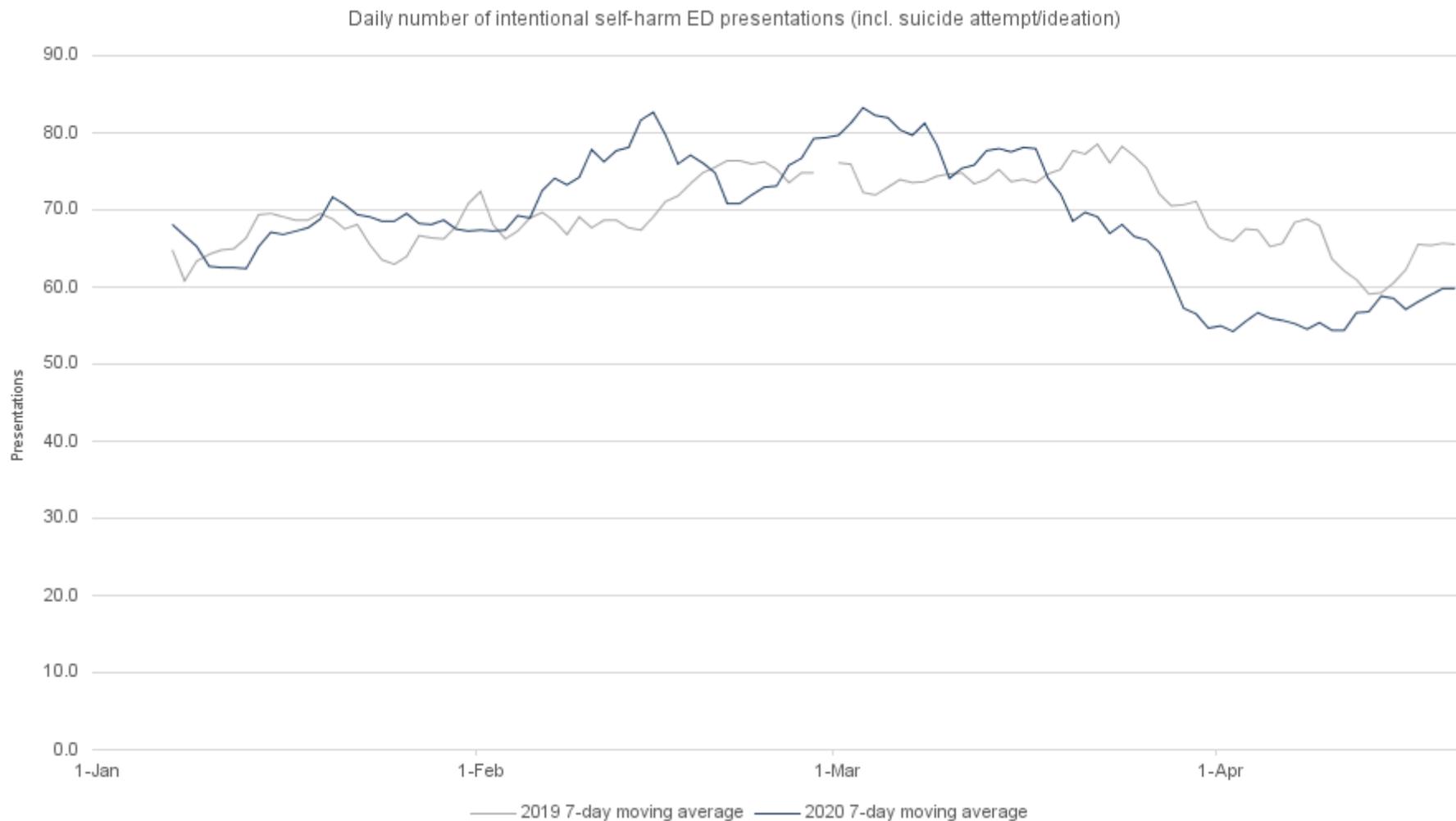
# Acute mental health inpatient unit admissions

Daily number of admissions to an acute mental health inpatient unit



# Emergency Department presentations

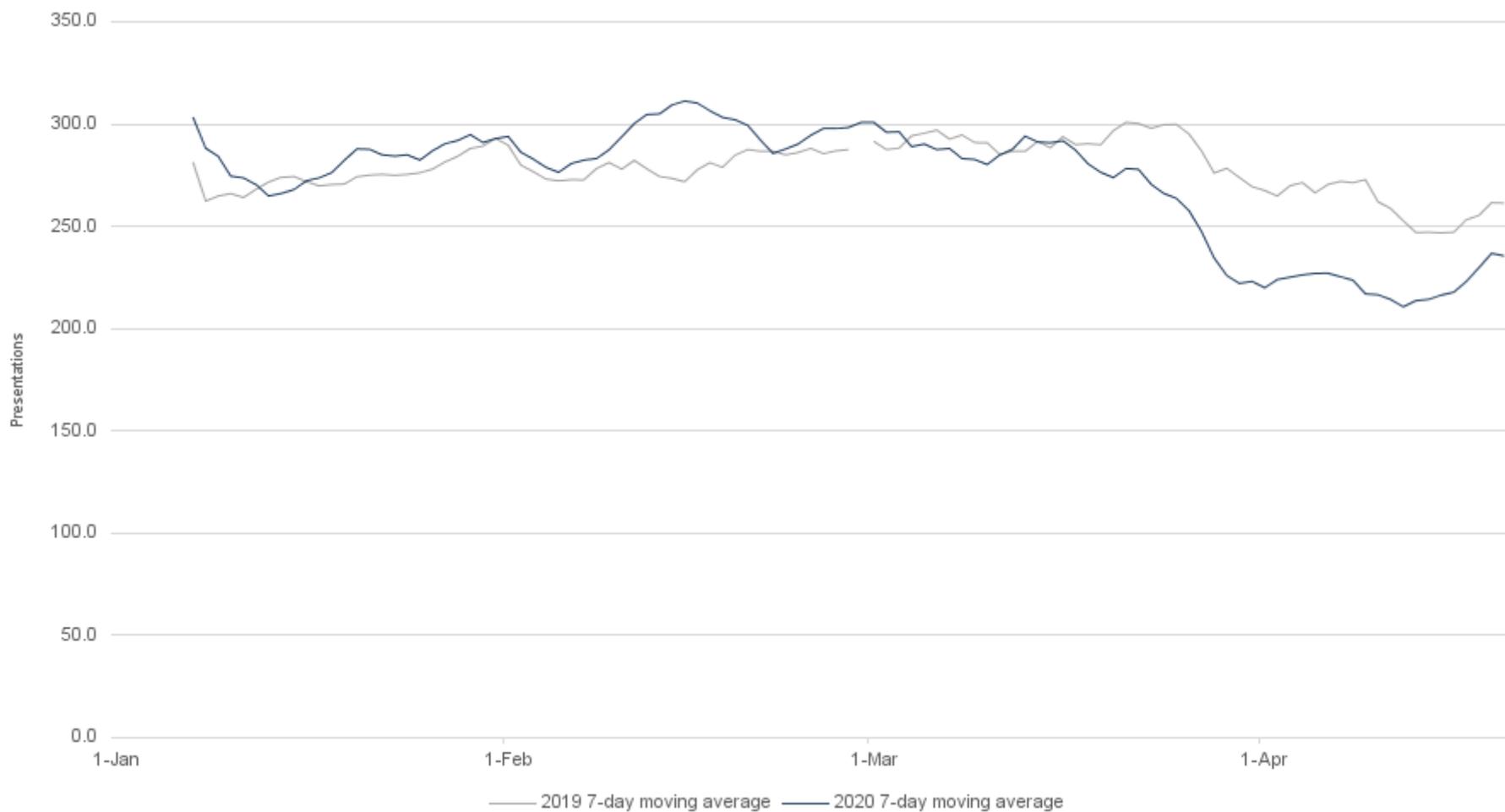
## Intentional self harm



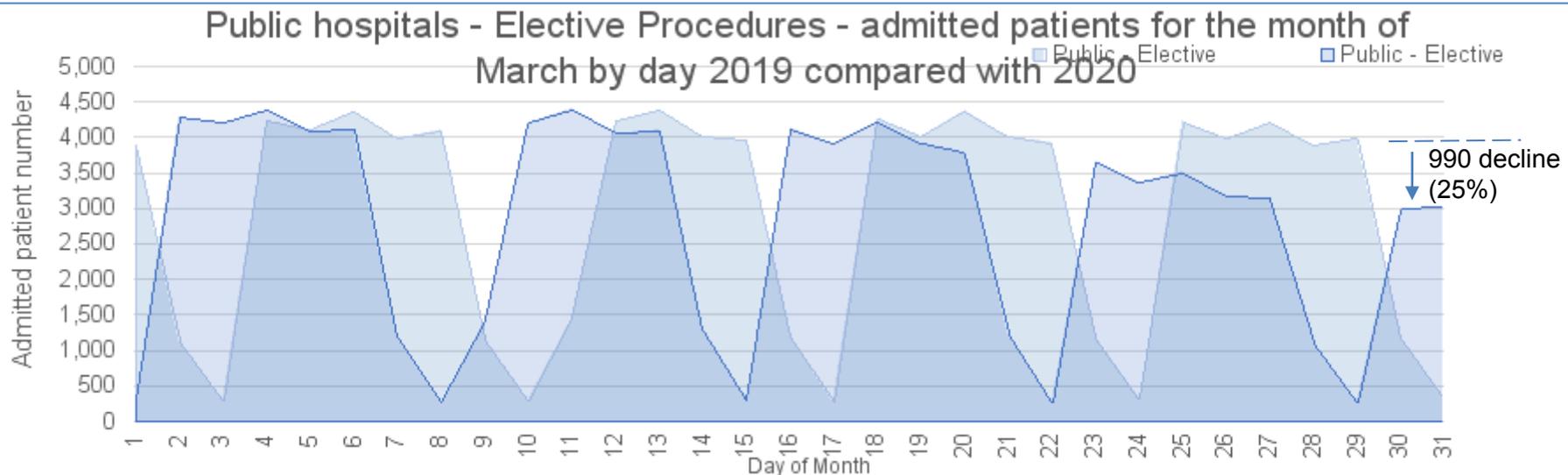
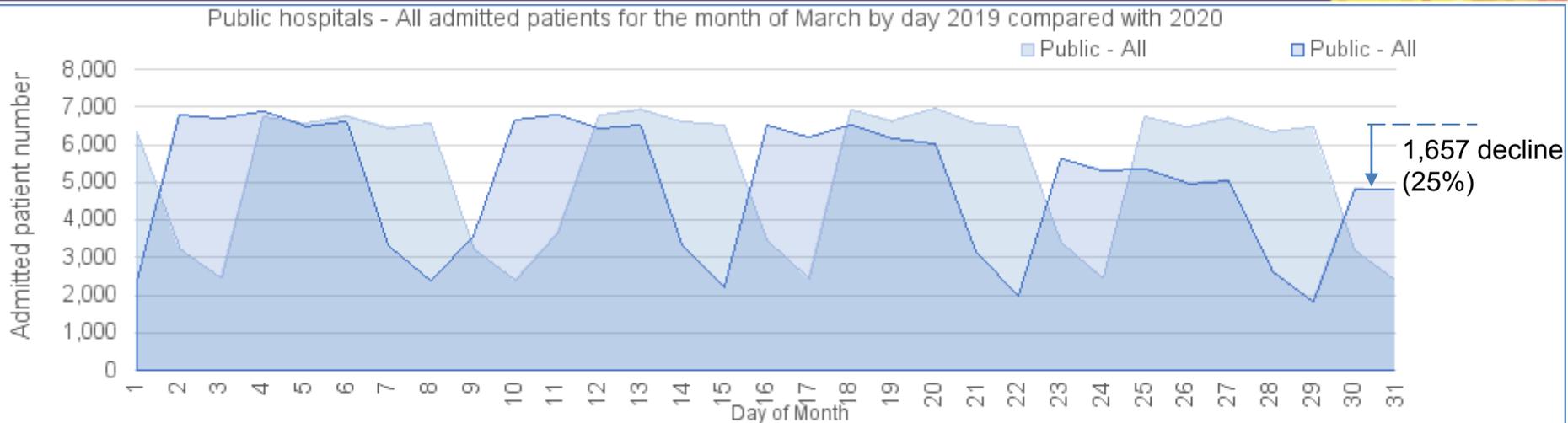
# Emergency Department presentations

## Mental health related

Daily number of mental health-related ED presentations

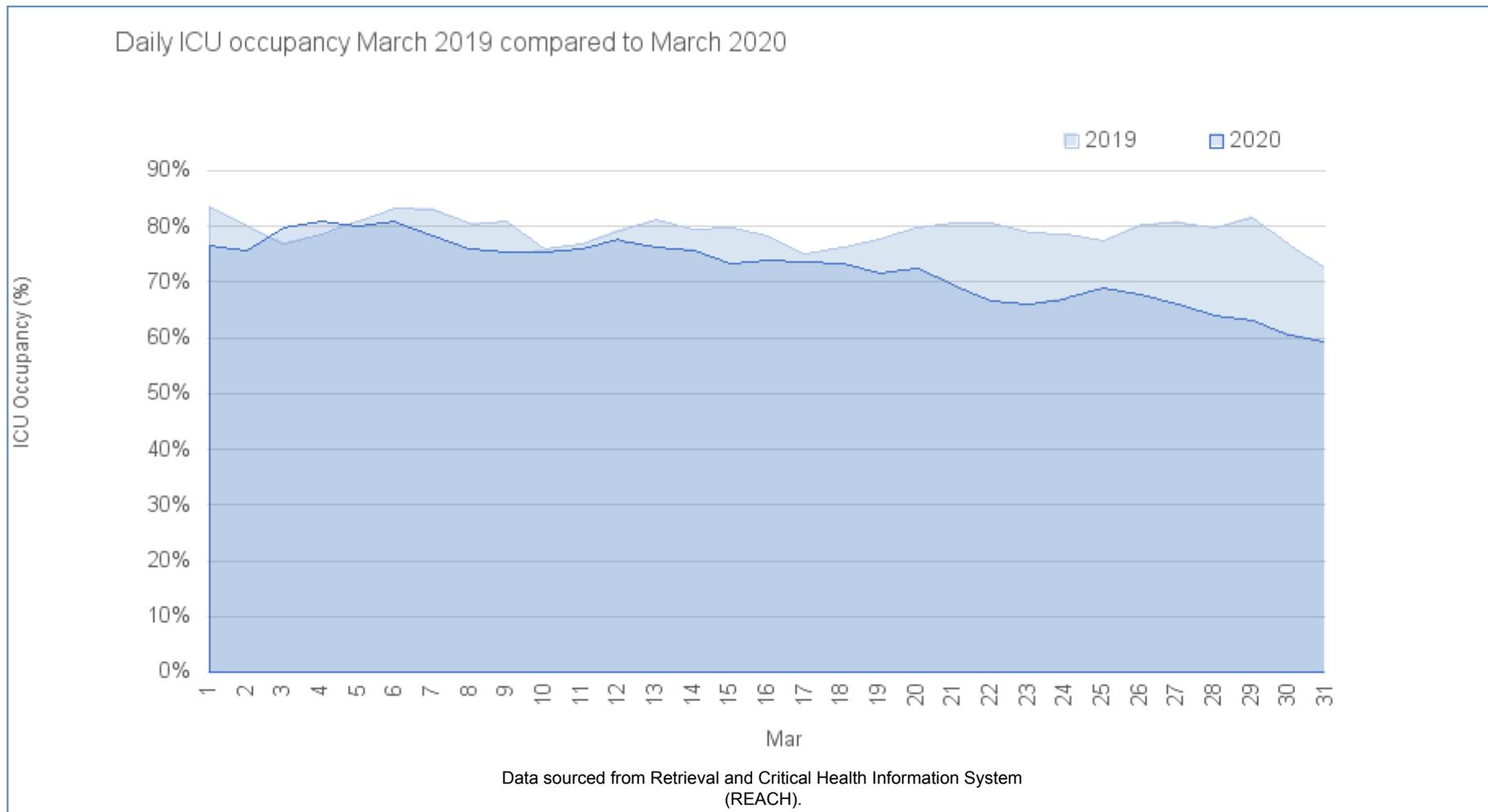


# Public hospital admissions



**NOTE:** Data sourced from Victorian Admitted Episode Dataset (VAED). Private hospital VAED is frequently lagged and causes inaccuracy therefore we have not represented this data here. To resolve this issue, a new AIMS form will track elective procedures and capture the full month of May and beyond.

# ICU Occupancy



## RE: Monday's directions

**From:** "Annaliese Van Diemen (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=8d878999515a47228671c72f086a7e7d-avan0510">  
**To:** "Jacinda de Witts (DHHS)" [REDACTED]  
**Cc:** "Sean Morrison (DHHS)" [REDACTED], "Finn Romanes (DHHS)" [REDACTED], "Jacqueline Goodall (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED]  
**Date:** Sat, 04 Apr 2020 14:58:25 +1100  
**Attachments:** COVID-19 DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - Draft 4 March 2020.DOCX (321.12 kB)

Thanks Jacinda,

Happy with that – new plan attached for reference.

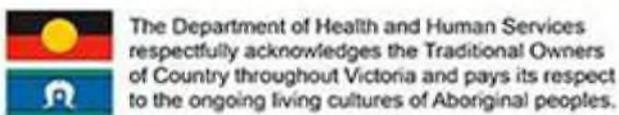
It is on my list to review/approve today.

Cheers

Annaliese

**Dr Annaliese van Diemen** MBBS BMedSc MPH FRACGP FAFPHM  
**Public Health Commander- COVID-19 Department Incident Management Team**  
**Deputy Chief Health Officer (Communicable Disease)**  
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**From:** Jacinda de Witts (DHHS) [REDACTED]  
**Sent:** Saturday, 4 April 2020 2:54 PM  
**To:** Annaliese Van Diemen (DHHS) [REDACTED]  
**Cc:** Sean Morrison (DHHS) [REDACTED], Finn Romanes (DHHS) [REDACTED], Jacqueline Goodall (DHHS) [REDACTED], Brett Sutton (DHHS) [REDACTED]  
**Subject:** Monday's directions

Annaliese

There are three directions we continue to work on this weekend:

- restricted activities - greater retail bans and restricted health practices
- stay at home - mainly clarifications
- disability homes - expansion of the visitor limitations

I expect we will be asking you to read those and the accompanying brief tomorrow as the directions should be signed before Monday morning. Ahead of that Counsel has

recommended that we set out in an attachment to the brief the reasons for the material changes needed. I think this was also something you were keen to have done.

Could I suggest I repurpose Finn's early physical distancing document and highlight the areas where I think some more focussed input is needed from a public health perspective? Perhaps I could send that back and either Finn or someone else from the team (or you...?) could progress? If no-one has capacity, I am happy to take your thoughts by phone and work it up.

I will have a draft to you in the next 2 hours.

Apologies for the extra work but I think it is a good idea to support the decision making process. Please let me know if anyone else should be copied.

Regards

**Jacinda de Witts**  
**Deputy Secretary and General Counsel | Legal and Executive Services**  
[REDACTED] | [REDACTED] [REDACTED]  
Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000

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Executive Assistant: [REDACTED]  
t. [REDACTED] | e. [REDACTED]

# 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 4m<sup>2</sup> 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

## Peer influence, education and community awareness to guide approach

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

## Exercising a Direction and considerations of enforcement

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

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

## Victoria Police COVID 19 Taskforce Sentinel

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

## Victoria Police support to DHHS compliance activity

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

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

## Contacting the Victoria Police Special Operations Centre

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

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

## Infringements

On 28 March 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.

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

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

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

## **Protocols for investigating and managing potential breaches of Directions**

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

### Action to achieve compliance and address non-compliance

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

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

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

## **Reporting and evaluation of compliance and enforcement**

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

## Plan for people returning from overseas to Victoria

### Background to the mandatory quarantine (detention) intervention

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

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

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

### Governance and oversight of the mandatory quarantine (detention) intervention

#### Lead roles

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

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

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

#### Information management for people in mandatory detention

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

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

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

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

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

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

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

## **Enforcement and Compliance Command for Mandatory Quarantine**

### **Deliverables of the enforcement and compliance function**

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

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

### **Authorised officer\* and Chief Health Officer obligations**

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

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

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

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

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

The notice to the CHO must include:

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

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

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

### Required authorised officer actions at the airport

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

DHHS Authorised Officers\*:

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

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

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

### Authorised Officer review of transport arrangements

AO should consider the following:

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

### People who are unwell at the airport

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

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

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

### **Requirement for review each day**

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

To inform decision-making, a DHHS AO must:

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

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

### **Additional roles of the AO**

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

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

### **Charter of Human Rights considerations in decision-making making process**

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

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

### **Mandatory reporting (mandatory AO obligation)**

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

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

The notice to the CHO must include:

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

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

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

### **Grant of leave from the place of detention**

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

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

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

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

### **Potential mechanisms for grant of leave from detention**

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

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

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

### **Potential reasons for permission to grant leave from detention**

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

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

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

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

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

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

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

### **Considerations**

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

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

There should then be a presumption that these requests are forwarded immediately (within two hours) to [COVID-19.vicpol@dhhs.vic.gov.au](mailto: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](mailto: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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>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](mailto: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**

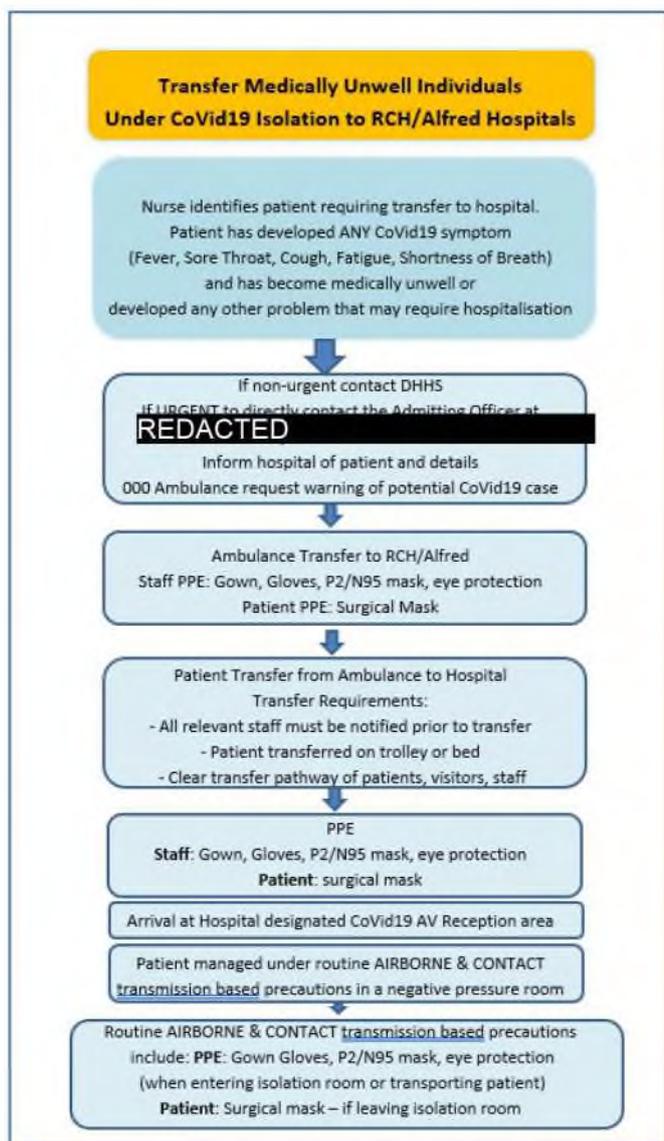
The following are the actions to enact this:

- 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](http://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](http://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](http://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](http://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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>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<br>(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?

|  |
|--|
|  |
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|  |

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?

|  |
|--|
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|  |

### Safety questions

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

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

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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?

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|  |

*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?

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|  |
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|  |

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

|  |
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|  |
|  |

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?

|  |
|--|
|  |
|--|



## **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**

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.

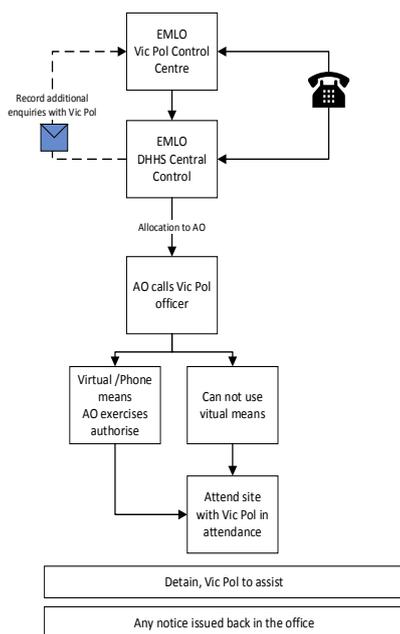
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

#### 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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury        | Low / Medium                         | Only attend a site with Victoria Police   |
| Other infectious agent |                                      | Follow personal protective measures   |



Sent: Tuesday, 19 May 2020 2:43 PM

To: REDACTED

REDACTED  
REDACTED

Michael Coppola

John Spasevski (DHHS)

REDACTED

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi all

Thanks for your patience. Attached is the revised sub and costing sheet. Can I ask that 30 minutes or so be given to REDAC and RED to review and make any necessary changes before this is finalised for circulation ahead of the 4:30 meeting.

I will check in around 3:30.

**PROTECTED//Cabinet-In-Confidence**

**From:** REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>

**Sent:** Tuesday, 19 May 2020 10:25 AM

**To:** REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) <Ben.Kong@dhhs.vic.gov.au>; Michael Coppola (DHHS) <Michael.Coppola@dhhs.vic.gov.au>; John Spasevski (DHHS) <John.Spasevski@dhhs.vic.gov.au>

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Really appreciated it – thank you

Kind regards

REDACTED

REDACTED

**Manager Office of the Deputy Secretary  
Public Health Emergency Operations and Coordination**

REDACTED | REDACTED

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



Please note I work Sunday - Wednesday. REDACTED can be contacted Thursday – Saturday.

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**PROTECTED//Cabinet-In-Confidence**

**From:** REDACTED (DHHS) <REDACTED>

**Sent:** Tuesday, 19 May 2020 10:24 AM

**To:** REDACTED

REDACTED

REDACTED

Michael Coppola

John Spasevski (DHHS)

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi REDACTED

Yes, draft will be circulated in the next few hours ahead of the 4:30 meeting. I need a few hours to recast a few elements and work on the body of the text.

Will aim to get something out before 2pm.

**PROTECTED//Cabinet-In-Confidence**

**From:** [REDACTED]  
**Sent:** Tuesday, 19 May 2020 10:22 AM  
**To:** [REDACTED] (DHHS)  
[REDACTED] Michael Coppola  
[REDACTED] John Spasevski (DHHS)

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Thanks [REDACTED]

Aware this is, and that it will continue to evolve over the next few days.

Is it possible to have a draft (in whatever format it may be) this afternoon?

Jacinda has specifically requested this in preparation for this afternoon's meeting so anything that could be provided would be appreciated.

Kind regards

[REDACTED]

[REDACTED]  
**Manager Office of the Deputy Secretary  
Public Health Emergency Operations and Coordination**

[REDACTED]  
Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000



Please note I work Sunday - Wednesday. [REDACTED] can be contacted Thursday – Saturday.

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**From:** [REDACTED]  
**Sent:** Tuesday, 19 May 2020 10:19 AM  
**To:** [REDACTED]  
[REDACTED]; Michael  
Coppola (DHHS) [REDACTED] John Spasevski (DHHS)  
[REDACTED]

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi [REDACTED]

The HP sub is being recast and won't be ready for a few hours.

**PROTECTED//Cabinet-In-Confidence**

**From:** [REDACTED]  
**Sent:** Tuesday, 19 May 2020 10:14 AM  
**To:** [REDACTED]  
[REDACTED]  
Michael Coppola (DHHS) [REDACTED] John Spasevski (DHHS)  
[REDACTED]

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID



REDACTED

REDACTED

Michael Coppola (DHHS)

John Spasevski (DHHS) REDACTED

Mat Williams (DHHS) REDACTED

REDACTED  
Andrea Spiteri (DHHS)

**Subject:** CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Jacinda/AB, Melissa, REDACTED and Public Health execs,

Please see the feedback from central agencies on the 3 CCC submissions you and your teams have contributed to. I've included the lot for visibility, but only some will relate to the elements you are interested in.

I have forwarded on to the relevant authors/EOs in your teams where I understand they are best placed to try to respond by early next week.

**Jacinda, Melissa, REDACTED** some of the central agency comments go to critical assumptions about staffing costs, which as I flagged on Friday I suggest are important for you to be taken through to validate or agree variations. I have spelt out some key assumptions I think need particular agreement (below in YELLOW). I asked Melissa's office to try to find a time. I personally think the more, the merrier for this so everyone is on the same page – so please forward the invite to anyone else you would like to come.

Nick

**PROTECTED//Cabinet-In-Confidence**

**From:** Nick Chiam (DHHS)

**Sent:** Saturday, 16 May 2020 11:30 AM

**To:** REDACTED

<RE

<RE

Michael Coppola (DHHS)

<[Michael.Coppola@dhhs.vic.gov.au](mailto:Michael.Coppola@dhhs.vic.gov.au)>; REDACTED

Spasevski (DHHS) REDACTED

REDACTED

**Cc:** Mat Williams (DHHS) REDACTED

REDACTED (DHHS)

REDACTED; Melissa Skilbeck (DHHS) REDACTED

**Subject:** FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

(Virtual) CCC drafting team,

Please see central agency feedback and some requests and suggestions from me on how we respond. There's something here for everyone!

Timing is not locked in – noting centrals suggesting HP funding bid come after May Health EM spend update and that quarantine options come with DJPR update on accom spend.

We are expecting MO feedback on Monday and would like to pull together best next draft of all three addressing these comments and any from MO on Monday. Lead authors are:

- John S for Quarantine
- Michael/REDACTED for HP /PH bid
- REDACTED for VCDC

REDACTED Mat, it's not place to task you with anything, but there's some info requested which I think your best placed to get.

Can you please let them know if addressing the comments will not be possible Monday so they can be clear in next draft for Melissa/Jacinda.

I will separately email Melissa/Jacinda cc HP exec with a copy of this and reiterating my suggestion that there's meeting on Monday (or asap next before the next draft moves up the line).

Nick

**PROTECTED//Cabinet-In-Confidence**

**From:** REDACTED (DPC) <REDACTED>  
**Sent:** Friday, 15 May 2020 8:13 PM  
**To:** Nick Chiam (DHHS) REDACTED (DTE)  
 <REDACTED>; Melissa Skilbeck (DHHS) <REDACTED>  
 REDACTED (DPC) <REDACTED>  
**Cc:** John Spasevski (DHHS) REDACTED (DHHS)  
 REDACTED

**Subject:** OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi Nick, Melissa and team

Thank you for sending through the draft submissions for our review and for the meeting today.

Please see consolidated questions/comments below from DTF and DPC. It is a long list but hopefully helps with the framing of the submissions and clarifying the relationship between them. Happy to continue discussions and talk through anything that is unclear.

thanks

REDACTED

**General questions/comments**

**Timing**

- DPC/DTF note a report back to CCC is expected in May outlining the COVID health expenditure to date. We think it would be beneficial for this submission to come first to enable consideration of any potential underspends that could be redirected to new initiatives. REDACTED: **will you be coordinating this? JOHN S: can you please check with CabParl/Sec office if this is scheduled?**
- We consider the submissions should prioritise funding that is needed prior to the October budget process. It would be helpful if the submissions could more clearly articulate the rationale for why the longer term components (i.e. the Public Health Public Trust bid and related system enhancements) should be considered now, including any dependencies/ links with the immediate COVID response. REDACTED: **for drafting as discussed**
- We note there are likely to be a number of COVID-related inquiries in the next year or so (VAGO, CCYP, OPA, Ombudsman etc). Are there some longer term decisions that may benefit from waiting until those inquiries have been undertaken? REDACTED: **Suggest we add line after HP bid elements eg pandemic preparedness, that this will help the department to demonstrate it is already creating capacity to learn from this pandemic to be able to anticipate and scale more effectively in future, in anticipation of reviews by oversight bodies of the government response.**

**Alignment between submissions and components of submissions**

- If there is an appetite for CCC to consider the Centre for Public Health submission, we recommend highlighting alignment/ linkages between initiatives and across submissions. For example:
  - initiatives in the public health protection system submission would likely fall under the proposed responsibilities and functions of a Centre for Public Health. How will functions and initiatives be coordinated/ transferred? JOHN S/REDACTED: **suggest Cab sub should clarify this proposal is about fostering collaboration across the sector partners, alignment in effort and better targeted research not departmental regulatory/operational preparedness as set out in HP proposal. Any actual overlaps you can see?**

- What are the differences in roles and functions between the proposed emergency preparedness team and the work of the central health protection function as proposed in the public health protection system submission? **JOHN S: As above**
- We understand DHHS is considering a separate proposal for a centre for disease control. How will a CPH complement and align with a centre for disease control? **JOHN S/REDA: I'm not across this. Can you please follow up.**
- If a separate submission is brought to CCC on quarantine arrangement considerations, suggest the submissions should reference the linkages (e.g. permanent facility referenced in the health protection sub). **MONICA as discussed please outline relationship in HP bid sub ie hotel not suitable for non compliant/complex clients.**

### Submission specific questions/comments

**Sustainable Quarantine Arrangements – JOHN S - AND FYI ANNALISE VD: Please consider – there are some policy and modelling questions which we may or may not be able to answer at this stage – suggest either clarify in sub or prepare notes for centrals if we aren't yet in a position and confirming that these can be done pending direction from CCC on preferred direction for this program**

- As discussed, if possible it would be helpful if this submission could include/ be combined with the report back from DJPR on actual accommodation costs to date including unused purchased rooms
- The interim model seems likely to be the most contentious. It would be useful to understand how risks would be managed (including diplomatic risks that come from rating countries of origin).
- More information on the proposed timeframe or marker of when the transition between phases should occur would be helpful for decision making.
- Would DHHS consider advocating for special eased considerations for international students in line with the new quarantine rules for returning citizens
- What is the projected demand for hotel rooms and other services under each model – (for quarantine, perhaps, a low/high scenario based on latest projections of people still abroad)?
- Could DHHS please provide a full breakdown of estimated costs underpinning each model?

**Note also, JOHN S: I understand there may be information on a Commonwealth contribution to these costs you are following up with Nat Cab team and Finance.**

### **Strengthening Victoria's Health Protection**

- Could DHHS please provide updated costings for all components **REDACTED**: **as discussed – I have also proposed that you offer briefing to Jacinda/Melissa with Pub Health leads on Monday**
- The Laboratory Costs and Contact Tracing components were not included in the original \$120 million agreed in principle by CCC for preconditions. Could you please provide further information on these costs? We understand contact tracing has largely been undertaken using private hospital staff under the terms of our contracts with them, how do these costs reconcile to this approach? **REDACTED are you best placed to coordinate?**
- To our general point above, is it necessary to seek the whole budget submission, now (particularly given there are components that don't commence until 2021-22)? **REDACTED as discussed suggest link decision now on future HP elements (eg regional teams, pandemic preparedness) to providing the ability to workforce plan and seek to retain the best, specially trained capability rather than losing this sunk cost.**
- Do any other jurisdictions (in Australia) have a quarantine facility as proposed? How many patients are quarantined annually (pre-COVID-19)? Given the timeframes we are talking about it seems unlikely that these will be required for COVID patients. Why is utilising existing hospitals for this purpose not appropriate? **REDACTED: you may need to check with HP. Have cc'ed REDA**
- Commonwealth funding/offsets appears low – will these be updated? **REDACTED can you please confirm**
- Victoria's population is much more concentrated in one location than QLD or NSW – how has this been factored in when requesting a more regional presence? **REDACTED suggest clarify that the 4 regional teams would cover the DHHS divisions which spans metro and regional communities and as with other emergency management functions act as surge capacity for other. MAYBE also check if there's any info on comparable NSW per population**

ratio at regional level (but only if we have it in previous bid)

- Can DHHS provide an estimation on how long staff are likely to be redirected to this work:
  - Could DHHS also identify how this interacts with funding approved through other CCC submissions provided for duties such as contact tracing, outbreak control squads, testing units and community public health interventions and support?

MELISSA/JACINDA/REDA – I think this is a key conversation for us to have at the briefing on costing assumptions, including sub point below. Key assumptions in the bid elements are:

- when do we assume backfilling is required for BAU RHPEM (1 July),
- when do we start new expanded functions (eg regional from 1 Jan 2020 ie while outbreak teams and increased general contact tracing capacity still in place, I assume),
- how many non RHPEM DHHS staff do we expect to be able to keep or put into the surge Pub Health effort and for how long. I think currently the assumption is 1/3 of total FTE for 20-21 will be DHHS staff funded by other cost centres/outputs. SCOTT/ROB can you please confirm as part of briefing.

- Could DHHS give a breakdown of the disease notifications backlog and how many new notifications have been received during quarantine? Given most restaurants are currently closed and have been since early March, food safety concerns should have decreased as well as new influenza cases. JOHN S/REDACT are you best placed to draft a sentence on this eg at least indicating the types of notifications that have still be coming in, even of some types have reduced.

**Victorian Centre for Public Health – REDA** please consider: suggest clarify responsibilities and discuss with Melissa and HP EOs

- How does this align with Government policy through the base review which sought to minimise external bodies and retain expertise within departments?
- What are the governance structures proposed for this body? Why would a new body be established rather than holding capability within DHHS?
- What interaction would this have with VicHealth, given that there may be an overlap of proposed responsibilities? How does the department propose to ensure that Government does not encounter the same difficulties with this body's priorities as it has with VicHealth?
- What advantages are there to beginning to scope this now, when the COVID-19 pandemic is still underway and there may still be further lessons to learn from the experience?
- Given the significant investment proposed in the Strengthening Victoria's Health Protection submission, what does the department propose DHHS will retain responsibility for and what will transition out to the new agency?
- How does the facility fund crisis scale surge capacity for ICU, clinical and diagnostic services? Does the facility, including the ICU capacity, lay dormant when there is no pandemic or need for isolation for infectious/contaminated patients?

REDACTED | Director | Health and Human Services Branch  
Department of Premier and Cabinet | Level 14, 35 Collins St, Melbourne Victoria 3000

REDACTED [www.vic.gov.au](http://www.vic.gov.au)

Executive Assistant: REDACTE | T: REDACTED | E: REDACTED

We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future.

**PROTECTED: CABINET-IN-CONFIDENCE**

OFFICIAL-SENSITIVE

**From:** Nick Chiam (DHHS) <REDACTED>

**Sent:** Friday, 15 May 2020 5:58 PM

**To:** REDACTED (DTF) <REDACTED>; Melissa A Skilbeck (DHHS)

<REDACTED>; REDACTED (DPC) <REDACTED>

**Cc:** John Spasevski (DHHS) REDACTED, REDACTED (DPC)

REDACTED

REDACTED

**Subject:** Re: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Andrew, REDACTED

Our MO confirmed to Melissa that they believe the Minister is supportive of the subs progressing but wanted to review them in detail over the weekend. So don't have Ok for you to share with your offices yet.

Works out well though for us to make edits as discussed today, address any further questions you have and finalise 20-21 response costing - hopefully by Monday.

So please send through any questions you have.

Nick

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**From:** REDACTED (DTF) REDACTED

**Sent:** Thursday, May 14, 2020 5:38 pm

**To:** Melissa Skilbeck (DHHS); REDACTED (DPC)

**Cc:** John Spasevski (DHHS); Nick Chiam (DHHS)

**Subject:** PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Thanks very much for the opportunity to comment on these Melissa, it is much appreciated.

We have some comments to send through, but will wait until after we get a chance to talk through these together at the meeting tomorrow.

REDACTED

REDACTED | A/Director

Portfolio Analysis | Budget and Finance Division

Department of Treasury and Finance | Level 4, 1 Treasury Place, Melbourne, 3002

T REDACTED | E REDACTED @dtf.vic.gov.au | www.dtf.vic.gov.au

**PROTECTED: CABINET-IN-CONFIDENCE**

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**From:** Melissa Skilbeck (DHHS) <REDACTED>

**Sent:** Monday, 11 May 2020 9:33 PM

**To:** REDACTED (DTF) <REDACTED @dtf.vic.gov.au>; REDACTED (DPC)

<REDACTED@dpc.vic.gov.au>

**Cc:** John Spasevski (DHHS) REDACTED; Nick C Chiam (DHHS)

REDACTED

**Subject:** CIC - CCC submissions for comment Public health COVID

REDACTED and REDACTED

Please find attached the full set of 3 CCC submissions we're developing for COVID public health response

There have been different discussions around these over recent weeks – but I am concerned that our possible window is closing – and we have commenced recruitment to ensure we can continue the COVID accommodation and compliance functions beyond 30 June for example

You'll note below that I've discussed and now provided these drafts to Min Mikakos' office – although they too have discussed them prior

I'd appreciate any comment and direction you can provide on the subs and on the CCC agenda setting – cob Thursday this week would be very helpful – to John and I

Regards,  
Melissa

**Melissa Skilbeck**

Deputy Secretary | Regulation, Health Protection and Emergency Management

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

REDACTED | w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

---

**From:** Melissa Skilbeck (DHHS)

**Sent:** Monday, 11 May 2020 9:16 PM

**To:** REDACTED

**Cc:** John Spasevski (DHHS) REDACTED

**Subject:** CIC - CCC submission - COVID-19 Strengthening Victoria's health protection\_110520 FOR MO COMMENT.docx

Stephanie

As discussed on Friday – please find attached our three draft CC subs for early comments

1. Vic Centre for Public Health – is in response to the Minister’s request to **REDACTED** for a sub on an Australian CDC – I discussed the scoping of this one briefly with **REDACTED**
2. Sustainable quarantine arrangements – this one is to start the discussion around future shape of mandatory COVID quarantine given its inherent risk trade-off and its resourcing needs that will be difficult to maintain once restrictions ease and impact on other parts of government needing to reinstitute their functions (from which we have taken resources)
3. Strengthening health protection – is an addition to the January budget submission that adds the functions/activities that it is now clear we are missing, and seeks funding beyond current TAs for the COVID public health ‘pre-conditions’ outbreak response etc, and may need to add funding for COVID quarantine and emergency relief accommodation (currently funded by TA with DJPR)

All have been discussed by the department’s board, the CDC one has been shared with DJPR due to a related submission they are drafting and we will share drafts with central agencies in an informal coordination comment round this week while we finalise the scope and costings of drafts – but we do not yet have scheduled CCC times.

Appreciate any comments on drafts and any insight into CCC agenda this week

Regards  
Melissa

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|                |     |
|----------------|-----|
| Submission No. | TBA |
| Copy No.       |     |

**Comment RED:** We don't know if ERC will be back by then so just be silent on this

**Submission to:** Crisis Council of Cabinet

**Submission Title:** COVID-19: Maintaining the COVID-19 Response for 2020-21  
Strengthening Victoria's health protection services

**Submission Type:** Matter for Decision

**Portfolio/s:** Health Coordination of Health and Human Services – COVID-19

**Mission/s:** Health Emergency

### SUBMISSION PROPOSAL

#### Recommendation(s):

That Crisis Council of Cabinet (CCC):

- Approve funding** ~~of to retain the~~ the Department of Health and Human Services (DHHS) restoring critical public health regulatory and safeguarding functions capabilities built through the emergency response to protect the community, while maintaining its COVID-19 response, noting that the State's overall public health risk profile to cope with more frequent, significant outbreaks in future and critical gaps in the State's protections. Specifically, funding s will look different in the short to medium term because of COVID-19. \$181.7523039 million in 2020-21 to maintain critical COVID-19 public health response activities from 1 July 2020, as outlined in the Submission to the CCC 'Funding to Commence Establishing the Public Health Preconditions (Sub No: CCC060)' of 7 May 2020. This includes providing job security to VPS staff who have been with the COVID-19 Public Health Command since March 2020 and community assurance that there is adequate oversight of the pandemic response in 2020-21. , outbreak squads This net funding includes in addition to an assumed Commonwealth offset contribution of \$167.08 million under the a COVID-19 National Partnership Agreement; and
- Agree** that as part of the 2020-21 State Budget development process, a Submission be brought forward to the Expenditure Review Subcommittee which outlines critical funding shortfalls across Victoria's Public Health Services which have been exposed during the COVID-19 response; and the associated investment required to adequately manage modernise core public health services, the pandemic response and regulatory functions over the short to medium to long term for the new normal.

~~141.533667 ongoing to retain the specialist capability that has been expanded through the emergency response that will be needed for more frequent outbreaks expected in a "new normal" level of public health risk and s. This includes regional public health teams to continue the work of outbreak squads; a dedicated health emergency preparedness capability; establishment of a continuing quarantine facility for non-compliant cases; and~~

~~addressing , vaccination gaps, such as for – which have been exposed during the COVID-19 effort. \$57.83 million over four years to 2023-24 and \$14.13 million a year ongoing to establish new and expanded health protection capabilities and services based on lessons learned from COVID-19. This includes new regional public health teams to provide a localised response, State-wide health emergency preparedness capability; and the establishment of a dedicated quarantine facility, meeting public health and human rights standards for isolating high risk individuals under Public Health Orders.~~

~~**Note** Agree that the COVID-19 crisis has revealed significant vulnerability in Victoria’s health protection services, including challenges in rapidly scaling up public health resources across the State. This submission seeks immediate and sustainable investment in Victoria’s public health services to grow our capacity and capability, and address emerging risks and lessons that will apply beyond the pandemic.~~

~~Agree to invest in the following public health priorities to ensure a sustainable health protection service system with the capacity and capability to protect all Victorians:~~

~~\$1.78 million in 2020-21 to continue critical COVID-19 preconditions public health response activities for 12 months, as outlined in the Submission to the CCC ‘Funding to Commence Establishing the Public Health Preconditions’ of 7 May 2020.~~

~~\$14.23 million in 2020-21 to back-fill and maintain core health protection services for 12 months, which would otherwise need to be suspended due to the continued redirection of staff to the COVID-19 response.~~

~~\$84.01 million over four years to 2023-24 and \$22.54 million a year ongoing to address critical shortfalls in Victoria’s health protection service system, consistent with the 2020-21 State Budget ‘Public health, public trust’ bid; and~~

~~\$59.38 million over four years to 2023-24 and \$14.03 million a year ongoing to establish new and expanded health protection capabilities and services based on lessons learned from COVID-19. This includes surge capacity to support regional public health emergency preparedness and response, and the establishment of a dedicated quarantine facility as part of the ‘new normal’ for public health, in which COVID-19 is a continuing risk.~~

**Comment RED:** Changed to note. It’s not for decision.

**Comment RE:** Preconditions to be revised. Include emergency quarantine.

## **Objectives:**

1. To seek agreement from the CCC for the investment needed to:
  - continue the delivery of preconditions to ease restrictions for COVID-19 pandemic for a further 12 months, as outlined in CCC Submission ‘Funding to Commence Establishing the Public Health Preconditions’ of 7 May 2020; and
  - to ~~highlight critical funding and service capacity shortfalls across Health Protection Services which will seek funding through the 2020-21 State Budget consideration process. secure Victoria’s health protection services and workforce required to respond to the current pandemic and beyond, and to support our recovery alongside ongoing other high risk public health management responsibilities. This responds to the objectives of the Health Emergency Mission to ‘sustain and strengthen public health, diagnostic research and routine testing capability.’~~
  -

## **Key Issues:**

1. Stage 3 restrictions on social and economic activity and the State-wide preparedness and response effort of the health system has avoided thousands of COVID-19 related deaths and our healthcare system being overwhelmed.
2. Victoria has ~~now~~ commenced ~~deploying~~ a range of ~~preconditions~~ initiatives to ~~inform the plan~~ provide the preconditions for easing ~~Stage 3~~ restrictions. This includes ~~accelerated-increased~~ community testing and surveillance for COVID-19, ~~and~~ scaling up contact tracing capacity and quarantine operations.

3. ~~The State's hHealth pProtection function, expanded through the a Health- ProtectionPublic Health~~ Command, has played a key role in investigations, planning and responding to COVID-19, and has guided Victorians, health practitioners and hospitals throughout the pandemic.
4. Critical response activities, like contact tracing, have highlighted the lack of baseline public health safeguarding capacity and meant the Department of Health and Human Services (DHHS) we-needed to urgently seek-surge assistance-withusing less specialist experience from outside the department such as recent university graduates and generalist labour hire.
5. While the COVID-19 response has demonstrated the nation leading capability of our core health protection leaders and staff, the base level of our capacity and future supply of specialist epidemiologists and communicable diseases experts remains an unacceptable risk to the whole community.
6. Further, environmental health compliance staff, who respond to food risks such as Salmonellosis, -of environmental health functions have been redeployed to provide hotel quarantine and directions compliance support for Victoria Police, leaving environmental risks unmonitored for the foreseeable future, unless additional resources are funded.
7. Led by the Chief Health Officer, hHealth protection aims to keep Victorians healthy and safe by reducing avoidable harm from communicable disease, food, water, radiation and other environmental hazards. It plays a key role in the response to, and recovery from, emergencies like the recent bushfires and COVID-19 pandemic; and increasingly common environmental health concerns from-relating to climate change, such as heat-health concerns and reduced water quality, and superbugs.
8. The effectiveness of Victoria's baseline health protection services is severely compromised due to increasing demands- risks and complexity of the COVID-19 response, coupled with a lack of investment in the supply of specialist staff to monitor and respond to disease risksresources, new technologies, regionalecommunity-based operations, research and preparedness. -and innovation:.
8. ~~NSW has double the per capita health protect capacity of Victoria — with one communicable disease prevention and control staff member for every 114,300 people, compared every 231,000 people for Victoria;~~
9. ~~Which costs Victorians — for example, between 2017 and 2019 the NSW Hepatitis A outbreak consisted of 47 notifications in a single population sub-group and lasted six months; Victoria's Hepatitis A response was delayed due to staff focusing on other threats and the disease spread to more complex groups — prisoners and now homeless people and those who inject drugs — resulting in an outbreak that has lasted over 2.5 years, with 257 notifications, avoidable hospitalisation costs of over \$800,000 and direct costs of some \$2.6 million.~~
9. ~~A key operational issue is our centralised health protection functionsystem and metro-based specialists — compared to the regionalised models feasible in many many jurisdictions — which leaves our State vulnerable to regional outbreaks and with no structure to staff or sustain the COVID-19 outbreak squads, which are being created from scratch.~~
9. We need to plan for the active management of COVID-19, and potential health protection surge activity as- part- offrom a 'second wave', until a vaccine has been developed and distributed to Australians – assumed to be within the next two financial

years. We also risk losing the clinical staff, epidemiologists and other specialists that have been seconded and specially trained in health protection safeguarding if we cannot offer longer term contracts and career opportunities.

10. Given this, we need to both secure the Public Health Command to continue the surge in 2020-21 and adequately resource our continuing core health protection services ~~as a matter of urgency~~, giving them the ability to manage non-COVID 19 risks and take additional steps to be better ready for future public health emergencies.
11. ~~This mix of one year and longer term funding requested for 2020-21 will provide job security for 12 months also provide longer term opportunities to~~ retain the highest performing specialists that have been recruited for ~~developed through the response.~~ These specialists would then be available to transition into roles in an expanded health protection workforce, across both metro and regional Victoria, that is better able to protect Victorians. ~~-A further funding submission will be developed to outline a longer term, sustainable investment path and proportionate uplift in Health Protection Services that is required to manage public health risks to Victorians (Recommendation 2).~~ This including the transition of fixed term specialist workforce into long term roles across the Department's metro and regional public health units.
11. ~~There is opportunity to support sustainable opportunities for high performing and capable staff that are currently supporting front line response efforts within the Public Health Command. This Submission seeks to open longer term opportunities to these staff as part of an expanded public health service system for Victoria.~~
12. ~~This is consistent with the Health Emergency Mission which states that as part of the stand down and recovery phase a priority will be to 'sustain and strengthen public health, diagnostic research and routine testing capability.' This Submission seeks new funding across three main priority areas that have not been addressed in previous Submissions to CCC or earlier ERC decisions and Treasurer's Advances, including Health Protection initiatives announced under the 'Extra Funding Boost for Health System COVID-19 Response' package; or the TA for 'COVID-19 Emergency Accommodation Program'.~~
12. This is consistent with the Health Emergency Mission which states that as part of the stand down and recovery phase a priority will be to 'sustain and strengthen public health, diagnostic research and routine testing capability.'
- 12.

#### Continuation of preconditions for easing COVID-19 restrictions throughout 2020-21

13. The Submission 'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy' in of 20 April 2020 addressed the scale of managing the virus' transmission through testing, contact tracing, and response to outbreaks, such as that recently seen in a meat processing facility and fast food outlets in Melbourne's North and North West suburbs.
14. As part of the follow-up CCC Submission 'Funding to Commence Establishing the Public Health Preconditions' of 7 May 2020, funding was sought to 30 June 2020, noting that a follow up Submission was being prepared in late May 2020 that would seek a longer-term approach to managing preconditions and sustainable public health investment.
15. This Submission seeks \$181.75230.39 million (Recommendation 1a) to continue deliver a further 12 months of COVID-19 preconditions through existing ~~by sustaining~~

- the existing ~~the continuation of the expanded~~ Public Health Command functions, such as State-wide testing – including 12 months of- Testing Blitz, GP ‘hubs’ and mobile testing, contact tracing resources, community public health interventions and support.
16. There are various arrangements currently in place to support the Public Health response to COVID-19 including ~~consultancies, contractors,~~ seconded staff from other departments, health services and agencies, local government and reassigned DHHS staff.
  17. ~~Funding certainty for a further 12 months will help secure VPS resources in place to continue to deliver the public health response,~~ Staff recruited to working on the COVID-19 response that ~~initiatives that~~ have been trained and upskilled in public health ~~are~~ have started being recalled from the Public Health Command to other areas of the healthcare system due to a lack of job certainty and security beyond 30 June 2020. This Submission ~~will~~ seeks to provide a further 12 months of surety for fixed term COVID-19 response staff, ~~while offering the possibility and career opportunities and potentially transition those that have been specially trained into transition to expanded public health service roles over the longer term. also sought through this Submission.~~
  18. State costs attributed to COVID-19 will be offset by 50 per cent under a new National Partnership Agreement (NPA) with the Commonwealth and jurisdictions. The NPA is effective from 2019-20 and will continue to offset half of eligible COVID-19 costs for 2020-21. ~~The \$230.39 million (Recommendation 1a) sought is in addition to this offset.~~
  - 18.

*Restarting ~~s~~Services stopped or reduced due to redirection of ~~health protection~~ resources to COVID-19*

19. Around 93 of 175 health protection staff are temporarily reassigned to work on the COVID-19 response: in the public health team and in hotel quarantine and other compliance teams. Of the 93 reassigned staff, very few have been backfilled because other suitable candidates are also being prioritised for the COVID-19 response.
20. Due to the sheer effort required for COVID-19, this means there has been only a minimal response for all other public health risks during this time. The backlog in other disease notifications – now thousands of unprocessed notifications – is an observable indicator of the incidents not responded to, but many public health risks cannot be known without health protection staff’s monitoring, investigation and inspection.
21. Urgent incidents since late January 2020 include: a multi-jurisdictional outbreak of Salmonellosis affecting 1050 people nationally, recent increase in Legionellosis across Melbourne, an outbreak of Hepatitis A amongst homeless people and those who inject drugs; and several imported cases of Typhoid and Paratyphoid. In addition, with the progressive re-opening of fast food and takeaway based businesses in response to easing of restrictions, the health protection services will see this work increase.
22. ~~Do~~ despite some risks such as influenza reducing for now, continuing a minimalist response on all non-COVID 19 public health issues is not an option and exposes the Victorian community and health services to an unacceptable level of risk, on top of the current COVID-19 emergency.
23. As such, total investment for **Recommendation 1a** sought for 2020-21 includes approximately \$14.23 million in funding for backfill to allow critical non-COVID-19

health protection services that have been suspended or reduced to return to pre-COVID-19 service levels. This would be enabled by either health protection staff with specialist skills who have been working on the COVID-19 response to return to their substantive roles or finding suitable resources to backfill their roles over the next 12 months, or mostly likely a mix of both.

24. This Submission seeks funding for 2020-21 continuation of preconditions, but it is likely that further funding will be required into 2021-22, as a vaccine is unlikely to be developed and fully distributed to the population for 24 months.

#### Emergency Preparedness Functions

25. A new centrally based, in-house public health 'emergency preparedness' team, is required to establish emergency response capabilities. This team would lead disaster preparedness pre-events, systemically developing processes to mitigate the causes of a risk or event, monitor, model and evaluate responses during event and incorporate lessons from events into future pandemic and other public health emergency planning. This initiative will provide immediate capacity to learn from this pandemic, and to be able to anticipate and scale more effectively in future. It will also be able to collect and catalogue evidence and insights to inform internal and external reviews and audits which examine the Government's response. Initial funding for 2020-21 has been sought to commence this function, with further funding to be sought as part of a future follow up Submission for Public Health in 2020-21.

#### Continuation of the Testing Blitz initiative

26. The testing blitz announced by the Government in the past month has already exceeded the expectation target of 100,000 tests. There is some expectation that the drive through and pop-up testing facilities currently available to the public will need to remain in the short to medium term, particularly given the need to identify and suppress community transmission as restrictions are eased. The testing Blitz has been successful in providing the necessary data and evidence in how the virus is spreading in Victoria.
27. The Testing Blitz will continue to be carried out through a combination of drive-through and walk-up clinics, complementing the four mobile screening clinics to visit homes and workplaces, particularly in our regional areas.
28. Funding of \$16.63 million (as part of Recommendation 1) is sought to cover the costs associated with this Testing Blitz over a 12 month period, allowing for a review and possible cessation of this initiative, based on the pandemic situation at 30 June 2021.

#### Development of a business case for a secure quarantine facility for Victoria:

29. Under the Public Health and Wellbeing Act 2008, the Chief Health Officer may issue Public Health Orders to detain individuals with communicable diseases such as HIV and Tuberculosis (TB) with behaviours that mean they present a significant risk to public health. Despite recurrent need, a readily available facility to securely isolate people under orders has not been available to the Chief Health Officer since 2007, when facilities were re-gazetted.

30. Current quarantine options include using security guards at public hospitals, serviced apartments, rental properties, and in the case of COVID-19 – hotels, all of which are inadequate for containing individuals with communicable diseases whose behaviours or circumstances mean they manage their conditions and cannot be treated effectively and so present a risk to others. These risks include transmission of blood borne viruses such as HIV and infectious hepatitis through behaviours such as sharing of needles and syringes and knowingly spreading disease; and transmission of airborne diseases such as tuberculosis through non-compliance with prescribed treatment regimes.
31. Further, the long-term isolation in hospital wards or hotel accommodation may contravene human rights and regulations, while negatively impacting on the individual.
32. While the number of such cases varies, at any one time across the State, there can be upwards of three individuals detained under Public Health Orders due to non-compliance with treatment orders and intentional spreading of communicable disease. Without an adequate quarantine facility in Victoria, individuals will need to be placed in inadequate settings, for the individuals and the staff seeking to treat them or keep them safe. The facility will also provide for any non-compliant COVID-19 positive individuals even after current quarantine arrangements cease.
33. Funding to scope a six-bed quarantine facility is sought to inform the development of a business case for a future Budget Submission.

*Services stopped or reduced due to redirection of health protection resources to COVID-19*

~~Critical health protection services, such as monitoring of safe drinking water, tracking and regulating exposure to radioactive material, testing environmental sources for harmful organisms (such as legionnaires disease in air conditioning cooling towers) and responding to communicable disease notifications have been suspended or reduced, as more than half (93) of health protection staff, including the Chief Health Officer and his deputies, have been redirected to the COVID-19 response.~~

~~While this has been necessary, it has left the State exposed to significant risks such as outbreaks of communicable diseases; undetected water catchment contamination due to bushfires, blue-green algae or chemical spills; and inadvertent radiation exposures due to mishandling of radioactive materials.~~

~~Urgent incidents since late January 2020 include: a multi-jurisdictional outbreak of Salmonellosis affecting 1050 people nationally, recent increase in Legionellosis across Melbourne, an outbreak of Hepatitis A amongst homeless people and those who inject drugs; and several imported cases of Typhoid and Paratyphoid.~~

~~Continuing a minimalist response on all non-COVID-19 public health issues over the next two years is not an option and exposes the Victorian community and health services to an unacceptable level of risk, on top of the current Pandemic emergency.~~

*Investment overview*

~~This Submission seeks new funding across three main priority areas that have not been addressed in previous Submissions to CCC or earlier ERC decisions and Treasurer's Advances, including Health Protection initiatives announced under the 'Extra Funding Boost for Health System COVID-19 Response' package; or the TA for 'COVID-19 Emergency Accommodation Program'.~~

**Comment RE:** DPC/DTF: • Could DHHS give a breakdown of the disease notifications backlog and how many new notifications have been received during quarantine? Given most restaurants are currently closed and have been since early March, food safety concerns should have decreased as well as new influenza cases.

The CCC Submissions on preconditions: *'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy'* of 20 April, and *'Funding to Commence Establishing the Public Health Preconditions'* of 7 May 2020, flagged that a sustainable 12 to 18 month approach would need to be considered by CCC to reflect the anticipated duration of the COVID-19 response, and ahead of a potential vaccine becoming available. This includes coverage for testing, contact tracing, emergency quarantine to contain the spread of community outbreaks and clusters, such as those recently seen in a meat processing facility and fast food outlets in Melbourne's North and North West suburbs.

State costs attributed to COVID-19 will be offset by 50 per cent under a new National Partnership Agreement (NPA) with the Commonwealth and jurisdictions. The NPA is effective from 2019-20 and will continue to offset half of eligible costs for 2020-21.

This Submission includes an updated version of the 2020-21 State Budget bid *'Public health, public trust'* which was submitted for consideration as part of the 2020-21 Budget, before the pandemic. It makes the case for sustainable investment to uplift baseline public health, surveillance and regulatory capability, as well incorporating lessons learned from the COVID-19 response. Funding sought aims to mitigate the short to medium term public health risks during the careful release of restrictions for COVID-19 and beyond, and to improve capability, planning and preparedness to respond to future public health emergencies, including bushfires and pandemics.

New initiatives include the establishment of regional health protection teams and the establishment of a new and permanent purpose-built quarantine facility for persons requiring isolation under a Public Health Order. This is to ensure that health and human rights requirements are met through the provision of an appropriate, private medical environment to isolate individuals at high risk of transmitting infectious communicable diseases in the community.

#### *COVID-19 continuation of preconditions for easing restrictions throughout 2020-21*

The Submission *'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy'* in 20 April 2020 addressed the scale of managing the virus' transmission through testing, contact tracing, and outbreak response.

As part of the follow-up CCC Submission *'Funding to Commence Establishing the Public Health Preconditions'* of 7 May 2020, funding was sought to 30 June 2020, noting that a follow-up Submission was being prepared in late May 2020 that would seek a longer-term approach to managing preconditions and sustainable public health investment.

This Submission seeks \$230.3978 million (Recommendation 1a) to deliver a further 12 months of COVID-19 preconditions through the continuation of health protection services such as State-wide testing – including GP 'hubs' and mobile testing, contact tracing resources, community public health interventions and support. Funding certainty for a further 12 months will secure resources in place or re-directed to continue to deliver the public health response, and potentially transition into expanded public health service roles sought through this Submission.

There are various arrangements currently in place to support the Public Health response to COVID-19 including consultancies, contractors, seconded staff from other departments and agencies, local government and reassigned DHHS staff.

~~Around 93 of 175 health protection staff are temporarily reassigned to work on the COVID-19 response: in the public health team and in hotel quarantine and other compliance teams. Of the 93 reassigned staff, very few have been backfilled because other suitable candidates are also being prioritised for the COVID-19 response.~~

~~Due to the sheer effort required for COVID-19, there has been only a minimal response for all other public health risks during this time. The backlog in other disease notifications — now thousands of unprocessed notifications — is an observable indicator of the incidents not responded to, but many public health risks cannot be known without health protection staff's monitoring, investigation and inspection.~~

~~This Submission seeks funding for 2020-21 to allow critical non-COVID-19 health protection services that have been suspended or reduced to return to pre-COVID-19 service levels. This would be enabled by either health protection staff with specialist skills who have been working on the COVID-19 response to be replaced and return to their substantive roles or finding suitable resources to backfill their roles over the next 12 months or (mostly likely) a mix of both.~~

~~Without this funding, critical health protection functions will continue to be under-resourced, permitting unacceptable levels of harm to public health, and leaving us ill-prepared to respond to any other public health emergencies that eventuate over the next 12 months.~~

~~The resumption of health protection services will look different to the pre-COVID-19 environment, however, and resources will be directed accordingly. COVID-19 has changed the profile of some public health risks. For example, behaviours required under COVID-19 restrictions have contributed to much lower weekly influenza cases compared to the same weeks in 2019. However, disease risks associated with climate change, antimicrobial-resistant superbugs and use of radiation persist; and food safety incident increases remain a concern, with the increase in takeaway business — as evidenced by a recent Salmonellosis outbreak in an inner Melbourne café. With the progressive re-opening of fast food and takeaway based businesses in response to easing of restrictions, the regulatory arm of health protection services will see work volume increase.~~

~~This Submission seeks funding for 2020-21, but it is likely that further funding will be required into 2021-22, as a vaccine is unlikely to be developed and fully distributed to the population for 24 months.~~

*Addressing public health risks caused by weaknesses in Victoria's health protection system and preparing for the 'new normal'.*

34. Even before the recent bushfires and COVID-19 emergency, Victoria's health protection services were struggling to meet demand—at the beginning of the emergency the full team included only 11 FTE of public health physicians.
35. ~~As - described, flagged at paragraph 8,~~ There is clear evidence that [the State's comparable](#) this level of resourcing puts Victorians at greater risk, including:
35. ~~The Victorian health protection workforce lags other jurisdictions eg. Victoria has one communicable disease prevention and control staff member for every 231,000 people, compared to NSW which has one staff member for every 114,300 people~~
35. Highly specialised health protection services, such as regulation of hazards and threats such as drinking water and radiation, are unable to keep up with growth in demand and complexity. As a result, there are now many public health risks that we are not addressing but should be. This means that many adverse events are going unnoticed

until they reach a severe state, resulting in significant avoidable costs to individuals, health services, government and industry.

36. The health protection system in Victoria is centralised, with a single team of frontline professional workers in the central office and a small contingent of environmental health officers across the four operational divisions. In contrast New South Wales has 15 public health units and Queensland has 13 public health units spread across their states. In those states they have demonstrated that they have regional capacity to respond to regional outbreaks – in Victoria we do not.

37.

37. For example, between 2017 and 2019 both Victoria and New South Wales experienced an outbreak of Hepatitis A. The NSW outbreak consisted of 47 notifications in a single population sub-group and lasted six months. In contrast, Victoria's response was delayed and slow and the disease spread beyond the sub-group to more complex groups—prisoners and now homeless people and those who inject drugs. The result was an outbreak that has lasted over 2.5 years, with 257 notifications and avoidable hospitalisation costs of over \$800,000 and direct costs to Victoria of approximately \$2.6 million.

37. The bid (Recommendation 1bc) seeks \$84.01 million over four years and \$22.54 million ongoing to address the abovementioned risks and weaknesses within Victoria's current public health service system. CCC consideration is sought ahead of the 2020-21 Budget process given the direct link to the COVID-19 pandemic, which requires us to continue to manage the pandemic response and preconditions, and to reshape our public health function in the short to medium term.

37.

37. *Establishing new health protection functions as part of the 'new normal'*

37. In addition to addressing the weaknesses in Victoria's centralised and modest health protection services, the recent bushfires and COVID-19 emergencies have highlighted the need to establish and boost regional health protection functions which bring Victoria closer to – but not on par with – other jurisdictions.

37. The health protection system in Victoria is centralised, with a single team of frontline professional workers in the central office and a small contingent of environmental health officers across the four operational divisions. In contrast New South Wales has 15 public health units and Queensland has 13 public health units spread across their states. In those states they have demonstrated that they have regional capacity to respond to regional outbreaks – in Victoria we do not. An example of our regional public health capacity compared to other jurisdictions is as follows: in 2017, a team of 11 for 280 outbreaks assisted residential aged facilities with influenza outbreaks – only if requested or if there was a failure to follow guidelines. In contrast, local public health units in the Gold Coast, a team of 9 for around 60 outbreaks, were able to send a team to each outbreak, assisting with vaccination and anti-viral medication. There is also no capacity at present to staff both regional and State level responses to any public health emergency. Regional and local engagement and empowerment are crucial to the success of the core functions of health protection services. To build effective local engagement and response when managing health threats, the Chief Health Officer needs to establish local intelligence networks and develop locally relevant solutions and capabilities to ensure safety, resilience and trust of communities.

37.

38. In addition to addressing the weaknesses in Victoria's centralised and relatively modest health protection services, the recent bushfires and the need to create COVID-19 outbreak squads have highlighted the imperative to establish regional health protection teams which would at least bring Victoria closer to – but not on par with – other jurisdictions.

In particular, the COVID-19 emergency has highlighted the need for Victoria to strengthen regional health protection capacity and to establish a dedicated in-house specialist team for planning, preparing and being able to quickly and effectively respond to future pandemics and disasters. The following points further outline the key risks with maintaining the status quo:

The health protection system in Victoria is centralised, with a single team of frontline professional workers in the central office and a small contingent of environmental health officers across the four operational divisions. In contrast New South Wales has 15 public health units and Queensland has 13 public health units spread across their states. In those states they have demonstrated that they have regional capacity to respond to regional outbreaks – in Victoria we do not

There is no capacity at present to staff both regional and State level response to any public health emergency. Regional and local engagement and empowerment are crucial to the success of the core functions of health protection services. To build effective local engagement and response when managing health threats, the Chief Health Officer needs to establish local intelligence networks and develop locally relevant solutions and capabilities to ensure safety, resilience and trust of communities.

An example of our regional public health capacity compared to other jurisdictions is as follows: in 2017, a team of 11 for 280 outbreaks assisted residential aged facilities with influenza outbreaks – only if requested or if there was a failure to follow guidelines. In contrast, local public health units in the Gold Coast, a team of 9 for around 60 outbreaks, were able to send a team to each outbreak, assisting with vaccination and anti-viral medication.

A modest increase to current capacity is proposed to improve State, regional and local government capacities. There is an immediate need to strengthen our regulatory services where there has been failure to identify risks and take action. This investment will support connected intelligence, strengthened regulatory practice, and more frequent inspections of high-risk businesses.

~~The total investment sought for Recommendation 1b for establishing the 'new normal' has been restricted to what is considered the highest priority and most urgent initiatives on the advice of the Chief Health Officer and his deputies, including:~~

~~**Enhanced regional approach:** investment is sought to~~The establishment of specialist Regional Public Health teams of around 10 FTE in each of the department's four operations divisions covering metropolitan and regional communities, comprised of a mix of public health physicians, nurses, environmental health officers and epidemiologists, these teams would enable faster and more agile responses and reduce the pressure that a single incident can put on the entire system.

The enhanced regional approach would also include placing Public Health Registrars in each of the teams/Operational Divisions as one of the physicians. The COVID-19 response has highlighted core workforce supply issues. Embedding public health registrars within a strengthened Regional Public Health team will support Victoria's access to public health physicians in a training pathway which has collapsed in recent years.

Other Australian states have seen COVID-19 localised outbreaks, and we should be prepared to respond to non-metropolitan Melbourne outbreaks while the virus remains non-vaccine preventable. The 'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy' Submission provides for outbreak control squads, which are seeking extension to June 2021 in this Submission. These new regional teams will in the short term provide capacity to respond to non-COVID-19 threats and emergencies, as well as continue COVID-19 outbreak responses and other State response and surge activity in the medium term once the squads cease and provide career opportunities to retain specially trained staff from the outbreak squads.

This approach does not replicate the expansive regionalised public health operations of NSW and Queensland, but rather represents modest enhancements in regional and local government capacities with a complementary investment in training to upskill the workforce and improved networks.

A separate Submission seeks to scope opportunity for a Victorian based Centre of Disease Control. This would further boost public health leadership, collaboration and capability in the State, as well as attract National and international research projects for communicable disease.

**Emergency preparedness:** A new centrally based, in-house public health 'emergency preparedness' team, is required to establish emergency response capabilities. This team would lead disaster preparedness pre-events, systemically developing processes to mitigate the causes of a risk or event, monitor, model and evaluate responses during event and incorporate lessons from events into future pandemic and other public health emergency planning.

**Initiatives to address gaps in surveillance systems, pathology and, vaccination and surveillance systems:** as set out in the Budget submission 'Public health, public trust' which was submitted for consideration as part of the 2020-21 Budget, there are also a range of gaps in current health protect safeguards which require funding in 20-21 and require the expansion of the health protection workforce using the types of skills that are possessed by the people temporarily assigned to the department as part of COVID-19. Funding to modernise public health surveillance and rapid response will help continue initial successful work using artificial intelligence to provide real time identification of emerging illnesses, such as future coronaviruses, in a cost effective way – and includes renewing lapsing funding to continue the thunderstorm asthma response program which needs to be modified for the 2020 pollen season in preparation for 2021. – including thunder storm asthma surveillance, enhanced surveillance technology, increased regional communication, engagement with pathology and research partners and

vaccination coverage for refugees who currently fall between the cracks and pose an unnecessary public health risk are also included.

#### *Establishment of a secure quarantine facility for Victoria:*

Under the *Public Health and Wellbeing Act 2008*, the Chief Health Officer may issue Public Health Orders to detain individuals with communicable diseases such as HIV and Tuberculosis (TB) with behaviours that mean they present a significant risk to public health. Despite recurrent need, a readily available facility to securely isolate people under orders has not been available to the Chief Health Officer since 2007, when facilities were re-gazetted.

Current quarantine options include using security guards at public hospitals, serviced apartments, rental properties, and in the case of COVID-19 – hotels, all of which are inadequate for containing individuals with communicable diseases whose behaviours or circumstances mean they manage their conditions and cannot be treated effectively and so present a risk to others. These risks include transmission of blood borne viruses such as HIV and infectious hepatitis through behaviours such as sharing of needles and syringes and knowingly spreading disease; and transmission of airborne diseases such as tuberculosis in the community through non-compliance with prescribed treatment regimes.

Further, the long-term isolation in hospital wards or hotel accommodation may contravene basic human rights and regulations, while negatively impacting on the individual.

While the number of such cases varies, at any one time across the State, there can be upwards of three individuals detained under Public Health Orders due to non-compliance with treatment orders and intentional spreading of communicable disease. Without an adequate quarantine facility in Victoria, individuals will need to be placed in inadequate settings, for the individuals and the staff seeking to treat them or keep them safe. The facility will also provide for any non-compliant COVID-19 positive individuals even after current quarantine arrangements cease.

A six-bed quarantine facility is proposed to provide a fit-for-purpose solution to address this critical gap in public health protection, which meets regulations for safety, health and human rights for individuals and medical staff.

The facility is likely to form part of a hospital campus with communicable disease and multidisciplinary expertise on site to manage complex cases and transmission risk. Despite recurrent need, a readily available secure facility to detain people under Public Health Orders has not been available to the Chief Health Officer since the re-gazetting of facilities in 2007. Total investment for Recommendation 1bc of this Submission includes \$57.83 million in output and asset funding over 5 years to 2023-24 and \$14.13 million ongoing.

#### **Next steps**

39. A comprehensive investment strategy will be developed as part of the 2020-21 Budget process which incorporates lessons from COVID-19 and the complexity of public health service need across the State (Recommendation 2).

~~Emerging health investment requirements to manage the pandemic will continue to be advised to CCC.~~

**Risks:**

- ~~1. There is a risk that if the proposals to address the core weaknesses in the State's health protection system are not supported, we will witness the continued deterioration of the health protection system and see an ongoing decrease in the State's capacity and capabilities to proactively manage or respond to threats from communicable diseases and the environment.~~
1. Preconditions for easing restrictions are~~Several emerging cost pressures for the health emergency mission are currently unfunded~~ beyond 30 June 2020, creating the potential for future uncertainty and/or disruption for the pandemic response, when continuity of care and effort is critical and essential to managing the transmission of COVID-19.
2. ~~The initiative includes offset funding of \$153.42 million under a specific COVID-19 National Partnership Agreement with the Commonwealth.~~ Current cost pressures across the health portfolio mean that reprioritising further funding for health protection is not sustainable and will likely result in the cessation of vital health programs and services at a time of great need.

**Support/Criticism:**

1. This Submission has been informed, and is fully supported, by the Chief Health Officer.
2. DTF and DPC have been consulted and have indicated support for the Submission and the approach – including deferring consideration of initiatives not requiring immediate funding until the October State Budget process.
3. The Victorian community is likely to be supportive of strengthening of Victoria's health~~sustaining the State's COVID-19 response and strengthening health~~ protection services, particularly given their lived experience of COVID-19 and desire that the health, social and economic impact of future public health emergencies, including pandemics, on them and their families and friends is minimised.

## FUNDING

**Table 1: Output/operating funding (\$ million)**

| Financial impact outputs  | 2019-20          | 2020-21                                     | 2021-22                                  | 2022-23                                  | 2023-24                                  | 5-year total                                | Ongoing                                    |
|---|------------------|---|--|--|--|---|--|
| <b>RECOMMENDATIONS:</b>   |                  |   |  |  |  |   |  |
| <b><i>A) Continuation of COVID-19 preconditions for 2020-21</i></b>   |                  |   |  |  |  |   |  |
| <u>Testing Blitz</u>  | 0.000            | 16.626                                      | 0.000                                    | 0.000                                    | 0.000                                    | 16.626                                      | 0.000                                      |
| COVID-19 Public Health Command workforce & contact tracing  | 0.000            | <del>236.7422</del><br>30.984               | 0.000                                    | 0.000                                    | 0.000                                    | <del>236.742</del><br>984                   | 0.000                                      |
| <u>COVID-19 testing Laboratory costs</u>  | 0.000            | 19.313                                      | 0.000                                    | 0.000                                    | 0.000                                    | 19.313                                      | 0.000                                      |
| Mobile Testing Units  | 0.000            | 7.347                                       | 0.000                                    | 0.000                                    | 0.000                                    | <del>7.3479</del><br>68                     | 0.000                                      |
| Testing 'hubs' in GPs   | 0.000            | 12.000                                      | 0.000                                    | 0.000                                    | 0.000                                    | 12.5.000                                    | 0.000                                      |
| Waste-water surveillance  | 0.000            | 2.590                                       | 0.000                                    | 0.000                                    | 0.000                                    | <del>2.5903</del><br>15                     | 0.000                                      |
| Pathology capacity and innovative testing   | 0.000            | 21.500                                      | 0.000                                    | 0.000                                    | 0.000                                    | <del>21.5006</del><br>875                   | 0.000                                      |
| <del>Community Information and Temperature-Screening</del>  | <del>0.000</del> | <del>0.000</del>                            | <del>0.000</del>                         | <del>0.000</del>                         | <del>0.000</del>                         | <del>5.205</del>                            | <del>0.000</del>                           |
| Outbreak Control Squads   | 0.000            | 23.363                                      | 0.000                                    | 0.000                                    | 0.000                                    | <del>23.3639</del><br>324                   | 0.000                                      |
| <del>Technology and innovative tools</del>  | <del>0.000</del> | <del>0.000</del>                            | <del>0.000</del>                         | <del>0.000</del>                         | <del>0.000</del>                         | <del>1.000</del>                            | <del>0.000</del>                           |
| COVID-19 Research Long Term Impacts   | 0.000            | 4.660                                       | <del>0.0004</del><br>660                 | <del>0.0003</del><br>560                 | <del>0.0003</del><br>560                 | <del>4.66025</del><br>000                   | 0.000                                      |
| Intelligence Capability   | 0.000            | 2.000                                       | 0.000                                    | 0.000                                    | 0.000                                    | 2.0500                                      | 0.000                                      |
| <u>Emergency quarantine accommodation (local outbreaks)</u>   | 0.000            | 1.120                                       | 0.000                                    | 0.000                                    | 0.000                                    | 1.120                                       | 0.000                                      |
| DHHS lease costs (output)   | 0.000            | 22.291                                      | 3.780                                    | 3.808                                    | 3.838                                    | 33.717                                      | 0.681941                                   |
| <b><i>B) Funding to address critical gaps in Victoria's Health Protection Services</i></b>                        |                  |   |  |  |  |   |  |
| Surveillance Service System   | 0.000            | 1.747                                       | 2.257                                    | 2.533                                    | 2.564                                    | 9.101                                       | 2.693                                      |
| Thunderstorm Asthma   | 0.000            | 0.000                                       | 0.530                                    | 0.663                                    | 0.700                                    | 1.893                                       | 0.730                                      |
| Regulatory Framework  | 0.000            | 5.630                                       | 6.471                                    | 4.925                                    | 4.681                                    | 21.707                                      | 4.727                                      |
| Refugee Vaccinations  | 0.000            | 1.125                                       | 1.500                                    | 1.500                                    | 1.500                                    | 5.625                                       | 1.500                                      |
| Specialist Capacity and Research – Grants   | 0.000            | 1.687                                       | 1.643                                    | 1.643                                    | 1.643                                    | 6.616                                       | 1.643                                      |
| Specialist Capacity and Research – Genome Sequencing  | 0.000            | 0.000                                       | 12.035                                   | 6.168                                    | 5.748                                    | 23.951                                      | 6.834                                      |
| Training  | 0.000            | 0.879                                       | 1.590                                    | 1.747                                    | 1.759                                    | 5.975                                       | 1.692                                      |
| Communications Channels and Local Engagement  | 0.000            | 1.451                                       | 2.488                                    | 2.530                                    | 2.673                                    | 9.142                                       | 2.719                                      |
| <b><i>C) New and Expanded Health Protection Capabilities and Services COMBINE WITH B) MOVE TO TOP OF LIST</i></b> |                  |   |  |  |  |   |  |
| Victorian Quarantine Facility^  | 0.000            | <del>0.6741</del><br>11                     | <del>0.0001</del><br>618                 | <del>0.0002</del><br>228                 | <del>0.0004</del><br>902                 | <del>0.6749</del><br>859                    | <del>0.0004</del><br>498                   |
| Regional Expansion of Victoria's Health Protection Workforce  | 0.000            | 3.908                                       | 7.935                                    | 8.141                                    | 8.353                                    | 28.337                                      | 8.353                                      |
| Pandemic and disaster preparedness  | 0.000            | 0.896                                       | <del>0.0001</del><br>215                 | <del>1.240</del><br>007                  | <del>0.0001</del><br>279                 | <del>0.8964</del><br>637                    | <del>0.0001</del><br>279                   |
| <b>Subtotal gross output</b>  | <b>0.000</b>     | <del><b>348.831</b></del><br><b>365.602</b> | <del><b>0.00047</b></del><br><b>.722</b> | <del><b>0.00040</b></del><br><b>.693</b> | <del><b>0.00043</b></del><br><b>.200</b> | <del><b>348.8314</b></del><br><b>97.217</b> | <del><b>0.00037</b></del><br><b>350608</b> |



# Health Emergency Mission Dashboard

Cabinet-in-Confidence – 25 May 2020

# Contents

## **Readiness Indicator Framework**

### **COVID-19 cases**

- Confirmed cases
- Infection sources
- Infection rates

### **Community mobility**

### **Returned travellers**

- Numbers of entries and exits from quarantine
- Quarantine and isolation supports

### **Health sector capacity**

- PPE and core health equipment
- COVID-19 testing supplies and testing clinics
- Hospital capacity

# Readiness Indicator Framework



| Readiness indicator                                   | 24 May 2020 | Stabilising ( → )<br>Improving ( ↑ )<br>Declining ( ↓ ) |
|---|-------------|---|
| Cases and outbreaks*                                  |             | →   |
| Community exposures**                                 |             | →   |
| Public health qualitative assessment and modelling*** |             | →   |
| Public health capacity                                |             | →   |
| Testing capacity                                      |             | →   |
| Health sector capacity                                |             | ↑   |

\* Combination of four metrics – New case number/trend, active cases number/trend, outbreaks number/trend, proportion positive trend

\*\* Combination of four metrics – R-effective trend, community transmission number/trend, close contacts per case number/trend, exposure days number/trend

\*\*\* Combination of relevant metrics for this time/step – for example, modelling specific to the proposed easing/settings, updated national modelling, changes in epidemiology in other jurisdictions, national policy changes such as borders opening, new developments in disease understanding such as reinfections or genomic discoveries, treatment or vaccine developments and availability etc

Readiness indicator metrics are set out on the next slide.

# Readiness Indicator Metrics

| Metrics†                        | April 26 - May 02 |        | May 03 - May 09 |         | May 10 - May 16 |        | May 17 - May 23 |   | Week to Week Trend |   |  |
|---------------------------------|-------------------|--------|-----------------|---------|-----------------|--------|-----------------|---|--------------------|---|--|
|                                 |                   |        |                 |         |                 |        |                 |   |                    |   |  |
| New Cases                       | 40                | 100    | ▲               | 74      | ▼               | 42     | ▼               | ▲ | ▼                  | ▼ |  |
| Active Cases                    | 144               | 126    | ▼               | 112     | ▼               | 87     | ▼               | ▼ | ▼                  | ▼ |  |
| Number of New Outbreaks         | 3                 | 5      | ▲               | 0       | ▼               | 4      | ▲               | ▲ | ▼                  | ▲ |  |
| Proportion Positives (%)        | 0.37              | 0.25   | ▼               | 0.23    | ▼               | 0.18   | ▼               | ▼ | ▼                  | ▼ |  |
| Exposure Days**                 | 323               | 234    | ▼               | 112     | ▼               | 49*    | ▼               | ▼ | ▼                  | ▼ |  |
| Effective Reproductive Rate     | 2.04              | 2.46   | ▲               | 0.43    | ▼               | 0.58   | ▲               | ▲ | ▼                  | ▲ |  |
| Cases without known link***#    | 4                 | 18     | ▲               | 15      | ▼               | 15     | —               | ▲ | ▼                  | — |  |
| Contacts per Case****           | 3                 | 3      | —               | 3       | —               | 3      | —               | — | —                  | — |  |
| Tests                           | 37,510            | 99,162 | —               | 102,600 | —               | 69,853 | —               | — | —                  | — |  |
| Self isolating at diagnosis (%) | 50                | 49     | ▼               | 57      | ▲               | 55     | ▼               | ▼ | ▲                  | ▼ |  |
| Rapid response unit KPIs        |                   |        |                 |         |                 |        |                 |   | May 18 - 23 - 100% |   |  |

# In the period from 11 May (post initial blitz) to 23 May this represents 27 cases of community transmission.

† Data are routinely cleaned and updated resulting in changes to reporting week by week.

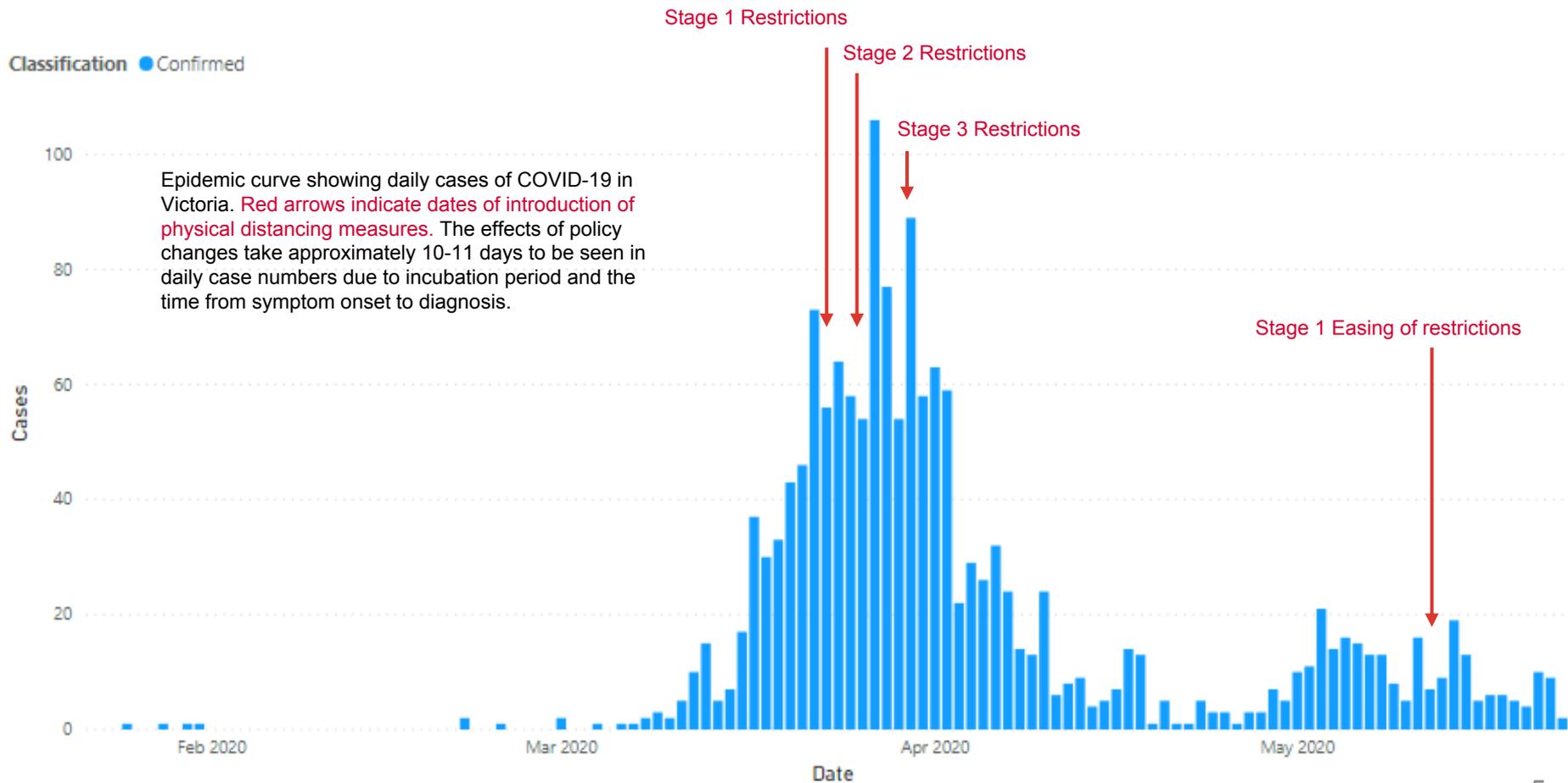
\* Based on data from May 17 - May 22 – to be updated 25 May 2020.

\*\* Exposure days is the total days during the specified week that people were not in isolation whilst infectious (prior to diagnosis and isolation).

\*\*\* Positive cases with no known link to an outbreak and not in hotel quarantine.

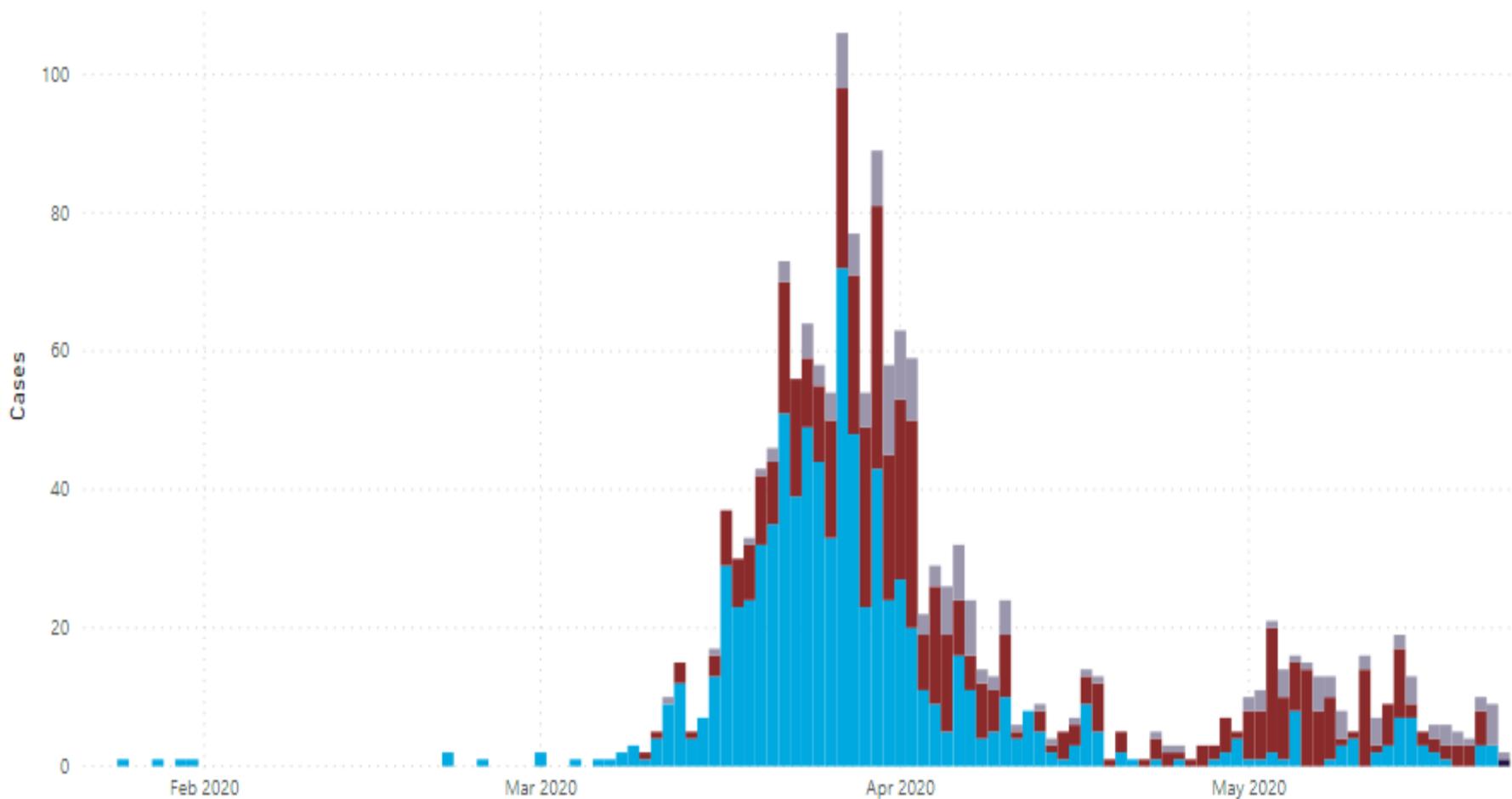
\*\*\*\* Contacts per case is the median number of contacts for new cases diagnosed in the specified week.

# Total cases

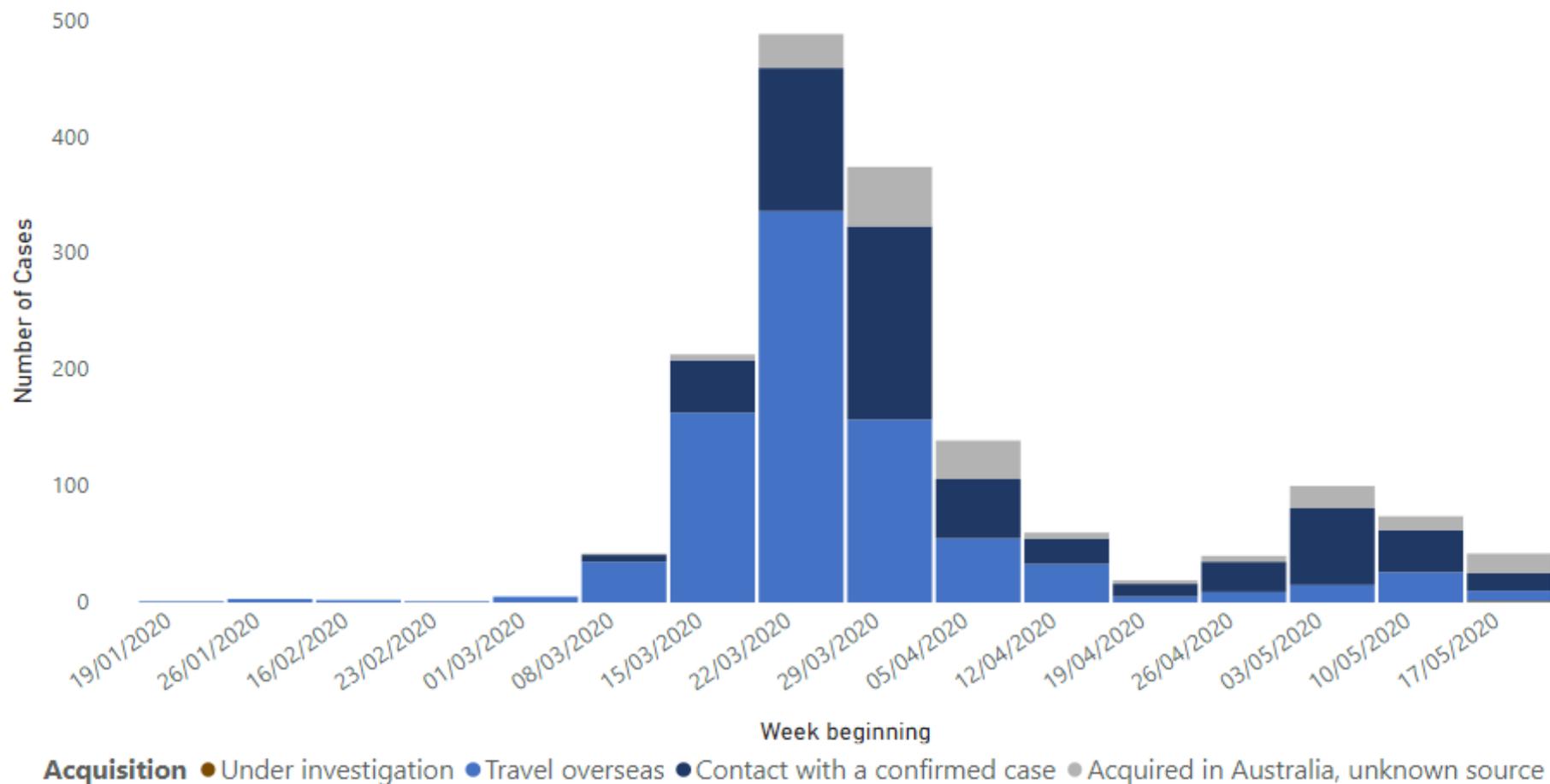


# Source of cases

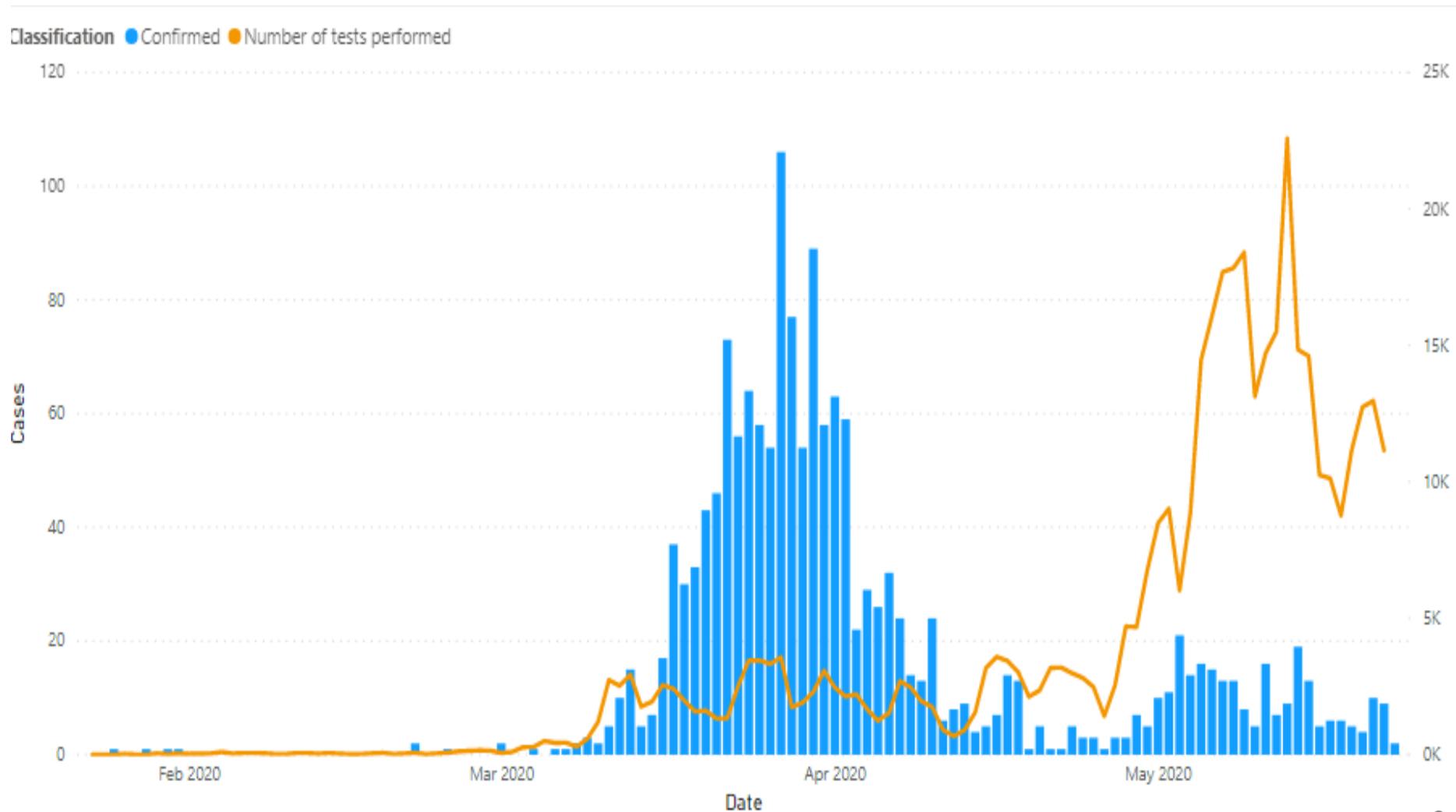
Acquired ● Under investigation ● Travel overseas ● Contact with a confirmed case ● Acquired in Australia, unknown source



# Source of cases - weekly

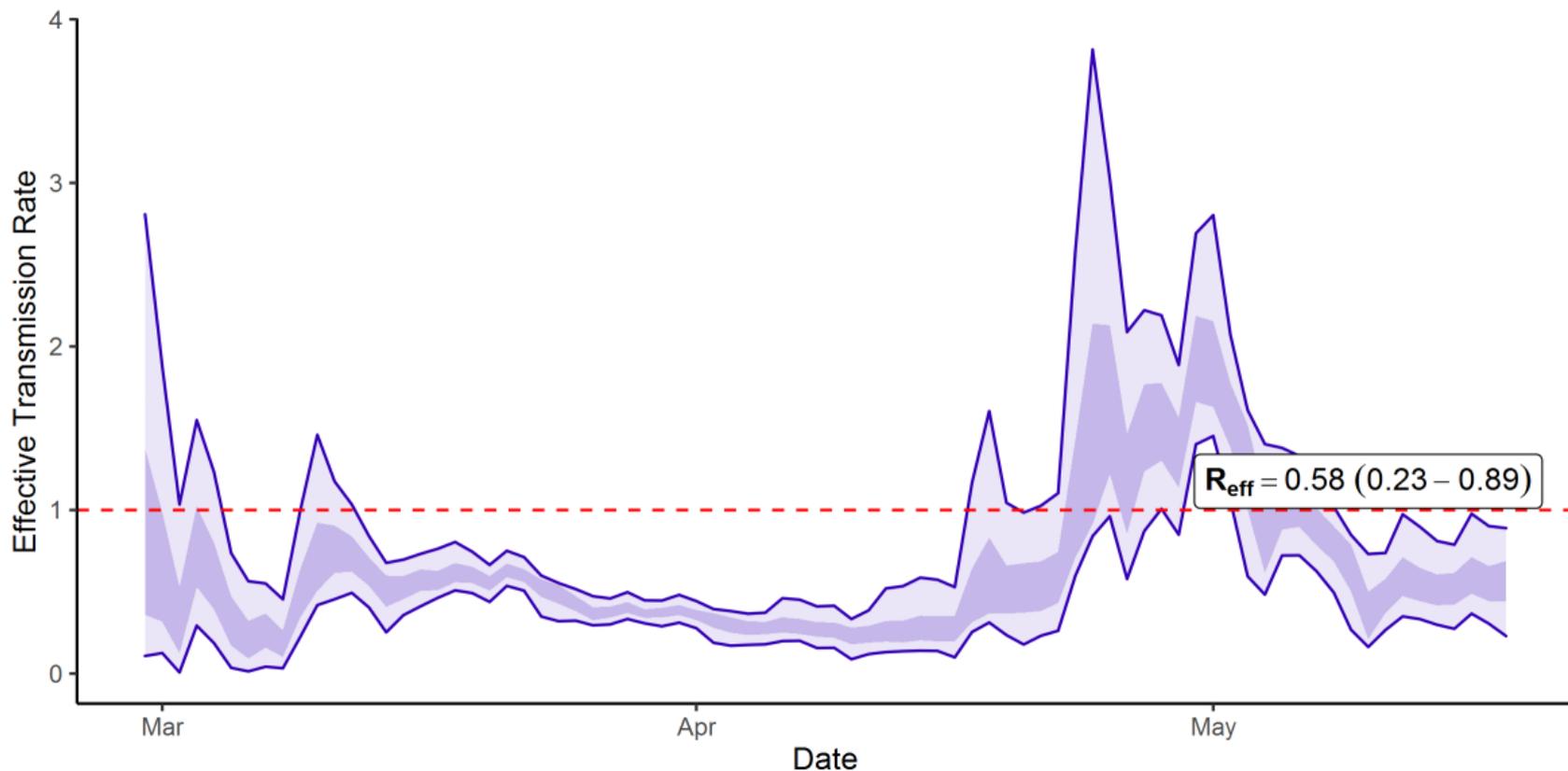


# Daily test and case numbers



# Infection rate

## Average rate of infection per confirmed case (effective Reproduction number)



# Community mobility

## Key changes for the week of 13-19 May

- Mobility increased relative to the Stage 3 baseline across all modes (Figure 1).
- Easing of restrictions from 13 May triggered the following mobility shifts in the week of 13-19 May compared to the previous week (6-12 May):
  - **pedestrian activity** increased almost a quarter (24%)
  - **public transport use** increased 21 per cent
  - **road volumes** increased 10 per cent.

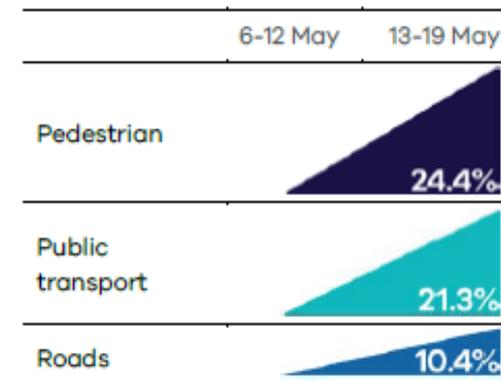
## Percent change in mobility relative to Stage 3 baseline



Figure 1 – Summarised changes in pedestrian counts, road volumes and public transport patronage<sup>1</sup>

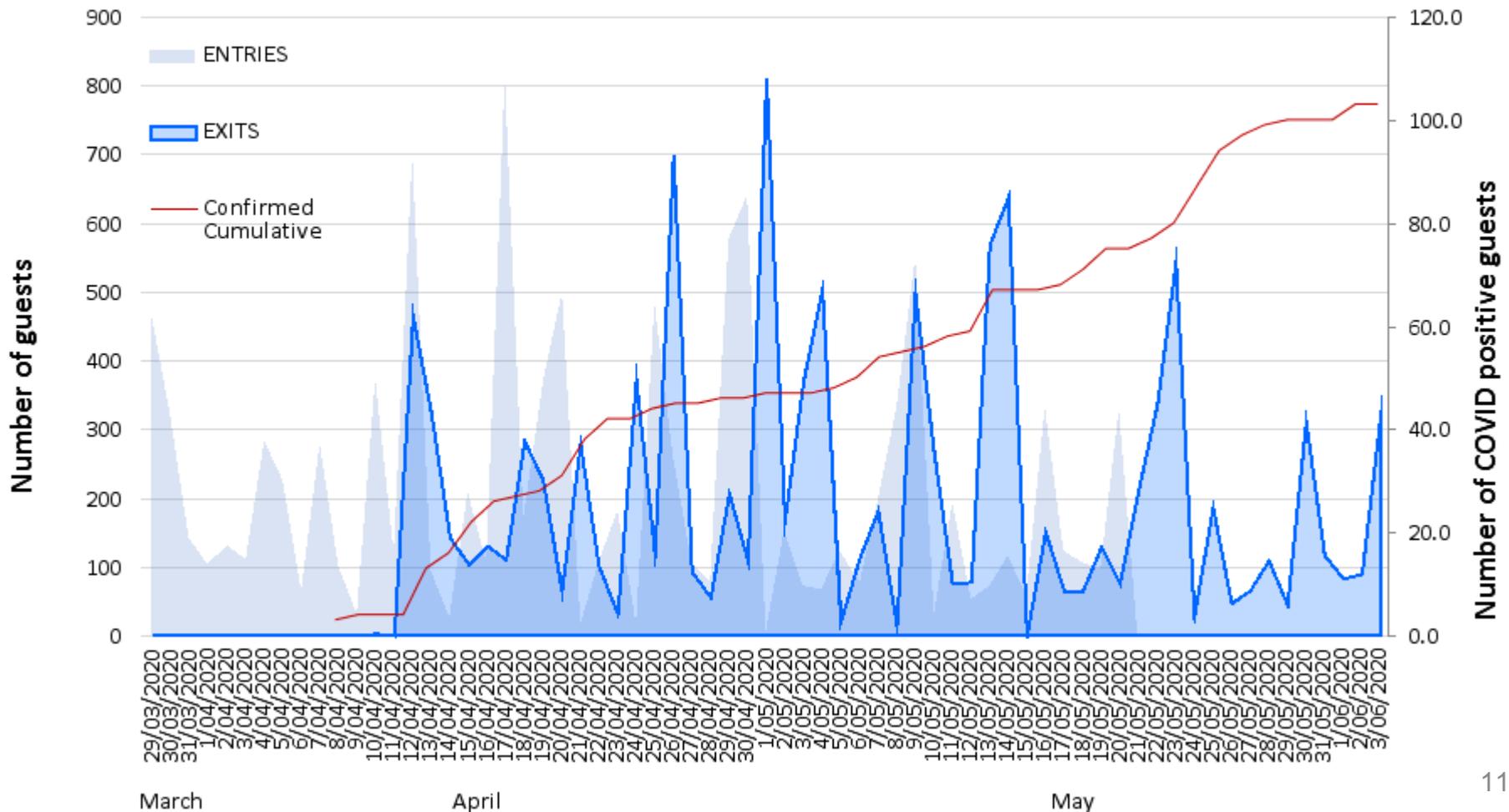
NOTE: Definitions and notes relevant to terms used throughout this report are on page 20.

## Percent change in mobility relative to previous week



# Quarantine of returned travellers

**Total numbers of quarantine guest entries and exits from facilities, plus confirmed COVID guest numbers. (Cumulative)**



# Quarantine and isolation supports

| Indicator  | Result                                      |
|--|---|
| Total Number of welfare surveys completed 14-20 May  | 1,510                                       |
| Number of referrals for support or services made by Welfare Check Team 14-20 May   | 293   |
| Estimated daily number of DHHS workers rostered at hotels (including Authorised Officers), ports (including Authorised Officers), Operation Soteria Emergency Operations Centre and case assessment and referral support (does not include medical or nursing staff in hotels, contracted hotel security, agency support staff, GSS Call Centre or State Control Centre) | 155<br>(rostered over 24 hours 21 May 2020) |
| Estimated number of healthcare (medical, nursing and mental health nursing) workers rostered at hotels   | 205<br>(rostered over 24 hours 21 May 2020) |
| Total number of returned travellers currently in mandatory quarantine as at 20 May   | 2,494                                       |
| Cumulative number of returned travellers that have been in mandatory quarantine as at 20 May   | 11,299                                      |

# PPE and core health equipment

| Item as at 22 May 2020   | Projected needs <sup>a</sup> | Total ordered stock | Available stock at warehouse | Expected in the week of 29 May 2020 <sup>b</sup> |
|--|------------------------------|---------------------|------------------------------|--|
| Examination gloves   | 1,092,400,000                | 833,364,500         | 37,155,500                   | 4,951,000  |
| Face shields   | 13,000,000                   | 14,520,500          | 1,524,050                    | 1,003,200  |
| Safety glasses   | 6,000,000                    | 6,044,496           | 268,408                      | 0  |
| Gowns  | 31,000,000                   | 26,318,084          | 361,750                      | 1,775,440  |
| Surgical masks   | 142,600,000                  | 147,980,500         | 18,984,000                   | 3,100,000  |
| Masks - N95  | 24,000,000                   | 34,003,400          | 1,976,130                    | 0  |
| Hand sanitiser (litres)  | 3,500,000                    | 3,823,715           | 320,274                      | 225,280  |
| Dialysis machines  | 130                          | 130                 | 0                            | 0  |
| Infusion pumps   |                              | 13,853              | 1,442                        | 325  |
| Patient monitors   | 4,545                        | 4,545               | 0                            | 150  |
| Ventilators<br>(additional ordered due to high<br>sovereign risk and potential delays) | 3,583                        | 5,343               | 215                          | 100  |

**NOTES:**

<sup>a</sup>. Projected needs – reflects estimated PPE requirements over a 52 week period for Victorian public health services, taking into account increased general utilisation as a protective measure for clinical staff across health services, as well as heightened needs in the event of a pandemic outbreak.

<sup>b</sup>. Subject to change

# COVID-19 testing supplies and clinics

| Supply item  | Current number of tests available (based on kits in stock) | Total tests performed in last seven days ( 14 – 20 May) | Estimated number of days current stock will last                        | Arrival of new stock expected by 31 May 2020* |
|--|--|---|---|---|
| Extraction Kits  | 323,895  | 80,251  | 34 (based on 9,500 tests per day)<br>18 (based on 18,000 tests per day) | ~ 70,000                                      |
| COVID-19 Test Kits   | 287,523  | 80,251  | 31 (based on 9,500 tests per day)<br>16 (based on 18,000 tests per day) | ~ 70,000                                      |
| Swabs<br>(estimated swab supply currently available across Vic public health services) | 370,250  | 80,251  | 38 (based on 9,500 tests per day)<br>20 (based on 18,000 tests per day) | 500,000                                       |

| Clinics   | Number |
|---|--------|
| Public respiratory assessment clinics                   | 39     |
| Commonwealth GP respiratory clinics                     | 20     |
| Pathology drive-thru testing clinics                    | 18     |
| Community Health Centre respiratory centre              | 12     |
| Mobile drive through clinics at retail/shopping centres | 7      |

## NOTES:

### Data as at 22 May 2020

Extraction and test kits come with reagents. Multiple kit types are used and the number of tests contained per kit varies, therefore stock is standardised in tests. This includes data for all Victorian testing laboratories (public and private). The recent increase in extraction and tests kits available is largely due to those provide by the Minderoo program (BGI platforms). These platforms are available at two private laboratories in Victoria.

\*Arrival of new stock is subject to change due to uncertainties in the global supply chain

# Acute mental health inpatient unit admissions

Daily number of admissions to an acute mental health inpatient unit

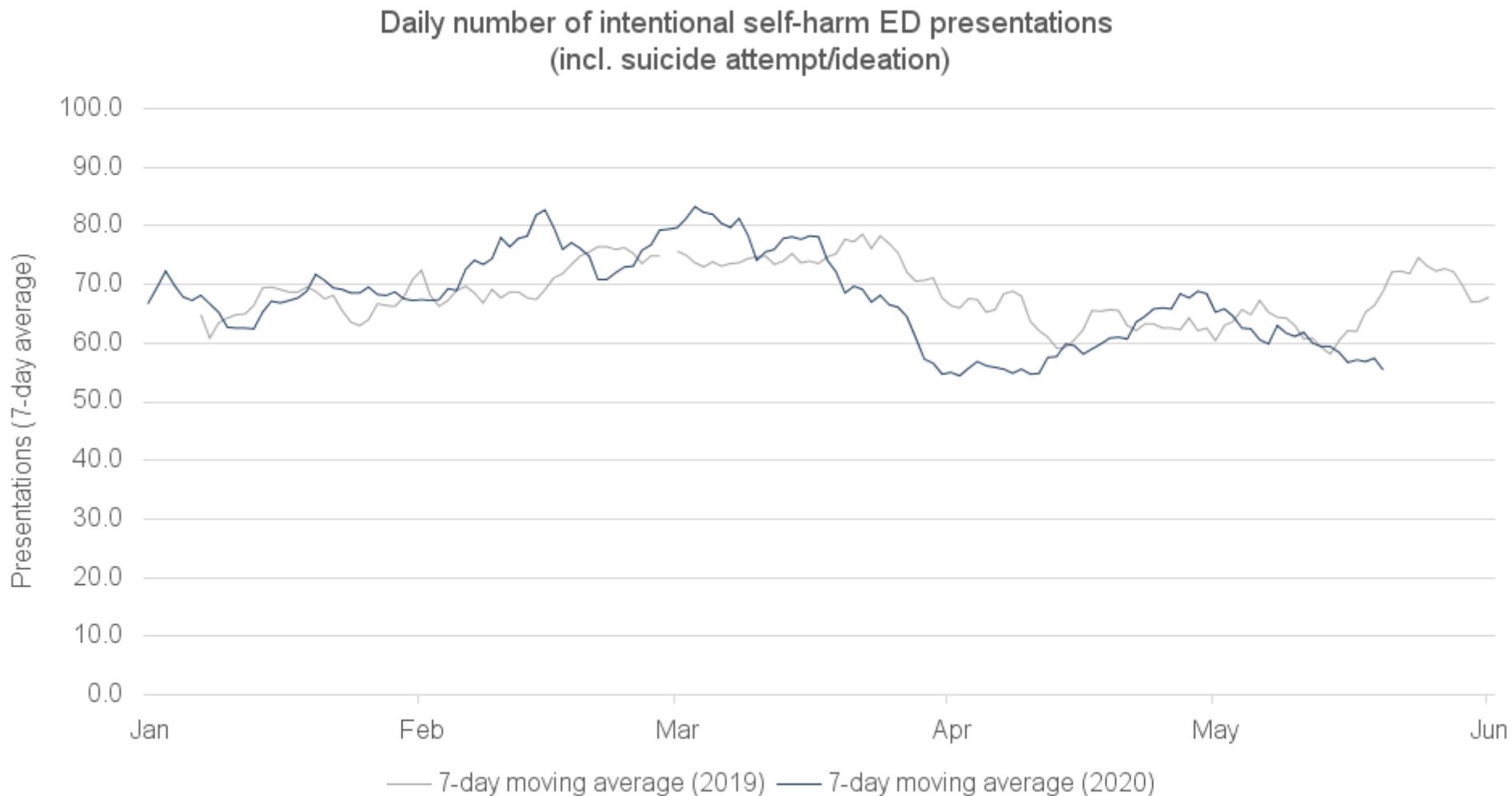


**NOTES:**

Data Source: Client Management Interface / Operational Data Store (CMI/ODS). Date extracted: 15 May 2020.

# Emergency Department presentations

## Intentional self-harm



**NOTES:**

Data Source: Victorian Emergency Minimum Dataset (VEMD). Date extracted: 21 May 2020

# Emergency Department presentations

## Mental health-related

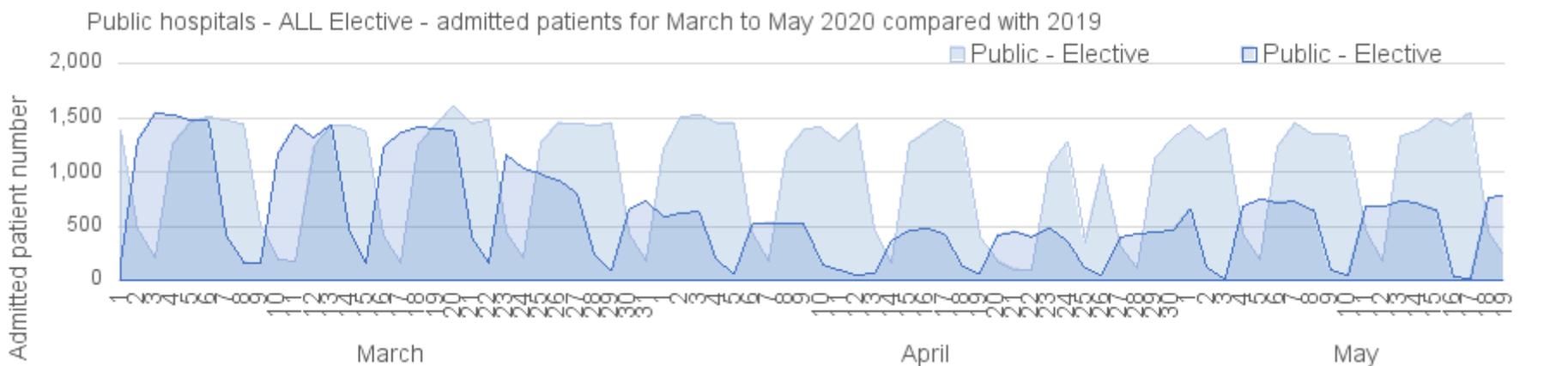
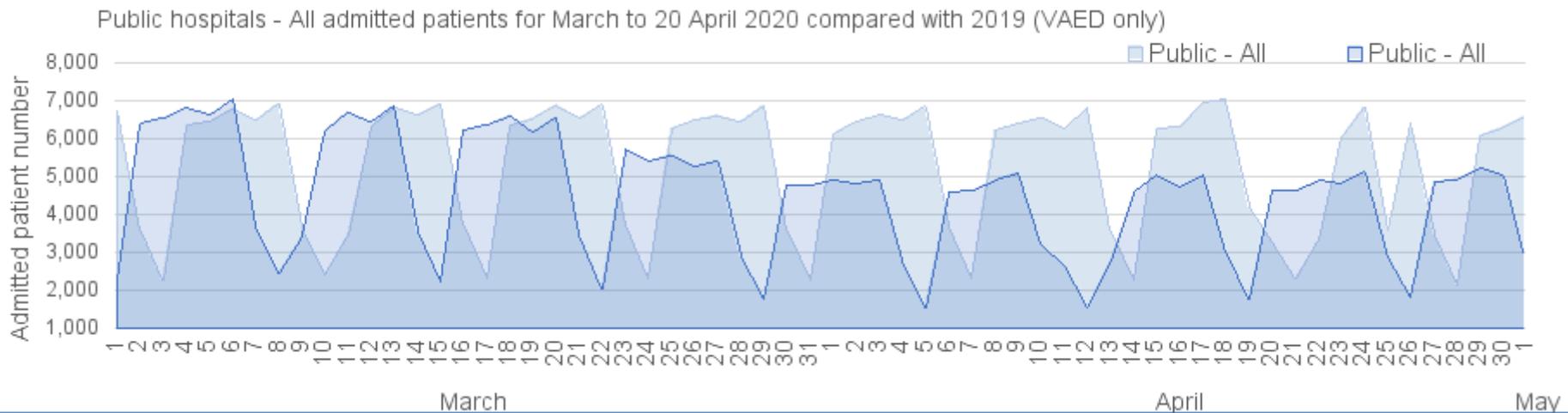
Daily number of mental health-related ED presentations



**NOTES:**

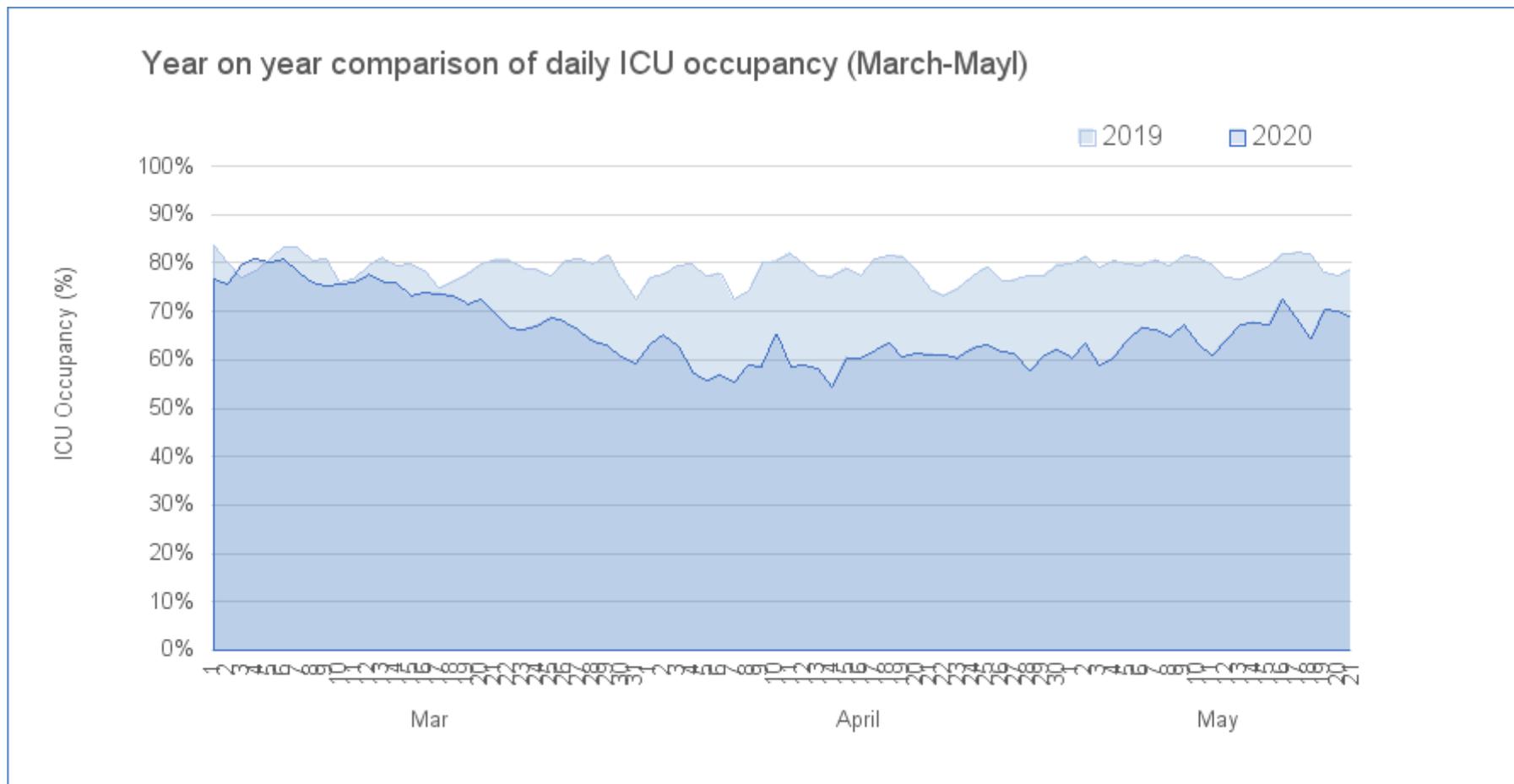
Data Source: Victorian Emergency Minimum Dataset (VEMD). Date extracted: 21 May 2020

# Public hospital admissions



**NOTE:** Data sourced from Victorian Admitted Episode Dataset (VAED) is lagged by a month, therefore the data presented is data available at time of reporting. The chart on **All Elective** combines a newly created dataset and VAED to provide a more recent view of elective activity. This data is currently under assessment and therefore maybe subject to change.

# ICU Occupancy



Data sourced from Retrieval and Critical Health Information System (REACH).

# RE: PROTECTED: FOR COMMENT: Public Health Command and RHPEM resourcing project - scan and next steps

---

**From:** "Annaliese Van Diemen (DHHS)" REDACTED  
REDACTED

**To:** "Nick Chiam (DHHS)" REDACTED, "Brett Sutton (DHHS)"  
REDACTED  
REDACTED "Meena Naidu (DHHS)" REDACTED  
REDACTED "Andrea Spiteri (DHHS)" REDACTED  
REDACTED "Pam Williams (DHHS)" REDACTED  
REDACTED

**Cc:** "Marg Burge (DHHS)" REDACTED  
REDACTED "Gordon Caris (DHHS)" REDACTED  
REDACTED  
REDACTED (DHHS)" REDACTED  
REDACTED  
REDACTED (DHHS)" REDACTED  
REDACTED  
REDACTED "Mat Williams (DHHS)" REDACTED  
REDACTED "Finn Romanes (DHHS)" REDACTED

**Date:** Sun, 24 May 2020 16:33:33 +1000

**Attachments:** DRAFT - Environmental scan.pptx (2.39 MB); FINAL - Pub Health & RHPEM Resourcing Project scope May 20.pptx (1.33 MB)

---

Thanks Nick,

I think this is pretty complete from a Public Health Command perspective.

A few queries/comments:

- DCHO is generally in the Public Health commander role but not always, so we probably need to have a job card for Public Health Commander going forward – as that can be CHO, DCHO or an SMA delegate
- There is an ongoing reference to 16 April – not sure where that comes from but national cabinet had been sitting for quite some time before that and most of the operations being discussed had been in place for some time before that, particularly the Public Health aspects which have been ongoing since January given the CDINS was declared in January and WHO declared the PH emergency of international concern in February I believe
- Not sure the Joint Intelligence Unit is supposed to sit under the assistant DepSec in the PHEOC?

We can chase up further job cards – many of them do exist.

Including Finn who is acting in my role from Monday for the week. Having said that looking at the timelines (which I assume are a bit out by now?) if there are major structural decisions to be made during this week I would like to be involved in the conversations.

There were a few key people not involved in the consultations – namely Finn & Simon and I'd like to ensure they are included in any conversations going forward, along with REDACTED as a substantive manager in the CDES team.

Cheers

Annaliese

**Dr Annaliese van Diemen** MBBS BMedSc MPH FRACGP FAFPHM  
**Public Health Commander- COVID-19 Department Incident Management Team**  
**Deputy Chief Health Officer (Communicable Disease)**

Regulation, Health Protection & Emergency Management  
 Department of Health & Human Services | 14 / 50 Lonsdale St

REDACTED

[health.vic.gov.au/public-health](http://health.vic.gov.au/public-health)

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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.

### PROTECTED

**From:** Nick Chiam (DHHS) <REDACTED>

**Sent:** Thursday, 21 May 2020 3:49 PM

**To:** Brett Sutton (DHHS) <REDACTED>; Annaliese Van Diemen (DHHS)

<REDACTED>; Angie Bone (DHHS) <REDACTED>

Meena Naidu (DHHS) <REDACTED>; Andrea Spiteri (DHHS)

<REDACTED> Pam Williams (DHHS) <REDACTED>

**Cc:** Marg Burge (DHHS) <REDACTED> Gordon Caris (DHHS)

<REDACTED> <REDACTED>

<REDACTED> (DHHS) <REDACTED>; Mat Williams (DHHS)

<REDACTED>

**Subject:** PROTECTED: FOR COMMENT: Public Health Command and RHPem resourcing project - scan and next steps

Dear Meena, Brett, Annaliese, Angie, Andrea and Pam

Thank you to you and your teams for contributing to the initial environmental scan for the Public Health, Enforcement and Compliance and Emergency Operations Command functions over the last week or so.

### Project Scope

As you know this is the first product for a resourcing project that Melissa Skilbeck and Jacinda de Witts have agreed to be joint sponsors for. As set out in the attached project scope endorsed by the sponsors, the project will develop the design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the re-establishment of business as usual RHPem functions.

### Feedback on draft environmental scan

The first stage of the project is the delivery of the environmental scan that seeks to understand structures in place across Public Health Command, Enforcement and Compliance and Emergency Operations, identify critical roles within these structures and provide some preliminary analysis on workforce supply and demand pressures.

The first draft of the scan is attached **for your review and comment by 9am Monday, 25 May – is it accurate and complete.** Please feel free to test your sections with relevant leaders in your teams but I'd ask you not to share widely, as this is still a draft.

### Reference group

Under the project scope, you or your nominee are invited to join a reference group to provide endorsement for products to be presented to the project sponsors, discuss key issues and recommend any solutions. For example, the initial scan identifies that there are corporate support functions across the structures that have been stood up and asks the question whether some of these should be managed more consistently (eg using same rostering system).

Mindful of your precious time, the project sponsors support a *virtual reference group* based largely out of session work with you with targeted meetings only as needed by the project team to progress the work. We are testing sending you a product at end of day Thurs for feedback by Monday. If this works, we would use a similar rhythm for future papers.

That said, given that part of the project is to get everyone on the same page about what we expect will involve competing priorities and challenges, I propose to hold a kick off meeting of the reference group. We are aiming for early next week depending on schedules. The focus is proposed to be: any general questions you have on the project scope; key interdependencies you want the project team to be aware of; and your feedback on the proposed key issues and next steps on slide 11. We will send you an agenda ahead of the meeting.

You will see that the proposed next steps require continued work with you and Corporate Services partners. We have met with Marg and Gordon in particular and agreed to coordinate how we support the next steps with your logistics leads. Be assured, as set out in the project scope there are urgent sourcing and funding bid next steps already happening in parallel. I am also checking with Euan regarding a Health Coordinator representative/input regarding clinical workforce matters.

I will ask my office to speak to yours to see what might work best for a meeting time. Assuming not all of you will be able to attend a particular time, you are welcome to consider a suitable executive nominee/rostered alternate.

Feel free to call me or **REDACTED** who is Project Director for this work if you have any questions in the meantime.

Cheers

**Nick Chiam**  
Deputy Secretary  
Organisational Transformation  
Department of Health & Human Services  
5, 2 Lonsdale Street, Melbourne Victoria 3000  
m**REDACTED****REDACTED**

**PROTECTED**

# COVID-19 Public Health Emergency Response

ENVIRONMENTAL SCAN – DRAFT

Prepared by Organisational Transformation - for discussion

19 May 2020

Project Director: REDACTED

Project team: REDACTED

**PROTECTED**

# Contents

## Section 1

Introduction, summary covering:

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

## Section 2, 3 and 4

For each of the three functions in scope, the following format is followed:

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

# Section 1

## Introduction

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

# Environmental scan: Scope and summary text

## *Overview and purpose of this pack*

- In April 2020, the Australian National Cabinet indicated intention to pursue necessary public health action to minimise the impact of COVID-19. The Victorian Department of Health and Human Services is the lead for this COVID-19 health emergency response.
- An environmental scan has explored the structural and workforce arrangements in place across three of the department's core emergency response functions, namely, Public Health Command, Operations Soteria and Enforcement and Compliance. It the underpinning analysis for a *public health resourcing plan* sponsored by the Dep Secs, RHPem and Public Health Emergency Coordination and Operations.
- This report is broken up into specific sections for each of these core functions, including current 'as is' structures, design considerations and threshold sustainability issues to work through. The introductory section collates these issues into themes and proposes an establishment of a reference group to work through these matters.

## *Project scope*

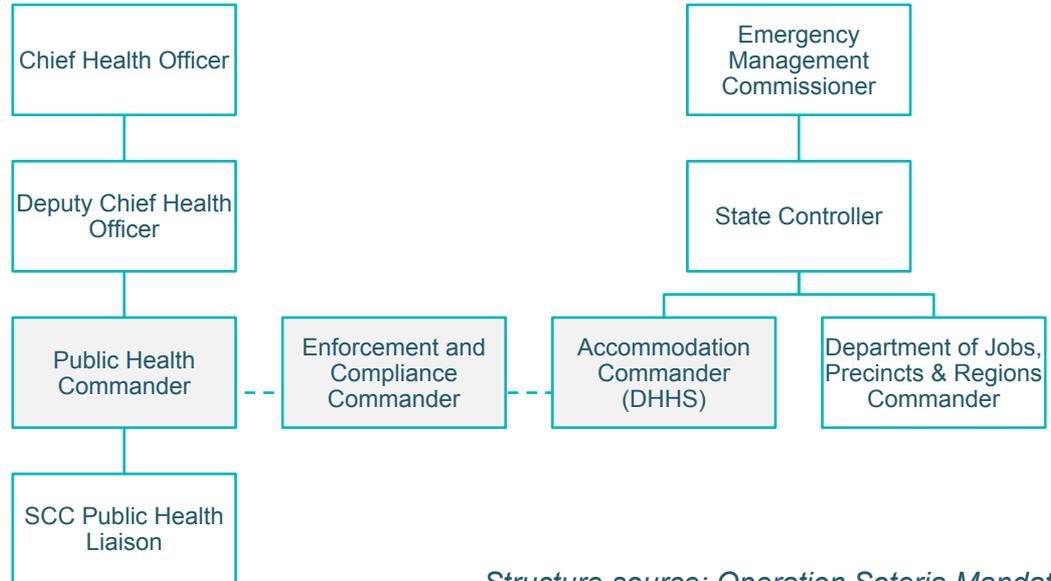
1. To design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the reestablishment of business as usual RHPem functions.
2. To identify critical roles and key staff who need to return to business as usual roles (within or outside DHHS) and work with corporate partners to ensure workforce planning (i.e. plan for supply and address immediate workforce gaps).

In planning how to transition to a "COVID-19 normal world", consideration must be given to the existing Clause 10 proposal and relevant funding submissions put to CCC in May 2020.

# Operation Soteria high level governance structure

Three specific functions from within this governance structure are covered in this *environmental scan*, including:

1. Enforcement and Compliance
2. Emergency Operations
3. Public health command



Structure source: Operation Soteria Mandatory Quarantine for all Victorian Arrivals Plan

# Key findings by theme

|                              |   |
|------------------------------|---|
| Design / structures          | Structural design is evolving across all three structures, making it difficult for corporate and logistics to support business needs, including an inability to formalise roles and structures, report, monitor, and source workforce.  |
| Operational policy           | Policy and operational demands are evolving, presenting challenge for operational policy development, consistency and implementation. Planning will need to consider operational resourcing, particularly for “second wave scenario”.   |
| Governance                   | Some structures, operating models, reporting lines and some functional relationships/accountabilities amongst senior leads are unclear; and matrix arrangements in operational areas may be better managed through clear hierarchy  |
| Business support duplication | Several functions across the three structures are providing program support that could be consolidated or at the least, managed consistently using the same systems and processes (e.g. rostering, logistics, public channels).   |
| BAU impact                   | BAU functions that have temporarily deployed expertise to the COVID-19 response (e.g. RHPEM) are increasingly under pressure, including some corporate / communications functions that have been embedded in new structures.  |
| Workforce                    | An overarching workforce / pipeline plan is required to address supply and demand pressures that are emerging in BAU and external pipelines due to continued demand for similar capability across different functions, capabilities that do not exist en masse in the VPS, executive oversight and up to 24/7 rosters that require significant volume of staff. |
| Corporate sequencing         | There is important corporate sequencing to work through to support the response, including industrial matters (i.e. standing up new teams and alignment with the existing RHPEM clause 10 proposal), budget positions (the availability and/or success of budget submission).   |

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# Workforce

## Overview

- In the absence of formal reporting (e.g. many staff "report" to the BAU manager), and the high volume of agency hire and deliberate policies that encourage rotation and flexible sourcing, workforce numbers should be viewed as indicative and subject to fluctuation.
- The scan found that as at 15 May approximately 1000 staff are rotating through various teams and structures across emergency accommodation, enforcement and compliance and public health. The high volume of rostered positions and teams contributes to this number – the actual number of *positions* is considerably fewer (but not yet confirmed).
- Indicatively, almost 60% of all functions are staffed from within DHHS or the Victorian Government, with the remaining 40% coming in from external, namely, local government and various agency hire spanning health services.
- Overall, RHPEM accounts for almost 30% of workforce across these functions, with over 200 staff formally deployed to the response.
- In April, these functions were estimated to need to grow to 1,400+ FTE to sustain the emergency response in 20-21. It is expected that this analysis should provide a basis for the Commanders leading these functions to validate their growth needs.

| Function                              | Staff       |
|---------------------------------------|-------------|
| <b>Public Health Command</b>          | <b>494</b>  |
| Public Health Emerg. Op. Coordination | 70          |
| Case, Contact and Outbreak            | 188         |
| Intelligence                          | 134         |
| Pathology                             | 13          |
| Physical Distancing                   | 5           |
| Public Health Coordination            | 65          |
| Public Information                    | 19          |
| <b>Enforcement and Compliance</b>     | <b>175</b>  |
| Leadership and oversight              | 2           |
| Operations                            | 135         |
| Policy and exemption                  | 38          |
| <b>Emergency accommodation</b>        | <b>400</b>  |
| Leadership and oversight              | 10          |
| Welfare Cell                          | 90          |
| Airport, Hotels and Clinical          | 300         |
| <b>Total</b>                          | <b>1070</b> |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Supply and demand challenges

- Until now, of the ~1000 staff rotating through roles, ~40% have been sourced within DHHS and its portfolio agencies, mainly RHPEM.
- A significant proportion – 42% – have been sourced externally, including health service and general agency hire, other VPS agencies and local councils.
- The high supply of external appointments, particularly those from local councils and other VPS agencies, is anticipated by a number of functional leads to shrink as restrictions begin to ease. External staff most at risk include, but are not limited to, **AOs and exemption case managers** from Enforcement and Compliance Command and **case contact and tracing officers** from Public Health Command.
- The uncertain nature of the public health event and dynamic policy and social settings and requirements will mean that these functions will not be able to managed in a "stable state" during the remainder of the COVID-19 response. A dedicated organisational design and workforce supply function may be required to support these functions may need to continue.

| Function                       | Staff |
|--------------------------------|-------|
| DHHS                           | 41%   |
| Children and Families          | 0%    |
| Corporate                      | 3%    |
| CSOD                           | 5%    |
| Health and Wellbeing           | 1%    |
| Housing and Infrastructure     | 0.2%  |
| RHPEM                          | 30%   |
| Strategy and Planning          | 1%    |
| Administrative Offices         | 1%    |
| External                       | 42%   |
| Casual Staff                   | 0%    |
| External (Councils and VicGov) | 14%   |
| External agency                | 28%   |
| VicGov                         | 17%   |
| Various (VicGov Mobility)      | 17%   |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Critical roles

All roles are important in the COVID-19 response. This slide lists *critical* roles identified by functional leads as 'roles in the structure they cannot do without, or easily replace' if the employee became unwell, run down or unavailable. These critical roles can be categorised as 1) leadership (i.e. executives or managers overseeing key functions) and 2) technical (i.e. technical roles where capability is limited or not readily available. Several roles already have people appointed to them, but require rostering/twinning support.

*Note: All structures in this report outline critical roles in red and high level role descriptions are in the appendices.*

### 1. Enforcement and compliance

*Commander; Deputy Commander AO Operations; Senior Authorised Officers; Manager Policy and Protocols; Exemption Case Managers*

### 2. Emergency Operations

*Deputy Commander; Deputy Commander Hotels; Deputy Commander Ports of Entry; Deputy Commander Welfare; Clinical Governance Lead; Welfare Operations Manager; CART practitioners; Hotel Site Lead*

### 3. Public Health Command

*Chief Health officer; Deputy Chief Health Officer; Deputy Commander Strategy & Planning; Deputy Commander Intelligence; Manager Intelligence Operations; Manager Surveillance & Response; Manager Strategy, Systems & Reporting Intelligence; Deputy Commander, Pathology and Infection Prevention and Control; Manager, Pathology Operations; Manager, Infection Prevention and Control Operations; Deputy Commander Case, Contact and Outbreak Management; Operations Lead, CCOM; Strategy and Policy Lead, CCOM; Team Leader Triage and Notification; Deputy Public Health Commander Physical Distance; SMA CD, Deputy Commander, Public Information; Public Information Officer; Deputy Public Information Officer; Director, Outbreak; Executive Lead, COVID Directions; Lead, Risk and Escalations, COVID Directions*

# Ongoing impact on BAU

## Health protection branch

Based in RHPEM, the role of the Health Protection Branch is to protect and manage public health risk through regulating, monitoring, ensuring compliance, incident response and health promotion and education (e.g. communicable diseases, environmental health hazards (other than pollution and waste) and food and drinking water safety).

Usually, the branch consists of ~150 staff, although, the establishment of public health incident management and regulatory functions to respond to COVID-19 means the Communicable Diseases and Environmental components have been diverted and considerably depleted. A paper submitted to Board in May 2020 outlines the risk to RHPEM responses more broadly and this slide highlights specific issues for Health Protection.

As we enter a 'new normal', a strategic decision will need to be made on how best to mitigate these risks, including considerations for reintegration of the COVID-19 response into BAU health protection.

### BAU risk impact

Regulatory prevention activities estimated to be 50% less (e.g. inspections for radiology, cooling towers, other communicable diseases, educate and inform); reduced/slower auditing responses (e.g. food / water safety); routine follow ups (e.g. congenital syphilis investigations).

### BAU workforce impact

OHS issues relating to fatigue, stress and uncertainty as staff perform different roles to manage BAU activity; reduced innovation; inability to manage new and existing performance management or misconduct

### Legislative

Complexity emerging with dual Chief Health Officer legislative responsibilities (i.e. not all powers can be delegated to deputy or acting (e.g. use of emergency powers); financial and people delegations

### Governance

Core branch executive split across different priorities; some reporting arrangements are complex under current shadow function arrangements

# Key issues to be addressed and next steps

## Key issues to be addressed based on this scan

- The *"as is" structures* in this scan should provide the basis to validate costings for sustaining these functions and for corporate services to work through corporate issues e.g. reporting lines. At this stage, all numbers in this pack should be treated as indicative and subject to further review.
- The *design considerations* indicate several teams where new or changed roles and responsibilities or reporting lines are needed.
- The *workforce analysis* shows where RHPEM staff are located and combined with critical role analysis should support strategies to mitigate risk in the return to BAU.
- The *workforce analysis* highlights functions that are vulnerable to external workforce departures, including AOs and case and contact tracing that require alternate sourcing strategies.
- The *critical roles* identified indicate immediate recruitment priorities (some of which are underway).

|   | Next steps and actions   | Lead                                      |
|---|--|---|
| 1 | Validate 20-21 resource costings.  | RHPEM<br>Coord / PH<br>Op Coord / Finance |
| 2 | Agree with Corporate Services how to progress key elements of this work, including a coordinated approach to IR, role and structural design, workforce reporting and project management. | OT / P&C /<br>Customer Support            |
| 3 | Agree and implement design changes, including Pub Health Command expansion.  | OT / P&C /<br>Customer Support            |
| 4 | Critical role recruitment in May and June.   | P&C / OT                                  |
| 5 | Alternate sourcing strategies.   | OT / P&C                                  |
| 6 | MCC submission to secure VPS supply  | RHPEM Coord                               |
| 7 | CCC submission to secure funding.  | RHPEM Coord                               |
| 8 | Develop, implement BAU restoration plan for RHPEM,   | OT / P&C /<br>Customer Support            |

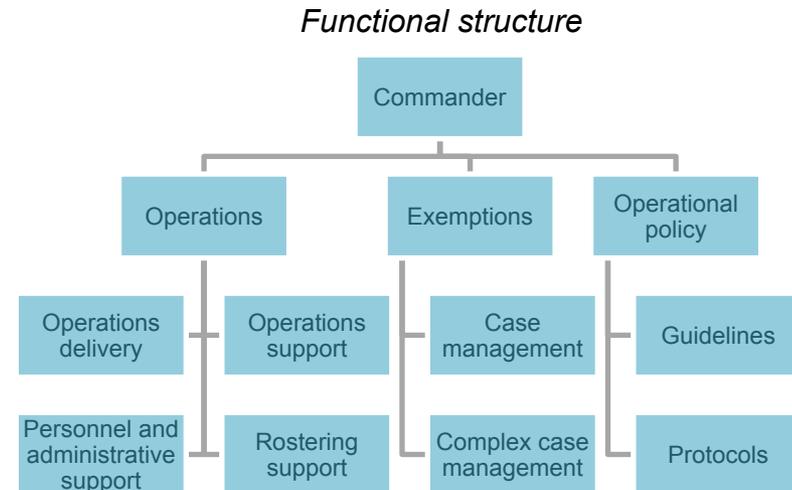
## Section 2

### Enforcement and Compliance

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

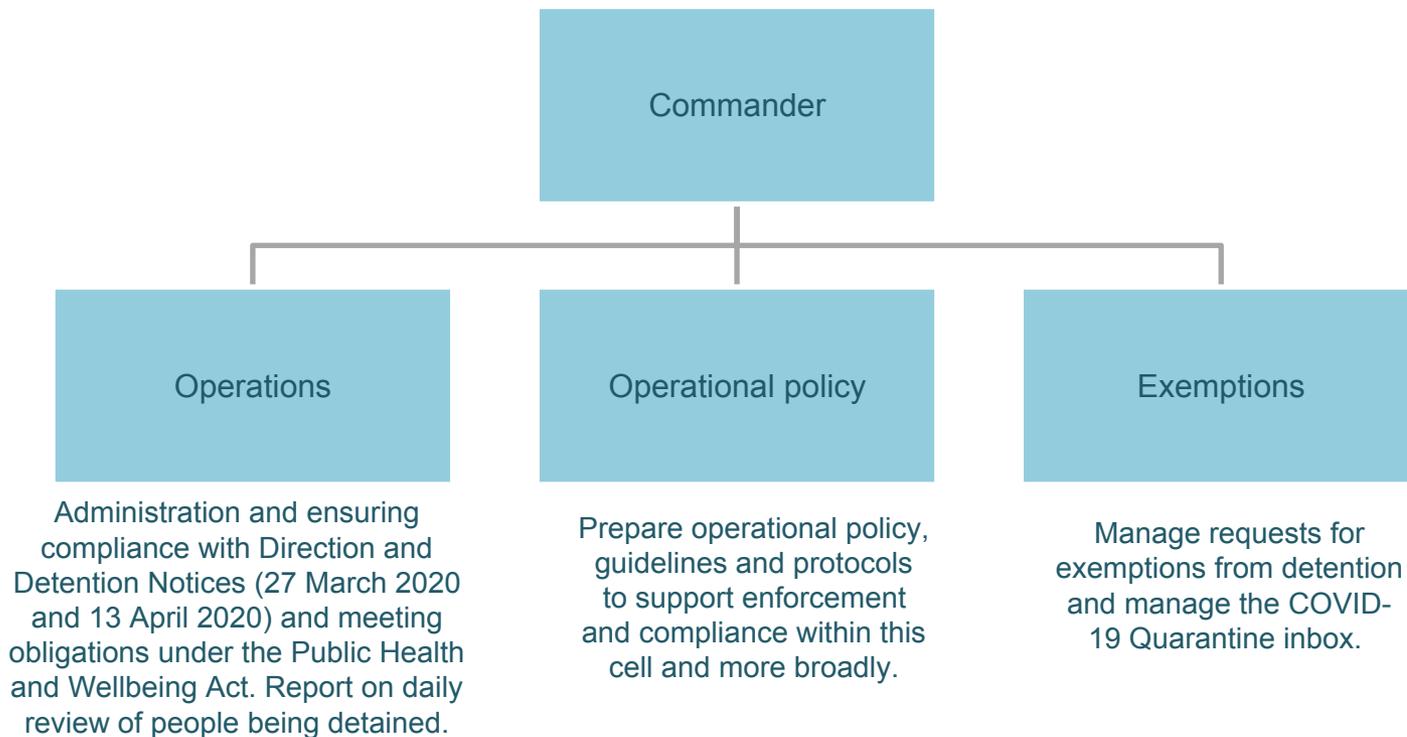
# Enforcement and Compliance: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID 19
- 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 and were made by the Deputy Chief Health Officer or Chief Health Officer.
- Beyond community wide directions, a mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government through a policy that a detention order would be used for all people arriving from overseas into Victoria.
- A Compliance and Enforcement Command has been stood up to provide advice and input into complex compliance matters and to execute enforcement and compliance on behalf of Chief Health Officer and their delegate.



# Enforcement and Compliance

## High level functional structure



# Enforcement and Compliance

## Operating model components

- Skype is the predominant communication software being used to accommodate external stakeholders.
- The Compliance and Welfare Management System (CWMS) has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System. Smart form for exemptions rolled out W/C 20/5 to allow direct applications to CWMS and reduce email traffic.
- Policy and Protocols team do not have access to the software.
- Microsoft Teams is used and there are several channels.

### Technology

- Emails allow several external channels used for requests for exemptions (e.g. people who will be detained, the MO, other departments, DFAT, consulates, shipping companies etc.)
- DJPR provides data and information to AOs about detainees and those in quarantine through daily Situational Reports.
- While the CWMS provides data on detainees, there are issues with this (e.g. timeliness) and a team is being set up to address this.

### Channels

- Pre arrival: request to be exempt from quarantine
- Airport: quarantine exemptions; issue detention notice cards and capture a picture of card in CWMS, and update CWMS; escort persons in quarantine to transport
- Hotel: Update detention notice card with room details; update CWMS
- During Quarantine: manage process flows and update CWMS for matters relating to requests for early exits; daily compliance checks; welfare checks; room, hotel or hospital transfers and transportation; hotel exits; security escalation; request to be exempt from quarantine.

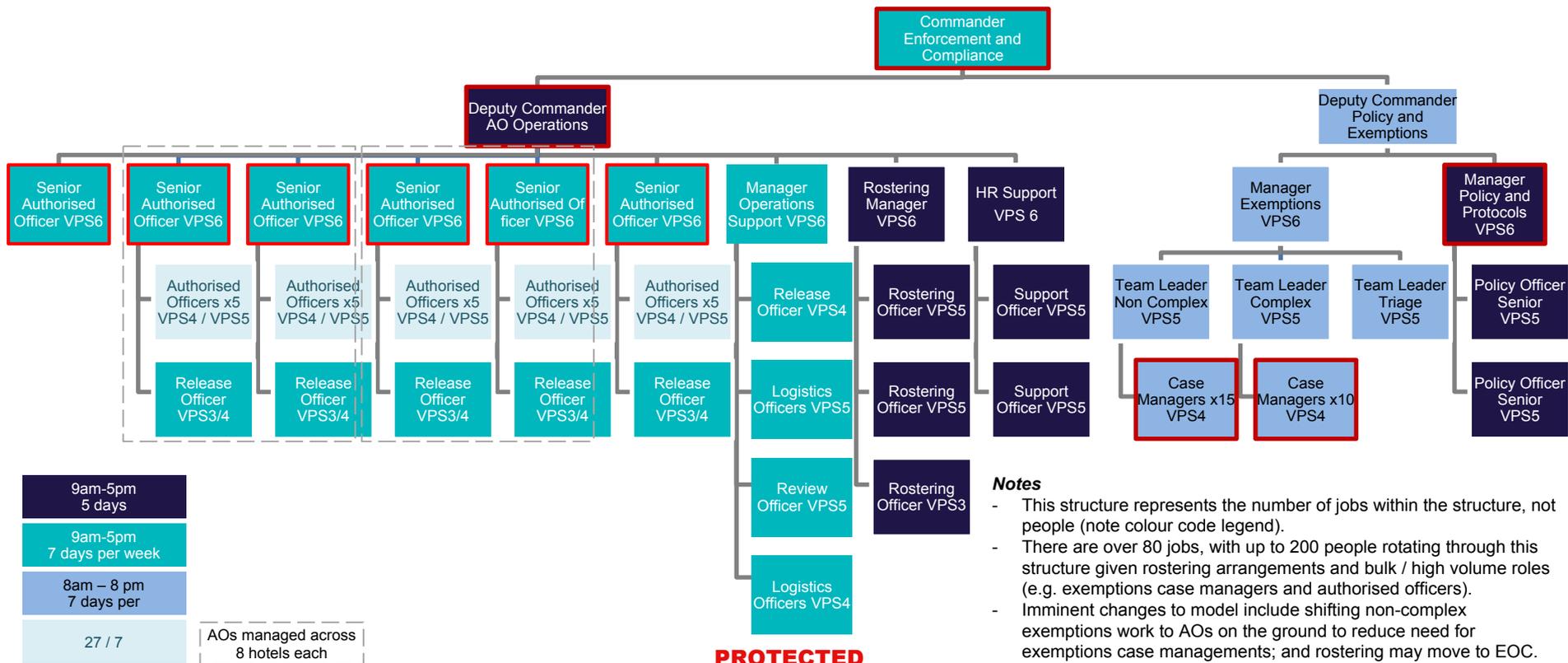
### Process

### Legislation

- Public Health and Wellbeing Act 2008 (PHWA)
- Sections 200(1) and 200(2) – (8) set out emergency powers and obligations
- Part 9 outlines general powers of Authorised Officers.
- s.183, s.188(2), s.193(1), s.203(1) set out infringements

# Enforcement and Compliance

## Detailed structure



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- There are over 80 jobs, with up to 200 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. exemptions case managers and authorised officers).
- Imminent changes to model include shifting non-complex exemptions work to AOs on the ground to reduce need for exemptions case managements; and rostering may move to EOC.

# Enforcement and Compliance

## Workforce considerations

### Profile and high level issues

Structure includes a combination of bulk roles (Authorised Officers), generalist (administrative and corporate support) and specialist roles (exemptions and release officers).

Several rosters and up to 24/7 operations require high volume of FTE and associated issues (i.e. turnover, training etc.).

Predominant source of operational staff is existing RHPem staff (i.e. Human Services Regulator; Regulation and Reform; Health Protection) external (i.e. AOs from councils and government agencies) and other divisions (i.e. CSO; SCV).

Predominant source of program staff is existing agencies (i.e. case managers from Hays).

### Bulk versus individual roles

Executive roles overseeing operational and policy roles:

1. Commander (Meena / Murray)
2. Deputy Commander x2 (Anthony Kolmus Kolmus and REDACTED and Anna Peatt contract expiring)

Bulk roles performing both operational and operational policy roles:

1. AOs (team leaders, release officers, general support), sourced internally and externally
2. Exemption case managers sourced externally from Hays.

Generalist roles performing rostering, administration and corporate support:

1. Op policy roles from various sources
2. Rostering roles from Reg & Reform
3. HR and administrative support roles from RHPem (Standards and Regs)

### Sourcing challenges

Commander and deputy commander roles are executives from RHPem who are performing a dual role.

Case managers are not readily available and therefore sourced externally via Hays, noting there may be less need for them as non-complex exemption work moves to AOs on the ground.

AOs are sourced from various places and subject to fluctuating demand (e.g. people in hotels regularly changing).

Rostering approach duplicated across multiple functions.

Shadow corporate support functions established - should consider if these should be consolidated with others.

### Forecasted supply and demand

Internal EOs and AOs required to return to substantive positions in RHPem, coupled with anticipated shortages of external availability (e.g. as local councils resume their own regulatory functions, AOs will need to return).

# Enforcement and Compliance

## Key features of the structure and design considerations

### Function features

- Three executives overseeing the function.
- Heavy operational structure with focus on legislation.
- Embedded administrative support (i.e. HR rostering support).
- High level of redeployment of staff (i.e. AOs) across other emergency response functions.

### Design considerations

1. The Deputy Commander AO Operations has a large span of control and may not require some direct reports (e.g. rostering team could report to Manager Operational Support).
2. Potential for rostering function / capacity to be fully absorbed/provided elsewhere for scale to reduce temporary rostering roles in structure.
3. Rostering Team Leader is currently VPS6 given complexities and could transition to a VPS5.
4. While policy capability exists and is readily available, there is a gap in capability availability for operational policy design and development (i.e. guidelines, protocols etc.).
5. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles.
6. Require an enduring structure to retain staff, reduce re-training for and increase consistency of specialised regulatory decisions and responses.

# Enforcement and Compliance

## Key issues to resolve

### Focus

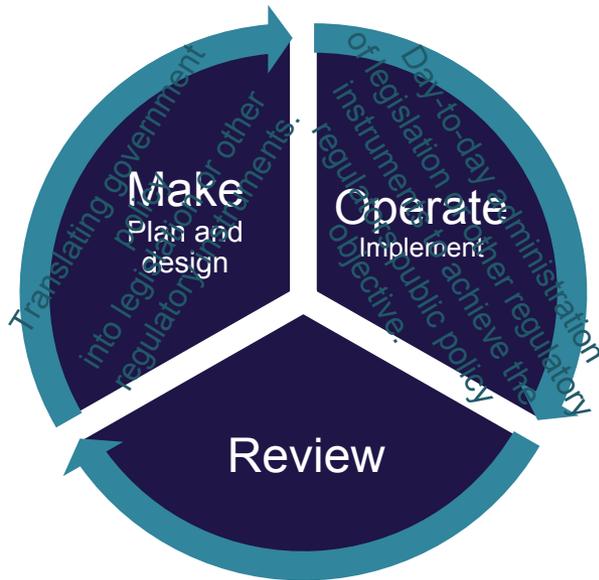
Several design, workforce supply and demand and transition issues need to be addressed.

### Issues to be worked through...

1. The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance function (i.e. there is some confusion about reporting lines and relationships to other emergency functions such as public health command, emergency management or RHPEM).
2. No regulatory capability framework that articulates the skills required and emerging gaps (e.g. there is arguably a lack of available operational regulatory policy capability i.e. strong policy exists but not required moving forward).
3. Need for consistent and dedicated corporate support (beyond access to mobility pool) to assist source/recruit, onboard and roster technical staff to eliminate shadow functions and focus on core business.
4. High volume of staff sourced from Regulation and Reform branch in RHPEM.
5. Fluctuating nature of demand for AOs and associated sourcing and retention challenges (i.e. reliance on external supply that will dry up as restrictions are lifted, short term nature of contracts, turnover and training impacts).

# Enforcement and Compliance

## Regulatory capability considerations (IPAA framework, 2015)



Assessing whether regulatory instruments or processes are continuing to meet their specified objectives.

### Make

- identification of a need to modify behaviours to achieve a policy goal that is best addressed by regulation
- the selection and application of the regulatory instrument(s), bearing in mind the compliance burden that is being imposed

### Operate

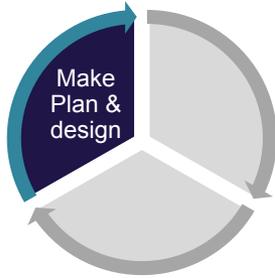
- information and education to raise awareness of the regulatory program and support regulated entities to comply with regulations
- the setting of standards
- application and/ or assessment processes
- stakeholder engagement in design and implementation
- monitoring of compliance
- enforcement of the law to address non-compliance

### Review

- evaluation of the regulatory program and its governance.
- following evaluation, implementation of any required changes to the regulatory framework or how it is administered
- periodic reassessment of whether the regulation is still appropriate to contemporary needs or if some alternative government intervention might be preferable

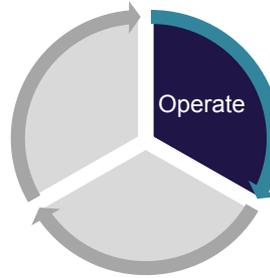
# Enforcement and Compliance

## Core capabilities for specific roles against IPAA regulatory framework



Roles: Lead Commander; deputy commanders; operational policy

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Roles: Team Leaders; Supervisors; Authorised Officers

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Roles: Lead Commander; deputy commanders; operational policy

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review (with Public Health Command)

# Section 3

## Emergency Operations

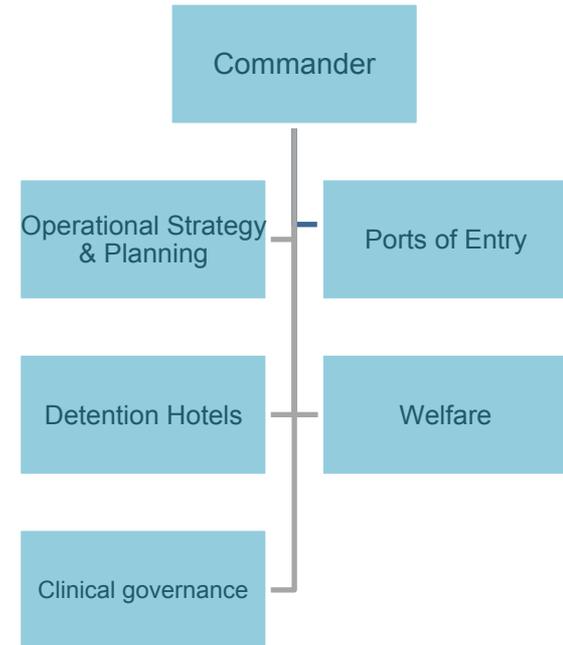
1. Background
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6. Capability considerations

# Emergency operations

## Background

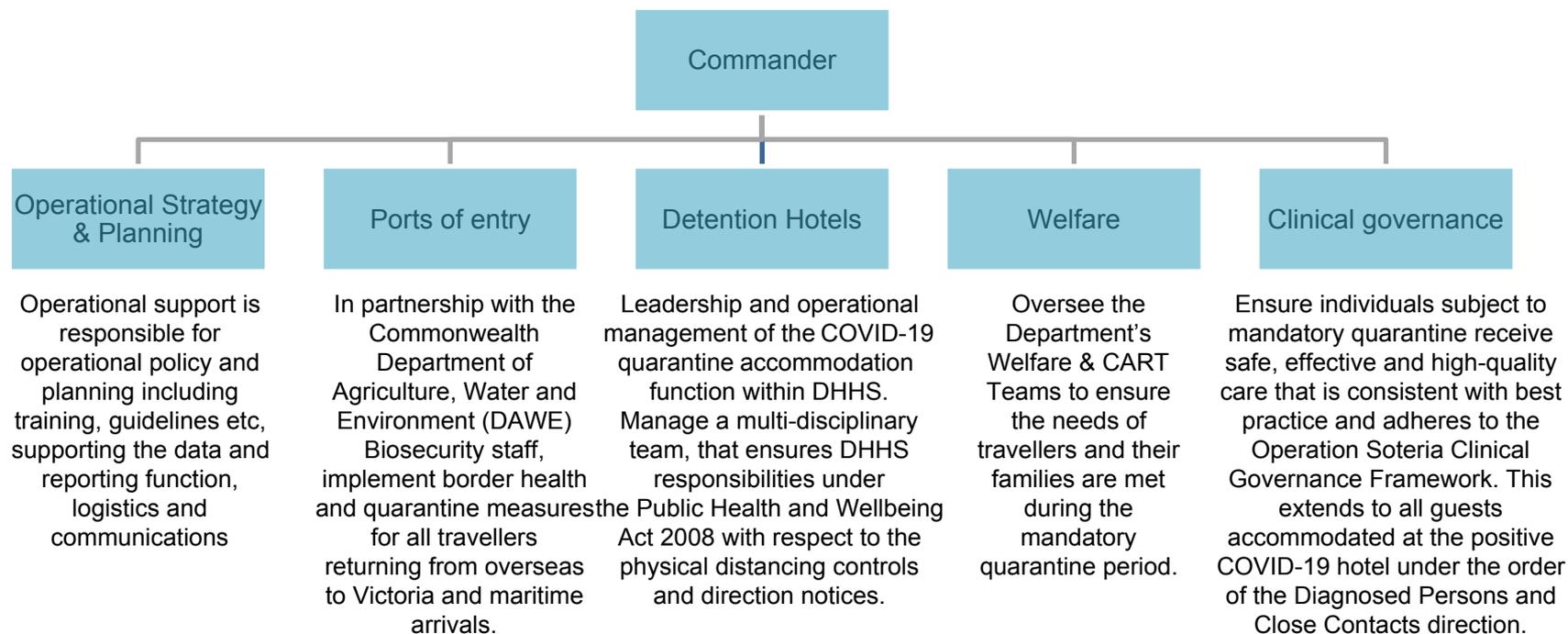
- Following the Australian National Cabinet direction that from 28 March 2020, all passengers returning from international destinations undergo 14 days enforced quarantine in hotels to curb the spread of COVID-19, Operation Soteria was established by the Victorian Government to achieve safe, authorised mandatory detention upon arrival into Victoria.
- The Emergency Operations Cell (EOC) led by the DHHS Commander COVID-19 Accommodation is responsible for:
  - Delivering secure quarantine accommodation to all overseas travellers and others assigned accommodation, in collaboration with DJPR, VicPol, DoT, DET, DPC, ABF, AFP
  - provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
  - ensuring the safety, health 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.
- An emergency accommodation structure has been stood up to support detention accommodation and ports of entry.

### *Functional structure*



# Emergency operations

## Functional structure and description



# Emergency operations

## Operating model components

- Teams is the predominant internal communication software being used to accommodate external stakeholders.
- Telephony and other conventional communication channels are used.
- The Compliance and Welfare Management System has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System.
- Data team to manage and oversee performance reporting data, data flows, audits and improvements

Technology

Channels

- ABF (Border force) re plane arrivals
- AFP and DoT and Vic Pol re transport and security
  - DJPR re hotels, security and transport
  - CWMS for health and welfare reporting
    - Covid Directions email
    - Welfare Call Centre
- Covid Quarantine email

- Airport: Work with Biosecurity officer to ensure health check is performed; coordinate transport to hospital (as required); Issue airport arrival survey (to be filled in the bus
- Hotel at entry: Organise hotel check-in; collect airport arrival survey (and file); manage basic safety check.
- Hotel During Quarantine: daily health check (onsite nurse or via call); long welfare survey (within day 3); short welfare survey (day 9/10); referral to nurse or CART for escalation; complex assessment; development plan for complex cases); facilitate COVID-19 testing (Day 3 and 11); organise required medical services, e.g. medical practitioners, ambulance; respond to guest requirements and incidents
- Coordinate DJPR, VicPol, DoT, ABF, AFP to achieve program outcomes

Process

Legislation

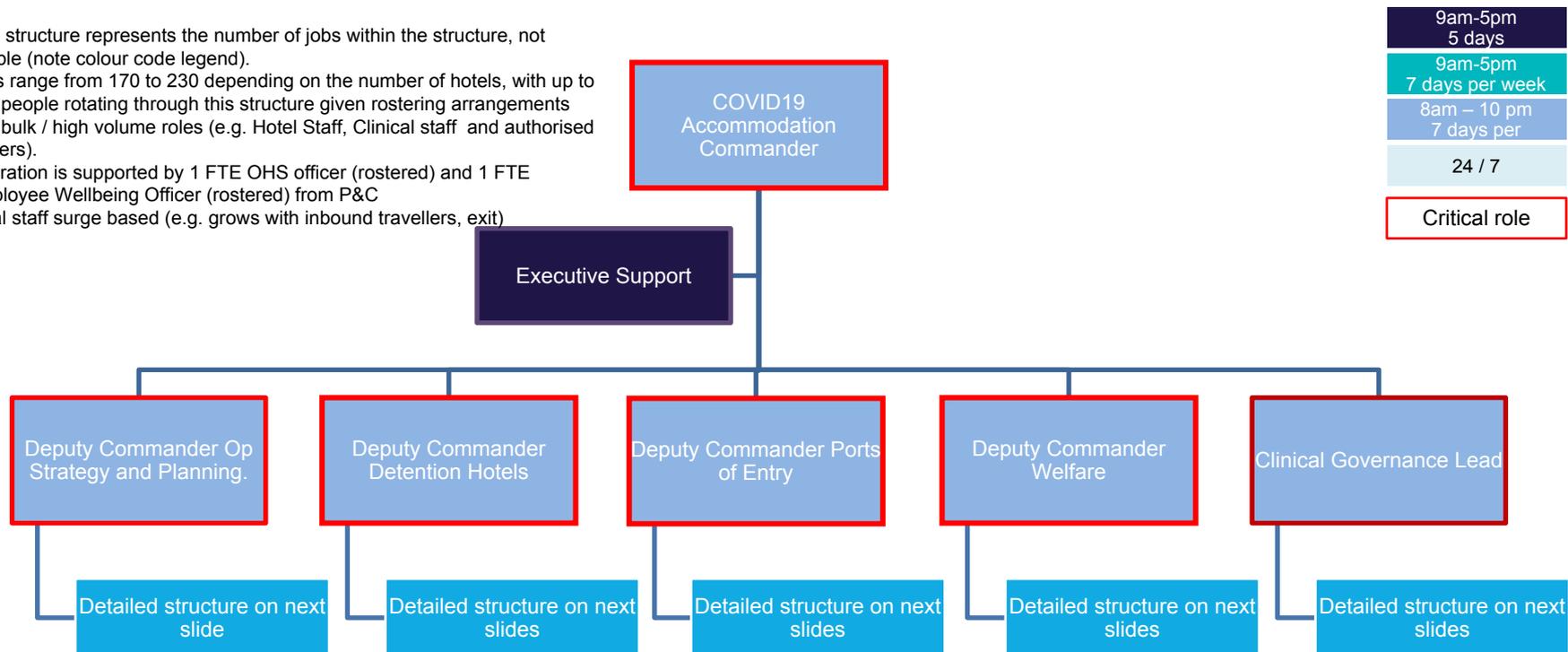
- Public Health and Wellbeing Act 2008 (PHWA)
  - Charter of Human Rights

# Emergency operations

## Overall structure

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Jobs range from 170 to 230 depending on the number of hotels, with up to 400 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. Hotel Staff, Clinical staff and authorised officers).
- Operation is supported by 1 FTE OHS officer (rostered) and 1 FTE Employee Wellbeing Officer (rostered) from P&C
- Total staff surge based (e.g. grows with inbound travellers, exit)



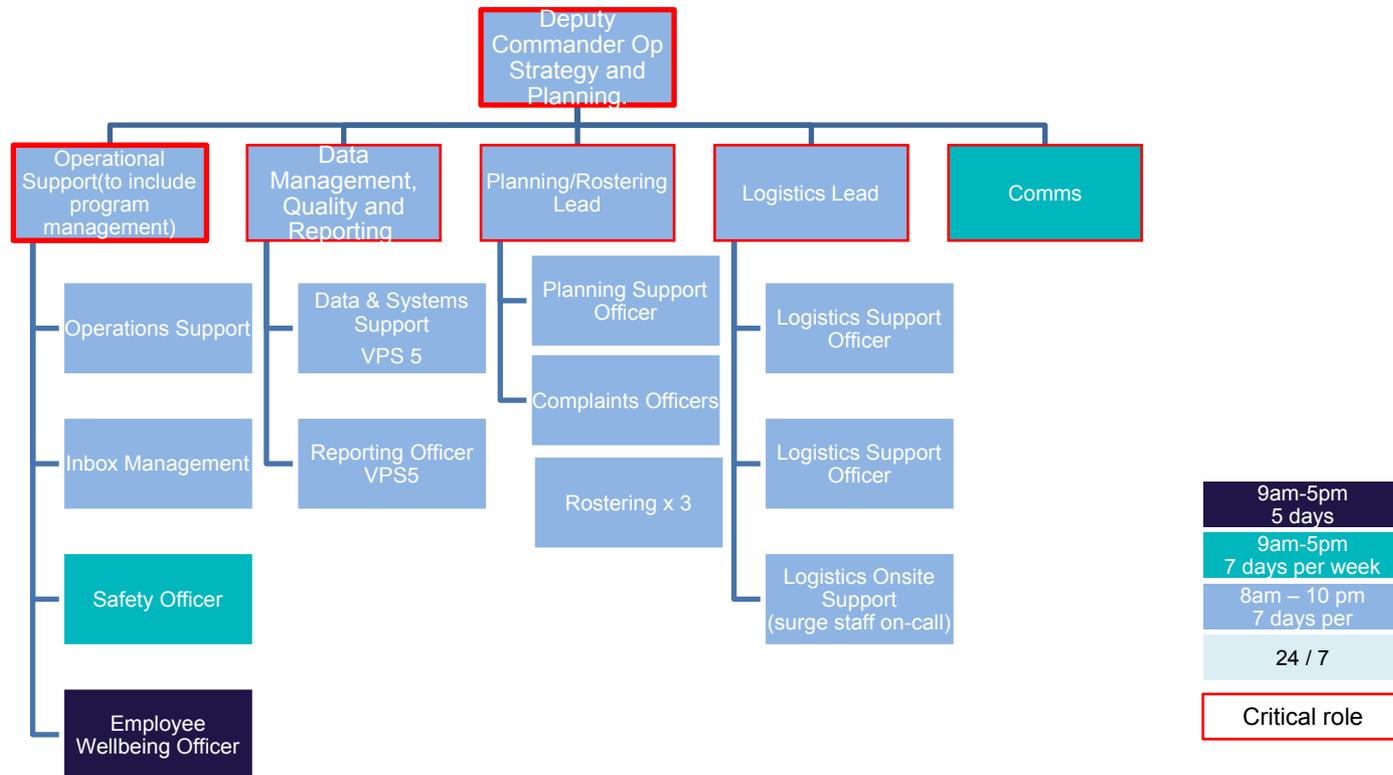
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# Emergency operations

## Operational Strategy and Planning detailed structure

### Notes

- Program management function currently in Welfare Cell will be transferred to this function.



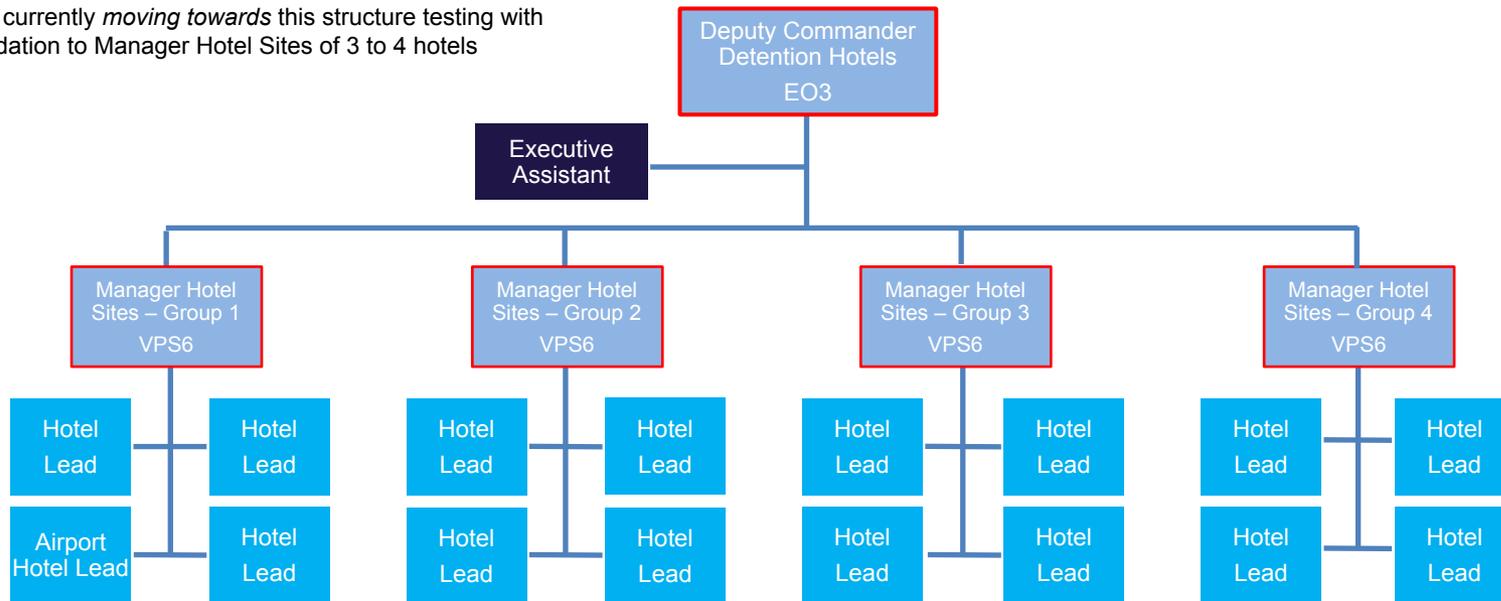
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# Emergency operations

## Detention hotels model

### Notes

- This structure shows site lead level only, - detailed matrix structure available on next slide.
- EOC is currently *moving towards* this structure testing with consolidation to Manager Hotel Sites of 3 to 4 hotels



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

7 day per week  
7am-10pm

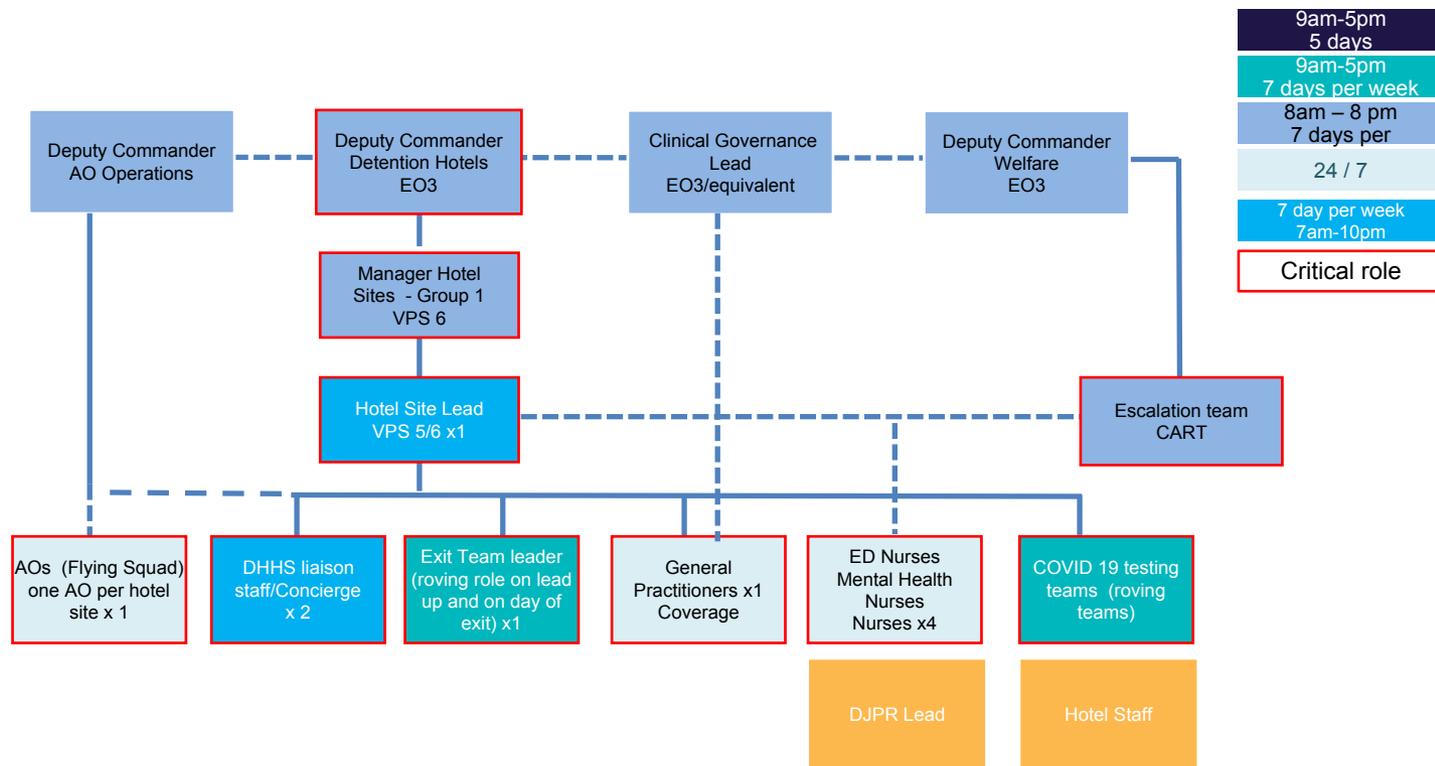
Critical role

# Emergency operations

## Example of detailed matrix structure at hotel sites

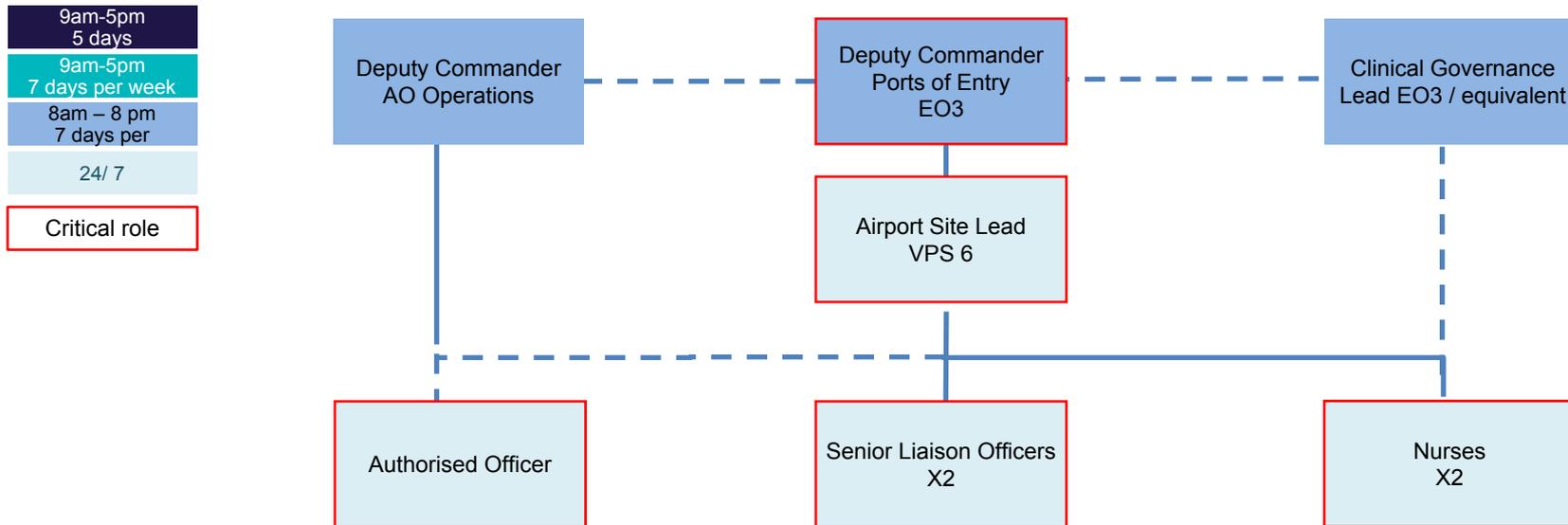
### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- 10 – 16 Hotel sites (this surges or contracts as required) sit under the Dep Commander Hotels 10 roles per site range between 100 to 160 staff
- Hotel Site Lead manages matrix team and is point for day to day issues, and escalations.
- Representatives have clear roles, responsibilities and obligations under the Act or protocol.
- Exit Team Leader involves a roving role on lead up and on day of exit)
- The following is the average number of medical staff at a hotel site, noting this changes depending on the need:
  - 1 ED nurse per shift 7days a week
  - 2 general nurses
  - 1 Mental health nurse
  - 1 GP 8am to 6pm 7 days a week
  - 1 clinical lead (GP) telephone consultation
- Testing occurs at 3 to 4 hotels per day with a compliment 1 DHHS support officer per hotel and up to 12 testing team of 2 nurse and one personal care attendant .



# Emergency operations

## Airport site detailed structure

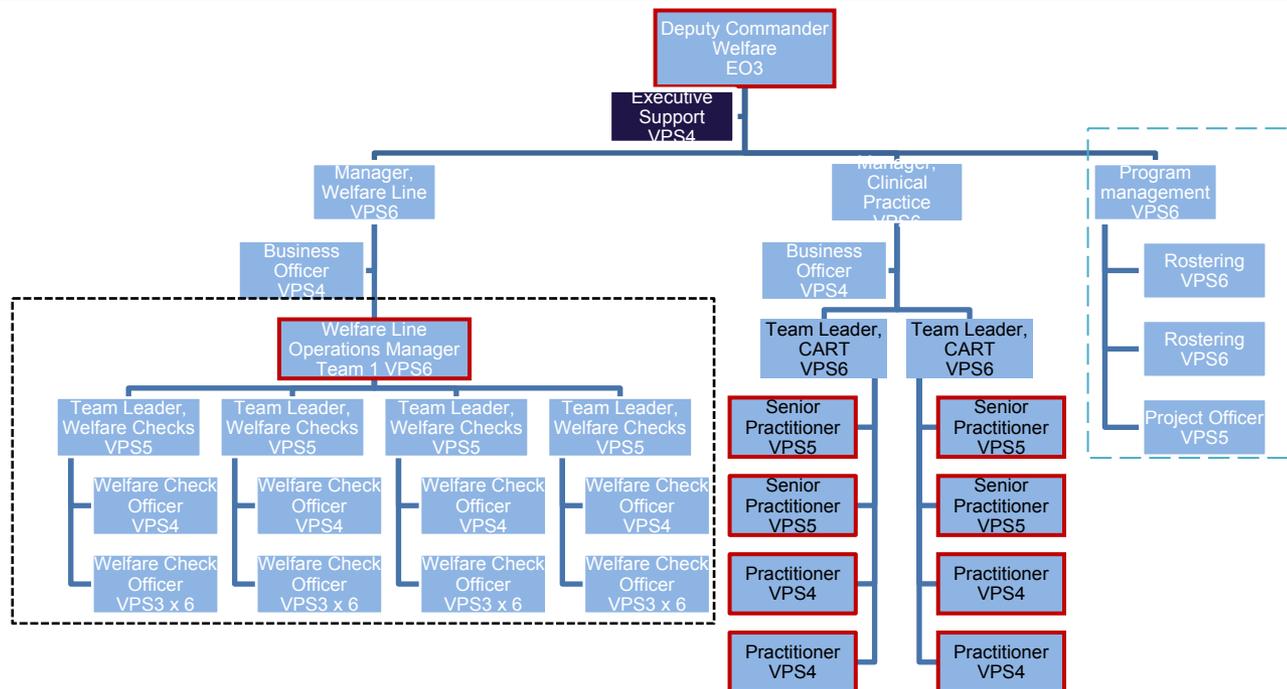


### Notes:

1. Moving towards this structure (i.e. Clinical Governance role is yet to be filled)
2. This structure surges demand including large flights, multiples flights arriving and transiting passengers. Same roles, increase people
3. Airport Site Lead manages matrix team of AOs, Medical Staff and DHHS staff on day to day issues ,escalates issues and provides support to on site team and reports to Deputy Commander Ports of Entry
4. Deputy Commander Ports of Entry manages day to day issues of the on site team including rostering in consultation with Deputy Commander AO Operations and Clinical Governance Lead
5. Deputy Commander AO Operations provides daily briefings to all AOs

# Emergency operations

## Welfare detailed structure



|   |
|---|
| 9am-5pm<br>5 days                         |
| 9am-5pm<br>7 days per week                |
| 8am – 8 pm<br>7 days per                  |
| 24 / 7                                    |
| <b>Critical role</b>                      |
| Team duplicated (i.e. two teams, not one) |
| Temporary team, expiring May 2020         |

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 100 staff rotate through this structure.
- Program management team to be picked up by Deputy Commander Op Strategy and Planning.

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# Emergency operations

## Workforce considerations

| Profile and high level issues  | Bulk v individual roles  | Sourcing challenges  | Forecasted supply and demand  |
|--|--|--|---|
| <p>Dynamic environment influences operational structures and models.</p> <p>Workforce includes a combination of bulk roles, generalist and specialist roles (clinical).</p> <p>There are different levels of rostered roles ranging from BAU to 24/7 operations that require high volume of FTE and associated issues (i.e. turnover, training etc.).</p> <p>Predominant source of Welfare Cell (i.e. phone line and CART function) are internal staff (i.e. mobility pool and critical skills register), but also external / volunteers (i.e. agency and causals). Airports are predominantly Operational Division and Hotels include internal (i.e. mobility pool) and VPS departments (e.g. DET and DJPR).</p> <p>Program management support staff are from CSOD, due to return in May.</p> | <p>Executives overseeing operational roles:</p> <ol style="list-style-type: none"> <li>1. Commander (Pam / Merrin)</li> <li>2. Deputy Commander x 3 (Michael MefflinEO3, Colleen Clark/Anita Morris, Sandy Austin/Melody Bush)</li> </ol> <p>Bulk roles performing operational roles:</p> <ol style="list-style-type: none"> <li>1. CART practitioners</li> <li>2. Welfare calls to hotels (outbound only)</li> <li>3. DHHS support at hotels (e.g. site lead)</li> </ol> <p>Generalist roles performing rostering, administration and corporate support:</p> <ol style="list-style-type: none"> <li>1. Program support, including rostering (from CSO)</li> </ol> <p>Specialist roles performing clinical support and complex assessments:</p> <ol style="list-style-type: none"> <li>1. Senior practitioners and clinical roles in both CART and site operations.</li> </ol> | <p>The EOC is staffed predominantly by Ops EM and Operations EM surge staff. All Ops EM Directors are working in EOC and covering their own BAU.</p> <p>Practitioners are at risk of depleting critical resources in OPP and CSO more broadly. Program support that is typically based in CSOD is in high demand, but at risk of depleting CSO functions.</p> <p>Rostering approach duplicated across multiple functions</p> | <p>Supporting rostering and consolidating program support functions important to reduce reliance on CSO functions in medium term.</p> |

# Emergency operations

## Key features and design considerations

### Function features

- There are several (TBC) executive positions overseeing the function, although, multiple executives rotate through given operational requirements.
- Regularly accommodate surge and contraction with very tight time frames.
- Work with integrated teams to support on the ground operations.
- Responsible for end to end welfare from airport to hotel, to ongoing social supports.

### Design considerations

1. Span of control for a medium term response needs to be considered in the structure (current structure represents an immediate emergency response need to rethink the structure and governance that considers the response will be longer but still time limited – therefore integrated response).
2. Clinical Governance role needs refinement (i.e. incorporate clear oversight and secondary consultation and escalation role for clinical staff).
3. Need for communications capacity to work closely with other emergency response functions (e.g. enforcement and compliance BAU) and assist inter-agency operations.
4. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles. Alternatively, the rostering function could be supported by, or consolidated with Public Health Command).
5. Call centre and communications outbound and inbound need to be reconsidered (greater integration of broader info lines)
6. Data management and quality and reporting needs to be improved across the program

# Emergency operations

## Key tensions to resolve

| Focus  | Items to be worked through...  |
|--|--|
| <p>Several design, workforce supply and demand and transition issues need to be addressed.</p> <p>There is a particular focus on decision making processes and governance need to accommodate an interim, complex response</p> | <ul style="list-style-type: none"> <li>• Complexity working in a matrix model in an operational emergency response 'on the ground' (i.e. this is not an ideal model for an emergency); and developing an interim response that is a hybrid of emergency and BAU</li> <li>• High volume of staff sourced from BAU functions, including emergency management staff from all Operations Divisions and central, program management, clinical and practitioner staff from CSO, balanced with an operation that faces frequent surge/contraction.</li> <li>• Clarity of roles, relationships, governance and indirect impact of existing functions (e.g. the State Health Coordinator) and new functions such as 'hotel for hero'.</li> <li>• Impact of policy and regulatory decisions that change client volume and operating models as we transition from response to recovery (i.e. impact of state of emergency, second wave responses etc.).</li> <li>• Potential to maximise value of call centre function by grouping some on site and strengthen relationship with DJPR (note this would require different capability); and exploring opportunities for integration and interaction with other DHHS call centre functions.</li> <li>• Resolve issues relating to the spread of data accountability and custodianship across emergency response functions and resource accordingly (currently, EOC are managing welfare issues and E&amp;C are managing their regulatory issues).</li> </ul> |

# Section 4

## Public Health Command

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and tensions to resolve
6. Capability considerations

# Public Health Command: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID-19.
- The establishment of the Public health Command Structure sets policy, operational policy and manages public health operations to effectively:
  - Reduce introduction of new cases from overseas
  - Find every case of COVID-19 through contact tracing
  - Ensure suspected and confirmed cases are rapidly isolated
  - Effectively manage outbreaks of COVID-19
  - Reduce community transmission
  - Protect population groups who are most vulnerable to complications of COVID-19 by:
    - Safeguard the provision of healthcare within the health system
    - Mitigate societal and economic harms from interventions to prevent COVID-19
  - Prepare to vaccinate the population against COVID-19 (when available)

## *Functional structure*



# Public Health Command

## Operating model components

- [PIPC] Microsoft Teams and SharePoint.
- [CCOM] PHESS; 365 and Teams; Whisper (cloud based comms platform from Telstra for mass messaging); Soprano (text message services); TRIM; Pure Cloud external
- [PI] Teams; SharePoint database; web and social media platforms.
- [PD] Need to explore using 'Compliance and Welfare Management System' when communicating test results to mitigate privacy issues, or PHESS.
- [I] Compliance and Welfare Management System

### Technology

### Channels

- [PHOC] COVID-19 Directions (various)
- [PIPC] Emails / telephony to health services (i.e. labs) [I]
  - [CCOM] labs access and input directly into PHESS;
- 1300 (case notification, general advice to GPs, doctors etc)
  - [PI] Various shared inboxes.
  - Joint shared team mailbox (whole of Victorian Government).
  - [PI] Hotline stood up internally and externally.
- [PD] VicGov Corona Virus (physical distance option)

- [CCOM] Case and contact tracing process and procedures
- [PI] Adhere to Unit manual.
- [PI] Intelligence gathering communications process through to multiple recipients.
- [PD] Typical policy development processes
- [PD] Communicating COVID results to people in quarantine (interim) (to be moved to Clinical Lead in Soteria).
- [I] data gathering across airport and hotel sites (needs improvement)

### Process

### Legislation

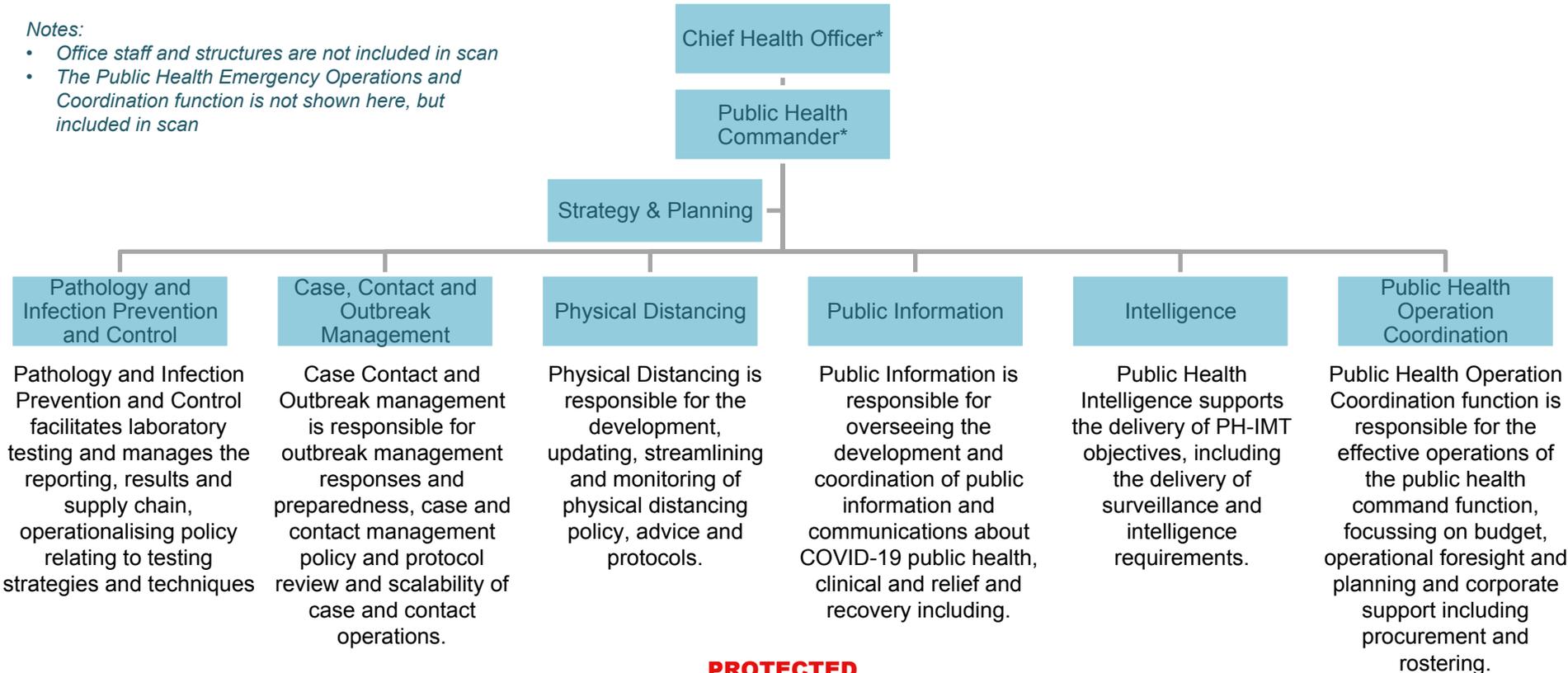
- [PIPC; PI; PD; I] Public Health and Wellbeing Act 2008 (CHO Alerts).
- [PIPC] Occupational Health & Safety Act 2004 (Cth)
  - [PIPC] Therapeutic Goods Act 1989 (Cth)
  - [PI; PD] Emergency Management Act 2012.
- [PI, PD] Emergency Management Manual (EMV)
  - [PI, PD] Victorian Warning Protocol
- [PI, PD] 4.01 Standard Operating Procedures

# Public Health Command

## Functional structure and description

### Notes:

- Office staff and structures are not included in scan
- The Public Health Emergency Operations and Coordination function is not shown here, but included in scan



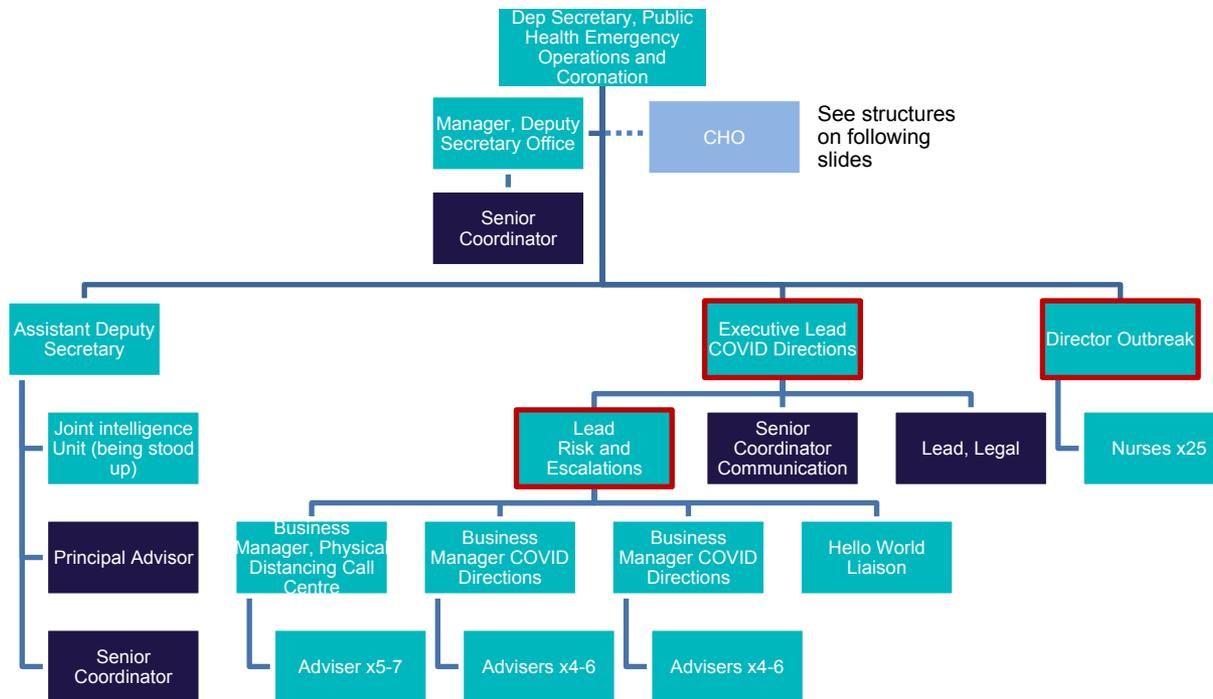
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# Public Health Command

## Public Health Emergency Operations and Coordination

### Notes

- Excluding structures below the CHO, there are approximately 30 jobs, plus nurses, excluding new intelligence function. Up to 70 staff rotate through this structure
- Outbreak team currently being stood up.
- Joint intelligence unit is currently being stood up and will draw on existing intelligence unit.
- Up to 25 nurses are sourced from various places.
- Critical need for resources under COVID Directions as Hello World contract continues to be reviewed.
- Additional capacity to support whole go government work is being considered under COVID Directions.



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

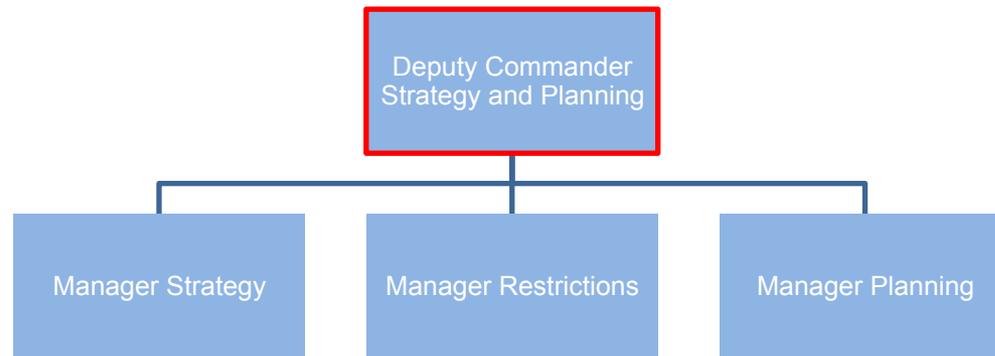
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# Public Health Command

## Strategy & Planning – Proposed structure

### Notes:

- Deputy Commander has three staff (i.e. one public health manager with departmental experience and 2 medical practitioners on short term contracts).
- Function requires urgent review of capacity, including level of resourcing for this function.



9am-5pm  
5 days

9am-5pm  
7 days per week

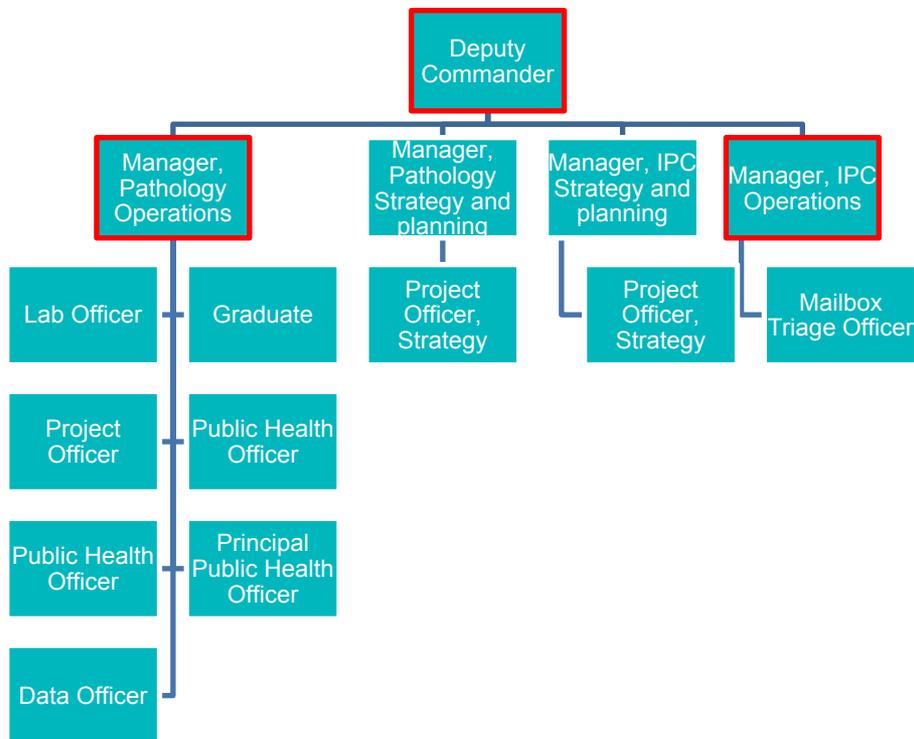
8am – 8 pm  
7 days per

24 / 7

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# Public Health Command

## Pathology and Infection Prevention and Control



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 17 people rotate through this structure.
- Outreach team previously here now reporting to Jacinda.
- IPC operations rely on SCV, and infection control consultants VICNISS.

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

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# Public Health Command

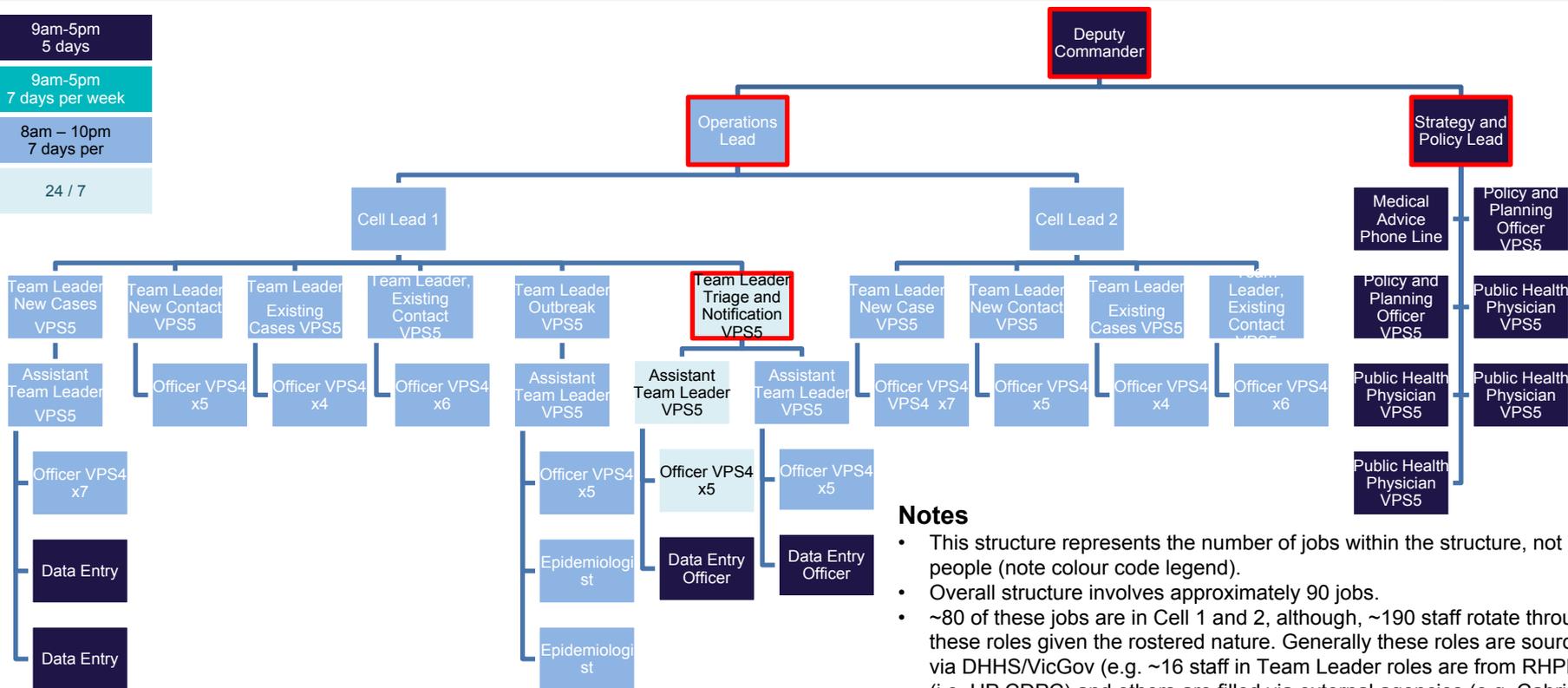
## Case, Contact and Outbreak Management

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 10pm  
7 days per

24 / 7



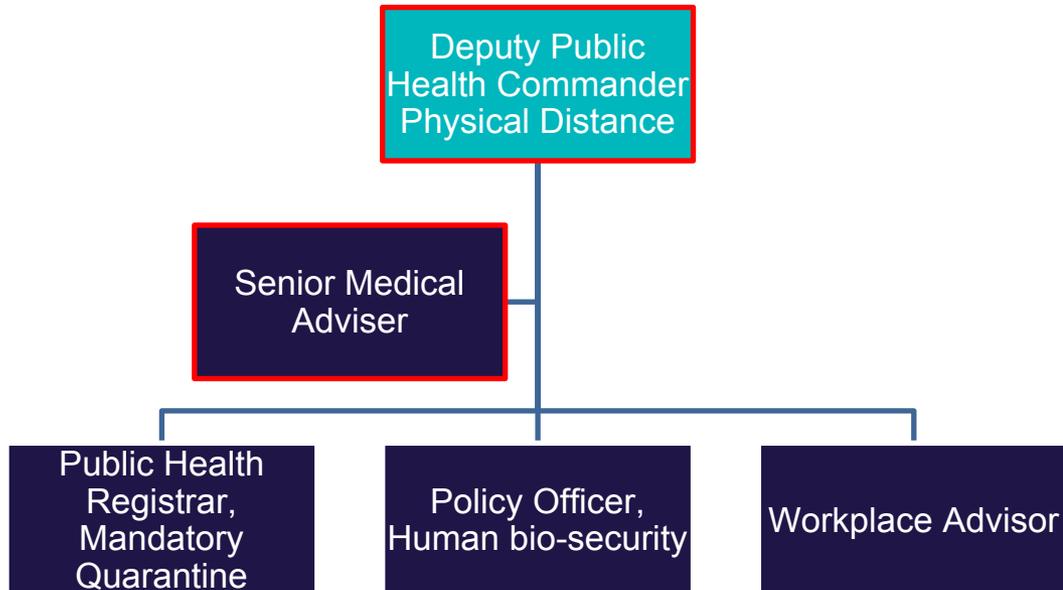
### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Overall structure involves approximately 90 jobs.
- ~80 of these jobs are in Cell 1 and 2, although, ~190 staff rotate through these roles given the rostered nature. Generally these roles are sourced via DHHS/VicGov (e.g. ~16 staff in Team Leader roles are from RHPem) (i.e. HP CDPC) and others are filled via external agencies (e.g. Cabrini).
- Medical advice line is shared 1 day per person from Strategy team.

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# Public Health Command

## Physical Distancing



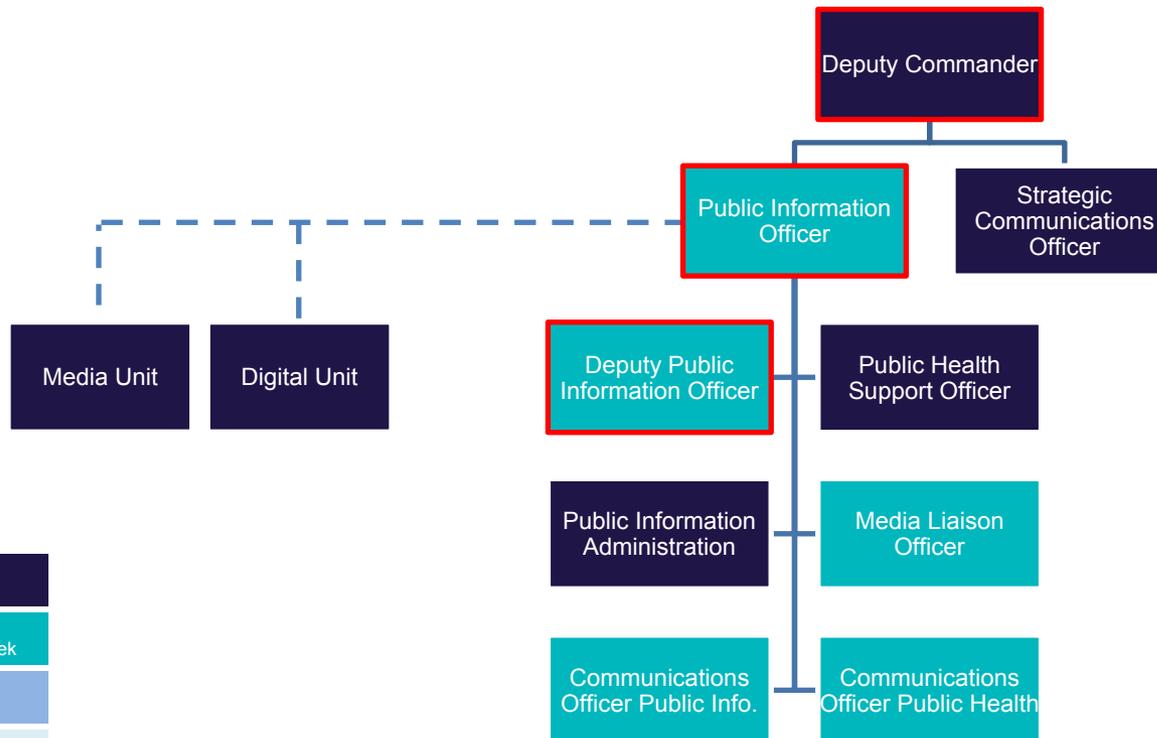
|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Workplace adviser function currently being developed

# Public Health Command

## Public Information



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 20 staff rotating through this structure, plus dotted line relationship to media and digital teams within Strategy and Planning
- Team has an operational focus, with majority of staff on rosters (e.g. 4 days on, 4 off), reflected here as 9-5 7 days a week.

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# Public Health Command Intelligence

- 9am-5pm  
5 days
- 9am-5pm  
7 days per week
- 8am – 8 pm  
7 days per
- 27 / 7

Deputy Public Health  
Commander: Intelligence

Intelligence  
Operations

Strategy, Surveillance  
Systems, Integrated  
Reporting

Surveillance  
and  
Response

Lead,  
Intelligence  
Coordination

Lead,  
Disease  
Surveillance

Lead,  
Informatics

COVID  
Surveillance  
Systems

Expanded  
Testing

Water  
Surveillance

Lead, Situational  
Awareness and  
Research Coord

Lead, Outbreak  
Management  
Team

Modelling &  
Forecasting

Lead, Flu  
Management

Lead, Data  
and Reporting  
Team

Lead Development  
Team

Informatics  
team x 30  
(i.e. staff 57)

Epi/Data  
Analytics

Epi/Data  
Analytics

Project Coord.

Deputy Team  
Leader

Deputy Team  
Leader

Team TBC

Team TBC

Analyst

Analyst

Analyst

Analyst

Officers x8

Data Liaison

Officers x8

Epidemiologis  
t Cell

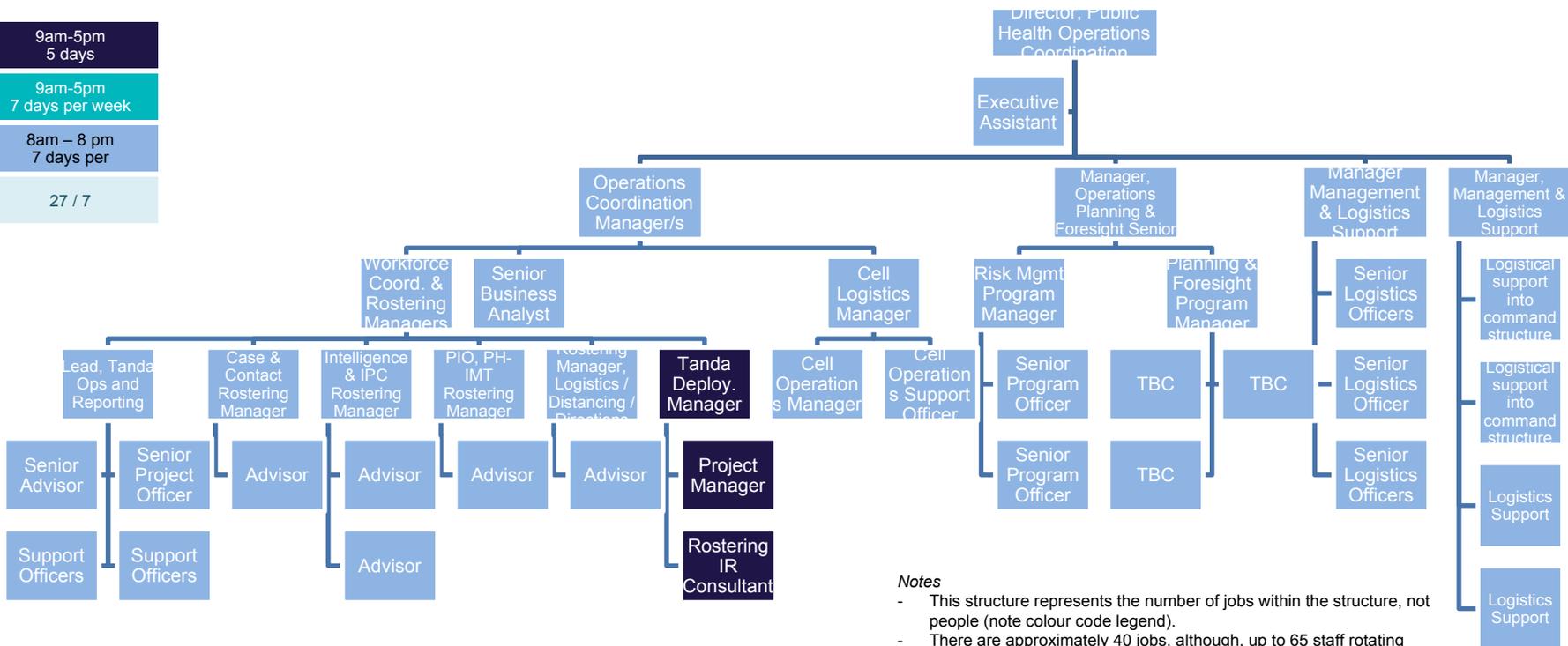
**Notes**

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 130 people rotating through this structure
- Two volume bulk / high volume workforces including informatics and disease surveillance (further design work required for this area).
- Intelligence coord forecasted growth from ~90 to ~140 people
- Note other team members include MAEs and students

# Public Health Command

## Public Health Operation Coordination Function

|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |



- Notes**
- This structure represents the number of jobs within the structure, not people (note colour code legend).
  - There are approximately 40 jobs, although, up to 65 staff rotating through this structure

# Public Health Command

## Workforce considerations

| Profile and high level issues   | Bulk v individual roles   | Sourcing challenges  | Forecasted supply and demand  |
|---|---|--|---|
| <p>Structure includes a combination of bulk roles (epidemiologist, intelligence surveillance, informatics, investigations), generalist (coordination and logistics) and specialist roles (medical practitioners on information lines).</p> <p>Up to 24/7 operations require high volume of staff and creates complex workforce arrangement (i.e. rostering, turnover, training etc.).</p> <p>Predominant source of operational staff is from Health Protection (epidemiologist, environmental health officers from communicable diseases and other areas) and Prevention and Population Health.</p> <p>There is considerable agency hire and from hospitals (e.g. nursing staff) and VISA appointments.</p> | <p>Executive roles overseeing operational and policy roles:</p> <ol style="list-style-type: none"> <li>1. Several executives (Simon, Kira, Bruce, Fin, Nicole, Katherine and AvD).</li> </ol> <p>Bulk roles performing both operational and operational policy roles:</p> <ol style="list-style-type: none"> <li>1. Epidemiologist</li> <li>2. Disease surveillance</li> <li>3. Case contact and tracing officers</li> <li>4. Data and informatics</li> <li>5. Physicians, nurses, GPs</li> </ol> | <p>Several executives who normally provide BAU leadership in RHPEM are 100% dedicated to the PHC.</p> <p>The supply line from other Victorian Government agencies, health services, universities, local councils (e.g. AOs') is likely to reduce as restrictions are lifted.</p> <p>BAU staff from RHPEM and across the department and VPS have been drawn on to support COVID-19, although, continue to have BAU commitments which create a gap and organisational risk.</p> <p>AOs are sourced from various channels and subject to fluctuating demand, as well as necessary onboarding delays (e.g. screening).</p> | <p>Even short term COVID-19 response is assumed to be months, therefore there are considerable BAU risks and sourcing challenges ahead (highlighted in sourcing challenges).</p> <p>A paper submitted to the Missions Coordination Committee (21 May 2020) outlines workforce pressures, highlighting how contact tracing, infection prevention and control and outbreak squads will grow considerably. It explains how there will be continued demand for data interpretation and reporting skills, project managers and officers, communications staff, and other logistics and business support.</p> |

# Public Health Command

## Key features and design considerations

| Focus   | Items to be worked through...   |
|---|---|
| <ul style="list-style-type: none"> <li>Large and growing workforce with several rostering requirements to meet varying operational needs.</li> <li>Workforce source is combination temporary 'lift and shift' of DHHS functions, individual secondments or assignments and external agency hire (health service and generalist).</li> </ul> | <ol style="list-style-type: none"> <li>Urgent role design and work value assessment to be undertaken to inform recruitment strategy and pipeline management. Risks exist where substantive roles are not being filled in many of the teams (e.g. staff in the Pathology and Infection Prevention and Control team) and also the placement of people in roles that they are not suited to.</li> <li>High operational workforce has lower level classified roles and staff. On balance, the volume and ratio of senior to junior roles is low (i.e. arguably not enough senior staff at VPS5, VPS6 and executive level, particularly given the profile of the work and ministerial interaction).</li> <li>There is limited support for executive, ministerial, budget management and coordination support for each public health commander (particularly the 2-3 areas with high volumes of staff).</li> <li>Confirmation of placement of outreach function (was being established in the Pathology and Infection Prevention and Control team).</li> <li>Profile and future focus on Outbreak Response in Case, Contact and Outbreak Management may need to be elevated to the report to the deputy commander role.</li> <li>Reporting lines for management in the Physical Distancing Hotline need to be clarified and embedded, with consideration to the public health significance of this pandemic.</li> </ol> |

# Public Health Command

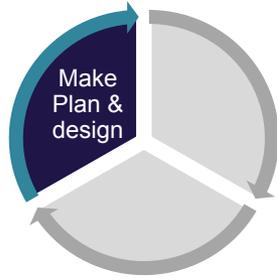
## Key tensions to resolve

| Focus   | Items to be worked through...   |
|---|---|
| <p>Several design, workforce supply and demand and transition issues need to be addressed</p> | <ul style="list-style-type: none"><li>• The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance, operations and public health response, including some confusion about accountabilities and reporting lines</li><li>• Timing and tenure of individual roles and appointments remains unclear for individuals, creating business risk (e.g. retention) and personal risk (e.g. uncertainty).</li><li>• Decision to resource and/or expand rostering support / teams to other emergency response teams.</li><li>• Urgency for a dedicated workforce plan that considers supply management, noting the concern that availability of workforce from agency hire, hospital, students and other external sources (including AOs) will reduce as restrictions are lifted (i.e. people go back to their day jobs). This will also create risks associated with turnover (e.g. retraining, business continuity etc.)</li><li>• High volume of staff from Health Protection in RHPem creating a BAU risk.</li><li>• Technical nature of some roles not readily available through existing supply lines (e.g. Critical Skills Register leading to reliance on external agency hire). This includes epidemiologist, lab staff etc.</li><li>• Some capability / skill / content gaps in policy development (e.g. in the Physical Distancing team).</li></ul> |

# Public Health Command

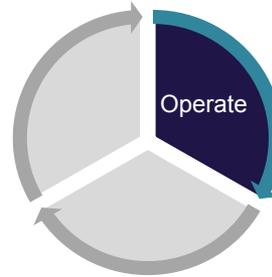
## Core capabilities in regulatory cycle

Description of roles and functions that fit within each part of the regulatory cycle TBC by PHC.



Functions/roles: TBC

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Functions/roles: TBC

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Functions/roles: TBC

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review

# Appendices

## Supporting information

1. Job cards
2. Stakeholders engaged

# Job Cards

## Enforcement and Compliance

# Job card - Commander Enforcement and Compliance

## Accountabilities

- Overall leadership and management of the COVID-19 enforcement and compliance function within DHHS, including oversight of compliance matters under all public health directions, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 enforcement and compliance legislation, protocols and data pertaining to enforcement and compliance matters.
- Provide authoritative advice and input into complex compliance matters, including support to the Chief Health Officers and delegates on compliance and enforcement related matters.
- Conduct daily review of those subject to detention and provide advice and guidance on necessary actions to be taken.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Deputy Commander AO Operations

## Accountabilities

- Overall leadership and delivery of regulatory operational function as it relates to the departments COVID-19 enforcement and compliance response.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Job card – Senior Authorised Officer (e.g. Team Leader)

### **Accountabilities**

- Lead a multi-disciplinary team, that ensures DHHS responsibilities under the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions are delivered effectively, efficiently and that any issues are escalated appropriately.
- Hotel cell: Ensure passengers/guests/client are compliant with detention notices and physical distancing policies; Detention notices are updated as required; Manage transfers requests to leave, and exit process and protocols; Escalate issues.
- Airport cell: Ensure passengers are served detention notices lawfully; compliant with detention notices and physical distancing policies; and triaged and transported appropriately.
- Release AOs: Carry out the release process for releasing people from quarantine.

### **Capabilities**

- Team supervision
- People management skills

### **Specialist expertise**

- Working knowledge of the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions

# Job card – Manager Policy and Protocols (VPS6)

## Accountabilities

- Provide high quality business intelligence, authoritative advice and sound policy recommendations to senior management and government based on comprehensive research.
- Oversee the development of policy and initiatives that meet government and departmental objectives within resourcing, timeline and budget parameters.
- Review and report on high priority issues, risks and trends and prepare and present comprehensive reports, ministerial briefs and cabinet and agency submissions on complex issues.
- Pro-actively build and maintain effective working relationships and facilitate the flow of information across the department and with key external stakeholders.
- Maintain an understanding of Commonwealth and State legislative and policy reform directions to influence policy development.
- Represent the department on key stakeholder committees and groups concerned with achieving government and departmental objectives, lead relevant committee and governance processes.
- **Keep accurate and complete records of your work activities in accordance with legislative requirements and the department's records, information security and privacy policies and requirements.**
- **Take reasonable care for your own health and safety and for that of others in the workplace by working in accordance with legislative requirements and the department's occupational health and safety (OHS) policies and procedures.**
- **Demonstrate how the actions and outcomes of this role and work unit impact clients and the department's ability to deliver, or facilitate the delivery of, effective support and services.**

## Capabilities

- Team supervision
- People management skills

## Specialist expertise

- A tertiary qualification in fields related to emergency management, community services, health administration or business management would be desirable.

# Job card – Exemptions

## ***Team Leader Complex***

- Oversee the day to day work of the Case Managers (Category 2): provide direction and guidance to case managers, review evidence, ensure quality of advice and briefs to support senior executive decision making.
- Manage complex and sensitive liaison with multiple parties.
- Alert Manager, Exemptions to any issues of risk, particularly relating to the welfare of people in quarantine, and including resource management and rostering issues.

## ***Team Leader Non Complex***

- Oversee the day to day work of the Case Managers (Category 1): provide direction and guidance to case managers, review evidence, ensure quality of exemption letters and advice and briefs to support senior executive decision making, escalate issues to Manager as appropriate, ensure consistency and timeliness of urgent matters.
- Alert Manager, Exemptions to any issues of risk, including resource management and rostering issues.

## ***Both***

- Work creatively and analytically in a problem-solving environment demonstrating teamwork, innovation and excellence.
- Provide leadership and motivate case managers to meet team goals, adhering to their responsibilities and milestones.
- Work collaboratively with other Team Leaders to support the shared objectives of the Exemptions team and broader Compliance Cell.

## **Capabilities**

- People management and/or team leader experience desirable
- Strong people skills in challenging, high volume and fast paced environments.
- Excellent attention to detail and time management skills with the ability to multi-task.
- Problem solving skills.
- Good written and verbal communication skills (experience in having difficult conversations and/or delivering difficult information would be desirable).

## **Qualifications**

- A tertiary qualification in policy, law or business, or in fields related to emergency management, community services, health administration or business management.

# Job Cards

## Emergency Accommodation

# Job Card – Commander, Operation Soteria

## Accountabilities

- Overall leadership and management of the COVID-19 detention accommodation & ports of entry functions within DHHS, including oversight of strategy, health & wellbeing of detained people, operational matters, recruitment, management and occupational health and safety.
- Coordination and approval of operational policy & standard operating procedures pertaining to Operation Soteria.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.
- Oversee data quality, management, quality assurance and reporting

## Capabilities

- Proven senior executive experience operating within a rapidly changing environment.
- Demonstrated experience in managing a multi disciplined workforce.
- Outstanding communication skills and the ability to foster relationships with partner stakeholders.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Hotels

## Accountabilities

- Leadership and operational management of the COVID-19 quarantine accommodation function within DHHS.
- Manage a multi-disciplinary team, that ensures DHHS responsibilities under the *Public Health and Wellbeing Act 2008* with respect to the physical distancing controls and direction notices are adhered.
- Provide oversight and quality assurance mechanisms to deliver high quality, safe and effective care to persons in mandatory quarantine.
- Active consultation with the Deputy Commander, Welfare and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate and represents best practice within the clinical governance framework.
- Promotes safety leadership to ensure the health and wellbeing of DHHS staff, and staff from other agencies contracted who are undertaking activity at the hotel.
- Lead the development of operational policy & standard operating procedures pertaining to Hotel Accommodation.
- Provides the Commander, Operation Soteria with situational awareness and intelligence to inform emerging issues and appropriate risk management.
- Provide authoritative advice and input into complex welfare and human service matters.
- Work collaboratively with all stakeholders to ensure all optimal outcomes for guests in mandatory quarantine.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- An ability to work in high emotion environment.
- Manage a multi-disciplined team.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Experience in working within a Clinical Governance Framework.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Ports of Entry

## Accountabilities

- In partnership with the Commonwealth Department of Agriculture, Water and Environment (DAWE) Biosecurity staff, implement border health measures for all travellers returning from overseas to Victoria.
- Oversee the adherence and enforcement functions and procedures for the direction and detention for Airport and Maritime Arrivals issued under *the Public Health and Wellbeing Act 2008*.
- Oversee the logistics of travellers that arrive at Victorian airports and maritime ports to their designated quarantine hotel.
- Oversee the implementation of Exemptions to the General Quarantine Policy for transitional passengers.
- Support the Commander, Operation Soteria participate in the *Managing Returns to Australia Working Group*.
- Lead the development of operational policy & standard operating procedures pertaining to Ports of Entry.
- Provide authoritative advice and input into complex matters to ensure the health and safety of travellers.
- Work collaboratively and liaise with external stakeholders at the Airport to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, AFP, DAWE, AV DFAT, DoT, Airport Chaplain and other jurisdictions as required.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.
- Demonstrated experience in leading Multi Disciplined Incident Management Teams.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Knowledge of Airport and Maritime operations, procedures and policies would be advantageous.

# Job Card - Deputy Commander, Welfare

## Accountabilities

- Oversee the Department's Welfare & CART Teams to ensure the needs of travellers and their families are met during the mandatory quarantine period.
- Ensure health and welfare screening take place soon after arrival so that existing and emerging health and welfare concerns can be risk assessed and addressed in a timely manner.
- Partnering with travellers, healthcare providers and other Victorian departments to facilitate effective engagement, coordinate support and timely effective care.
- Active consultation with the Deputy Commander, Hotels and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate within the context of mandatory quarantine.
- Manage the completion of psychological assessments required to support Detention Exemption applications and Financial Hardship bridging accommodation applications.
- Ensure continuous review of systems and practices to promote continuous learning.
- Provision of a daily welfare report to the Commander, Operation Soteria to ensure oversight and accountability for the mandatory quarantine process.
- Lead the development of operational policy & standard operating procedures pertaining to Welfare for travellers.

## Capabilities

- Demonstrated experience in leading multi-disciplined teams.
- Proven ability in decision making in a complex environment.
- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Qualifications or extensive experience in working within a health related environment.
- Demonstrated experience in working within a Clinical Governance Framework and applying Public Health Standards and the Charter of Human Rights.

# Job Card - Clinical Lead (Mandatory Quarantine)

## Accountabilities

- Ensure that individuals in mandatory quarantine (Operation Soteria) receive safe, effective and high-quality care that is consistent with best practice
- Integrate public health and operational oversight of the nursing, medical and mental health care provided in mandatory quarantine
- Proactively identify and manage clinical risk in mandatory quarantine
- Reports to the Deputy Chief Health Officer and Deputy State Controller Operation Soteria
- Provides information to the Deputy Public Health Commanders, the Physical Distancing Compliance Lead, the Emergency Operations Centre (EOC) and other team members as required
- Provides up to date clinical, public health and operational information to clinical staff working across the hotels (nurses, doctors, mental health clinicians); including guidelines, factsheets, FAQs and other materials
- Ensure that the public health standards for the care of returned travellers in mandatory quarantine are upheld
- Advise, Liaise and develop policy with Public Health Command (Physical Distancing Cell) and the EOC and assist the EOC to operationalise this policy

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job Card – Welfare Line, Operations Manager

## Accountabilities

- Ensure the efficient and effective operations of shifts within the Welfare Check shift, including supervision and support to up to four team leaders and their staff.
- Perform all operational duties associated with the Welfare Line, including adequate rostering and resourcing, preparation of call list for next shift (as applicable), appropriate sign off on team member time sheets, beginning and end of shift briefing for all staff, OHS obligations are being met during shifts.
- Ensure Welfare Check Officers and team leaders are equipped with the relevant tools and aware of supports available to members of the community, including access the departments nominated interpreting service to ensure information is provided in a culturally responsive and equitable way.
- Ensure all team leaders and staff are briefed accordingly at the beginning of shifts and that regular work in progress standards are met during shifts.
- Ensure each team has an allocated Team Leader and allocate call list to Team Leaders
- Ensure that orientation of new team leaders and Welfare Line Officer, to ensure that all members of the team are able to perform their role.
- Ensure continuity and workflow across teams and shifts from day to day, including quality control over matters relating to email queries and outstanding tasks/ referrals as handed over from previous shift.
- Identify and respond to issues as they arise during the shift as they relate to service delivery, systems, staff and escalate issues to the Manager, Welfare Line as necessary

## Capabilities

- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Work confidently with individuals with a range of vulnerabilities
- Adaptable and uses initiative
- Emotionally regulated
- Resilient

## Specialist expertise

- A recognised tertiary qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent)

# Job Card – CART Practitioners

## Accountabilities

- Risk assessment and analysis - gathers information through a variety of sources and technologies in order to identify, plan and respond to the psychosocial risks relating to each situation. Applies a strong risk lens, professional judgement, and evidence informed frameworks to analyse the available evidence and inform decision making.
- Case Support – provides secondary consultation and manages complex cases. Draws insights from assessment and analysis to formulate a meaningful and effective case plan, including safety plans, and reviews case progress and outcomes with a strong focus on managing dynamic risk. Collaborates with others to ensure adequate risk management and robust referral pathways that are tailored to individual needs and circumstances.
- Critical enquiry - uses evidence based frameworks to investigate issues, and is able to understand the root cause of each issue as well as the potential implications.
- Standardised reporting - uses standardised tools and reporting frameworks when recording case data, and when documenting care solutions provided.
- Reflective practice - critically reflects on what they are doing in their role and uses this reflection to influence their practice. Supports other practitioners in individual and group reflective practice supervision.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent) and includes a practical component such as counselling or case work practice
- A current Working with Children Check (WWCC) card.

# Job Card – Hotel Site Lead

## Accountabilities

- Oversee the operations at the hotel within these functions to ensure care of travelers in mandatory quarantine:
- Ensure a safe environment for people returning from overseas who are required to enter a period of compulsory quarantine at the hotel.
- Provide leadership, direction and support for staff in a multidisciplinary environment.
- Contribute to the development and implementation of policies and processes to support running of hotel and wellbeing of guests
- Coordinate welfare and relief supports to those in quarantine.
- Manage and make complex decisions in time critical situations and escalate issues that cannot be resolved at the local level to the Emergency Operations Centre for resolution.
- Lead support staff duties and activities onsite at the hotel.
- Effectively build relationships and work collaboratively with hotel management and staff, authorised officer, medical staff, security, other government departments and Victoria Police onsite at the hotel.
- Oversee the check in/out process for guests returning to Australia.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Works in operational environment with multiple stakeholders

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- Emergency management and/or regulatory experience in an operational environment.

# Job Cards

## Public Health Command

# Job card – Chief Health Officer

## Accountabilities

- Victoria's Chief Health Officer is responsible for the provision of public health advice to the Minister, the Department of Health and Human Services and the Victorian community including the exercise of statutory powers under the Public Health and Wellbeing Act 2008.
- The Chief Health Officer is expected to provide high level leadership and vision for public health in Victoria and will have experience in public health programs at a State or National level.
- The role requires strong capability and engagement with technical experts and leaders across both government and the broader health sector. The Chief Health Officer is required to be proactive and systematic in the approach to dealing with complex problems and has an innate ability to understand and operate in a government environment.
- The Chief Health Officer is the government's spokesperson on matters relating to public health and must be a confident public persona with excellent judgement, communication skills, and an ability to be trusted.

## Capabilities

- Leadership
- Communication skills
- Influence and negotiation
- Problem solving
- Self-management

## Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency.

## Job card – Deputy Chief Health Officer

### Accountabilities

- The Deputy Chief Health Officer is a senior clinical leadership role providing authoritative advice and leadership in supporting the Chief Health Officer, Deputy Secretary and Secretary and staff in the Health Protection Branch. The role will act in place of the Chief Health Officer for periods of leave and rostered weekend relief. As the Deputy Chief Health Officer, you will participate in emergency management activities, contribute to the coordination of the prevention and response to public health incidents and represent the department on state and national committees as required.
- The position oversees five teams comprising approximately 80 staff: Immunisation, Communicable Disease Prevention & Control, Communicable Disease Epidemiology & Surveillance, Public Health Medical and Partner Notification & Support.

### Capabilities

- Leadership
- People management
- Communications skills
- Influence and negotiation
- Problem solving

### Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency
- Postgraduate qualification in Public Health and Fellowship of the Australasian Faculty of Public Health Medicine

# Job Card - Deputy Public Health Commander Intelligence

## Accountabilities

- Overall leadership and management of intelligence section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

Source Mary Benson:

## Capabilities

- An understanding of the Victorian health and human services system
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Specialist expertise

- ??.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Manager, Intelligence Operations

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Surveillance and Response

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Strategy, Systems & Reporting Intelligence

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

## Job card – Infomatics

### **Accountabilities**

- .

### **Capabilities**

### **Specialist expertise**

- .

# Job card – Deputy Commander, Pathology and Infection Prevention and Control

## Accountabilities

- Overall leadership and management of the Pathology and Infection Prevention and Control section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience
-

# Job card – Manager, Pathology Operations

## Accountabilities

- Overall leadership and management of the Pathology Operations section within DHHS, including facilitation of laboratory testing with multiple laboratories, reporting, results, and supply chain management.

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Infection Prevention and Control Operations

## Accountabilities

- Overall leadership and management of the Infection Prevention and Control Operations section within DHHS. This includes responding to Infection Prevention and Control questions, developing policy, and Infection Prevention and Control recons (technical advice).

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Commander, Case, Contact and Outbreak Management

## Accountabilities

- Overall leadership and management of the Case Contact and Outbreak Management section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

-

# Job card – Operations Lead, CCOM

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

## Job card – Strategy and Policy Lead, CCOM

### **Accountabilities**

- .

### **Capabilities**

### **Specialist expertise**

- .

# Job card – Team Leader, Triage and Notification

## Accountabilities

- Reports to Cell Public Health Lead.
- Provides management advice and support to team on public and community recommendations regarding COVID-19.
- Provides management advice and support to team on health sector queries regarding COVID-19.
- Develop and refine notification workflows to case and contact management team.
- Communicate situational awareness to sector lead

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Public Health Commander, Physical Distance

## Accountabilities

- Overall leadership and management of the Physical Distance function within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job card – Senior Medical Adviser

## Accountabilities

- Respond to requests for specialist medical advice (SMA) in different and evolving categories of need (clinician hotline and internal requests).
- Contribute and develop rapid guidelines, factsheets and FAQs for immediate use by health sector and relevant community.
- Contribute to policy and strategy responding to issues in the various fields of activity to prevent COVID-10 transmission (including infection control)

## Capabilities

### Specialist expertise

- MD/MBBS or RN 1 (Clinical Nurse Specialist or Consultant) and/or MPH (VPS 6) Favourable: fellowship of specialty Australasian college/faculty (VPS 6.2 or SMA) and/or recent clinical experience and/or outbreak management

# Job card – Deputy Commander, Public Information

## Accountabilities

- Overall leadership and management of the Public Information section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Ensure that timely, tailored and relevant information is developed to support the Chief Health Officer, Public Health Commander and Deputy Commander –Intelligence & Public Information and Class 2 Controller.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

- .

# Job card – Public Information Officer

## Accountabilities

- Manage the DHHS Public Information Section.
- Approve all public and internal communications.
- Support Chief Health Officer, Public Health Commander and Deputy Commander – Intelligence & Public Information and Class 2 Controller by developing timely, tailored and relevant information to the community during an emergency.
- Liaise with other sections and departments to coordinate the development of key messages and communications products.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required).
- As a general guide, this is a VPS6 role

# Job card – Deputy Public Information Officer

## Accountabilities

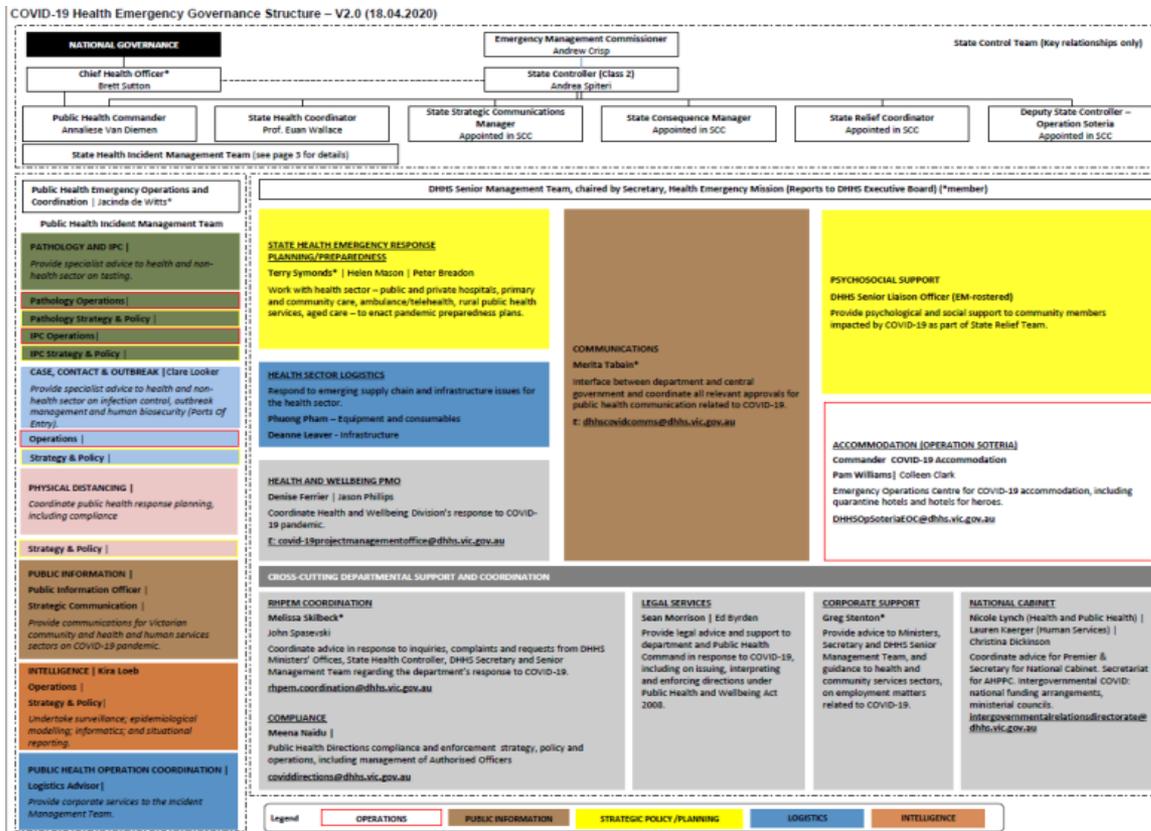
- Support the Public Information Officer (PIO) in managing the DHHS Public Information section.
- Provide quality assurance and monitoring of information produced at DHHS.
- Support the PIO by developing timely, tailored and relevant information to the community during an emergency.
- Liaison with other sections and departments to coordinate key messaging.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required)
- This is a VPS6 position

# Health emergency governance structure



# Key stakeholders engaged

The project team has engaged the following leaders to contribute to the report:

- **Operation Soteria**

- Pam Williams, Merrin Bambert, Michael Mefflin, REDACTED

- **Enforcement and Compliance**

- Meena Naidu, Anthony Kolmus, Anna Peatt, REDACTED

- **Public Health Command**

- Annaliese van Diemen, Kira Leeb, REDACTED, Sarah McGuinness, Clare Looker, Mat Williams, Katherine Ong, Bruce Bolam, REDACTED, REDACTED, Claire Harris, REDACTED

REDACTED

## RE: CIC-PROTECTED: Revised Sub - Strengthening Victoria's Health Protection Services

**From:** "Annaliese Van Diemen (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=8d878999515a47228671c72f086a7e7d-avan0510">  
**To:** "REDACTED (DHHS)" REDACTED, "Jacinda de Witts (DHHS)" REDACTED  
**Cc:** "Brett Sutton (DHHS)" REDACTED  
**Date:** Tue, 12 May 2020 18:31:16 +1000  
**Attachments:** Copy of Cost calc to continue contact tracing work\_updated26Apr2020\_FINAL scenario (002).xlsx (55.96 kB); May CIC - CCC submission - COVID-19 Strengthening Victoria's health protection\_may11MC)Melissa.docx (147.06 kB)

Thanks REDACTED

I am still of the firm belief that this funding is needed to continue the response into next financial year.

The only piece of that work which I didn't have great view over was whether the Op Soteria full number needs to stay in.

Otherwise we definitely need to maintain/move to the numbers that are listed in the spreadsheet attached.

Brett and Jacinda please let me know if there is anything else that you require to be added to this proposal.

Cheers

Annaliese

**Dr Annaliese van Diemen** MBBS BMedSc MPH FRACGP FAFPHM  
**Public Health Commander- COVID-19 Department Incident Management Team**  
**Deputy Chief Health Officer (Communicable Disease)**  
 Regulation, Health Protection & Emergency Management  
 Department of Health & Human Services | 14 / 50 Lonsdale St  
 REDACTED  
[health.vic.gov.au/public-health](http://health.vic.gov.au/public-health)

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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.

**PROTECTED//Cabinet-In-Confidence**

**From:** REDACTED (DHHS) REDACTED  
**Sent:** Tuesday, 12 May 2020 3:50 PM  
**To:** Annaliese Van Diemen (DHHS) REDACTED  
**Subject:** FW: CIC-PROTECTED: Revised Sub - Strengthening Victoria's Health Protection Services

Hi Jacinda & Annaliese

I wanted to update you on the current CCC draft submission requesting funding on Strengthening

Victoria's health protection (attached).

As of last night, the draft did not include the full numbers (\$183m) for the 20-21 COVID response workforce that were costed about three weeks ago by Beth Gubbins (attached), with input on the current workforce numbers from Mat Williams, as well as indicators of where these numbers were increasing from existing.

At the time the costing was done – about 26 April – it was planned to be included in the report back CCC submission. It was taken out of the submission, to be included in a further submission in May.

Looking at the numbers in the Strengthening Victoria draft yesterday, it appeared that some of the 20-21 COVID workforce numbers were included (\$83m for case and contact) but not the full request for continuation of response effort (\$182m).

Michael Coppola, who is working on this, will add in the total numbers.

The draft has already gone to MO and to DTF. It is not yet on a CCC agenda, and Michael advises can be updated.

Please let me know if this all sounds ok to you, or if you'd like me to set up time to discuss further with Melissa/Nick.

Cheers, **REDACTED**

**PROTECTED//Cabinet-In-Confidence**

**From:** Melissa Skilbeck (DHHS) <**REDACTED**>

**Sent:** Tuesday, 12 May 2020 2:07 PM

**To:** Michael Coppola (DHHS) **REDACTED**

**REDACTED**

**Cc:** John Spasevski (DHHS) **REDACTED**; Nick Chiam (DHHS)

**REDACTED**

**Subject:** Re: CIC-PROTECTED: Revised Sub - Strengthening Victoria's Health Protection Services

It would be this submission for costs from 2020-21  
Melissa

Melissa Skilbeck  
Deputy Secretary  
Regulation, Health Protection and Emergency Management

**From:** Michael Coppola (DHHS) **REDACTED**

**Sent:** Monday, May 11, 2020 9:27:59 PM

**To:** Melissa Skilbeck (DHHS) **REDACTED** **REDACTED** (DHHS)

**REDACTED**

**Cc:** John Spasevski (DHHS) **REDACTED** Nick Chiam (DHHS)

**REDACTED**

**Subject:** RE: CIC-PROTECTED: Revised Sub - Strengthening Victoria's Health Protection Services

Hi Melissa

One thing not in the submission **REDACTED** sent through is the 20-21 funding for continuation of the critical COVID-19 response – building on the \$28m HP funding for important contact tracing, testing, surveillance and intelligence work – which I think was funded through the TA/ERC Extra Funding Boost for the COVID-19 Health Response submission.

**REDACTED** reminded me that this was calculated by Finance to be around \$182m (expected to be 50% funded from commonwealth). This was separate to the preconditions funding.

We couldn't recall if intention was for this funding to come into this submission and don't have full visibility of all the other submissions to check.

If this funding does need to go in, we can make the changes to include it.

Michael

---

**From:** Melissa Skilbeck (DHHS) <[REDACTED]>  
**Sent:** Monday, 11 May 2020 8:20 PM  
**To:** [REDACTED]  
**Cc:** John Spasevski (DHHS) [REDACTED]; Michael Coppola (DHHS) [REDACTED]; Nick Chiam (DHHS) [REDACTED]  
**Subject:** RE: CIC-PROTECTED: Revised Sub - Strengthening Victoria's Health Protection Services

Thank you  
 My mark ups attached  
 I will clean this one up to provide as draft to MO as agreed

Regards,  
 Melissa

**Melissa Skilbeck**  
 Deputy Secretary | Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne, Victoria 3000  
 [REDACTED] [REDACTED] w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

**PROTECTED//Cabinet-In-Confidence**

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**From:** [REDACTED] (DHHS) [REDACTED]  
**Sent:** Monday, 11 May 2020 6:47 PM  
**To:** Melissa Skilbeck (DHHS) [REDACTED]  
**Cc:** John Spasevski (DHHS) <[REDACTED]> [REDACTED] (DHHS); [REDACTED]; Nick Chiam (DHHS) [REDACTED]; [REDACTED]  
**Subject:** CIC-PROTECTED: Revised Sub - Strengthening Victoria's Health Protection Services

Hi Melissa

Nick may of mentioned that we would have the next draft of the HP Submission ready for your review/ comment today.

Updates to note:

- Costs include 2020-21 Covid19 preconditions, contact tracing and laboratory expenses (VIDRL and MDU).
- Narrative to emphasise Covid19 response will be ongoing until vaccine available, need for sustainable HP service system with surge capacity, and to address gaps identified through lessons learned.
- Puts new HP funding in context of recent CCC Subs: 2019-20 preconditions, emergency accom, sustainable quarantine and various TAs. Waiting on CDC info.
- Total revised Sub sits at \$322m/5 years
- 180 FTE (including 93 backfill) in 2020-21, and 83 ongoing.

There are a few things we require advice on, as follows:

- Confirm whether we have covered off all Covid19 workforce requirements for 2020-21 that are currently funded through TAs.
- Get across exactly what has been funded for the reconciliation table – and whether it is still needed.

I'm aware that PAEC is front of mind over the next few days. I will arrange a Teams meeting to

discuss feedback and next steps later this week after Estimates.

Regards

REDACTED

Cost Management Branch

Organisational Transformation Division

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

REDACTED

w. [www.dhhs.vic.gov.au](http://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.

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|                |  |
|----------------|--|
| Submission No. |  |
| Copy No.       |  |

**Submission to:** Crisis Council of Cabinet

**Submission Title:** COVID-19: Strengthening Victoria's health protection services

**Submission Type:** Matter for Decision

**Portfolio/s:** Coordination of Health and Human Services – COVID-19

**Mission/s:** Health Emergency

### SUBMISSION PROPOSAL

#### Recommendation(s):

That Crisis Council of Cabinet (CCC):

1. **Agree** to the Department of Health and Human Services (DHHS) restoring critical public health regulatory and safeguarding functions to protect the community, while maintaining its COVID-19 response, noting that the State's overall public health risk profile will look different in the short to medium term because of COVID-19.
2. **Agree** that the COVID-19 crisis has revealed vulnerability in Victoria's health protection services, including challenges in the ability to rapidly scale up public health emergency response across the State.
3. **Agree** to invest in the following public health priorities to ensure the strengthening of Victoria's health protection a sustainable health protection service system with the capacity and capability to protect all Victorians by providing:
  - a. \$178 million in 2020-21 to continue critical COVID-19 preconditions public health response activities for 12 months, as outlined in the Submission to the CCC 'Funding to Commence Establishing the Public Health Preconditions' of 7 May 2020.
  - a-b. \$14.23 million in 2020-21 to back-fill and maintain core health protection services for 12 months, which that would otherwise need to be suspended due to the continued redirection of staff to the COVID-19 response;
  - b-c. \$84.01 million over four years from 2020-2021 to 2023-24 and \$22.54 million a year ongoing to address critical gaps/shortfalls in Victoria's health protection service servicesystem, consistent with the 2020-21 State Budget 'Public health, public trust' bid; and
  - e-d. \$59.38 million over four years from 2020-21 to 2023-24 and \$14.03 million a year ongoing to establish new and expanded health protection capabilities and services additional to the 'Public health, public trust' bid based on lessons learned from COVID-19. This, includes surge capacity to supporting building regional public health capacity and emergency preparedness and response,

**Commented [RE] 4:** Does the pre-conditions submission include \$ for compliance of directions, including quarantine? The compliance team comes from HHSRR as well as HPB

**Commented [RE] 1:** People who aren't AOs but from reg & environmental – not likely to be in Annette costings – but could \$4m cover them? Not validated yet.

**Commented [RE] 1:** I think there is a potential gap for AO (PH and HHSRR) if not funded via \$80m with DJPR for Accom and not in the Pre-conditions bid

**Commented [RE] 3:** Based on Nick meeting with Annette apparently \$4m/month into the \$80m accom – question whether that is sufficient? Not validated yet

**Commented [RE] 5:** Agreed with your changes for reco 3 bc picks up other 20-21

**Commented [RE] (6R5):** I deleted my changes to the above two – reverting back to original text

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**Commented [RE] (7):** This one still worries me – old DTF me reads this as – there's TAs and preconditions bid has funded the extra, they have the original, what more do they need ... we have to explain

**Commented [RE] (8R7):** If TA is for 2019-20, and preconditions have been changed to cover remainder of 2019-20 - should be ok.

**Commented [RE] (9):** I think given this 'includes' we can leave out the metro bit as focus is more on regional

**Commented [RE] (10R9):** fixed

and ~~the establishment of~~ a dedicated quarantine facility as part of the 'new normal' for public health, in which COVID-19 ~~is~~ a continuing ~~public health~~ risk.

#### **Objectives:**

1. To seek agreement from the CCC for the investment needed to strengthen Victoria's health protection services in managing the COVID-19 pandemic response and surge efforts for a further 12 months, as outlined in CCC Submission 'Funding to Commence Establishing the Public Health Preconditions' of 7 May 2020;
- 1.2. To seek agreement from the CCC for the investment needed to strengthen Victoria's health protection services in the short to medium term to effectively manage both the ongoing COVID-19 response and other public health risks and respond to other emergencies; ~~and~~;
- 2.3. To seek agreement from the CCC to begin establishing new and expanded high priority health protection capabilities and services that COVID-19 has shown to be the needed for the 'new normal', so Victoria can better plan and mitigate and minimise the impact of future public health emergencies on the health system and broader community.

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Commented [RE 11]: Agree to pick up broader 20-21 focus

#### **Key Issues:**

1. Victoria has in place a broad range of complementary public health measures to manage incidents of COVID-19 and prepare our hospital system for the pandemic. This includes current Stage 3 restrictions on social and economic activity to limit the rate of transmission. These measures are showing positive signs of slowing ~~the rate of~~ transmission, or 'flattening the curve', and have likely avoided thousands of deaths and our hospital system being overwhelmed.
2. Victoria acted decisively and early – informed by lessons from other jurisdictions. Initial success in managing the pandemic is not a guarantee of continued success, as illustrated by some countries such as Singapore that are now experiencing a second wave of transmissions.
3. This risk is heightened due to the weaknesses in Victoria's health protection services which compromise our emergency preparedness in ways this proposal seeks to address. A key issue is our centralised health protection system – compared to the regionalised models in most other jurisdictions – which leaves our State vulnerable to regional outbreaks.
4. Health protection aims to keep Victorians healthy and safe by reducing avoidable harm from communicable disease, food, water, radiation and other environmental hazards. It plays a key role in the response to, and recovery from, emergencies like the recent bushfires and COVID-19 pandemic; and increasingly common environmental health concerns relating to climate change, such as heat health concerns and reduced water quality.
5. The effectiveness of Victoria's health protection services ~~are is being~~ compromised due to increasing demands and complexity, coupled with a lack of investment in new technologies, community-based operations, and innovative workforce approaches. While the COVID-19 response has demonstrated the nation leading capability of our core health protection leaders and staff, the base level of our capacity and supply of future specialists remains an unacceptable risk to the whole community.

6. Health Protection has played a key role in investigations, planning and responding to COVID-19, and has guided Victorian health practitioners and hospitals throughout the pandemic. **CriticalKey** response activities, like contact tracing, have highlighted the lack of capacity and meant we needed to urgently seek surge assistance with less specialist experience from outside the department. Further, compliance staff of environmental health functions have been fully redeployed to provide hotel quarantine and directions compliance support for Victoria Police, leaving environmental risks unmonitored.

7. The Submission 'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy' in 20 April 2020 addressed the scale costs of managing the virus' transmission through testing and contact tracing, and outbreak response. Funding for these activities was approved to end June 2020, this Submission outlines a further 12 months of funding for the management and response to COVID-19 transmission as Stage 3 restrictions ease, until end 2020-21. [CCC submission on COVID-19 sustainable mandatory quarantine options noted the risks to other regulatory schemes of continuing the current quarantine program – thru use of environmental health AOs]

7-8. We need to plan for the **active** management of COVID-19, **and potential health protection surge activity as part of a 'second wave'**, until a vaccine has been developed and distributed to Australians – assumed for this Submission to be within the next two financial years.

8. Given this, we need to continue to adequately resource our core health protection services during this time to manage non-COVID 19 risks and take additional steps to be better ready for future public health emergencies. This is consistent with the Health Emergency Mission which states that as part of the stand down and recovery phase a priority will be to 'sustain and strengthen public health, diagnostic research and routine testing capability.'

9.

*Services stopped or reduced due to redirection of **health protection** resources to COVID-19:*

9-10. Critical health protection services, such as monitoring of safe drinking water, tracking and regulating exposure to radioactive material, testing environmental sources for harmful organisms (such as legionnaires disease in air-conditioning cooling towers) and responding to communicable disease notifications have been suspended or reduced, as more than half (93) of health protection staff, including the Chief Health Officer and his deputies, have been redirected to the COVID-19 response.

10-11. While this has been necessary ~~for the initial response~~, it has left the State exposed to significant risks such as outbreaks of communicable diseases; undetected water catchment contamination due to bushfires, ~~or~~ blue-green algae **or chemical spills**; and inadvertent radiation exposures due to mishandling of radioactive materials.

11-12. Urgent incidents since late January 2020 include: ~~such as,~~ a multi-jurisdictional outbreak of **S**salmonellosis affecting 1050 people nationally, recent increase in **L**egionellosis **across Melbourne** ~~including an outbreak in Brunswick~~, an outbreak of Hepatitis A **amongst** ~~in~~ homeless people and those who inject drugs; and several imported cases of **T**yphoid and **P**paratyphoid, **and two further suspected cases of congenital syphilis have been responded to by non-communicable disease staff with assistance from some contracted former public health officers.**

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Commented [R12]: Check of still required?

Commented [E13]: Raised as potential risk at Commonwealth level and helps with surge argument.

Commented [D14]: It just sounds like a duplication of funding vis the preconditions \$ - if that is fully funded the diversion from that is gone – we have to introduce the compliance with directions/quarantine as duplication too

Commented [F15R14]: Should be able to be addressed in reconciliation table

Commented [M16R14]: Can also emphasise that TA was for 2019-20 only (need to verify with Finance).

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Commented [MC17]: Checked with **PE** as suggested. **R** advised 'I would take the congenital syphilis out – as I understand it they are just suspected and may not eventuate. And the salmonella outbreak has been managed by CD staff.' And provided the alternative examples I have included here

12-13. Continuing a minimalist response on all non-COVID 19 public health issues risks over the next two years is clearly not an option sustainable and exposes the Victorian community and health services to an unacceptable level of risk, harm on top of the current Pandemic emergency.

**Investment overviews**

14. This Submission seeks new funding that has not been addressed in previous Submissions to CCC or earlier ERC decisions and Treasurer's Advances, including Health Protection initiatives announced under the 'Extra Funding Boost for Health System COVID-19 Response' package; or the TA for 'COVID-19 Emergency Accommodation Program'. These are reported on as part of separate and regular updates to the CCC.

13-15. The CCC Submissions on preconditions: 'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy' of 20 April, and 'Funding to Commence Establishing the Public Health Preconditions' of 7 May 2020, flagged that a more sustainable 12 to 18 month approach to reflect the anticipated duration of the COVID-19 response would need to be considered by CCC; to reflect the anticipated duration of the COVID-19 response. beyond supporting the preconditions for lifting restrictions. In this Submission outlines a range of priorities to provide certainty and coverage throughout the pandemic and goes beyond supporting the preconditions for lifting restrictions. The timeframe is set against the potential availability of a COVID-19 vaccine in an optimistic scenario.

14. This submission seeks investments in addition to the two Treasurer's Advances and funding approved on 30 April to support the preconditions for lifting restrictions by significantly enhancing clinical and population level testing and outbreak prevention and control.

16. The CCC Submission of 30 April 2020: 'COVID 19 Emergency Accommodation Framework' outlined costs for longer-term accommodation for quarantining and isolating returned travellers, vulnerable groups and frontline workers during the COVID-19 response. Policy options to transition to home-based quarantine for returned travellers are currently being developed and tested as part of a separate Submission to the CCC.

15. were also considered by CCC on 30 April This Submission outlines a case for a new and permanent purpose-built quarantine facility for persons requiring isolation under a Public Health Order for conditions that may include COVID-19. The facility is expected to become operational from 2022-23 and will provide an appropriate environment to isolate individuals at high risk of transmitting highly infectious communicable diseases in the community. There is currently no such dedicated quarantine facility in Victoria for long term isolation for public health purposes, and hospital beds or private accommodation are used.

17. [DN: Reconciliation table to be developed on Monday 27 April based on the other CCC submission costings being settled]

18. This Submission updates the 2020-21 State Budget bid 'Public health, public trust' based on lessons learned from the COVID-19 response. It seeks funding to mitigate the short to medium term public health risks during the careful release of restrictions for

**Commented [R18]:** Check if reco table still required as decisions on what has been funded from Emergency Accom, CDC and Preconditions is unclear.

**Commented [R19]:** Do you mean 'funded beyond 19-20' rather 'addressed' - we have addressed some in the subs you mentioned for 19-20 or flagged they were coming'. Think it needs some tightening.

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**Commented [R20]:** Requires check if Covid 19 PMO or Finance is doing this.

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**Commented [R21]:** I'd suggested changing the language 'go beyond' because could imply we are asking for more than required - pheraps just say 'also'

**Commented [R22]:** [ADD TITLES OF FUNDING]

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**Commented [R23]:** Not really - just the options to negotiate so far - the accom sub that Annetee was doing had the reco - will need to follow up if that - now simmer sub- will still reco the DJPR \$80m

**Commented [R24]:** Decision to be made on whether continuation of DJPR's \$80m TA funding includes funding for all DHHS activity to operate quarantine and includes funding for the relief accommodation required in this emergency. If not, this sub will need to include.

**Commented [R25]:** I think to draw stronger contrast with para 16 we should say this would not be operational until 22-23(?) or rfer to it is a longer-term, more sustainable solution or permanent capacity

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**Commented [R26]:** [R26] will set aside time on Monday to do this

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COVID-19 and beyond, and to improve the capability to plan for and respond to future public health emergencies, including pandemics.

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Summary of new investment

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16.19. There are four~~three~~ main funding priorities totalling \$322.01 million over 5 years streams outlined below, which ~~which have been~~ are detailed~~discussed~~ in more detail in the next section:

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- COVID-19 continuation of preconditions for easing restrictions throughout 2020-21. The easing of restrictions will require key public health response activities to be maintained during the pandemic, including surveillance, testing and contact tracing over the short to medium term, in order to manage outbreaks for a further 12 months. ~~This will continue from July 2020 to June 2021, with a possible extension in the absence of a vaccine becoming available;~~
- Backfilling critical health protection functions that have been suspended or reduced due to staff being redirected to the COVID-19 response beyond 30 June 2020 and the current Treasurer’s Advance funding;
- Addressing public health risks caused by existing weaknesses in Victoria’s health protection system as detailed in the 2020-21 State Budget bid ‘Public health, public trust’, while leveraging the gains in systems that have been put in place as part of the COVID-19 response; and
- Establishing new health protection functions as part of the ‘new normal’ for a short to medium term COVID world.

Commented [RE27]: I think we can delete this – try to stick to the funding ask, and not suggest the \$ might end up being more

Commented [RE28][RE27]: added

COVID-19 continuation of preconditions for easing restrictions throughout 2020-21

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~~The establishment and continuation of preconditions to reduce current Stage 3 restrictions will need to be maintained to avoid the exponential growth in COVID-19 cases in Victoria. Preconditions for easing restrictions include the following factors:~~

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- ~~our understanding of the transmission dynamics of the virus;~~
- ~~our knowledge of who has the virus in our community;~~
- ~~our case identification, isolation and quarantine regime;~~
- ~~the adoption of protective measures across the population;~~
- ~~our ability to predict the impact of public health measures; and~~
- ~~our health surge capacity.~~

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Commented [RE29]: I deleted the preconditions – we don’t need to replicate them here

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21. As part of the CCC Submission ‘Funding to Commence Establishing the Public Health Preconditions’ of 7 May 2020, funding was only sought to 30 June 2020, noting that a follow up Submission was being prepared in late May 2020 that would seek a sustainable and longer-term approach to public health investment.

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22. This Submission seeks \$178 million (Recommendation 3a) to deliver a further 12 months of COVID-19 preconditions through the continuation of health protection services such as State-wide testing – including GP ‘hubs’ and mobile testing, contact tracing resources, community public health interventions and support. Funding

certainty for a further 12 months will secure existing resources to continue to deliver the public health response.

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*Backfilling critical health protection functions that have been suspended or reduced-*

17-23. There are various arrangements currently in place to support the Public Health response to COVID-19 including consultancies, contractors, seconded staff from other departments and agencies, local government and reassigned DHHS staff.

18-24. Around 93 of 175 health protection staff are temporarily reassigned to work on the COVID-19 response: in the public health team and in hotel quarantine and other compliance teams. Of the 93 reassigned staff, very few have been backfilled because other suitable candidates are also being prioritised for the COVID-19 response.

19-25. Due to the sheer effort required for COVID-19, there has been only a minimal response for all other public health risks during this time. The backlog in other disease notifications – now thousands of unprocessed notifications – is an observable indicator of the incidents not responded to, but many public health risks cannot be known without health protection staff's monitoring, investigation and inspection.

20-26. This Submission seeks funding for 2020-21 to allow critical non-COVID-19 health protection services that have been suspended or reduced to return to pre-COVID-19 service levels. This would be enabled by either health protection staff with specialist skills who have been working on the COVID-19 response to be replaced and return to their substantive roles or finding suitable resources to backfill their roles over the next 12 months or (mostly likely) a mix of both.

21-27. Without this funding, critical health protection functions will continue to be under-resourced, permitting unacceptable levels of harm to public health, and leaving us ill-prepared to respond to any other public health emergencies that eventuate over the next 12 months.

22-28. The resumption of health protection services will look different to the pre COVID-19 environment, however, and resources will be directed accordingly. COVID-19 has changed the risk profile of some public health risks. For example, behaviours required under COVID-19 restrictions have contributed to much lower weekly influenza cases compared to the same weeks in 2019. However, disease risks associated with climate change, antimicrobial resistant superbugs and use of radiation persist, and food safety incident increases remain a concern with the increase in takeaway business.

23-29. Funding of \$14.23 million (Recommendation 3ba) is sought based on the current number and classifications of health protection FTE that are working on the COVID-19 response whose work needs to be reinstated.

24-30. Funding is sought for 2020-21 only, but it is likely that further funding would also be needed into 2021-22 as a vaccine is unlikely to be developed and fully distributed to the population for 24 months.

*Addressing public health risks caused by weaknesses in Victoria's health protection system*

25-31. Even before the recent bushfires and COVID-19 emergency, Victoria's health protection services were struggling to meet demand—at the beginning of the emergency the full team included only 11 FTE of public health physicians.

Commented [R30]: WILL NEED COMPARABLE DATA FROM 2019/Jan 20

Commented [R31]: ??less the preconditions funding

Commented [E32R31]: Have to do last reconciliation with specifics of preconditions bid actually approved to ensure we are not double-counting existing staff

Commented [R33R31]: [R] has factored in and will be confirmed when we do reconciliation on Monday

[26-32.](#) There is clear evidence that this level of resourcing puts Victorians at greater risk, including:

- The Victorian health protection workforce lags other jurisdictions eg. Victoria has one communicable disease prevention and control staff member for every 231,000 people, compared to NSW which has one staff member for every 114,300 people
- The health protection system in Victoria is centralised, with a single team of frontline professional workers in the central office and a small contingent of environmental health officers across the four operational divisions. In contrast New South Wales has 15 public health units and Queensland has 13 public health units spread across their states. In those states they have demonstrated that they have regional capacity to respond to regional outbreaks – in Victoria we do not
- Highly specialised health protection services, such as regulation of hazards and threats such as drinking water and radiation, are unable to keep up with growth in demand and complexity
- As a result, there are now many public health risks that we are not addressing but should be. This means that many adverse events are going unnoticed until they reach a severe state, resulting in significant avoidable costs to individuals, health services, government and industry. For example, between 2017 and 2019 both Victoria and New South Wales experienced an outbreak of Hepatitis A. The NSW outbreak consisted of 47 notifications in a single population sub-group and lasted six months. In contrast, Victoria's response was delayed and slow and the disease spread beyond the sub-group to more complex groups—prisoners and now homeless people and those who inject drugs. The result was an outbreak that has lasted over 2.5 years, with 257 notifications and avoidable hospitalisation costs of over \$800,000 and direct costs to Victoria of approximately \$2.6 million.

[27-33.](#) Investment to address fundamental weakness in Victoria's health protection services is currently being sought as part of the 2020-21 State Budget process through the 'Public health, public trust' bid.

[28-34.](#) The bid (Recommendation 3**cb**) seeks \$84.01 million over four years and \$22.54 million ongoing for two strategic priorities to develop a strong base for a modern health protection service:

- Surveillance and rapid response – rapid identification of risks by building on our initial successful work to create modern surveillance capabilities to provide real time identification of emerging illness
- More connected intelligence and response, strengthened regulatory practice, and more frequent inspections of high-risk businesses.

[29-35.](#) Early consideration of the 'Public health, public trust' Budget bid is requested given the COVID-19 emergency requires us to reshape our public health function for this new normal.

[30-36.](#) The 'Public health, public trust' budget bid has been reviewed to consider the early lessons of the State's COVID-19 response. An early finding is that there is a critical need to more significantly strengthen our regional public health capacity. In the 'Public health, public trust' bid this was proposed, in part, through embedding single senior public health physicians in each of the four departmental divisions. It is now

clear that this is inadequate and these positions are now included as part of proposed Regional Public Health teams (Recommendation 3de, below) that will be able to pick up the work from the outbreak control squads endorsed by CCC as one of the pre-conditions for easing COVID-19 restrictions and provide a new Sstate-wide backbone for more rapid regional public health emergency responses in future.

31-37. The removal of the regional public health physicians from the Budget bid into the third stream, reduces the funding in this stream from \$92.05 million over four years and \$23.72 million a year ongoing, to \$84.01 million over four years and \$22.54 million a year ongoing.

*Establishing new health protection functions as part of the 'new normal'*

32-38. In addition to addressing the weaknesses in the baseline health protection functions in Victoria, the recent bushfires and COVID-19 emergencies have highlighted the need to establish and boost existing health protection functions which bring Victoria closer to – but not on par with – other jurisdictions.

33-39. In particular, the COVID-19 emergency has highlighted the need for Victoria to strengthen regional health protection capacity and to establish a dedicated in-house specialist team for planning, preparing and being able to quickly and effectively respond to future pandemics and disasters.

34-40. These initiatives were not proposed in the 20-21 State Budget bid as the focus was on addressing weaknesses in current functions.

35-41. The investment sought for establishing the 'new normal' has been restricted to what is considered the highest priority and most urgent initiatives on the advice of the Chief Health Officer and his deputies:

- a. **Enhanced regional approach:** The establishment of specialist Regional Public Health teams of around 10 FTE in each of the department's four operations divisions, comprised of a mix of public health physicians, nurses, environmental health officers and epidemiologists, would enable faster and more agile responses and reduce the pressure that a single incident can put on the entire system.

The enhanced regional approach would also include placing Public Health Registrars in each of the Operational Divisions as one of the physicians. The COVID-19 response has highlighted core workforce supply issues. Embedding public health registrars within a strengthened Regional Public Health team will support Victoria's access to public health physicians in training pathway which has collapsed in recent years (4 FTE).

Other Australian states have seen COVID-19 localised outbreaks, and we should be prepared to respond to non-metropolitan Melbourne outbreaks while the virus remains non-vaccine-preventable. The *'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy'* Ssubmission provides for outbreak control squads, which are seeking extension to June 2021 in this Submissions for one year. These new teams will in the short term provide capacity to respond to non COVID-19 threats and emergencies as well as continue COVID-19 outbreak responses in the medium term once the squads cease.

A separate Submission is being prepared which seeks to scope opportunity for a Victorian based Centre of Disease Control. This would further boost public

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health leadership and capability in the State, as well as attract National and international research projects for communicable disease.

- b. Disaster-Emergency preparedness: A new centrally based, in-house public health 'disaster-emergency preparedness' team, is required to establish disaster-emergency response capabilities. This team would lead disaster preparedness pre-events systemically developing processes to mitigate the causes of a risk or event, monitor and evaluate responses during event and incorporate lessons from events into future pandemic and other public health disaster-emergency planning (7 FTE).

*Establishment of a secure quarantine facility for Victoria:*

36-42. Under the *Public Health and Wellbeing Act 2008*, the Chief Health Officer may issue Public Health Orders to detain individuals with communicable diseases such as HIV and Tuberculosis (TB) who undertakewith behaviours that mean they present pose a significant risk to public health. Despite recurrent need, a readily available facility to securely isolate people under orders has not been available to the Chief Health Officer since 2007, when facilities were re-gazetted.

37-43. Current quarantine options include using security guards at public hospitals, serviced apartments, rental properties, and in the case of COVID-19 – hotels, all of which are inadequate for containing individuals with communicable diseases whose behaviours or circumstances mean they cannot treat and manage their conditions and cannot be treated effectively and so and present pose a risk to others. These risks include transmission of blood borne viruses such as HIV and infectious hepatitis through behaviours such as sharing of needles and syringes while and knowingly spreading disease; and transmission of airborne diseases such as tuberculosis in the community through non-compliance with prescribed treatment regimes.

38-44. While the number of such cases varies, at any one time across the State, there can be upwards of three individuals detained under Public Health Orders due to non-compliance with treatment orders and intentional spreading of communicable disease. Without an adequate quarantine facility in Victoria, individuals will need to be placed in inadequate settings, for the individuals and the staff seeking to treat them or keep them safe. The facility will also provide for any non-compliant COVID-19 positive individuals even after current quarantine arrangements cease.

39-45. A six-bed quarantine facility is proposed to provide a fit-for-purpose solution to address this critical gap in public health protection.

46. The cost of establishing the operational quarantine facility is \$26.01 million over five years. It would be completed by 2022-23 and operational from 2023-24. This includes \$12.0 million in asset costs and \$3.0 million in contingency to account for variable costs offer quarantine equipment during the pandemic, and consideration of suitable site options.

40-47. As the facility will be under construction for the next 2 years, the immediate concern of isolating persons under Public Health Orders for COVID-19 will required continued funding to continue. The -to be managed as per current accommodation arrangements are funded through an \$80 million Treasurer's Advance allocated to the Department of Jobs, Precincts and Regions. Options for sustainable quarantine

Commented [R335]: [ADD site options VHHSBA suggests could be considered]

Commented [R36R35]: added

Commented [R337]: Need to clarify - the pandemic period we have asserted is 2 years - this facility won't exist before then ... so better note we'll consider the immediate issue in sustainable quarantine CCC sub and do variable costs pay from now - or just after the new facility exists?

Commented [R38R37]: Have addressed, please review

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arrangements, alternative to current hotel-based accommodation, are under development and will be the subject of a separate Submission.

#### Next steps

41-48. Emerging health investment requirements to manage the pandemic will continue to be advised to CCC.

#### Risks:

1. There is a risk that if the proposals to address the core weaknesses in the State's health protection system are not supported, we will witness the continued deterioration of the health protection system and see an ongoing decrease in the state's capacity and capabilities to proactively manage or respond to threats from communicable diseases and the environment.
2. Several emerging cost pressures for the health emergency mission are currently unfunded, creating the potential for future uncertainty and/or disruption when continuity of care and effort is critical.
- ~~1-3.~~ The initiative includes offset funding of \$34.48 million stemming from initiatives proposed as part of Australian Health Ministers' Advisory Council for consideration. Current cost pressures across the health portfolio mean that reprioritising further funding for health protection is not sustainable and will likely result in the cessation of vital health programs and services at a time of great need.

#### Support/Criticism:

1. This Submission has been informed ~~by~~, and is fully supported ~~z~~ by the Chief Health Officer.
2. The Victorian community is likely to be supportive of strengthening of Victoria's health protection services, particularly given their lived experience of COVID-19 and desire that the health, social and economic impact of future public health emergencies, including pandemics, on them and their families and friends is minimised.

**FUNDING**

**FUNDING**

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**Table 1: Output/operating funding (\$ million)**

Commented [RE40R39]: Included in costing and indicated by ^

| Financial impact outputs  | 2019-20      | 2020-21        | 2021-22       | 2022-23       | 2023-24       | 5-year total   | Ongoing       |
|---|--------------|----------------|---------------|---------------|---------------|----------------|---------------|
| <b>Recommendations:</b>   |              |                |               |               |               |                |               |
| <b>A) COVID-19 preconditions for 2020-21</b>  |              |                |               |               |               |                |               |
| Laboratory costs  | 0.000        | 19.313         | 0.000         | 0.000         | 0.000         | 19.313         | 0.000         |
| Contact Tracing   | 0.000        | 83.110         | 0.000         | 0.000         | 0.000         | 83.110         | 0.000         |
| Mobile Testing Units  | 0.000        | 7.347          | 0.000         | 0.000         | 0.000         | 9.368          | 0.000         |
| Testing 'hubs' in GPs   | 0.000        | 12.000         | 0.000         | 0.000         | 0.000         | 15.000         | 0.000         |
| Waste water surveillance  | 0.000        | 2.590          | 0.000         | 0.000         | 0.000         | 3.515          | 0.000         |
| Pathology capacity and innovative testing   | 0.000        | 21.500         | 0.000         | 0.000         | 0.000         | 26.875         | 0.000         |
| Community Information and Temperature Screening                                     | 0.000        | 0.000          | 0.000         | 0.000         | 0.000         | 5.205          | 0.000         |
| Outbreak Control Squads   | 0.000        | 23.363         | 0.000         | 0.000         | 0.000         | 29.324         | 0.000         |
| Technology and innovative tools   | 0.000        | 0.000          | 0.000         | 0.000         | 0.000         | 1.000          | 0.000         |
| COVID-19 Research Long Term Impacts   | 0.000        | 4.660          | 4.660         | 3.560         | 3.560         | 25.000         | 0.000         |
| Intelligence Capability   | 0.000        | 2.000          | 0.000         | 0.000         | 0.000         | 2.500          | 0.000         |
| VPS-Staff, Project Coordination and Support (VPS)                                   | 0.000        | 2.164          | 0.000         | 0.000         | 0.000         | 2.692          | 0.000         |
| <b>B) Health Protection Baseline Resourcing</b>                                     |              |                |               |               |               |                |               |
| 12 months backfill staff to deliver core public health services (non-Covid 19)      | 0.000        | 14.235         | 0.000         | 0.000         | 0.000         | 14.235         | 0.000         |
| <b>C) Funding to address critical gaps in Victoria's Health Protection Services</b> |              |                |               |               |               |                |               |
| Surveillance Service System   | 0.000        | 1.747          | 2.257         | 2.533         | 2.564         | 9.101          | 2.693         |
| Surveillance Service System – Thunderstorm Asthma                                   | 0.000        | 0.000          | 0.530         | 0.663         | 0.700         | 1.893          | 0.730         |
| Regulatory Framework  | 0.000        | 5.630          | 6.471         | 4.925         | 4.681         | 21.707         | 4.727         |
| Regulatory Framework – Refugee Vaccinations   | 0.000        | 1.125          | 1.500         | 1.500         | 1.500         | 5.625          | 1.500         |
| Specialist Capacity and Research – Grants   | 0.000        | 1.687          | 1.643         | 1.643         | 1.643         | 6.616          | 1.643         |
| Specialist Capacity and Research – Genome Sequencing                                | 0.000        | 0.000          | 12.035        | 6.168         | 5.748         | 23.951         | 6.834         |
| Training  | 0.000        | 0.879          | 1.590         | 1.747         | 1.759         | 5.975          | 1.692         |
| Communications Channels and Local Engagement  | 0.000        | 1.451          | 2.488         | 2.530         | 2.673         | 9.142          | 2.719         |
| <b>D) New and Expanded Health Protection Capabilities and Services</b>              |              |                |               |               |               |                |               |
| Victorian Quarantine Facility^  | 0.000        | 1.111          | 1.618         | 2.228         | 4.902         | 12.859         | 4.498         |
| Regional Expansion of Victoria's Health Protection Workforce                        | 0.000        | 3.908          | 7.935         | 8.141         | 8.353         | 28.337         | 8.353         |
| Pandemic and disaster preparedness  | 0.000        | 0.896          | 1.215         | 1.247         | 1.279         | 4.637          | 1.279         |
| Accommodation and operating expenses  | 0.000        | 2.501          | 1.687         | 1.790         | 2.106         | 8.084          | 1.941         |
| <b>Subtotal gross output</b>  | <b>0.000</b> | <b>213.217</b> | <b>45.629</b> | <b>38.675</b> | <b>41.468</b> | <b>338.989</b> | <b>38.608</b> |

Commented [RE39]: Need to add in CAC and depreciation. Also, I'm going to ask [RE39] to try and reorganise to align more with Recos ie make it easier to reconcile to the submission text, including putting relevant reco numbers in.

Commented [RE11]: Note – this assumes all of pre-conditions activity ceases in 21/22. Best to present with pre-conditions funding

|  |              |                |               |               |               |                |               |
|--|--------------|----------------|---------------|---------------|---------------|----------------|---------------|
| Offset from internal reprioritisation*   | 0.000        | -0.316         | 0.000         | 0.000         | 0.000         | -0.316         | -0.000        |
| Offset from other sources (e.g. new revenue, trust fund, Commonwealth funding) – please insert rows to specify each separately if possible | 0.000        | -34.482        | 0.000         | 0.000         | 0.000         | -34.482        | 0.000         |
| <b>Subtotal offsets</b>  | <b>0.000</b> | <b>-0.316</b>  | <b>0.000</b>  | <b>0.000</b>  | <b>0.000</b>  | <b>-34.798</b> | <b>0.000</b>  |
| <b>Net impact output</b>   | <b>0.000</b> | <b>178.419</b> | <b>45.629</b> | <b>38.675</b> | <b>41.468</b> | <b>304.191</b> | <b>38.608</b> |

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\*Offset from internal reprioritisation for a proportion of funding agreed by CCC for Pandemic Pre-Conditions as part of the Technology & Innovative Tools initiative.  
 \*Offset from funding proposed for AHMAC initiatives  
 ^Includes CAC & Depreciation.

**Table 2: Asset/capital funding (\$ million)**

| Financial impact (capital)  | 2019-20      | 2020-21      | 2021-22      | 2022-23      | 2023-24      | 5-year total  | 2024-25      | 2025-26      | TEI           |
|---|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|---------------|
| Victorian Quarantine Facility   | 0.000        | 4.000        | 6.000        | 2.000        | 0.000        | 12.000        | 0.000        | 0.000        | 12.000        |
| Accommodation Lease Cost DHHS   | 0.000        | 1.004        | 0.532        | 0.620        | 0.665        | 2.821         | 0.681        | 0.000        | 0.000         |
| Contingency allocation – Victorian Quarantine Facility  | 0.000        | 1.000        | 0.000        | 2.000        | 0.000        | 3.000         | 0.000        | 0.000        | 0.000         |
| <b>Subtotal gross capital</b>   | <b>0.000</b> | <b>6.004</b> | <b>6.532</b> | <b>4.620</b> | <b>0.665</b> | <b>17.821</b> | <b>0.000</b> | <b>0.000</b> | <b>12.000</b> |
| Offset from other sources* (e.g. proceeds from asset sales, trust accounts, Commonwealth funding) – please insert rows to specify each separately if possible | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        | 0.000         | 0.000        | 0.000        | 0.000         |
| <b>Net impact capital</b>   | <b>0.000</b> | <b>6.004</b> | <b>6.532</b> | <b>4.620</b> | <b>0.665</b> | <b>17.821</b> | <b>0.000</b> | <b>0.000</b> | <b>12.000</b> |

**FUNDING**

**Table 1: Output/operating funding (\$ million)**

| Financial impact outputs                            | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 5-year total | Ongoing |
|---|---------|---------|---------|---------|---------|--------------|---------|
| <b>Health Protection-Baseline Operations</b>        |         |         |         |         |         |              |         |
| Surveillance-Service-System                         | 0.000   | 1.747   | 2.257   | 2.533   | 2.564   | 9.101        | 2.693   |
| Surveillance-Service-System –Thunderstorm-Asthma    | 0.000   | 0.000   | 0.530   | 0.663   | 0.700   | 1.893        | 0.730   |
| Regulatory-Framework                                | 0.000   | 5.630   | 6.471   | 4.925   | 4.681   | 21.707       | 4.727   |
| Regulatory-Framework –Refugee-Vaccinations          | 0.000   | 1.125   | 1.500   | 1.500   | 1.500   | 5.625        | 1.500   |
| Specialist-Capacity-and-Research –Grants            | 0.000   | 1.687   | 1.643   | 1.643   | 1.643   | 6.616        | 1.643   |
| Specialist-Capacity-and-Research –Genome-Sequencing | 0.000   | 0.000   | 12.035  | 6.168   | 5.748   | 23.951       | 6.834   |
| Training  | 0.000   | 0.879   | 1.590   | 1.747   | 1.759   | 5.975        | 1.692   |
| Communications-Channels-and-Local-Engagement        | 0.000   | 1.451   | 2.488   | 2.530   | 2.673   | 9.142        | 2.719   |

Commented [R43R42]: There's no CAC or depreciation until the asset exists

Commented [R43R42]: There's no CAC or depreciation until the asset exists

Commented [R43R42]: Need to add in CAC and depreciation. Also, I'm going to ask Monica to try and reorganise to align more with Recos ie make it easier to reconcile to the submission text, including putting relevant reco numbers in.

Commented [R43R42]: Need to add in CAC and depreciation. Also, I'm going to ask RE to try and reorganise to align more with Recos ie make it easier to reconcile to the submission text, including putting relevant reco numbers in.

|  |              |                |               |               |               |                |               |               |
|--|--------------|----------------|---------------|---------------|---------------|----------------|---------------|---------------|
| <b>Health Protection Baseline Resourcing</b>   |              |                |               |               |               |                | -             |               |
| Baseline resourcing to deliver core public health services (non-Covid-19)  | 0.000        | 14.235         | 0.000         | 0.000         | 0.000         | 0.000          | 14.235        | 0.000         |
| <b>Public Health Infrastructure</b>  |              |                |               |               |               |                | -             |               |
| Victorian Quarantine Facility <sup>Δ</sup>   | 0.000        | 2.439          | 2.114         | 2.088         | 4.766         | 14.407         | 14.407        | 4.397         |
| <b>Expanded Role for Public Health</b>   |              |                |               |               |               |                |               |               |
| Regional Expansion of Victoria's Health Protection Workforce   | 0.000        | 3.908          | 7.935         | 8.141         | 8.353         | 28.337         | 8.353         | 8.353         |
| <b>Emergency Management</b>  |              |                |               |               |               |                | -             |               |
| Pandemic and disaster preparedness   | 0.000        | 0.896          | 1.215         | 1.247         | 1.279         | 4.637          | 1.279         | 1.279         |
| <b>Accommodation and Operating Expenses</b>  |              |                |               |               |               |                |               |               |
| DHHS Accommodation costs   | 0.000        | 2.501          | 1.687         | 1.790         | 2.106         | 8.084          | 1.941         | 1.941         |
|  |              |                |               |               |               |                | -             |               |
| <b>Subtotal gross output</b>   | <b>0.000</b> | <b>-36.498</b> | <b>41.465</b> | <b>34.975</b> | <b>37.772</b> | <b>153.710</b> | <b>38.508</b> |               |
| Offset from internal reprioritisation <sup>‡</sup>   | 0.000        | -0.316         | 0.000         | 0.000         | 0.000         | 0.000          | 0.000         | 0.000         |
| Offset from other sources (e.g. new revenue, trust fund, Commonwealth funding) — please insert rows to specify each separately if possible | 0.000        | 0.000          | 0.000         | 0.000         | 0.000         | 0.000          | 0.000         | 0.000         |
| <b>Subtotal offsets</b>  | <b>0.000</b> | <b>-0.316</b>  | <b>0.000</b>  | <b>0.000</b>  | <b>0.000</b>  | <b>0.000</b>   | <b>-0.316</b> | <b>-0.000</b> |
| <b>Net impact output</b>   | <b>0.000</b> | <b>-36.182</b> | <b>41.465</b> | <b>34.975</b> | <b>37.772</b> | <b>153.394</b> | <b>38.508</b> |               |

<sup>‡</sup>Offset for a proportion of funding agreed by CCC for Pandemic Pre-Conditions as part of the Technology & Innovative Tools initiative.

<sup>Δ</sup>Includes \$3m in contingency costs in 2020-21

**Table 2: Asset/capital funding — (\$ million)**

| Financial Impact (capital)  | 2019-20      | 2020-21       | 2021-22      | 2022-23      | 2023-24      | 5-year total  | 2024-25      | 2025-26      | Tot           |
|---|--------------|---------------|--------------|--------------|--------------|---------------|--------------|--------------|---------------|
| Victorian Quarantine Facility   | 0.000        | 12.000        | 0.000        | 0.000        | 0.000        | 0.000         | 0.000        | 0.000        | 12.000        |
| Accommodation Lease Cost DHHS   | 0.000        | 01.004        | 0.532        | 0.620        | 0.665        | 2.821         | 0.681        | 0.000        | 0.000         |
| <b>Subtotal gross capital</b>   | <b>0.000</b> | <b>13.004</b> | <b>0.532</b> | <b>0.620</b> | <b>0.665</b> | <b>14.821</b> | <b>0.000</b> | <b>0.000</b> | <b>12.000</b> |
| Offset from other sources <sup>‡</sup> (e.g. proceeds from asset sales, trust accounts, Commonwealth funding) — please insert rows to specify each separately if possible | 0.000        | 0.000         | 0.000        | 0.000        | 0.000        | 0.000         | 0.000        | 0.000        | 0.000         |
| <b>Net impact capital</b>   | <b>0.000</b> | <b>13.004</b> | <b>0.532</b> | <b>0.620</b> | <b>0.665</b> | <b>14.821</b> | <b>0.000</b> | <b>0.000</b> | <b>12.000</b> |

Relevant DTF Relationship Manager(s) and the Department have agreed to the costings in this Submission:  
 Yes  No

Field Code Changed

Field Code Changed

## RE: Review of content in preparation for announcements next week

**From:** "[REDACTED] (DHHS)" <[REDACTED]@dhhs.vic.gov.au>  
**To:** "Bruce Bolam (DHHS)" <[REDACTED]>, "Sean Morrison (DHHS)" <[REDACTED]>, "Finn Romanes (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Merita Tabain (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "[REDACTED] (DHHS)" <[REDACTED]>  
**Cc:** "Jacinda de Witts (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Brett Sutton (DHHS)" <[REDACTED]>, "Annaliese Van Diemen (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "[REDACTED] (DHHS)" <[REDACTED]>, "Finn Romanes (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Simon Crouch (DHHS)" <[REDACTED]>  
**Date:** Sat, 09 May 2020 18:39:00 +1000  
**Attachments:** Emergency Broadcasters - extension of State of Emergency.docx (395.05 kB); Revised - Covid19 - DHHS comms FAQs\_Update restrictions.docx (472.48 kB); Social media post.docx (618.45 kB); Revised - Website - your questions answered.docx (483.84 kB)

Evening all,

Thanks to everyone who provided feedback on these documents. The latest versions, with feedback collated, are attached and on the teams site.

Kind regards,  
 Amy

**REDACTED**

**Public Information and Media Officer**

**REDACTED** **REDACTED**

Communications and Media

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

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**From:** [REDACTED] (DHHS)  
**Sent:** Friday, 8 May 2020 7:02 PM  
**To:** Bruce Bolam (DHHS) <[REDACTED]>; Sean Morrison (DHHS) <[REDACTED]>; Finn Romanes (DHHS) <[REDACTED]@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]>; Merita Tabain (DHHS) <[REDACTED]@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]>  
**Cc:** Jacinda de Witts (DHHS) <[REDACTED]@dhhs.vic.gov.au>; Brett Sutton (DHHS) <[REDACTED]>; Annaliese Van Diemen (DHHS) <[REDACTED]@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]>  
**Subject:** RE: Review of content in preparation for announcements next week

Hi all,

Please find attached the content mentioned in Bruce's email below. It all also lives here: [https://teams.microsoft.com/\\_#/files/Easing%20of%20Restrictions?threadId=19%3Aa6eac3019b3a414181cef36689cce262%40thread.tacv2&ctx=channel&context=Communications&rootfolder=%252Fsites%252FPHEOCDEP%252FSecOffice-DHHS-GRP%252FShared%2520Documents%252FEasing%2520of%2520Restrictions%252FCommunications](https://teams.microsoft.com/_#/files/Easing%20of%20Restrictions?threadId=19%3Aa6eac3019b3a414181cef36689cce262%40thread.tacv2&ctx=channel&context=Communications&rootfolder=%252Fsites%252FPHEOCDEP%252FSecOffice-DHHS-GRP%252FShared%2520Documents%252FEasing%2520of%2520Restrictions%252FCommunications)

There are significant changes to content so I've highlighted the areas that we have changed and

therefore require review **yellow**. Please feel free to review and provide feedback on all content. Use track changes when reviewing.

All feedback back to me for collation – timeframe for this is Saturday afternoon.

Kind regards,

**RE**

**REDACTED**

**Public Information and Media Officer**

**REDACTED**

 **REDACTED**

Communications and Media

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

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**From:** Bruce Bolam (DHHS) <**REDACTED**>

**Sent:** Friday, 8 May 2020 3:44 PM

**To:** Sean Morrison (DHHS) <**REDACTED**>; Finn Romanes (DHHS)

**REDACTED**>; **REDACTED** (DHHS) **REDACTED** @dhhs.vic.gov.au>; Merita

Tabain (DHHS) **REDACTED**

**REDACTED**

**Cc:** **REDACTED**; Jacinda de Witts (DHHS)

**REDACTED**; Brett Sutton (DHHS) **REDACTED**

Annaliese Van Diemen (DHHS) **REDACTED**

**REDACTED**

**Subject:** Review of content in preparation for announcements next week

Hi all,

Amy and the public info team have been reviewing content in advance of the easing of restrictions. While we don't know what will be announced next week, much of the content that will likely remain current is being reviewed, notably:

- Website content
- FAQs – used by hotlines, social media and provided to stakeholders
- Social media content
- Email to emergency broadcasters relating to extension of State of Emergency

**REDACTED** has carriage over the narrative and media pack.

**This is a mail to give you a heads up that material will be coming to you tomorrow for review.**

Given the volume of content, reviews will need to occur concurrently tomorrow. **RED** will then collate the feedback, and Brett wants to sign off before it goes to DHHS bunker and onwards.

**RED** will be in touch later today or early tomorrow regarding materials for your review.

Our aim is to get approved materials to DPC later Saturday/Sunday so the digital team can start the upload process and we can be as ready as possible for announcements on Monday, whereupon web content can go live, hotlines with updated FAQs, social media posts roll out.

Please let **RE** and I know if you have any questions and queries, and many thanks for your engagement, in advance!

Thanks

Bruce

**Dr Bruce Bolam**  
**Deputy Public Health Commander (Public Information)**

**COVID-19 Public Health Incident Management Team**

Department of Health &amp; Human Services

50 Lonsdale St, Melbourne, Victoria

REDACTED

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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.

# COVID-19 FAQs

Emergency Communications

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## Latest announcements

### Easing of Stay at Home directions and restricted activities

- Some restrictions in Victoria have been eased but many remain in place
- You must still follow physical distancing rules and practice good hygiene including regular hand washing
- You can now have five visitors in your home at any one time and outdoor gatherings of no more than 10 people
- Many non-contact sports and recreational activities are now permitted, including water-based sports, some outdoor recreation and individual sports
- Contact sports including Australian Rules football and soccer remain prohibited.
- Some non-contact team sports are permitted but can only involve 10 participants at any given time
- People are now permitted to travel by car to attend sports and recreational activities
- Community centres will reopen for small groups of no more than 10 people to meet

### Summary of changes to directions

- You can now have five visitors in your home at any one time
- You can attend outdoor gatherings of no more than 10 people
- You can leave home to practice driving or attend a driving lesson
- You can attend flying lessons
- Weddings can have up to 10 people in attendance plus the celebrant and couple
- Funerals held indoors can have up to 20 people in attendance plus the people required to conduct the funeral
- Funerals held outside can have up to 30 people in attendance plus the people required to conduct the funeral
- Private worship and religious ceremonies can be held with up to 10 people plus the person reasonably required to facilitate the ceremony.
- People providing services, conducting ceremonies, facilitating open homes or auctions, conducting support groups, running training or exercise activities must keep a record of names and contact details of participants to assist in contact tracing, if required.
- Community centres, halls, youth centres and public libraries can be used to host a support group with up to a 10 people plus the person required to facilitate the meeting.

- Some sports, exercise and recreational activities are allowed. These activities must occur outdoors and participants must be able to maintain 1.5 metres between themselves. Up to 10 people can participate plus an instructor or coach. No competitions can be held.

## Ramadan

- This Ramadan and Eid, mosques are only open for private worship or small religious ceremonies of up to 10 people. By staying home and celebrating with your household you are helping to slow the spread of coronavirus (COVID-19) and keeping your community safe.
- Some mosques are holding digital services.
- Although Ramadan is a festive time where families come together and meals are shared, this year must be different. By reducing the number of people coming to your home to five and those attending public gatherings to 10 you are playing your part in keeping your family and our state safe.
- It's preferable that if you are having visitors to your home that they all come from one household.
- No one should be visiting your household if there's someone unwell with symptoms of COVID-19 at your home, and no one who is unwell should visit you.
- You can travel for the purposes of religious observances.
- For bigger groups, you must find alternative ways to connect with and support your community including group video calls, email, phone, social media and hand written letters.

**Commented [R1]:** These are transferable messages to all sections on home visiting.

## Need for caution on easing restrictions

- The Victorian Government congratulates all Victorians who have followed the rules and helped slow the spread of coronavirus (COVID-19) in Victoria.
- The stability in our current numbers of new cases tells us our strategy is working, and gives us options, but we need to be cautious.
- Restrictions have eased but Victorians must remain vigilant to ensure that we do not lose the gains we have made. If case numbers increase rapidly as a result of easing of restrictions, the Victorian Government will need to consider reinstating restrictions in order to keep Victorians safe, and protect our health system.
- As restrictions are eased it is critical that Victorians continue stick to existing rules, to practice good hygiene including washing their hands regularly and maintaining a distance of 1.5 metres between themselves and others at all times.

## Victorian modelling

- The Victorian Government has released modelling to provide greater understanding of the spread of coronavirus (COVID-19) in Victoria.
- The modelling undertaken by Monash University and the Doherty Institute, in collaboration with DHHS, finds that if no physical distancing restrictions were in place, Victoria would have seen up to 58,000 new coronavirus (COVID-19) cases every day at the peak of the pandemic.
- The data also reveals that if a business-as-usual approach had been adopted, 10,000 intensive care beds would have been required, 9,200 people would have been presenting to hospital every single day with as many as 36,000 people dying.
- For more information about the modelling visit <https://www.dhhs.vic.gov.au/victorias-coronavirus-covid-19-modelling-confirms-staying-home-saves-lives>.

## About coronavirus

### The nature of coronavirus

#### What is coronavirus (COVID-19)?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19 is a new virus that can cause an infection in people, including a severe respiratory illness.

#### What is the difference between coronavirus (COVID-19) and the flu?

Coronavirus (COVID-19) causes more severe disease than seasonal influenza. While many people globally have built up immunity to seasonal flu strains, coronavirus (COVID-19) is a new virus to which no one has immunity. That means more people are susceptible to infection, and some will suffer severe disease. Globally, about 3.4% of reported coronavirus (COVID-19) cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

Coronavirus (COVID-19) and influenza (flu) are different viruses. They have different treatments, but similar symptoms.

You can prevent catching both by practising physical distancing, reducing exposure, good hand hygiene and cough etiquette. Read more ways you can slow the spread.

#### Key differences:

- Flu symptoms will appear faster, so it can spread faster in the community than coronavirus (COVID-19).
- There are currently more people who need critical care in hospital for coronavirus (COVID-19).
- The flu shot is available at your local GP or community immunisation session. Many accredited pharmacies can also provide the flu shot, as well as advice about the virus. We suggest calling ahead to your local immunisation provider to ensure they have stock available and to book your appointment.

For more information about the flu shot, see Flu (influenza) – immunisation page on the Better Health Channel.

#### How does coronavirus (COVID-19) spread?

Health authorities believe the virus is spread from **close contact** with an infected person, mostly through face-to-face or between members of the same household. People may also pick up the virus from surfaces contaminated by a person with the infection.

The virus is spread by people with symptoms when they cough or sneeze. That's why the best way to protect others is to practise physical distancing and good personal hygiene.

#### Does coronavirus (COVID-19) survive on surfaces?

Studies suggest that coronavirus (COVID-19) may persist on surfaces for a few hours or up to several days. This may vary depending on conditions, such as the type of surface, temperature or humidity of the environment.

If you think a surface may be infected, clean it with a common household disinfectant to kill the virus.

In general, to avoid contact with the virus, clean your hands with an alcohol-based hand rub or wash them with soap and water often. Avoid touching your eyes, mouth, or nose.

#### Can people get COVID-19 twice?

This situation is evolving rapidly, and experts are still researching COVID-19. The best advice on transmission of COVID-19 is that we should all be practicing physical distancing, hand hygiene and other protective actions at this time. Learn more: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

## Symptoms

### What are the symptoms of coronavirus (COVID-19)?

The most commonly reported coronavirus (COVID-19) symptoms are:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell
- In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

Many people who contract coronavirus (COVID-19) will suffer only mild symptoms. Elderly people and those with pre-existing medical conditions may experience more severe symptoms.

## Medication and treatment

### Ibuprofen or non-steroidal anti-inflammatories

The Department advises that people should take all medication as directed by their healthcare provider. There is currently no published peer-reviewed scientific evidence to support a direct link between use of ibuprofen and more severe infection with COVID-19. This issue is being monitored. If any evidence emerges to support a different approach our advice will be updated.

The situation is changing rapidly. For the latest advice please see: <https://www.dhhs.vic.gov.au/coronavirus>

### Do I need a facemask?

Face masks are not being recommended for use by members of the public in Victoria for the prevention of COVID-19 and are not necessary if you are well. Face masks are being provided to front-line health services working directly with suspected or confirmed cases.

Please read about other ways you can reduce your risk <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

### How do we know people who have had coronavirus (COVID-19) are no longer infectious?

People with a confirmed coronavirus (COVID-19) infection stay in quarantine until they are no longer experiencing symptoms of coronavirus infection.

Before they are released from quarantine, their doctor or specialist care team assesses they are no longer infectious.

Once they are discharged, they have a follow up assessment by the medical team to make sure they remain well.

## Spread of coronavirus

### How many people in Australia have coronavirus (COVID-19)?

The Australian Government is regularly updating the number of confirmed cases in the country. For the latest information please visit: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

### Number of cases in Victoria

Our daily updates include information about testing and cases. You can find them here: <https://www.dhhs.vic.gov.au/coronavirus>

### Where can I find public exposure sites / high risk areas / VicE map?

Information available related to the latest COVID-19 notifications by local government areas. You can find this information updated each day in the department's daily media release here: <https://www.dhhs.vic.gov.au/coronavirus>

### Fluctuating numbers – lower case numbers

The case numbers fluctuate daily and when numbers are low this is more apparent.

The focus is on the trend, which is moving in the right direction.

This positive trend shows our physical distancing measures are working.

### For numbers going down

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high. The number of cases that may have been acquired through community transmission still has gone up.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### LGA data

The LGA data is cumulative and shows all cases recorded in that region since 25th January when the first coronavirus case was recorded in Victoria.

A state-wide total of recovered patients is published daily – but these cases are not removed from the overall Victorian tally, or the LGA breakdown.

Data is continually analysed and clarified, so published numbers are always subject to change. These changes in numbers can be for many reasons, including duplications and wrong postcodes recorded.

It is worth noting that the data also reflects the residential address the person nominates, however it is not necessarily where they were infected or where the case currently resides.

The daily LGA data is correct as of 11.59pm the day before.

### General requests for more details on confirmed cases

Unfortunately, we cannot provide further details. The department is responding to cases as they are notified.

The public can be confident that all close contacts will be identified and responded to accordingly as required to protect public health.

As part of our contact tracing, any public exposure sites are contacted and provided with advice about the transmission risks and any cleaning that may be required.

DHHS does not identify individual cases or their close contacts.

DHHS also needs to ensure patient confidentiality and work to minimise stigmatisation and discrimination around COVID 19.

### **General response to location-based cases**

The department is responding to cases as they are notified, including when those cases are identified in health care, aged care or other locations with vulnerable members of the community.

The public can be confident that all close contacts will be identified and responded to accordingly as required to protect public health.

All other infection control measures including disinfection and cleaning as per DHHS guidance will be followed at a local level.

DHHS does not identify individual cases or their close contacts.

DHHS also needs to ensure patient confidentiality and work to minimise stigmatisation and discrimination around COVID 19.

### **Generic response on locations**

We do not confirm locations of cases, unless there is a wider public health risk we need to make the community aware of. There have been no specific updates or advice for Yarram or Gippsland on cases.

## **Hotline**

### **Hotline / Hotline hours**

If you are in Victoria and are concerned that you may have COVID-19, please call our hotline on 1800 675 398 open 24 hours, 7 days (please keep Triple Zero 000 for emergencies only). If seeking medical assistance, please call ahead so that the GP can be prepared.

## **Hoarding**

### **Please don't stockpile or hoard items**

The Victorian Government urges Victorians not to needlessly stockpile essential items. It's important we think of others at this challenging time. Please only buy what you need. This allows our supermarkets and other shops to make sure there is enough stock of essential items for all.

#### **When shopping you must observe physical distancing.**

You may need to ask for additional help from a carer, family, friends or neighbours.

If you are in self-quarantine, stay in regular contact with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You can also contact your local council who can support you in accessing services that meet your needs. If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on 1800 675 398 and press Option 3. The operating hours are between 8.00am to 6.00pm Monday to Friday, and 10.00am to 3.00pm on weekends and public holidays.

## Communities at risk

### Who is most at risk of coronavirus?

Everyone is at risk of contracting coronavirus (COVID-19). However, there are some groups who are at higher risk of getting coronavirus because of where they have been or where they live.

- **Overseas travellers and close contacts**  
If you have recently travelled overseas or have had close contact with a confirmed case of coronavirus (COVID-19) you are at the highest risk of infection. See International travellers section on this site.
- **People living in shared facilities**  
People living in group settings with shared facilities (e.g. aged care facilities, or boarding schools)

**Commented [REDACTED]:** Public health – please confirm this is correct. This is the only place we refer to this.

### Who is most at risk of being very sick from coronavirus?

Although most people will have only mild symptoms, anybody can become very sick with COVID-19. However, we know that some groups of people are more likely to become very sick with COVID-19.

- **People who are older or elderly.**

Because of their lower immune systems, older people are more likely to get very sick with COVID-19.

- **People who have pre-existing medical conditions.**

Underlying illness make people more likely to become very sick with COVID-19, including those with diabetes, chronic lung disease, kidney failure and people with low or suppressed immune systems.

- **Aboriginal and Torres Strait Islander people.**

Aboriginal and Torres Strait Islander people are more likely to become very sick with COVID-19 because of higher rates of pre-existing medical conditions.

Testing is available for Aboriginal and Torres Strait Islander people who show symptoms of coronavirus (COVID-19) such as respiratory symptoms or fever. See more on the Aboriginal Communities links on this website.

If you are one of these groups of people, it is important that you continue to look after yourself and take your regular medications. Keep following advice and ask help from your doctor, nurse or healthcare worker.

The following pages provide more information on coronavirus (COVID-19) and other medical conditions:

- Diabetes COVID-19 information page on Diabetes Victoria's website
- COVID-19 page on Kidney Health Australia's website
- Cancer and COVID-19 page on Cancer Victoria's website.

Our at-risk groups factsheet has more detailed information.

### COVID-19 risk in pregnancy

At this time, pregnant women do not appear to be more likely to develop severe COVID-19 than the general population.

However, there is currently limited information available regarding the impact of COVID-19 on pregnant women and their babies.

Therefore, it would be prudent for pregnant women to practice social distancing and ensure good hygiene practices to reduce the risk of infection.

The situation is changing rapidly. Please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

## People living with HIV

There is no evidence so far to suggest that people living with HIV, who are on effective anti-retroviral therapies with undetectable viral loads, are at increased risk of contracting coronavirus (COVID-19). However, as HIV infection can result in suppression of the immune system and other comorbidities, people living with HIV should be considered a higher risk group than the general population.

Read the Coronavirus disease (COVID-19) factsheet for people living with HIV (Word) for more information.

## Homelessness

### Support Victoria's vulnerable against homelessness?

Homelessness agencies has been allocated extra funding to find temporary housing for those who need it most. Funding will provide agencies with extra resources to find temporary housing for Victorians at risk of or experiencing homelessness because of COVID-19 in both metropolitan and regional areas. For more information, visit <https://www.dhhs.vic.gov.au/coronavirus>

### Where can homeless people go to self-isolate or quarantine?

- Repurposed aged-care sites will be used to provide self-isolation facilities for Victorians experiencing homelessness to help them recover from coronavirus, or avoid infection in the first place.
- \$8.8 million has been announced for four pop-up facilities that will provide health care and supported accommodation for more than 200 rough sleepers over the next six months.
- The accommodation will be at four sites in inner Melbourne, operated by Anglicare Victoria, Brotherhood of St Laurence, Launch Housing, Sacred Heart Mission and VincentCare Victoria.
- Support for people experiencing homelessness or at risk of homelessness is available via Opening Doors, providing a 24-hour statewide toll free number for people experiencing homelessness or at risk of homelessness. People may call 1800 825 955 to speak with a housing and support worker who will direct the call to a service closest to them. If the call is outside business hours, your call will be directed to the Salvation Army Crisis Services.

## Aged care

### How are residents in aged care facilities being protected?

Visits to aged care residents nation-wide is only be allowed for a short duration (no more than 2 hours) and by a maximum of two people per day per resident, except for palliative care.

Children under 16 years will only be permitted to attend aged care facilities in exceptional circumstances.

There are also a number of other conditions that people visiting aged care must meeting:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever
- have had known contact in the last 14 days with a person who was a confirmed case of coronavirus (COVID-19)
- have a temperature higher than 37.5 degrees
- are under 16, unless they are visiting a resident who is receiving end-of-life care, or they are visiting a secure welfare service, Supported Residential Service or an alcohol and drug residential service, in the company of an adult.
- If visiting or working in a residential aged care facility you must have an up to date influenza vaccination, if it is available to you.

### What testing is being done in Aged Care facilities?

The Department of Health and Human Services has provided guidelines to assist residential aged care facilities (RACFs) to support their healthcare workers, residents, families and visitors to prepare for, prevent and manage cases and outbreaks of COVID-19.

More information: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

## Disability services

### What support to disability services is the Government providing?

The Department of Health and Human Services is working to get the latest support information to Victorians as soon as possible. The situation is changing rapidly, and the most recent advice will be given directly to service providers.

Recently the Victorian Government announced additional funding to support Victorians with a disability, this funding will support additional respite care and support advocacy organisations.

We update our website as the situation changes and use it as our central point of information for Victorians. Please keep up to date by visiting <http://www.dhhs.vic.gov.au/coronavirus>

### What does this mean for people in disability accommodation?

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between disability accommodation and other permitted places or to see family and friends. Family and friends can visit you in your accommodation however must meet conditions including not having a temperature or symptoms of coronavirus. For more information visit: <https://www.dhhs.vic.gov.au/coronavirus-care-facilities-directions-frequently-asked-questions>

## Community accommodation

### If I am in community accommodation, does this mean I can't leave where I am?

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between community accommodation and other permitted places or to see family and friends.

If you are currently in a family violence refuge, youth refuge or other form of temporary crisis or respite accommodation, you can move to other accommodation as needed.

## Emergency accommodation

### What about people in a family violence refuge or other emergency accommodation?

If you are in a family violence refuge or temporary accommodation, such as a hotel or motel, arranged for you by a family violence support service, and don't have an alternative safe accommodation option, you can remain there.

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between emergency accommodation and other permitted places or to see family and friends.

## Out of home care

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between emergency accommodation and other permitted places or to see family and friends.

Children in out-of-home care can travel for permitted activities.

## What to do?

### I am feeling unwell, what should I do?

If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance. Tell them if you also have a fever or a cough, sore throat or respiratory illness.

If you begin to feel unwell, and have a fever or a cough, sore throat, shortness of breath or respiratory illness you should get tested for coronavirus (COVID-19).

Contact the 24-hour hotline on 1800 675 398, or call your doctor and mention your symptoms and risk factors. They will determine if you need to be tested for coronavirus (COVID-19).

### **Who can be tested for coronavirus (COVID-19)?**

Anyone with the following symptoms can be tested for coronavirus (COVID-19):

- a fever (a temperature of 38 degrees or above) **OR**
- cough, sore throat, shortness of breath, chills, runny nose, loss of sense of smell

### **What is the treatment for coronavirus (COVID-19)?**

There are currently no vaccines that protect against coronavirus (COVID-19).

While there is no specific pharmaceutical treatments for coronavirus (COVID-19), early diagnosis and general supportive care are important.

There are no current recommendations to treat patients with mild or moderate coronavirus (COVID-19) illness, or their close contacts, with hydroxychloroquine or anti-viral agents.

Treatment of coronavirus (COVID-19) with antivirals is considered experimental and should only be considered within the context of controlled interventional trials.

Most of the time, symptoms will resolve on their own. People who have serious disease with complications can be cared for in hospital.

### **Decline in people attending emergency departments**

Data from Victorian health services indicates a decline in attendance at emergency departments in the past month - notably a decrease in relation to sporting injuries.

During this time we've seen increases for respiratory and system infections - but median waiting times in emergency department have improved by a few minutes with a decrease in presentations for many other conditions.

Victorians should not stop seeking medical advice and treatment for all conditions if they need it. Our health system is here to look after all Victorians, and putting off a visit to the doctor or hospital could lead to more severe illness, and added strain on hospitals.

## **Where to get tested**

### **Where can I be tested for coronavirus (COVID-19)?**

You can call the 24-hour hotline on 1800 675 398 to find out where you can be tested.

You can also call your doctor. They may be able to do the test, or they can refer you to a pathology collection centre, a hospital assessment centre or a GP respiratory clinic.

You can also go directly to a Victorian hospital coronavirus (COVID-19) assessment centre, for testing. You don't need to call ahead if you attend one of these (unless stated otherwise below). To find your nearest assessment centre visit: [www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19](http://www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19)

The Australian Government also has GP respiratory clinics around the country to assess people with coronavirus (COVID-19) symptoms.

These are not drop-in services. You must book an appointment online or phone ahead.

Visit the Australian Government coronavirus (COVID-19) site for a full list of GP respiratory clinics.

These clinics are being rolled out gradually and the contact lists will continue to be updated.

### What if there are no clinics listed in my area?

If there isn't a clinic listed near you, contact your doctor or local community health service for assistance. Make sure you phone ahead and discuss your symptoms before you visit in person.

### Ways to reduce risk

- Stay at home
- Practice good hygiene
- Maintain physical distance – keep at least 1.5 metres between you and the other people

When you practise good hygiene you:

- cover your coughs and sneezes with your elbow or a tissue
- put used tissues straight into the bin
- wash your hands often with soap and water, including before and after eating and after going to the toilet
- use alcohol-based hand sanitisers
- avoid touching your eyes, nose and mouth
- clean and disinfect frequently used surfaces such as benchtops, desks and doorknobs
- clean and disinfect frequently used objects such as mobile phones, keys, wallets and work passes
- increase the amount of fresh air available by opening windows or adjusting air conditioning

### What are the physical distancing requirements?

You should always maintain a distance of at least 1.5 metres between yourself and other people.

In a public place, there should be a minimum of 4 square metres of available floorspace per person in all shops, offices, showrooms or other commercial premises. For example, in a shop where the floorspace is a total of 40 square metres this means no more than 10 people can be in the shop at the one time.

## Testing data

### Number of tests (and other data) in Victoria

Our daily updates include information about testing and cases. You can find them here:

<https://www.dhhs.vic.gov.au/coronavirus>

<https://app.powerbi.com/view?r=eyJrIjoiODBmMmE3NWQtZW50ZW50LWVhbnRkLTk1NjYtMjYTY1MjI2NzdjIiwidCI6ImMwZTA2MDFmLTBmYWVtNDQ5Yy05Yzg4LWExMDRjNGViOWYyOCJ9>

The number of confirmed cases is a cumulative total, or all cases verified by testing – recovered cases are not removed from the total.

### Naturopaths performing Coronavirus tests

All Victorians who think they may need to be tested for coronavirus should attend an official screening clinic or see their GP.

There are now 40 official screening clinics open across Melbourne and regional Victoria offering free tests for coronavirus, as well as at many GP clinics.

This will guarantee the quality of the testing kit, ensure the test is sent to a fully accredited pathology laboratory and that the tested individual receives proper follow-up care.

There is no need for Victorians to seek private testing for coronavirus.

### Fake protection/testing kits

Purchasing any medical or health product over the internet has risks. The Department of Health and Human Services is aware of fake testing kits and cannot validate their effectiveness.

If you're showing symptoms consistent with coronavirus (COVID-19) and believe you may have been in close contact with someone who's tested positive or been overseas in the past 14 days, please visit a screening clinic. List of symptoms and locations of clinics are available here: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

### Payment for testing

The coronavirus (COVID-19) test is free. There is no fee for the test when you get tested at a public health facility, mobile testing centre or GP offering bulk billing. The Australian Government has created a dedicated Medicare bulk-billed pathology test for coronavirus (COVID-19). However, your GP clinic may still have charges for consultations. Please contact your GP clinic directly to discuss any fees and charges you incurred.

## Caring for others

### How can I protect myself and others?

- You should stay at home whenever possible. You can leave home to:
  - shop for food and other necessary goods and services
  - access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
  - attend work or education where you can't do those things from home
  - exercise while adhering to the rules
  - participate in limited size gatherings for the purposes of recreation and social connection.
- Keep the number of visitors in your house to five.
- Restrict public gatherings to 10 people
- Stay at home unless you are participating in permitted activities.
- 
- Stay healthy with good nutrition, regular exercise and quality sleep. Avoid excessive use of alcohol and for smokers, now is a great time to consider quitting.
- 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.

## Caring for someone who is sick during a quarantine period

If you are looking after a sick family member during a period of self-quarantine, there are some important things you should do to keep everyone in your home safe:

- Ensure the sick person remains in one room away from others in the household.
- Keep their door closed and windows open where possible.
- Keep the number of carers to a minimum and do not allow visitors from outside the household to visit.
- Always wash your hands with soap and water or use a hand sanitiser before and after entering the room.
- Keep the sick person's crockery and utensils separate from the rest of the household.
- If available, wear a surgical mask (single-use face mask) when you are in the sick person's room.
- Clean and disinfect high touch surfaces such as tabletops, doors, computer keyboards, taps and handles often.
- Dispose of tissues and masks in a sealed plastic bag and put in the usual household waste.
- If the person starts to feel worse, call the dedicated coronavirus hotline on **1800 675 398** (24 hours, 7 days a week) for advice.

If you need to visit your GP, call ahead and mention that you are currently in self-quarantine so they can prepare appropriate infection control measures.

## Social visits

### Can I have visitors in my home?

Under the amended directions, you can have five visitors in your home at any one time. This means five people in addition to those who reside at your home. You can visit friends, family or your partner as long as there are no more than five visitors attending a residence at one time. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene. If you or your friends, family or partner are feeling unwell, you should not visit others.

### Visiting a partner

The Stay at Home directions have been amended to allow five visitors to your home at any one time. If your partner does not live with you and they are visiting, they are counted as part of this five.

If you wish to travel to another state or territory to visit a partner, be aware that some states and territories have individual quarantine arrangements in place, and may require a 14-day quarantine period for travellers coming from Victoria.

Alternative ways of staying connected with your partner including using phone or video calls, text message or social media.

### Visiting older or vulnerable relatives or friends

You can make social visits to elderly friends and family, including parents, but remember, some people are at higher risk of experiencing severe symptoms if they contract coronavirus (COVID-19). People who are at a higher risk include people aged 70 and over, or 65 and over with chronic health conditions, or Aboriginal and Torres Strait Islanders aged 50 and over, or people with a compromised immune system.

If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times. There should only be five visitors in a household at any one time.

If you are sick, do not visit anyone, especially vulnerable people. You must stay at home.

For more info visit: <https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq>

Commented [R3]: From REDACT Is this implying partners from interstate cannot visit even if our borders are open with this state?

### Visiting Parents of Newborns

You can visit parents and newborns.

If you are sick, do not visit anyone, especially vulnerable people. You must stay at home.

Remember that when visiting anyone, only five visitors are allowed at any one time. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene including washing your hands regularly.

### Members of household vs members of family

You can have up to five visitors in your household at any one time. This is in addition to people who reside at your home. If your family members lives with you, they are not counted as a visitor.

### Can I do repairs at my elderly parents / family / friend's house?

Yes, you can do small repairs. You should not carry out electrical work, gas work or certain types of building work. These activities should be carried out by a licensed professional. Under the directions you can have a licensed professional perform work on your house or on your parent's, family or friend's house.

You should ensure you maintain at least 1.5 metres distance from others while carrying out work. You should consider your current skills and physical ability before starting a repair so that you can complete the work safely.

### What about my custody arrangements?

Both informal and court ordered shared custody arrangements can continue as normal. You are permitted to leave the house to take children from one parent's home to the other parent's home.

Please make sure you understand the risks of transmission, ways to reduce risk, and stay up to date as this situation can change rapidly.

### Care, compassionate or medical reasons for leaving home

You may leave your home for any of the following personal reasons:

- to visit a doctor or other medical professional, or to obtain medical supplies
- to donate blood
- if you have shared parenting obligations and need to transport children between homes, under an informal or court-ordered arrangement
- to provide child-minding services at someone's home because that person needs to leave the house for one of the permitted reasons, or work or study at home
- if you are the parent or guardian of a child and you wish to visit the child because they are in the care of another person or organisation, or you have obligations in relation to the care and support of the child
- to provide childcare or early childhood education or school to a child who lives in the care of the State or family or family violence service
- if you have carer responsibilities, for example, picking up or dropping off children in a foster care or respite care arrangement
- to drop off or pick up a child at personal or private childcare, early childhood education or school, if you need to go to work or study
- to provide care and support to a relative or other person – such as shopping, cooking or house-cleaning – because of their old age, infirmity, disability, sickness or chronic health condition
- they are pregnant or have health or mental health concerns

- to visit someone in an aged care facility, disability accommodation or other residential care facility, provided your visit conforms to the Care facilities direction
- to visit someone in hospital, provided that visit conforms to the Hospital Visitor direction
- to attend the funeral service of a relative or close friend, noting that the maximum permitted number of mourners is 20
- to get married, or be a witness to a marriage, noting that the maximum permitted number of people is ten plus the celebrant and couple
- if there is family violence, or violence by another person in the home, and you are at risk. If you are stopped by police, tell them you are feeling unsafe at home and they will help you. Safe accommodation and support for family violence is available. Call safe steps on 1800 015 188 or email [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au) for help 24 hours a day, 7 days a week.

Commented [R4]: And 30 outside? And mourners only, or including celebrant?

## People in isolation or quarantine

### Isolation vs Quarantine

- If you have symptoms of coronavirus (COVID-19) or have tested positive for coronavirus (COVID-19) you must self-isolate. You can be in isolation in a hospital or isolated at home. If you are isolating at home, there are steps you need to take to keep the people you live with healthy.
- Quarantine is what you should do if you have had close contact with someone who has tested positive for coronavirus (COVID-19), or if you are considered to be at higher risk of contracting coronavirus (COVID-19).
- All international passengers arriving at Victorian airports or disembarking at maritime ports must also go into **enforced** quarantine for 14 days from the day of their arrival.
- While most Victorians are voluntarily complying with requests to quarantine or isolate, police have strong powers to enforce the relevant directions and will conduct random spot checks where necessary.

### Self-quarantine/isolation

#### Who is required to quarantine/isolate?

The following groups are required to **quarantine** for a period of 14 days:

- international travellers - please see international travellers on this website
- those who have come into contact with a confirmed case of coronavirus (COVID-19)
- If you are awaiting the results of a coronavirus test you are required to isolate until you receive a negative test result. If you receive a positive test result you must isolate until you are told by the department or your doctor that you can stop isolating.

The following groups are required to **isolate**:

- people with a confirmed diagnosis of coronavirus (COVID-19) must isolate until they are told it safe to stop by the department or their doctor. The period that a person must isolate for will depend on a number of factors.

#### If you're in self-quarantine/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.

#### When can I end quarantine?

You cannot end quarantine/isolation until you meet the relevant requirements. To find out more, call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week).

Commented [R5]: Public Health – not consistent with website but makes sense.

If, at the end of 14 days, you remain well and you have passed the time limit beyond which you would have fallen ill after being exposed to coronavirus (COVID-19), you can cease self-quarantine. No medical certificate is required to enable you to return to other activities.

### **If you were confirmed to have coronavirus (COVID-19) after 14 days**

You will be regularly contacted by the department after your diagnosis. You cannot end isolation until you meet the relevant clearance requirements. The department will discuss these requirements with you. Further details can also be found on the dedicated coronavirus (COVID-19) hotline 1800 675 398 (24 hours, 7 days a week).

### **If you are feeling unwell during self-quarantine**

If you start to feel unwell, and especially if you develop any of the typical symptoms of coronavirus (COVID-19) during the 14-day self-quarantine period, you should either:

- call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) for advice
- call ahead to your GP before you arrive at the doctor's office so they can prepare appropriate infection control measures
- Mention any overseas travel or contact with a confirmed case of coronavirus (COVID-19).

### **If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance.**

If, at the end of 14 days, you are unwell with respiratory symptoms, you must continue to stay in self-quarantine. Call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) to find out what you should do next.

### **What if I am sharing a house with someone who is in self-quarantine/isolation?**

There are different reasons for people to be in self-quarantine, and so if you are sharing a house with someone in this situation, your obligations will differ.

- If the person is well but has come into close contact with a confirmed case of coronavirus (COVID-19)

If the person you live with is in self-quarantine as a precaution and follows all the required steps for self-quarantine, nobody else in the house is required to self-quarantine.

- If the person is well but has a suspected case of coronavirus

If the person you live with is in self-quarantine because it is suspected they may have coronavirus (COVID-19), there is no need for others in the house to self-quarantine unless the person becomes a confirmed case. At that point, all people in the household are regarded as having had close contact and are required to self-quarantine.

- If the person is unwell and has a confirmed case of coronavirus (COVID-19)

If the person you live with is in self-isolation because they are confirmed to have coronavirus (COVID-19), all people in the household are regarded as having had close contact and are required to self-quarantine.

### **Can I go outside during self-quarantine/isolation?**

It's OK to go out into the backyard of your house or onto the balcony of your apartment or hotel room during self-quarantine/isolation, in fact it can help you feel calm and relaxed to get some sun and fresh air. Always observe the recommended physical distancing requirements from the people around you in the home, and wear a surgical mask if you have one.

### **Can I receive deliveries during self-quarantine/isolation?**

Yes, although you should maintain appropriate physical distancing from the delivery person and they should not enter your home. It must be a non-contact delivery - they should leave your delivery outside your door. Consider

making payment for the delivery online in advance or using a contactless payment method to minimise the chances of physical contact. Avoid paying by cash. Wear a surgical mask if you have one.

### **Change of quarantine/isolation location – how do I notify the government if my original location is no longer appropriate and I need to move?**

You can call 1800 675 398 if you need support. During the 14 days of quarantine/isolation, you should be staying inside, and you can't visit public places or see visitors, so moving is not advised.

### **How should I prepare for quarantine/isolation?**

Everyone should take steps to prepare for the possibility of transmission of coronavirus (COVID-19) in Victoria..

Make a plan on how you and your family, including pets, would have to manage if you needed to stay at home for 2 to 3 weeks.

There are certain supplies you may need if you and your family are in quarantine at home. These include things like non-perishable food items, soap, toilet paper, tissues, feminine care products, nappies and pet food.

Ensure you have enough prescriptions of essential medicines.

## **Relief packages**

### **What support is available for people in self-quarantine?**

If you are in self-quarantine, stay in regular contact with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You can also contact your local council who can support you in accessing services that meet your needs. Visit Know Your Council website to find your council.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on 1800 675 398. Delivery of a free emergency relief package can be arranged for people who are unable to access food themselves or do not have support available to them.

### **What are the relief packages?**

An emergency relief package contains essential food and personal care items that are available to vulnerable Victorians who are needing to self-quarantine due to coronavirus (COVID-19).

The packages will help make sure people are able to access essential items while they self-quarantine.

Emergency relief packages contain essential food staples including cereal, long-life milk, sugar, pasta and canned vegetables.

Personal care items such as soap, deodorant and toothpaste are also provided as part of the packages. Nappies and baby formula can be provided if requested.

The packages do not include medicines, incontinence and personal hygiene products, or pet food.

### **Who is eligible to receive a relief package?**

People currently residing in Victoria who need to self-quarantine due to coronavirus (COVID-19) and don't have enough food to feed themselves or their families may be eligible to receive an emergency relief package of basic supplies.

People need to be currently residing in Victoria, including residents, international students and people on working visas who live in Victoria.

These packages contain only basic supplies and are for people who do not have access to a support network or alternate means of obtaining food such as on-line delivery.

Wherever possible, we're asking all Victorians to arrange for family or friends who are not required to be self-isolated to get food or necessities for you.

Any requests from people who are not in mandatory self-quarantine will be referred to the relevant local council to follow up.

### **How can people in need get an emergency relief package?**

If you are in urgent need and don't have a support network who can help you, call the coronavirus (COVID-19) hotline on 1800 675 398 and press Option 3. The operating hours are between 8.00am to 6.00pm Monday to Friday, and 10.00am to 3.00pm on weekends and public holidays.

People can also call on behalf of someone they know who is self-quarantining and in urgent need of food supplies.

### **How long will the relief package last?**

Each emergency food relief package is designed to provide basic food essentials and personal care items for a family of four for two weeks.

### **How much will it cost for a relief package?**

The relief packages will be provided at no cost to the recipients.

### **Will people be able to choose brands or specific items?**

These packages are made up of basic essentials only and people do not have a choice as to what products are provided. We may not be able to cater for dietary or cultural requirements.

### **What if a person is too sick to cook for themselves?**

If people are unable to cook for themselves, their details will be provided to the relevant local government who will consider options to provide or deliver meals.

### **How will the relief packages be distributed?**

Emergency relief packages will be distributed by partner organisations including the Red Cross, and Foodbank Victoria.

Packages will be delivered to the door of persons who are self-isolating or self-quarantining. Deliveries should arrive within 24 to 48 hours, depending on location.

### **What other support for accessing food is available?**

#### **Woolworths**

Home delivery: This service is now available to all customers. Eligible customers, including seniors, people with a disability and those with compromised immunity or who are required to self-isolate can still access a priority home delivery service with dedicated delivery windows. These customers can call 1800 000 610 to seek assistance or register online.

Food and grocery packs: This 'Basics Box' for \$80 helps provide essential products for customers who are currently unable to visit stores and are in genuine need. It helps provide meals, snacks and a few essential items, including toilet paper, and is delivered within approximately two to five business days via Australia Post. They are unable to cater for specific dietary requirements and there is a limit of two boxes per customer, per fortnight.

Community pick-up: This service is available in 700 selected locations to allow Priority Assistance customers to place an order online for someone to pick up on their behalf. This service will be available for over 100 pick-up drive through locations and in 600 stores for pick-up at the service desk.

#### **Coles**

Home delivery and click and collect: Normal home delivery and click and collect services are back to business as usual. The Coles Online Priority Service (COPS) provides a delivery service and 'click and collect' option for customers unable to get to a store. Existing Coles Online and FlyBuys customers who are aged over 70 and had registered their date of birth as part of their account details have been invited to join COPS. The service is also available to:

- People over 65 years of age with a My Aged Care number or NDIS number;
- Indigenous Australians over the age of 50 with a My Aged Care number or NDIS number;
- Aged care, disability care and other businesses that support vulnerable members of the community.

Find out more

Food and grocery pack: The Coles Community Box is \$80 and includes delivery. The box contains nutritious items for breakfast, lunch and dinner, with the contents of the box being enough to support two people aged 65+ for seven days. Available to all eligible Coles Online Priority Service customers.

Find out more

#### **IGA**

Home delivery: IGA is providing a Priority Shop home delivery service to many areas, offering four package options - the Essentials, Pantry Plus, Dog Pack, Cat Pack – available to:

Eligible customers include:

- the elderly (70+)

people who are immunosuppressed

- Indigenous Australians (50+)

people with a disability

- and people who are required to self-isolate.

To check eligibility for IGA Priority Shop, please call 1800 018 384 or visit [igashop.com.au](http://igashop.com.au)

#### **Foodworks**

Home delivery: Foodworks has partnered with National Disability Insurance Scheme (NDIS) to provide a priority delivery service. You can access this service via [foodworks.com.au](http://foodworks.com.au) website.

#### **7-Eleven**

Home delivery: 7-Eleven is launching a delivery service in Melbourne for snacks and key essentials with no contact delivery. The service will be available in the coming weeks, customers can find out more on [7ElevenDelivery.com.au](http://7ElevenDelivery.com.au).

#### **Pet food**

Pet food can be ordered online from pet stores such as Pet Stock, Pet Barn, My Pet Warehouse, or contact local pet stores to check if they offer delivery. Some useful websites are below:

[Petbarn.com.au](http://Petbarn.com.au)

[Petstock.com.au](http://Petstock.com.au)

[Petbarn.com.au](http://Petbarn.com.au) - delivery information

#### **Dropping off food / supplies to friends / family / people self-quarantining/isolating**

You can support friends and family by dropping off food or medications or supplies. If you are preparing meals or providing other help for an elderly person, be mindful of the risks of transmitting coronavirus. Older people are especially vulnerable to coronavirus. If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling

well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

You shouldn't be making social visits to friends and family at the moment. Instead you can stay connected by sending photos or using video chat or phone calls.

## Physical distancing and restrictions

The Victorian Government has some eased restrictions, but certain criteria must be met to participate in activities that are now permitted. Physical distancing must be maintained at all times. You must stay home if you are sick.

You may now leave your home to:

- Participate in non-contact sport and some recreational activities. Only 10 people can participate at any one time
- Visit close family and friends. Only five visitors are allowed in a household at any one time
- Participate in public gatherings of 10 people or less
- Visit a national park

These activities are in addition to:

- shop for food and other necessary goods and services
- access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
- attend work or education where you can't do those things from home
- exercise.

You may also leave your home in an emergency or if required by law.

### Who does this apply to, and when?

Everyone in Victoria. These additional directions are intended to expand and clarify the restrictions applying to all Victorians.

### Is this compulsory, or voluntary?

It is compulsory. The Chief Health Officer of Victoria has issued a lawful direction as part of the current State of Emergency. It means that, except in limited circumstances, you should remain in your home.

### Are there limits on the time of day I can leave the house?

No. There are no limits on leaving your home if you need to during the day or night.

For example, if you work night shift, or need to provide care to a relative or other person, you can do so as needed.

You can leave home to exercise at any time of day.

### Are there any other special reasons that allow me to leave my home?

You can leave your home in an emergency, or if you are required by law to attend either a police station, court or law enforcement or justice system premises.

## Why are these changes safe but others not?

Our focus on easing restrictions is to improve people's health and well-being. The easing of restrictions we are announcing will have significant benefits for people's health and wellbeing and present the least public health risks in our current context.

We know that physical distancing measures have impacted on people's feelings of isolation and mental health, and the evidence tells us that keeping connected and keeping healthy and active will improve this.

That's why we're focussing on outdoor sport and recreation, allowing small groups of people to be together in homes and in the community, and gradually returning primary and secondary school students to face-to-face learning

Small gatherings of up to 10 people will be allowed, as will having up to five visitors gathering in a private home. Outdoor community sport and recreation will also be allowed in small groups of up to 10.

You'll notice that we are keeping groups relatively small, sports and recreation activities are to be done outdoors, and physical distancing measures still apply.

We're also allowing small increases to the number of people able to attend weddings and funerals, religious services, real estate auctions or inspections, and essential public support groups.

We know that these are all very important for Victorians, and they pose the least risk to widespread community transmission of coronavirus.

This does not signal a return to normal; we can't take the progress we've made for granted.

## Restrictions and penalties

### When will you next ease restrictions?

Victoria is taking a staged approach to lifting restrictions. Each time we ease restrictions we will need to assess the impact of the change before we can make any further decisions. If the situation changes and there is an increase in case numbers then restrictions may need to be reinstated to save lives and protect the health system.

Restrictions will be reviewed every four weeks or more frequently as the situation changes.

As restrictions are eased it is critical that Victorians continue to take actions to protect themselves and others; including staying at home if they are sick, keeping 1.5 metres between themselves and others, and practicing good hygiene including regular hand washing.

### What does the State of Emergency Declaration mean in Victoria?

A State of Emergency was declared in Victoria to provide the Chief Health Officer to do what is necessary to contain the spread of the virus. Get the up to date information: <https://www.dhhs.vic.gov.au/coronavirus>

### Stay at home direction

Thanks to the actions taken by Victorians we are able to start lifting restrictions. As restrictions are lifted Victorians are still being asked to continue to stay at home when they can. If you feel unwell, even if you have tested negative for coronavirus, you must stay at home until completely well and it has been 3 days (72 hours) since your last fever (if you had a high temperature or fever). We are asking the community to use common sense to stop the spread of this deadly virus.

Stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### What will happen if we don't comply?

Non-compliance can be reported to the police. Larger fines can also be issued through the courts. Venues that don't comply with the directions on mass gatherings face fines of up to \$100,000. You can read more information here: <https://www.vic.gov.au/coronavirusresponse>

### Have the restrictions been extended?

Stage 3 restrictions have been extended but with some easing of these restrictions. The new arrangements will now be in place for 4 weeks and they will be reviewed as required. Restrictions are enforceable. For all updates and advice see: <https://www.dhhs.vic.gov.au/coronavirus>

### Why are you extending Stage 3 restrictions?

Restrictions are in place to help flatten the curve of COVID-19, give our health system the best chance of managing the virus, and keep Victorians safe. The situation is fragile and can change rapidly. By staying at home and limiting your contact with other people, we can all slow the spread of the virus. Some restrictions have been eased to allow people to look after their own, and others health, wellbeing and social connection.

The Chief Health Officer will continue to review the situation. For the latest information and advice visit [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

### Restricted activities

The Victorian Government has restricted sporting, cultural, recreational and commercial activities to minimise the risk of people being in close contact with each other, so we can slow the spread of coronavirus (COVID-19).

### What activities are already restricted?

Many activities and facilities have already been closed or restricted where people gather in numbers or come into close contact with each other, including:

- pubs, bars nightclubs and hotels
- entertainment facilities including theatres and cinemas
- some retail business
- food and drink businesses
- accommodation facilities like camping grounds and caravan parks
- swimming pools
- animal facilities

### Are there still some exceptions with pubs, bars, nightclubs and hotels?

These services can still operate:

- bottleshops
- takeaway food and drink for people to consume off the premises
- accommodation.

### Are there any restrictions on trading hours for stores that remain open?

No. It's up to an individual business when they choose to operate, subject to the usual rules and regulations.

### What is the 'four square metre' rule?

As a way to limit the number of people who may gather in a retail premises at one time, retail operators must allow entry to no more than one person for every four-square-metres of available floor space in their shop. For example,

if a shop has a total floorspace of 20 square metres, then no more than 5 people (including staff) can be in that premises at the same time.

### **Are there any special conditions for retailers?**

Yes, there are three special requirements for every business in Victoria that has customers on its premises:

- You must measure your available floorspace and identify the maximum number of customers allowed on your premises at one time. For example, if your shop is 2 metres wide and 8 metres deep, its floorspace would allow a maximum of 4 customers and staff inside at one time ( $2 \times 8 = 16\text{m}^2$ , divided by  $4 \text{ m}^2$  per person = 4 people).
- You must place a sign at the entrance/s to your premises indicating the maximum capacity of your shop and ensure no more than this number are in your premises at any one time.
- You must initiate a cleaning regime that ensures:
  - frequently touched surfaces such as door handles, touch screens, handrails and benchtops are cleaned at least twice per day with disinfectant
  - all surfaces are cleaned with disinfectant when visibly soiled
  - all surfaces are cleaned with disinfectant immediately if there is spillage.

The cleaning regime must include use of a disinfectant with anti-viral properties that complies with the published requirements of the Department of Health and Human Services. Download [Cleaning and disinfecting to reduce COVID-19 transmission](#).

### **Is home delivery still permitted?**

Yes. Always maintain a distance of 1.5 metres between you and other people, especially when paying and taking delivery of a package. Try to use contactless payment or pre-pay online if possible. If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

### **Will public transport continue to operate?**

Yes. Public transport services are still available for people who need to be out for one of the permitted reasons. Ensure physical distancing at stations, stops and on buses, trams and trains by keeping 1.5 metres between you and other people. Follow good hygiene practices, including covering your mouth and nose with a tissue when you cough or sneeze, or cough and sneeze into your elbow if you don't have a tissue.

If you use a busy route, consider travelling outside of peak times to minimise risks. No other travel should be undertaken. Public transport service counters will not accept cash for payment to purchase or top up your Myki. You must either pay online, on the phone or use contactless payment methods such as machines.

### **Which personal services remain prohibited?**

Businesses providing personal care services where there is close contact must cease operating.

This includes the following businesses:

- beauty therapy, spray-tanning, waxing and nails
- spa and massage services
- tattoo and piercing services
- spas and massage parlours providing relaxation massages as distinct from therapeutic or remedial massage
- sex work services and adult entertainment services

## Shopping

### Shop for food and other necessary goods and services:

You may leave your home to obtain:

- food or drink including collecting takeaway food or drink
- goods and services for health or medical purposes
- necessary goods or services including, but not limited to services provided by:
  - a financial institution
  - a government body or government agency
  - a post office
  - a pharmacy
  - a hardware store
  - a petrol station
  - a pet store or veterinary clinic
  - a retail store that is NOT prohibited from operating by the restricted activity directions.

### Can I go to the supermarket?

Yes. However, you should keep visits to a minimum. Make a list of the things you need, shop quickly and minimise the time you spend there. Ideally, only one person from your household should go to the supermarket at each visit to minimise the numbers of people in the supermarket at any one time. Remember that many supermarkets are reducing their opening hours, so check online before leaving home to make sure the supermarket is open.

### Are there restrictions on what time I can go shopping?

No. You can shop at whatever time suits you, however many retailers are changing their opening hours, so check online or by phone before you leave home to ensure they are open. Try to go shopping outside of busy hours to avoid crowds. All retailers must ensure customers can maintain physical distancing of at least 1.5 metres between people at all times, and must limit the number of people on their premises using the four square metre rule.

### Can I take a friend or relative to the shops with me?

If you need help with shopping, or if a friend or family member needs help, or you can't leave them at home, then you can go to the supermarket or shopping centre together, observing physical distancing by keeping at least 1.5 metres between you and others.

### Can I still go to big shopping centres?

Only for the purpose of shopping for necessary goods and services at supermarkets, pharmacies and other service providers. Many retail stores and all public attractions are now closed at major shopping centres. If you do go to the shopping centre, you should spend as little time there as possible.

### Can I go out to pick up takeaway food?

Yes. You should travel directly to the food outlet, try to minimise the time spent in those premises, always observe physical distancing by keeping at least 1.5 metres between yourself and others, and return home directly. Consider arranging home delivery as an alternative.

**Can I order home-delivered food?**

Yes. Remember some basics to minimise the spread of coronavirus (COVID-19) when having food delivered.

Don't allow the delivery person to enter your home, and always maintain physical distancing by keeping at least 1.5 metres between yourself and others, especially when paying and taking delivery of your meal. Try to use contactless payment or prepay online if possible.

If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

**Can I go out to pick up my online shopping from the post office or other collection point?**

Yes. However, consider what online shopping you really need to do during the Stay at Home period, and minimise your need to leave the house. If you wish to pick up a purchased item from a point of collection, first check online or phone to confirm what hours it is open, and travel directly there and home again. Always observe physical distancing by keeping at least 1.5 metres between yourself and others.

**Can I visit a store or retail outlet to buy items for my indoor recreational activity? (eg: computer parts)**

If you can stay home, you should stay home. Look at alternative options for purchasing, such as home delivery. If you need to leave your house for essentials, limit the amount of time you spend shopping, and make sure you understand the risks of transmission and some ways to reduce risk.

**Can I collect / deliver [furniture / boat / car / motorbike etc]?**

If you can stay home, you should stay home. If you can delay the collection or delivery you should. Look at alternative options for collecting purchases, such as home delivery. If you can't delay the collection or delivery then you must, limit the amount of time you spend out of home. You should also take collect or drop off without making physical contact. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

**Work or education****Essential vs non-essential services**

View a full list here of essential services here: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-new-restrictions-and-closures>

Please be aware that the situation is changing rapidly. For the latest information please visit the website regularly: <https://www.dhhs.vic.gov.au/coronavirus>

**Can I leave my house to go to work?**

If your work cannot be performed from home, you can still go to work. When at work, you should ensure appropriate physical distancing and hygiene measures by keeping at least 1.5 metres between you and others.

**Can I leave my house to do volunteering work?**

Yes. Unpaid work can continue to be done while the organisation you are volunteering for is still operating. However, if the volunteer work can be done from home, it should be. You should also maintain appropriate physical distancing by keeping at least 1.5 metres between yourself and other people at all times and maintain sanitisation measures such as regularly washing your hands with soap for at least 20 seconds.

## Recreational activities

### What is the list of restricted entertainment facilities?

All of the following facilities should now be closed:

- theatres
- cinemas
- concert halls and auditoriums
- arenas, stadiums and convention centres
- games arcades
- amusement parks
- casinos and other gambling and sports-betting businesses
- brothels, strip clubs, escort agencies, sex-on-premises and other adult entertainment venues.

### Can I still live-stream performances from my venue without an audience?

Yes. You can put on live-streamed performances, without a live audience, at your venue if you'd like to continue to operate as a music venue, for example. However, you will need to ensure that the performers and technicians involved maintain physical distancing by keeping at least 1.5 metres between each other at all times.

### Are places of worship closed?

All places of worship, of all denominations are now open for private worship or small religious ceremonies of up to 10 people

Ceremonies and services can still be recorded or broadcast live from the place of worship for viewing online. You are allowed to have people on site to record and live stream services, however, you must ensure those people maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Places of worship may be opened for the purposes of conducting weddings and funerals, but there are strict limits on the number of people who can attend.

For weddings, 10 people can attend in addition to the couple, and the celebrant.

For funerals, no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. Both weddings and funerals can be live-streamed if desired.

Places of worship can continue to be opened for the purposes of hosting essential public support services such as food banks, help for the homeless or other essential activities, ensuring appropriate physical distancing is maintained by keeping at least 1.5 metres between everyone at all times.

### What type of accommodation facilities are prohibited?

Camping grounds and caravan parks are not permitted to remain open because of the communal nature of many of the facilities offered. The only exceptions are where the occupants:

- live there permanently
- are without another permanent place of residence
- have a permanent place of residence that is temporarily unavailable
- have travelled to Victoria for work
- were already staying there temporarily at the time the restrictions came into force and are unable to return to a permanent place of residence
- need emergency accommodation as a result of family violence or other threats
- require accommodation for work, where their work is helping to limit the spread of coronavirus (COVID-19).

### Why are swimming pools prohibited?

Public swimming pools represent a risk for the transmission of coronavirus (COVID-19) because of the number of people who use them, the communal nature of facilities and the range of surfaces and fixtures that are touched by visitors throughout the day.

If a pool is at a person's private residence and is not available for communal use, it can be used without restriction.

### What kind of animal facilities are closed?

Any kind of animal facility that would normally attract a crowd is now closed to the public. Caring arrangements for animals continue. This includes:

- zoos
- wildlife centres
- petting zoos
- aquariums
- animal farms that are not involved in producing food.

Animal facilities can continue to operate and undertake maintenance of operations if they treat or care for sick animals, or rescue abandoned or injured animals.

### How are these measures being enforced?

Victoria Police has established a squad of 500 officers to enforce these containment measures. These officers will be out in the community doing spot checks and to enforce the current ban on gatherings.

### Pet grooming businesses seeking exemption

We cannot provide you with exemptions from the guidelines via social media. If you're in doubt about whether or not a planned activity contravenes the guidance to stay home, it's best to err on the side of caution.

### Pet grooming (dog grooming, etc)

Please call your dog groomer to discuss options if they are available.

### Can I leave my home to care for my horse who is agisted in another property?

You may leave your home to continue providing care for animals under your care. For more information, visit <http://agriculture.vic.gov.au/agriculture/emergencies/coronavirus/covid-19-advice-for-animal-owners>

### Can I go horse-riding?

Yes, you can go horse-riding. You should keep your distance from others (1.5 metres) and only do your activity outside and in a group of 10 people maximum. You cannot use club facilities, except toilets.

Use of shared sporting equipment should be minimised and there should be no sharing of equipment that touches the face or head (e.g. helmets, goggles or masks).

If the activity involves shared equipment, only equipment with smooth, hard surfaces should be available for use and the equipment should be sanitised between users.

You are not allowed to compete in horse riding competitions.

### Exercise in apartment common areas

Exercising outside of your home is allowed, including in common areas of your apartment building. However, in doing so physical distancing measures must always be observed. More information: <https://www.vic.gov.au/coronavirus-covid-19-restrictions-victoria>

## Transport

### Is it still safe to use public transport?

The Department of Health and Human Services is working closely with the Department of Transport and transport operators, to actively prepare for potential impacts of COVID-19 on Victoria's transport network. The latest advice for travel in Victoria is available here: <https://transport.vic.gov.au/coronavirus-disease>

Mass transport should be avoided by people vulnerable to the virus, including the elderly. To check if you are in an at-risk group, please visit <https://www.dhhs.vic.gov.au/information-public-novel-coronavirus>

When travelling on public transport, we encourage everyone to practice good hygiene.

### Taking taxis and rideshare

You can use taxis and ride-shares but only for one of the permitted purposes. The less time we all spend out of our homes, the faster we will all be able resume normal life again.

People using taxis or rideshare are advised to sit in the back of the vehicle if possible.

### Carpool / rideshare / multiple passengers in vehicles

Physical distancing in taxis, ride share vehicles and other passenger transport vehicles will be challenging, but there are steps that can be taken to maximise physical distancing to the extent possible. This includes sitting the back seat, maintaining 1.5m distance.

This direction is also applicable for sharing a car with other people, particularly strangers. However if it is essential to travel with individuals who also ordinarily reside in the same premises, with no other alternatives, we advise to practice good hygiene measures. The virus can spread from close contact with an infected person, mostly through face-to-face or between members of the same household.

### Carpooling for work

If you are unable to work from home and need to drive to work you can carpool with one other person who you don't live with if you can maintain physical distancing measures including maintaining 1.5m distance between people in the car.

### Carpooling / sharing a car with people from same household

Physical distancing is applicable for sharing a car with other people, particularly strangers. However, if it is essential to travel with individuals who ordinarily reside in the same premises, with no other alternatives, we advise to practice good hygiene measures.

### Can I go for a recreational drive / teaching kids to drive / driving lessons?

Yes, for purposes of health, wellbeing, recreation and visiting family and friends for social connection you are able to go for a drive.

Practice driving is now permitted, as well as attending driving lessons

### Drop off / pick up friend or family member at the airport

You can collect a family member or friend from the airport in your car. If possible someone who ordinarily resides at the same house will collect them from the airport. We advise you to practice good hygiene measures and to stay in the car when you collect them from the airport. The virus can spread from close contact with an infected person, mostly through face-to-face contact or between members of the same household.

You should minimise the number of people who are in the car so that only the driver and the person or people they are collecting are in the car.

If it isn't possible to have someone who normally resides with the traveller collect them then you must take reasonable measures to practice physical distancing between people in the car.

## Travel

### Can I drive my car?

Yes, you can. However you must still adhere to the current restrictions on reasons for leaving home. Victorians shouldn't be taking holidays currently, even within Victoria

## Restricting access to care facilities

### Are these new and additional restrictions?

Yes. To protect some of the most vulnerable Victorians, this measure places strict limits on who can visit a care facility and in what circumstances.

### Which types of care facilities are covered by this restriction?

This restriction applies to all the following care facilities, whether operated by government, the private sector or not-for-profit organisations:

- residential aged care facilities
- alcohol and drug residential services
- homelessness residential services
- disability residential services
- specialist disability accommodation
- secure welfare services
- short-term accommodation and assistance dwellings
- Supported Residential Services (SRS)
- Disability Forensic Assessment and Treatment Services (DFATS)
- Thomas Embling Hospital.

### What are the restrictions on staff who work in care facilities?

Subject to some important conditions, staff can enter the facility only if they are:

- an employee or contractor at that facility
- providing goods or services to the facility that are necessary for its effective operation (either as a paid worker or volunteer)
- providing health care, medical or pharmaceutical goods or services, behavioural support services or other support services to a resident (either as a paid worker or a volunteer)
- providing treatment under a treatment plan to a resident of a disability residential service (either as a paid worker or volunteer) providing education services to the resident of a secure welfare service (either as a paid worker or volunteer).

If emergency services or law enforcement personnel are required to attend the facility, they can enter at any time.

### How many people can visit?

No more than two people can visit a resident together to provide care and support.

Each resident can have no more than one visit (of up to two visitors) each day.

### **Is there a time limit on visits?**

Visits must be for no more than two hours. The only exception is if visitors are supporting end-of-life care to a resident of a facility.

### **What are the restrictions on visitors?**

Subject to some other important conditions, you can visit a care facility if you are:

- providing care and support to a resident of the facility
- providing support to end-of-life care to a resident of the facility – in these circumstances visits are not restricted to two hours and the number of people visiting is not restricted (but should be managed carefully)
- viewing the facility as a prospective resident, in which case you can bring up to two other people with you.

### **What other conditions apply to workers and visitors?**

Workers and visitors must not enter any of the nominated care facilities if they:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever
- have had known contact in the last 14 days with a person who was a confirmed case of coronavirus (COVID-19)
- have a temperature higher than 37.5 degrees
- are under 16, unless they are visiting a resident who is receiving end-of-life care, or they are visiting a secure welfare service, Supported Residential Service or an alcohol and drug residential service, in the company of an adult.

### **Residential aged care facilities and influenza vaccinations**

People visiting or working in residential aged care facilities must have an up to date influenza (flu) vaccination.

- Visitors who choose not to have an influenza vaccination are not able to visit a residential aged care service during this period.
- Visitors who unable to access a influenza vaccination can visit.
- Visitors who unable to have an influenza vaccination due to medical reasons can visit; however, they are required to provide evidence, from a medical practitioner, as to the reason they cannot have the vaccination. Services should encourage visitors who cannot have an influenza vaccination to only visit for compassionate reasons and end of life care.

### **Evidence of influenza vaccination**

Appropriate evidence might include:

- a statement or record from a health practitioner or
- an immunisation history statement from Medicare online or the Express Plus Medicare mobile app.
- A visitor or worker may also offer to complete a statutory declaration that they have received an up to date influenza vaccination. A statutory declaration is a legally binding document and would be acceptable evidence that the person is making a truthful statement that they have an up to date influenza vaccination.
- The declaration should reference relevant details such as the date and location where the immunisation occurred.

For more information, including information for staff, emergency workers and workers in residential aged care facilities visit: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

### **Are there any other conditions placed on visits?**

Visitors must comply with all screening and infection control measures put in place by the facility.

You should maintain a 1.5 metre (a full arm span) physical distance between you and the resident and all other people in the facility for the duration of your visit.

You will not be admitted as a visitor, staff or other worker to a residential aged care facility if you don't have an up-to-date vaccination for influenza – this means after 1 May 2020 you need this year's vaccine but before 1 May 2020 you must have had the 2019 vaccine

## Penalties

### What are the penalties for not complying with the Stay at Home requirement?

A person who fails to comply with this direction will be liable for fines of up to \$20,000, or up to \$100,000 in the case of companies and other bodies.

### PSOs

The Victorian Government has increased the range of 'designated places' where Protective Services Officers (PSOs) can exercise their powers so PSOs can be redeployed from the public transport network and into communities, boosting police resources.

### Fines

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings. We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing. Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can, you must stay at home.

### Deliberate attempts to infect people with coronavirus (COVID-19)

- Spitting at someone is a public order offence in Victoria. Penalties range from fines to jail sentences, depending on the seriousness of the offence.
- Violent behaviour is an offence and can carry very serious penalties. People can be charged with a violence-related offence without making physical contact. Threats or physical intimidation can be classified as an offence, even if no harm was intended.
- Spitting or coughing on someone may also breach the physical distancing rules of 1.5 metres, which can attract an on-the-spot fine of up to \$1,652.

## Family violence

### Family violence services

- With more people staying at home to reduce the community spread of coronavirus (COVID-19), there may be an increased risk of family violence.
- Services are still operating to help women and children in family violence situations, including crisis accommodation.

- The accommodation will provide a safe haven for women and children escaping family violence throughout the pandemic, and will include support to help them get back on their feet once it has passed.
- If you or someone you know is at risk or experiencing family violence call 000 in an emergency or safe steps 24/7 crisis service on 1800 015 188.
- The Victorian Government is investing \$40.2 million into crisis accommodation and specialist services for people suffering or at risk of family violence:
  - \$20 million into short-term accommodation for family violence victim survivors who do not feel safe isolating or recovering from coronavirus (COVID-19) at home
  - \$20.2 million to help Victorian family violence services meet the expected increase in demand during the coronavirus (COVID-19) pandemic and provide critical help for victim-survivors.

### How can I access family violence support services?

- You can call safe steps on 1800 015 188 24 hours a day, 7 days a week for family violence help and support.
- The Orange Door service continues to operate during the coronavirus outbreak from 9am to 5pm Monday to Friday in:
  - Barwon (1800 312 820)
  - Bayside Peninsula (1800 319 353)
  - Inner Gippsland (1800 319 354)
  - the Mallee (1800 290 943) and
  - North Eastern Melbourne (1800 319 355).
  - **Please note** these services are closed on public holidays.
- The Orange Door website [orangedoor.vic.gov.au](http://orangedoor.vic.gov.au) also has lots of helpful information if you're feeling unsafe, need more support with the care of children or are worried about how someone close to you is treating you.

### Child protection supervised visits

In accordance with advice from the Chief Health Officer, the department has activated an emergency management plan and is no longer able to regularly supervise visits in person between children and family members.

As soon as it is safe to do so and with the advice of the Chief Health Officer, we will resume face-to-face contact and transport arrangements.

Victorian child protection workers are continuing their essential work throughout the coronavirus pandemic – including intervening when a child is at urgent or imminent risk of harm or abuse.

## Caregiving, compassionate reasons

### What are the 'care or compassionate reasons' for being able to leave my home?

You may leave your home for any of the following personal reasons:

- to visit a doctor or other medical professional, or to obtain medical supplies
- to donate blood
- if you have shared parenting obligations and need to transport children between homes, under an informal or court-ordered arrangement
- to provide child-minding services at someone's home because that person needs to leave the house for one of the permitted reasons, or work or study at home
- if you are the parent or guardian of a child and you wish to visit the child because they are in the care of another person or organisation, or you have obligations in relation to the care and support of the child
- to provide childcare or early childhood education or school to a child who lives in the care of the State or family or family violence service
- if you have carer responsibilities, for example, picking up or dropping off children in a foster care or respite care arrangement

- to drop off or pick up a child at personal or private childcare, early childhood education or school, if you need to go to work or study
- to provide care and support to a relative or other person – such as shopping, cooking or house-cleaning – because of their old age, infirmity, disability, sickness or chronic health condition
- they are pregnant or have health or mental health concerns
- to visit someone in an aged care facility, disability accommodation or other residential care facility, provided your visit conforms to the [Care facilities direction](#)
- to visit someone in hospital, provided that visit conforms to the [Hospital Visitor direction](#)
- to attend the funeral service of a relative or close friend, noting that the maximum permitted number of mourners is 20
- to get married, or be a witness to a marriage, noting that the maximum permitted number of people is ten plus the celebrant and couple
- if there is family violence, or violence by another person in the home, and you are at risk. If you are stopped by police, tell them you are feeling unsafe at home and they will help you. Safe accommodation and support for family violence is available. Call safe steps on 1800 015 188 or email [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au) for help 24 hours a day, 7 days a week.

### Hospital visitors

Victorian hospitals are currently only allowing visitors who are of good health. If you show signs of any symptoms, regardless of illness, you will not be allowed to enter the hospital.

If you are unsure, please call the hospital to discuss your situation.

### Aged care / nursing home visits

Access to residential aged care facilities has been restricted to essential services only. All visitors entering a residential care facility will be required to undertake screening before entering the facility and must comply with infection control measures as directed by the residential aged care facility.

For guidelines to assist residential aged care facilities (RACFs) to support their healthcare workers, residents, families and visitors to prepare for, prevent and manage cases and outbreaks of COVID-19, visit: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

### I am caring for an elderly parent/friend who lives alone. Can I visit them?

Yes. However, if you are preparing meals or providing other help for an elderly person, be mindful of the risks of transmitting coronavirus (COVID-19). Older people are especially vulnerable to coronavirus (COVID-19). If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

### What about my care arrangements?

Medical, care or compassionate needs are included in the reasons you can be out of your house and in contact with people not in your household. It's very important that physical distancing and transmission reduction measures are followed.

### Childcare at home / family care

If you need to leave home for one of the permitted reasons, you can use childcare services, or take them to the house of a friend or family member so they can be cared for. You can have someone, including family or friends, to your home to mind your children if you must leave home. If it is essential to have more than one carer, please be aware that having more than one person in the room can increase the risk that the virus will spread. The virus can

spread from close contact with an infected person, mostly through face-to-face or between members of the same household.

### **Can I drop my children at childcare – or to someone’s house to have them minded?**

Yes. If you need to leave home for one of the permitted reasons, you can use childcare services, or take them to the house of a friend or family member so they can be cared for.

### **Can I get a baby-sitter to come to my home?**

Yes. You can arrange in-home child minding if you need to leave home for a permitted purpose.

As always, visitors to your home should observe appropriate physical distancing by keeping at least 1.5 metres from other people.

### **Visiting a cemetery**

Yes, you can visit a cemetery. If you do visit the grave of a loved one at the cemetery, please ensure that no more than your immediate household or a maximum of ten people (including you) are gathered. Physical distance has to be maintained by staying at least 1.5 metres apart.

Alternative ways to remember your loved ones while staying at home include lighting a candle or holding a virtual remembrance with family and friends.

### **What defines 'close contact'?**

'Close contact' means having face-to-face contact for more than 15 minutes with someone who is a confirmed case of coronavirus (COVID-19) – or alternatively sharing a closed space with a confirmed case for more than two hours.

Close contact can happen in many ways, but examples include:

- living in the same household or household-like setting (for example, a boarding school or hostel)
- direct contact with the body fluids or laboratory specimens of a confirmed case
- being in the same room or office for two hours or more
- face-to-face contact for more than 15 minutes in another setting such as in a car or a lift or sitting next to them on public transport.

You can reduce your risk of contracting coronavirus (COVID-19) by following these steps.

## **Household**

### **Can I have visitors in my home?**

Social visits from close friends, family, and partners are allowed. At any one time you can have up to 5 visitors to your home in addition to those who normally reside in the household. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene.

Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

If you or your friends, family or partner are feeling unwell you should not visit people or allow visitors into your home.

### **Can I have more than one set of visitors to my house a day?**

Victorians are being asked to practice common sense when it comes to having friends and family visit. Consider only having close friends and family visit your home. You should ask yourself if having visitors is necessary or if you could use video conferencing, phone calls, text message or social media to stay in touch with people.

### **Can carers still come to our home?**

As an essential service, a carer can continue working with your family - however they must adhere to government guidelines on quarantine/isolation and practice safe physical distancing and hygiene measures. Please see the section titled "People with a disability and their carers" <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#aged-care-facilities>

If you have more immediate queries, please call the hotline 1800 675 398

### **Safety around the home**

- Victorians are urged not to undertake building or repair works around their home where they do not have the required skills or experience.
- If you do not have the required skills or experience, always use a professional to safely complete all repairs and renovations around the house.
- To find an accredited builder go to: <https://www.vba.vic.gov.au/tools/find-practitioner>

### **Can tradespeople come into my home?**

A tradesperson is permitted to enter your home to fix a problem, but you must ensure physical distancing by keeping 1.5 metres between you and the tradesperson at all times.

A cleaner is allowed in your home and should observe appropriate physical distancing by keeping 1.5 metres between you and the cleaner at all times.

When a service provider is visiting, minimise physical contact by paying with a direct bank transfer or contactless payment.

### **Pets**

- You can walk your dog
- You can pick up food and supplies at a pet store
- You can get veterinary care for your pet at a veterinary clinic. You should call ahead before arriving so that you understand the physical distance measures they have put in place.
- You can adopt a pet. You should call ahead to an animal shelter
- You can collect a pet from a breeder or pet store however you must follow physical distance measures and good hygiene practices.

### **Can pets be infected with coronavirus (COVID-19)?**

There is no evidence that animals, including pets in Australia, might be a source of infection with the virus.

There have also been no reports of pets or other animals becoming sick with coronavirus (COVID-19) in Australia.

However, since animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

Remember, animals need to be looked after during the coronavirus (COVID-19) pandemic too. For more information regarding domestic pets, see: [Coronavirus \(COVID-19\): AVA updates](#).

And for those in the farming and agricultural sector, see: [Coronavirus \(COVID-19\) page in Agriculture Victoria website](#).

**Can I move house / help someone move house?**

Yes, you can move house.

Freight & logistics are currently operational, and removalists would need to meet the physical distancing requirements. If family or friends are helping you move, you should practice physical distancing and good hygiene measures.

Learn more about transmission reduction measures: <https://go.vic.gov.au/YpFemr>

**Moving house – removalists**

If it is essential, you can leave home for the purposes of moving to a new house. Freight & logistics are currently operational, and removalists would need to meet the physical distancing requirements.

Learn more about transmission reduction measures: <https://go.vic.gov.au/YpFemr>

**What if was planning to move overseas or interstate – can I still go?**

Yes. You can move home within Australia (subject to obtaining the relevant permits to enter another state).

**Can I inspect land or house that is for sale?**

You can attend open-for-inspection sessions. A maximum of ten people and those required to facilitate the inspection are allowed at any one time. During inspections, physical distancing must be ensured by keeping at least 1.5 metres between everyone at all times.

**Can I have repairs done on my home / rental / property?**

Yes, a tradesperson visiting to fix a critical fault in your home, such as plumbing, wi-fi or electrical. A tradesperson would need to meet the physical distancing requirements.

**Can I leave home to undertake essential maintenance of a property other than my place of residence?**

Yes, you may leave your home to undertake these duties, however, physical distancing should be maintained by keeping 1.5 metres between you and anyone else on site. You should try to keep your time at the property to a minimum.

You can also visit a friend or family member and help them with maintenance as long as a distance of 1.5 metres is maintained between you.

**Can I get my car serviced?**

Yes, you can get your car serviced. Call ahead to your mechanic and follow physical distancing advice.

**Can I travel to a tip / refuse centre?**

Yes, you can drop rubbish, recycling and waste (including green waste) at a tip, rubbish dump or refuse centre. While doing this you must maintain physical distancing advice including maintaining 1.5m distance between yourself and others.

**Do I have to keep paying my Private Health Insurance premiums?**

Please speak with your private health insurer to get the latest information about your situation.

## Wellbeing

### Mental health

- It's important everyone looks after their mental health during the coronavirus (COVID-19) pandemic.
- We recognise the feelings of anxiety or concern that many people may be experiencing during this time.
- People experiencing these feelings might include seniors, families and young people, and those going into self-isolation or quarantine. It is important to remember that we can do many things to feel empowered and enabled during this time.
- For your mental wellbeing, activities that can enable us to stay calm and healthy include:
  - maintaining a healthy diet, exercise, and basic hygiene
  - staying connected by talking to loved ones
  - engaging in hobbies and enjoyable activities
  - receiving information from trusted and credible sources
  - continuing to take any prescribed medication and monitoring any new symptoms for those already managing mental health issues.
- For those in self-isolation or quarantine, it is important to support your mental health and seek professional support early if you're having difficulties. Remind yourself that this is a temporary period of isolation to slow the spread of the coronavirus (COVID-19), and that your effort is helping others in the community.
- The Victorian Government announced a funding boost to support Victoria's mental health system and ensure Victorians get the care they need, as demand for services spikes during the coronavirus (COVID-19) pandemic.
- Premier Daniel Andrews and Minister for Mental Health Martin Foley announced a \$59.4 million package to help meet demand as Victorians reach out for help with stress, isolation and uncertainty.

### Gambling and drinking responsibly

- Gambling and drinking large amounts of alcohol can be an escape for people who have experienced a stressful change in life, such as the unprecedented changes in society we are all experiencing due to coronavirus (COVID-19).
- Excessive alcohol consumption is harmful for your health and can weaken your immune system, making you more susceptible to pneumonia, acute respiratory stress syndromes (ARDS), and sepsis.
- If you drink alcohol, please drink responsibly by following the Australian Guidelines which recommend healthy adults drink no more than 2 standard drinks on any day.
- When people turn to gambling at vulnerable times in their lives and it becomes a way for them to cope, it can lead to gambling problems.
- Responsible gambling means understanding the odds, knowing how much time or money to spend and when to stop. If you gamble you should expect to lose.
- Gambling should be budgeted as an expense, just like going out for dinner, and not considered a way to make money.
- If you need support or would like to speak to someone about your gambling please visit: <https://gamblershelp.com.au/> or phone 1800 858 858

### Caring for others around you

Caring doesn't just benefit others, evidence shows it is one of the best ways to improve our own mental wellbeing.

Think about elderly friends, neighbours, and people with a disability in your community and how you can support each other during this time. Think about how you might be able to help others out, such as with getting food and necessities.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week). The Department of Health and Human Services can arrange delivery of a free care package for people who do not have support available to them.

## Government response

### Investing in healthcare

- Additional capacity is being provided to the healthcare sector to manage the coronavirus (COVID-19) response. This includes:
  - 4,000 ICU beds in addition to the existing 500 ICU beds
  - additional equipment and consumables, as well as capital works and workforce training
  - extra personal protective equipment such as gloves, facemasks and gowns
- The Victorian Government has also announced the refurbishment of the old Peter MacCallum Cancer Centre.
- Public and private hospitals are working together to deliver a system-wide response that provides 9,000 additional beds including 170 ICU beds to complement the existing 15,000 beds in the public sector.

### Public and private healthcare system deal

- A deal has been struck with the state's major private hospital operators to ensure they can continue to care for Victorians during the coronavirus (COVID-19) pandemic.
- The deal will see Victoria's public and private hospitals work together to relieve pressure on public hospitals and ensure the entire health system is operating at full capacity.
- This agreement will ensure our private hospital medical workforce and hospital staff remain in the healthcare system for the duration of the coronavirus (COVID-19) pandemic.

### Building the Healthcare Workforce

- The coronavirus (COVID-19) health workforce response website has been established to attract expressions of interest for working in the Victorian health system in both clinical and non-clinical roles.  
<https://healthworkforceresponse.dhhs.vic.gov.au/>
- We are working closely with the Australian Health Practitioner Regulation Agency (AHPRA) to refresh the registration of returning clinical staff to enable them to return to healthcare duties soon as possible.
- Thousands of expressions of interest have been received.
- The contact tracing team has increased from 57 people to over 1,000.
- The Australian Health Practitioner Regulation Agency (AHPRA) and National Boards have announced that additional health professions will be added to the pandemic sub-register to prepare for any surge in workforce demand resulting from COVID-19.
- Around 5,000 physiotherapists, psychologists and diagnostic radiographers who left the Register of practitioners or moved to non-practising registration in the past three years will be added to the sub-register from 20 April.
- The sub-register enables AHPRA to fast track the return to the workforce of experienced and qualified health practitioners.

### Supporting healthcare workers

- It's everyone's responsibility to support essential healthcare workers – such as doctors and nurses – to stay at work during the coronavirus (COVID-19) pandemic.
- Healthcare workers may need extra help to ensure their children have care so they can work during this period.
- Where possible, partners of essential healthcare workers – who are not healthcare workers themselves – should support them to continue working by taking care of children.
- Older people – such as grandparents – and other at-risk groups should not be engaged as carers to reduce their risk of infection.

**Accommodation for hospital workers and paramedics**

- Frontline healthcare workers who test positive for coronavirus (COVID-19), and those that have had unanticipated and unprotected contact with a person suspected of having coronavirus (COVID-19), will be put up in hotels or apartments to self-isolate (self-quarantine) free of charge.
- The move will allow healthcare workers to keep their families or housemates safe, without the financial burden of taking on extra rent. This is particularly important for those who live with other healthcare workers or vulnerable people– including people over 65, people who are immunosuppressed or have an underlying chronic condition, pregnant women, or Aboriginal and Torres Strait Islander people.
- Healthcare workers are currently more likely to be diagnosed with coronavirus (COVID-19) than any other workforce and are at greater risk of coming into close contact with someone with coronavirus (COVID-19).

**Dental**

- Victoria's school dental program, Smile Squad, will also be put on hold for three months.
- All non-urgent public dental procedures across Victoria will be placed on hold for the next three months to limit the spread of coronavirus (COVID-19) and to protect patients and staff.

**Financial Assistance / Unemployment**

Financial support is available to help you manage the effects of COVID-19 on your livelihood. Please contact the Federal Department of Human Services. Read more here: <https://moneysmart.gov.au/covid-19-financial-assistance>

**Rent / rental assistance**

National Cabinet has put a freeze on evictions for the next six months for residential and commercial tenants experiencing financial hardship due to COVID-19.

If you have questions about rent, Consumer Affairs Victoria have information here: <https://www.consumer.vic.gov.au/resources-and-tools/advice-in-a-disaster/coronavirus-covid19-and-your-rights>

**Specific queries around individual work status**

The Department is unable to provide individualised advice about your situation. Financial support is available to help you manage the effects of COVID-19. Please contact the Federal Department of Human Services. Read more here: <https://moneysmart.gov.au/covid-19/financial-assistance>

**Business and retail****Help for businesses**

Businesses across the state can now access information on dealing with COVID-19 by calling the Business Victoria hotline on 13 22 15. If you're an individual who needs help, call 1800 675 398.

Advice, updates and support to help your workplace plan and respond to coronavirus (COVID-19) can be found here: <https://www.business.vic.gov.au/coronavirus>

**Business closures (listing)**

Stage 3 restrictions are now in place. For more information please visit <https://www.vic.gov.au/coronavirusresponse> or view the Directions from the Chief Health Officer here: <https://www.dhhs.vic.gov.au/state-emergency>

**Employment opportunities for COVID-19 support**

If your employment status has been affected by coronavirus (COVID-19) you are invited to register your details on the Working for Victoria site to access new work opportunities. Find out more: <https://www.vic.gov.au/workingforvictoria>

## Food and drink

### Which market stalls are affected?

If a market stall is predominantly involved with selling food or drink, it may continue to operate. However, at any indoor or outdoor market where other goods are sold, only the food stalls may continue to trade, and the market operator must ensure there is enough open space to allow physical distancing of at least 1.5 metres between all customers and stall holders.

### Do all food and drink businesses have to close?

A food and drink business can only remain open if it offers takeaway or delivery services – no sit-down meals or drinks are permitted.

### Are there any exceptions to the restaurant/café restriction?

If a food and drink operation is situated on the premises of a hospital, a residential aged care facility, a school, prison, correctional facility, youth justice facility or defence force base, it may continue to operate normally.

Businesses or charities providing food and drink to the homeless may continue to operate as normal, but physical distancing must be observed by keeping 1.5 metres between people at all times.

### What about truck-stops?

If your food and drink operation is situated on a major transport route and has a dedicated section providing food and drink to help alleviate fatigue for drivers of long-haul heavy vehicles, you may continue to operate that dedicated section, ensuring the four square metre rule is observed. Drivers must not remain in that dedicated section for more than one hour at a time and there must be at least 1.5 metres between people at all times.

### Why are you restricting food and drink businesses to takeaway or delivery only?

This restriction is designed to prevent large numbers of people spending time in an enclosed space to eat a meal. Restaurants, cafes, cafeterias and fast-food stores have many surfaces, tabletops, door handles and other fixtures that are touched by many people. Reducing the amount of time people spend in that environment will minimise the risk of transmission of coronavirus.

### Why are you restricting food courts to takeaway only?

For the same reason as above. Food court stall holders must supply takeaway only.

## Sport, cultural and recreational activities

### Social gatherings / Events

#### Weddings

For weddings, you can only have 10 people in attendance, plus the couple getting married and the celebrant. Children are counted as part of the ten person limit.

#### Funerals

Funerals may be held in places of worship, funeral parlours or other venues however with a maximum of twenty mourners in attendance. Children are counted as part of the 20 person limit.

Funerals held outdoors can be attended by a maximum of thirty mourners in attendance. If a funeral is held at a private house then only 5 people, in addition to people who live at the household, can attend.

The person limit doesn't include the celebrant or people required to facilitate the ceremony.

### Can a recreational facility be used for wedding or funeral services?

Yes, but there can be no more than 10 people in attendance at a wedding in addition to the couple and the celebrant. The ceremony can be live-streamed, if you wish.

Similarly, a recreational facility can be used for a funeral service, but no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. The service can be live-streamed.

## Sports and recreation

Sports and recreation play a critical role in the physical, mental and emotional wellbeing of Victorians. However, this must be balanced by with the risk of transmitting coronavirus. The following principles have been developed to guide if the lifting of restrictions around sports and recreation. A sporting or recreational activity can resume if:

- If you can keep your distance (at least 1.5 metres apart), you are not doing your activities indoors and they are not competitive (team vs team) then you can.
- And you can do them with a maximum of ten people.

If you are unsure, ask yourself the following 2 questions ....

- Where is your activity practiced?

Indoors sport/recreation is not allowed, unless it is practiced at home or via online sessions/classes.

Outdoors activities are allowed, as long as the other principles are met

- Is it a non-contact or contact activity?

Non-contact sports/recreation are allowed but you need to maintain physical distancing

Contact sports/recreation must be modified so that you can maintain physical distancing, if you cannot do this, you cannot do it. This means people can do training sessions for contact sports as long as physical distancing is possible.

Your sport/recreation activity can be part of a club, but you cannot use club facilities, except toilets.

Use of shared sporting equipment should be minimised and there should be no sharing of equipment that touches the face or head (e.g. helmets, goggles or masks).

If the activity involves shared equipment, only equipment with smooth, hard surfaces should be available for use and the equipment should be sanitised between users.

If your household is greater than 10 people, you can practice your sport/recreation activity with your household.

### What sports am I allowed to do?

With the easing of restrictions most non-contact sports are now permitted, as long as there are only 10 participants at any one time, non-contact rules are strictly enforced and reasonable effort is made to keep 1.5 metres apart.

These sports must occur outside. Permitted sports include:

- Water sports: swimming, sailing, boating, fishing, water polo, water skiing, water aerobics, diving, canoeing, kayaking, stand up paddle boarding, rowing, surf skiing, surfing
- Team sports including netball, basketball, volleyball, softball, field hockey, lawn bowls, cricket, baseball
- Individual sports including outdoor mini golf, golf, archery, hiking, equestrian, fencing, athletics, para-athletic sports, tennis, running, handball, badminton
- Outdoor recreation including hiking, horse riding, hunting, walking, bicycle riding, skateboarding or scooting (but not at a skate park).

You can also participate in general training, boxing training and yoga outside. Boot camps are permitted as long as groups are restricted to 10 people and physical distancing is in place.

Commented [RE]: Bruce Bolam – requires revision

### Which recreational facilities are restricted?

The current list of prohibited recreational facilities includes:

- indoor physical recreation facilities, including gyms, swimming pools, climbing centres, yoga studios, saunas, wellness centres, barre and spin facilities and health studios
- some outdoor recreational facilities, including, for example, paintball, go-karts, and rifle ranges
- indoor personal training facilities where personal training services are the predominant activity
- community centres and halls
- public libraries, including toy libraries
- galleries and museums
- youth centres
- play centres
- publicly accessible playgrounds
- skate parks
- outdoor communal gym equipment.

Boot camps and personal training services can continue only if they are outdoor with a maximum of ten people at any one session, ensuring no more than one person for every four square metres of space.

Canoeing, kayaking, stand-up paddle boarding, rowing and surf skiing are permitted, as long as physical distancing is complied with and people don't travel large distances to do them.

### What sports remain prohibited and can I train?

Contact sports that are still prohibited include Australian Rules Football, other codes of football and soccer. You can participate in training for all these sports but it must be non-contact, with only 10 people participating at any one time in addition to those people running the training (e.g. coach, manager).

Indoor sports remain prohibited as there is an increase in the risk of transmission while exercising in an enclosed space.

Martial arts including judo, karate and taekwondo remain prohibited.

### Can I use sports club facilities?

You can use toilet facilities connected to a permitted sport location. However, clubhouses, bars, eating areas, indoor sitting areas, showers and change facilities must remain closed.

### Are swimming pools closed?

Yes, public swimming pools are closed.

If a pool is at a person's private residence and is not available for communal use, it can be used as long as no more than five visitors attend the residence at one time, and the appropriate physical distancing is adhered to.

### Can I play golf?

Yes. You can play golf but other facilities will remain closed including clubhouses, bars, eating areas, eating areas, indoor sitting areas, showers and change facilities.

### What sort of indoor physical training facilities are closed?

Gyms, including indoor personal training facilities remain closed, because they pose a significant risk of transmission should a person who attends one of these centres be infected with coronavirus (COVID-19).

## Exercise

### Gym / fitness studio / small personal training studios

A gym or fitness studio is a non-essential business and is not able to operate at this time.

### Shared gym equipment not at your residence

We are unable to provide direct advice about individual circumstances. But just as you can't go to the pub or to entertainment venues, you should not be socialising with or visiting people you don't already live with.

It is also important to remember that visits from friends and family increase the risk of spreading coronavirus. Every interaction with another person carries the risk of transmission and should be avoided. You should not have visitors and in turn, you should not visit the homes of others during the time the Stay at Home direction is in place.

### Can I drive to a location to exercise?

Yes you can drive to a location to exercise. Victorians are being asked to use common sense when it comes to travelling. If you can walk or exercise near your home, you should.

### Can I walk my dog / hike solo / cycle with my kids?

A regular routine will help you feel happier and less bored. Your routine should include maintaining regular mealtimes, eating a healthy and balanced diet, getting enough sleep and keeping physically active around the house. At the moment, so long as you follow the physical distancing guidelines, you are still able to continue these activities.

## Recreational activities and getting outside

### Can I go to a community centre?

Facilities such as community centres, public halls, and public libraries can still be used as a place for delivering essential services such as food banks or services for the homeless and support services such as Alcoholics Anonymous or parent groups. Ensure appropriate physical distancing by keeping at least 1.5 metres between people at all times. You can now attend a community centre for:

- Provision of essential services such as food banks or services for the homeless
- Community support meetings such as Alcoholics Anonymous, Narcotics Anonymous, parent groups and youth groups.

Community halls and youth centres cannot be used for sporting activities.

### Can I attend a support group meeting at a community centre?

You can attend a support group meeting such as Alcoholics Anonymous, Narcotics Anonymous, parent groups, family violence, and youth groups. A maximum of 10 people plus those required to operate the facility, service or support group can attend.

### Can we go to the beach?

Yes, you can relax at the beach, have a picnic or play non-contact sports. Keep at least 1.5 metres between yourself and other people at all times.

### Can I go swimming at the beach?

You can swim at the beach but you cannot gather in groups of more than 10 people at any one time.

### Can I go to the park?

Yes, you can relax at the park, have a picnic or play non-contact sports. Keep at least 1.5 metres between yourself and other people at all times. You can meet up with friends, family and loved ones at the park but only in groups of up to 10 people.

You cannot use playgrounds, outdoor gyms and skate parks, all of which remain closed.

Children should not be allowed to come into contact with playground equipment, outdoor chairs and tables, and they should not drink from public drinking fountains. Keep at least 1.5 metres between yourself and other people at all times.

### What kind of playgrounds are prohibited?

It's prohibited to play on outdoor playground equipment that is situated in public open space. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

Playgrounds situated in early learning centres and schools, where access is controlled, are not included in this prohibition.

### What is outdoor communal gym equipment?

Many parks and recreation reserves feature outdoor exercise equipment for use by the general public, which are now restricted. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

### Can I still visit parks and forests / tourist sites?

Parks have reopened for hiking and other recreational activities but you cannot gather in groups of more than 10 people at any one time.

Camping is still prohibited.

For information and list of closed sites, please visit the Parks Victoria website at <https://www.parks.vic.gov.au/get-intonature/safety-in-nature/covid-19-update>

If you have further queries, contact the DELWP Customer Service Centre on 136 186

### Can I go fishing? Or hunting?

You can go fishing or hunting however not in groups of more than 10 people. You must maintain 1.5 metres can be maintained between yourself and others.

Fishing or hunting competitions can't currently occur.

### Boating, scuba diving and water skiing

You can go out boating, water skiing or scuba diving. You must maintain 1.5 metres between yourself and others. If you are doing these activities in a group there should be no more than 10 people.

Commented [RE]: I would think these are permitted.

Commented [DA8]: Does this change?

### Surfing / paddle boarding - exercise

Surfing, paddle boarding, canoeing, kayaking, stand-up paddle boarding, rowing and surf skiing are permitted, as long as physical distancing is complied with. Victorians are being asked to use common sense when it comes to travelling. If you can exercise near your home, you should.

### Can I still collect firewood?

If you can visit the forest to collect firewood. If you need to collect firewood, make sure you follow physical distancing requirements by staying at least 1.5 metres away from anyone else while collecting. For more information: <https://www.ffm.vic.gov.au/firewood/firewood-collection-in-your-region>

## Entertainment facilities and animal facilities

### What is the list of restricted entertainment facilities?

All of the following facilities should now be closed:

- theatres
- cinemas
- concert halls and auditoriums

- arenas, stadiums and convention centres
- games arcades
- amusement parks
- casinos and other gambling and sports-betting businesses
- brothels, strip clubs, escort agencies, sex-on-premises and other adult entertainment venues.

### **Are drive-in cinemas closed?**

Drive-in cinemas remain closed.

Drive-in cinemas still pose a public health risk due to the potential number of people and groups gathering closely at the same location. Restricting drive in cinemas also ensures consistency with the closure of all other cinemas.

### **Can I still live-stream performances from my venue without an audience?**

Yes. You can live-stream a performances, without a live audience, at your venue if you'd like to continue to operate as a music venue, for example. However, you will need to ensure that the performers and technicians involved maintain physical distancing by keeping at least 1.5 metres between each other at all times.

### **What kind of animal facilities are closed?**

Any kind of animal facility that would normally attract a crowd is now closed to the public. Caring arrangements for animals continue. This includes:

- zoos
- wildlife centres
- petting zoos
- aquariums
- animal farms that are not involved in producing food.

Animal facilities can continue to operate and undertake maintenance of operations if they treat or care for sick animals, or rescue abandoned or injured animals. Rescue facilities including adoption can continue to operate. If you want to adopt an animal you should call or check the website of the facility before you visit so you can follow measures to keep yourself and others safe.

## **Travel**

Victorians shouldn't be taking holidays currently, even within Victoria. Although people can still book accommodation if they have an essential need.

### **Can I visit friends, family or my partner within Victoria?**

You can travel to visit friends, family or a partner within Victoria. Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

### **What type of accommodation facilities are prohibited?**

Camping grounds and caravan parks are not permitted to remain open because of the communal nature of many of the facilities offered. The only exceptions are where the occupants:

- live there permanently
- are without another permanent place of residence
- have a permanent place of residence that is temporarily unavailable
- have travelled to Victoria for work

- were already staying there temporarily at the time the restrictions came into force and are unable to return to a permanent place of residence
- need emergency accommodation as a result of family violence or other threats
- require accommodation for work, where their work is helping to limit the spread of coronavirus (COVID-19).

### **Travel – multiple homes / holiday homes**

You may travel between your own two residences.

### **Travel – holiday in Victoria**

All travel plans must be reconsidered at this time. Campsites, caravan parks and other accommodation will be closed. It's important that you stay at home and avoid all gatherings of people. This minimises the chances of transmission, protects the health system and saves lives.

### **Travel interstate**

The Department of Health has advised against non-essential international and domestic travel. There have been no restrictions placed around exit or entry to Victoria at this stage but the situation is changing rapidly so please make sure you continue check the latest advice: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

If you are travelling through Victoria to another Australian state please make sure to check with their advice separately, as requirements to isolate may differ.

### **Travel interstate to visit family / friends / partner**

The Department of Health has advised against non-essential international and domestic travel. If you can postpone your trip, you should. Other Australian states have put in place border closures or quarantine requirements please make sure to check with their advice separately, as requirements to isolate may differ.

### **Camping**

#### **Can I go camping somewhere remote / regional / away from caravan parks?**

All campsites, camping grounds and caravan parks, and other visitation sites are now closed, and visitors are not allowed to enter. Rangers/officers will be conducting patrols to ensure this is enforced. Please visit the Parks Victoria website: <https://www.parks.vic.gov.au/get-intonature/safety-in-nature/covid-19-update>

For further information please contact the DELWP Customer Service Centre on 136 186

For more information about this Direction please visit: <https://www.dhhs.vic.gov.au/state-emergency>

#### **Can I go camping or stay at a Caravan Park?**

All caravan parks and camping grounds are now closed to visitors. Everyone who is currently staying in a caravan park or camping ground will need to pack up their belongings and return to their homes or primary place of residence. For more information contact the DELWP Customer Service Centre 136 186

#### **I am in a self-contained caravan/motor home, do these rules apply to me?**

All visitors must return to your home or primary place of residence.

The only people who can continue to visit a closed caravan park or camping ground are those who have registered it as their primary place of residence, or if they are staying in caravan parks as interim accommodation where their primary residence is not available. For more information contact the DELWP Customer Service Centre 136 186

### **Are workers staying at caravan parks exempt from the closure?**

The only people who can continue to visit a closed caravan park or camping ground are those who have registered it as their primary place of residence, or if they are staying in caravan parks as interim accommodation where their primary residence is not available. For more information contact the DELWP Customer Service Centre 136 186

### **I live in a caravan on my own property and there is a restriction in days per year that I can stay there – can I stay longer?**

Regulations for staying in a caravan on your own property vary around Victoria. Contact your local council on the regulations that apply to your property.

### **Can I camp on my own farm or property?**

Physical distancing and mass gathering directions still apply if you are camping on your own property. If you are with other people, you must observe the rule of 1 person for every 4 square metres to ensure a safe physical distance.

### **Can family and friends camp on my property?**

If they can stay at home, they must stay at home. Doing so will save lives.

All non-essential travel should be cancelled or postponed to a later date.

The most important message for all Victorians is to stay at home and avoid all gatherings of people. This minimises the chances of transmission, protects the health system and saves lives.

### **Does the Stay at Home direction apply to backpacker hostels?**

If you are currently in a backpacker hostel, you should regard it as your home for the purposes of the Stay at Home direction. You should avoid spending time in communal areas of the hostel. You may leave the hostel to board a flight out of Australia.

Always observe physical distancing requirements within the hostel by keeping at least 1.5 metres between yourself and other people at all times.

### **What do you mean by camp sites, caravan park and camping ground?**

A camp site is a site in a caravan park or camping ground that is used for the placement of a tent or motor vehicle and intended for use by a short-term occupier and powered or non-powered.

A caravan park and camping ground is land which is used to allow accommodation in caravans, cabins, tents, or the like.

If you need further information about your personal situation, please contact the DELWP Customer Service Centre on 136 186, your local DELWP regional office.

### **When will caravan parks and camping grounds be reopened?**

At this stage, the closures of caravan parks and camping grounds has been extended for another 4 weeks.

For State Forest site closures, please download the More To Explore app (available from the Google Play or App Store) for the latest closure information.

Please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### **Why have you closed the caravan parks?**

The caravan parks have been closed to protect employees and visitors and help prevent the spread of COVID-19. For more information contact the DELWP Customer Service Centre 136 186

## Religious services and places of worship

### Are places of worship closed?

All places of worship, of all denominations are now open for private worship or small religious ceremonies of up to 10 people. Multiple services or ceremonies can be held on the same day but cleaning should occur between services or ceremonies. Enough time should be allowed between services or ceremonies to reduce the risk of crowds at entrances and exits.

Ceremonies and services can still be recorded or broadcast live from the place of worship for viewing online. You are allowed to have people on site to record and live stream services, however, you must ensure those people maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Places of worship may be opened for the purposes of conducting weddings and funerals, but there are strict limits on the number of people who can attend.

For weddings, 10 people can attend in addition to the couple, and the celebrant.

For funerals, no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. Both weddings and funerals can be live-streamed if desired.

Places of worship can continue to be opened for the purposes of hosting essential public support services such as food banks, help for the homeless or other essential activities, ensuring appropriate physical distancing is maintained by keeping at least 1.5 metres between everyone at all times.

### Can prayer groups recommence if they abide by social distancing?

A prayer group held in someone's home can meet as long as there are no more than five visitors at a time.

If the prayer group is being held at a place of worship or another public place, up to 10 people can attend.

Maintaining physical distancing measures are also required.

## Advice for business operators and industry

### Actions for people providing close body contact services in the community

Non-essential businesses where people have to be close to each other have been closed. These include services where it is not possible to achieve physical distancing of at least 1.5 metres because the nature of the service requires body contact such as nail salons, body painting, tattooing and beauty spas.

Hairdressers and barber shops and hair salons may continue to operate, ensuring no more than 1 person for every 4 square metres of space and meet cleaning requirements. Hairdressers and barber shops are required to keep records of the names of contact details of each client who has attended.

Allied health services, such as physiotherapy and podiatry are not required to close (see Actions for health and other organisations where health professionals provide close body contact procedures or services). These services should take the following actions:

- Consider whether you really need to provide the service at this time for your own safety and the client's, particularly if your client is elderly or has pre-existing medical conditions.
- Take all the actions listed above under Actions for an organisation, workplace or venue [LINK].
- Display clear signs for clients to read on entry or provide information handouts about how you are going to protect their safety and your own.
- Do not work if you are unwell. Send any sick staff home.
- Do not provide the service to someone who has flu-like symptoms, is feverish, has been in contact with a confirmed case of coronavirus (COVID-19) in the last 14 days.
- Think about how you can modify your service to reduce the risk. Can you cut down the length and frequency of the service?

- Keep doors and windows open where possible.
- While clients are waiting ensure separation of at least 1.5 metres.
- Always use a hand sanitiser before and after providing the service, or wash hands with soap and water.
- If you can wear a surgical mask and eye goggles (if not available, use wide-rimmed glasses).
- Clean and disinfect surfaces touched by the client immediately after the service has been provided.
- Use a new mask for each client. Clean your goggles/glasses each time if they are reusable.
- Clean and disinfect any equipment you may have used.
- Dispose of tissues and masks in a sealed plastic bag and put in the general waste.

## Caravan park owners/operators

### What are my responsibilities as caravan park owner or site manager?

Caravan park or camping ground owners and site managers are responsible for complying with Section 10 of the Non-Essential Activity Directions. You must inform people that sites are closed and provide support to assist any guests to leave, this includes assisting people to maintain physical distancing.

The Victoria Police have powers to enforce compliance with all directions issued by the Chief Health Officer and the Deputy Chief Health Officer in accordance with emergency powers arising from declared state of emergency. For more information contact the DELWP Customer Service Centre 136 186

### Do I need to close toilets and other facilities at my caravan park or camping grounds?

Toilets and other facilities within caravan parks and camping grounds that are not needed for people permitted to stay, or other public purposes, should be closed to prevent the spread of the virus. For more information contact the DELWP Customer Service Centre 136 186

### Can I still take bookings for my caravan park or camping ground?

You should not take any further bookings as at this stage as the closures of caravan parks and camping grounds. For more information contact the DELWP Customer Service Centre 136 186

### What about existing bookings at my caravan park?

All existing bookings during the Stage 3 restriction period be cancelled, and refunds arranged. For more information contact the DELWP Customer Service Centre 136 186

### Will recreational reserves be closed to camping too?

Yes. Recreational reserves which operate for the purpose of allowing accommodation in caravans, tents, or the like, must not operate during the Stage 3 restriction period. The only people permitted to remain are those specified in section 10, part 3 of the Non-Essential Activity Directions given on 25 March 2020.

## Airline industry

Information for the airline industry (including flight crew) about coronavirus (COVID-19) can be found here: <https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-the-airline-industry-including-flight-crew>

## Construction and plumbing services

Current restrictions announced by the Premier do not apply to construction sites and plumbing services. However, the Victorian Chief Health Officer's social distancing and hygiene directions must be followed in these settings. For more information <https://www.vba.vic.gov.au/>

## Industrial issues

### Work entitlements / obligations / laws

The Fair Work Ombudsman website has the latest information about your workplace entitlements and obligations related to COVID-19: <https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws>

### I don't feel safe going to work

Employers have responsibility to identify whether there is a risk to health of employees from exposure to coronavirus at their workplace. Please discuss options with your employer.  
For more information, visit Worksafe Victoria: <https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>

## Medical practitioners

### I am a medical practitioner and I need advice about COVID-19

The Quick Reference guide and clinical guidelines for health services and practitioners are continuously updated as the situation evolves. Please ensure you have the latest version from the website: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

Medical practitioners seeking clinical advice about COVID-19 (outside of testing and notification procedures available on the website) can call 1300 651 160 and choose the 'Specialist Medical Advice' option. Pending demand, you may be asked to leave a message for return phone call.

### I'm a retired nurse / medical student / osteopath and want to help work

DHHS are seeking expressions of interest to meet the needs of the COVID-19 workforce. Please register your entrance using the online form: <https://healthworkforceresponse.dhhs.vic.gov.au/>

For the latest health advice, please visit: <https://www.dhhs.vic.gov.au/coronavirus>

### Remedial massage / chiropractic / allied health / sole traders

Personal massage parlours / studios are not essential and closed. However, allied health professionals who provide roles in primary care and other health settings such as hospitals are available. Please call your health professional if you have further questions.

### Are Allied Health Services still able to operate?

Allied health services, such as physiotherapy and podiatry can continue to operate as normal.  
For more info on the stay at home direction please visit <https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq>

## Education

### Schools

#### Are schools being closed in Victoria?

Children in Victorian government schools have moved to remote and flexible learning and care at the commencement of Term 2. Students who can learn from home, must learn from home.

Victorian students will start to return to on-site schooling from 26 May. This will be a phased return of students to classrooms. Prep to Year 2 students and senior secondary students in years 11 and 12 who are completing their VCE and VCAL are being prioritised.

Students in all other grades and year levels will return in phase two on 9 June.

Get more information by visiting the website: <https://www.education.vic.gov.au/about/department/Pages/coronavirus>

### **Schools and lack of hand sanitisers**

The Department of Education is actively working with product suppliers and cleaning providers to ensure there is an adequate supply of cleaning products. We have been delivering all week to schools that have a shortage of hand sanitiser and will commence a proactive delivery to all schools as soon as possible.

### **Kinship carers – support for schooling**

Thank you for getting in touch and sharing your experience. It's a challenging time and there's a lot of work going on behind the scenes to try and get better supports in place for carers right across the state – especially kinship carers like yourselves.

The Department of Education has asked carers to check the availability of laptops and tablets with your school first - some have back up supplies that children can use.

If you have already made necessary purchases, please check in with your case manager who may be able to consider brokerage or placement support grants. They will also be able to keep you up to date with the latest advice and resources available over the coming weeks.

## **TAFE**

### **TAFE / Training Providers**

The Victorian Government announced additional measures to help reduce people's chances of infection and slow the spread of coronavirus (COVID-19) in our community. This includes the shutdown of many non-essential services across Victoria. At present, it does not include the closures of TAFEs, Learn Locals or training organisations.

All TAFEs and training organisations are encouraged to increase their ability to deliver training remotely or online where possible.

More information is available here: <https://www.education.vic.gov.au/about/department/Pages/coronavirus.aspx>

### **Can I still go to my classes at TAFE, college or university?**

Yes, if it is necessary classes are conducted on-site, but physical distancing must be applied wherever you are by keeping at least 1.5 metres between yourself and others at all times. Avoid spending time in shared facilities such as libraries and campus study areas. Collaborative assignments and team study projects should be done using online tools. Study at home.

## **Childcare**

### **Childcare fees**

The Federal Government has recently announced relief for families and the early childhood education and care sector. To find out more please visit: <https://www.dese.gov.au/news/covid-19-early-childhood-education-and-care-relief-package-monday-6-april-additional-support>

For more information on COVID-19 visit: <https://www.dhhs.vic.gov.au/coronavirus>

### **Childcare centres / Kindergarten**

Early childhood education and care services remain open. Decisions on early childhood service closures will be made on the recommendation of the Victorian Chief Health Officer.

The situation is changing rapidly, please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### **Should I send my kids to childcare?**

Decisions on early childhood service closures will be made on the recommendation of the Victorian Chief Health Officer. However, the situation is changing rapidly, please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

## **Healthcare workers**

### **Additional workforce**

Over 12,500 healthcare workers and students to date have registered their interest in joining the Victorian response to coronavirus, with staff being prepared for placements in frontline services in coming weeks.

We have launched training packages for the extended ICU workforce on the clinical skills required to support COVID-19 patients, catering to several thousand places.

### **Hospital COVID-19 staff going home**

Healthcare workers who have taken recommended infection control precautions, including the use of the recommended personal protective equipment, are not considered a close contact of the COVID-19 case.

However, staff should monitor themselves for symptoms. If they develop symptoms consistent with COVID-19 they should isolate themselves and notify the department on 1300 651 160 so they can be tested.

For advice visit <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

## **PPE**

### **What is being done re PPE for frontline healthcare workers?**

Victoria is establishing its own stockpile of medical PPE to include masks, gloves and gowns, to be ready for the peak of COVID-19 infections.

### **Offers to provide equipment / PPE**

Thank you for your offer during this difficult period. You can email [covid-19supplies@dhhs.vic.gov.au](mailto:covid-19supplies@dhhs.vic.gov.au). You will receive an automatic reply requesting for more details. Please fill out the table with as much information as you can, and the team will respond where appropriate

### **The PPE Taskforce**

The PPE taskforce was set up last week to present a strategic and proactive response around PPE.

We recognise that this is the most significant issue of concern amongst our clinicians and those working within our health sector.

The taskforce brings together all the relevant sector areas to ensure communications around PPE are authoritative, informed by experts and are clear and consistent.

We are also reviewing all options for supply of and access to PPE to continue to keep our staff safe.

We absolutely recognise that the safety of our clinicians is a priority and we fully acknowledge and accept the anxiety and concern that is out there.

We are doing everything we can to respond to concerns and be as proactive and strategic as we can to ensure an adequate supply of PPE and to continue to keep our staff safe.

## Protecting our frontline healthcare workers

Healthcare workers are our heroes – our lives are in their hands. At this time we need to support them more than ever because of the valuable jobs they are doing to look after us.

We've ordered hundreds of millions of items of personal protective equipment and prioritised healthcare workers for testing so they can get cleared and back to their vital work as quickly as possible

We have strict guidelines that protect the health, safety and wellbeing of our health sector and healthcare facilities have strong infection control procedures in place minimising the risk of infection spreading.

## Suspended treatments or procedures

For suspended health treatments or procedures, please contact your specialist or provider about the options are available to you, as they have been provided the latest guidance.

## Elective surgeries

- Category 2 and some Category 3 elective surgeries are resuming from 27 April, 2020.
- Surgeries that will be allowed include IVF procedures, screening programs, post-cancer reconstruction procedures, all procedures for children under the age of 18, all joint procedures, cataract and other eye surgeries, endoscopies, colonoscopies and other category 2 or equivalent procedures.
- The Department of Health and Human Services is working with health services and staff in both the private and public systems to assess their surgical capacity and ability to increase procedures, when it is safe to do so.
- Upon reopening, priority will be given to the patients of highest need, based on surgical advice from the hospital where the surgery is scheduled. Elective surgery patients should not call their hospitals but should wait until the hospital notifies them.

## Alcohol and Drug rehab services

### AoD services

There have been no closures or scale backs of any publicly funded AoD services - they continue to operate with appropriate social distancing measures in place.

Support groups, including Alcoholics Anonymous and Narcotics Anonymous, are permitted to operate in community centres and recreational centres.

time.

### Pharmacotherapy services

The Department of Health and Human Services is working closely with Alcohol and Other Drugs services and the wider health sector to make sure clients continue to receive the support and medication they need throughout the coronavirus pandemic.

People staying in quarantine centres will receive screening and if necessary, referral to support services to keep them safe through this period.

Victoria's public Alcohol and Other Drugs services continue to operate with social distancing and infection control measures in place, and are changing their service delivery models where required.

### Flu vaccine

All Victorians are encouraged to get their Flu Vaccination, now available from Pharmacies and GPs. The vaccination cannot protect you from COVID-19 but will ensure your immunity isn't compromised further by contracting Influenza.

Victorian pharmacists can administer approved vaccinations outside of their normal location – through the mobile and outreach services of a hospital, pharmacy or pharmacy depot, increasing access to immunisations for all Victorians.

**Commented [9]:** I thought these were now permitted in community centres, so they're open for this purpose

## Flu vaccinations and if physical distancing will impact the distribution of and access to the vaccine

Pharmacies and GP clinics are essential services and remain open. Getting the flu vaccine (available in April) will help reduce your risk of getting the flu and COVID-19 at the same time. The situation is changing rapidly, please keep up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### Do I need a prescription to get a flu vaccine from a pharmacist?

A prescription is not necessary, however please call ahead to discuss availability and book before visiting your local accredited pharmacy. Attending a pharmacy or a GP to get a flu shot is a valid reason to leave the house under current Stage Three directions, providing social distancing is practiced wherever possible.

Read more about the flu vaccine: <https://www.betterhealth.vic.gov.au/health/healthyliving/flu-influenza-immunisation>

## Contact tracing

### What is contact tracing

Our contact tracing teams are Victoria's disease detectives and we're incredibly proud of the work they do to stay one step ahead of coronavirus and keep Victorians safe.

By identifying where confirmed cases have been and who they've been in contact with, we have been able to quickly isolate anyone who has potentially been infected and slow the spread of coronavirus within the community.

While we are starting to see some promising results, we cannot forget how quickly this virus spreads - which is why it's so important everyone continues to abide by restrictions and stay at home.

### Flight contact tracing

Our contact tracers use flight details as a tool in stopping the spread of coronavirus. By identifying where confirmed cases have been and who they've been in contact with, we have been able to quickly isolate anyone who has potentially been infected and slow the spread of coronavirus within the community.

The work of our contact tracers and the mandatory isolation of international travellers for 14 days upon arrival have been vital to flattening the curve of the disease in Victoria and saving lives.

## Quarantine and isolation

### Who is required to quarantine and what does it involve?

The following groups are required to quarantine for a period of 14 days:

- international travellers - please see international travellers on this website
- those who have come into contact with a person who is confirmed to have coronavirus (COVID-19).

If you're in self-quarantine 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.

See our advice on who should self-quarantine, how to prepare and how to support someone who is sick during a quarantine period on our self-quarantine page.

For information on how to cope while in self-quarantine take a look at our mental health resources.

### **Hotel quarantine / returning travellers**

Victoria currently has around 5,000 hotel beds available for travellers returning from overseas and is working with the hospitality sector to ensure that adequate and appropriate accommodation is available

Each newly returned traveller in mandatory quarantine in a hotel is receiving a care package of food and other essentials.

Individuals in mandatory quarantine are not permitted to leave the premises, except for medical or emergency purposes. Visitors are also not permitted during quarantine.

Please contact the hotel directly to discuss options if it is essential to supplement the care package provided to a relative in isolation.

### **How does the quarantine process work?**

Passengers arriving at Victorian international airports will be met by government officials as they complete the normal arrivals procedure. All incoming international passengers will then be transported free of charge to designated accommodation where they must undertake a strict 14-day quarantine period.

### **Who will pay for my accommodation during the compulsory quarantine period?**

The cost of accommodation will be met by the Victorian Government. While you are in quarantine you will also have access to a range of support provisions including meals, personal items such as toiletries and nappies, toys and craft items for children, and on-site medical care. Everyone in quarantine will receive three meals a day free of charge.

### **How will the quarantine be enforced?**

While the majority of people understand the need for the 14-day quarantine period and comply, there will be security to ensure that a few don't underdo the efforts of the majority adhering to their quarantine. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay.

### **Can I leave the accommodation facility?**

No, you must remain in strict quarantine for the entire 14-day period, unless there is an emergency situation, or you have been granted permission to leave because:

- you need to attend a medical facility to receive medical care
- it is reasonably necessary for your physical and mental health
- there are compassionate grounds.

If your accommodation has a balcony or veranda, you may use that, provided you conform to physical distancing requirements.

### **Does this apply to all arriving passengers from overseas?**

Yes. The restriction also applies to passengers arriving on chartered flights, private aircraft and passengers or crew disembarking in maritime ports from private or commercial vessels.

### **Can I have visitors when I am quarantined?**

No. You must not have physical contact with anyone else during the time of your quarantine. Friends and family are encouraged to stay in close contact by phone or online.

**Can I communicate with people while I am quarantined?**

Yes. You will be able to use your mobile phone, laptop, tablet or other device as you normally would.

**Can I apply for an exemption to the quarantine?**

You may apply for an exemption under exceptional circumstances, but each application will be reviewed to limit the risk of spreading coronavirus. There are no quarantine exceptions for different professions, including health professionals. All arriving passengers on all incoming flights or ships must undertake quarantine.

**Does the compulsory quarantine apply if I am a resident of Victoria?**

Yes. All incoming travellers must go into compulsory quarantine. Even if you live at a location within a convenient travel time of where you arrived, you must enter quarantine to slow the spread of coronavirus (COVID-19).

**Do I have to go into quarantine if I have a disability?**

Yes. If you have special requirements, speak to the quarantine coordinator on your arrival. If you are travelling with a carer, or being met by a carer, that person must accompany you into quarantine and remain there with you under the same conditions for the 14-day period.

**Can I leave Australia before the quarantine period is up if I don't want to stay the full 14 days?**

No. All incoming passengers are required to complete the full 14-days quarantine and leave Australia. If passengers are well and display no symptoms by the end of the 14 days, they may book international flights at that point.

**Do I have to go into quarantine if I am just transiting through Victoria?**

Yes. You are required to complete the 14-day quarantine in the location in which you arrive in Australia. When you have completed quarantine, you may continue your journey.

**I have been already been quarantined in another country. Do I need to do quarantine again?**

Yes, all incoming passengers must undertake compulsory quarantine for 14 days as soon as they arrive in Australia.

**What if I am travelling as part of a group?**

The entire group you are travelling with must go into compulsory quarantine.

**What are the penalties for not complying with the quarantine requirement?**

A person who fails to comply with this direction will be liable for fines of up to approximately \$20,000.

**Where can I get more information about coronavirus?**

- For updates, go to: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus).
- Call the coronavirus hotline: **1800 675 398**
- If you require a translator to help you, call the translating and interpreting service on **131 450** and ask for the coronavirus hotline.

## Travel to Australia

Only Australian citizens, residents and immediate family members can travel to Australia.

All international arrivals to Australia will be transferred directly and securely via bus services to hotels and placed in quarantine for 14 days.

For more information visit: <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19#who-can-enter-australia-from-overseas>

Travel restrictions are reviewed daily by the Australian Government. Please visit <https://www.smartraveller.gov.au/>

## Self-quarantine when entering into Victoria from interstate

You do not need to quarantine unless you are one of the following groups:

- international travellers - <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>
- those who have come into contact with a confirmed case of coronavirus (COVID-19)
- people with a confirmed diagnosis of coronavirus (COVID-19).

If you are one of these groups you must follow quarantine requirements: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#self-quarantine>

## Looking after your wellbeing while in quarantine

While you're helping to slow the spread of coronavirus, there are times when being in your room can be tough. Here are some ways to support your physical and mental health during this period.

- It may sound obvious, but the most important thing overall is to be kind to yourself. This quarantine situation is only temporary.
- Remind yourself that this period of isolation is helping to slow the spread of coronavirus and protecting vulnerable people in the community. We know it can be tough and we thank you for playing your part in helping to protect the Victorian community.
- Routines sound dull, but they're good for our mental health. Try to go to sleep and wake up at the same time, eat at regular times, shower, maintain a level of physical activity in your room, and change your clothes. This will help you to manage your days and adjust when life starts to go back to normal.
- Manage your stress levels, and if needed, increase your coping strategies (for example, listening to music, watching your favourite shows, meditation or exercise).
- Keep taking your medication. Phone or email your GP or pharmacist to find out how to get any new prescriptions you may need or talk to the on-site nurse.
- For those already managing mental health issues, continue to take any prescribed medication, continue with your treatment plan and monitor for any new symptoms.
- Seek professional support early if you're having difficulties.

## Stay connected

Keep in touch with friends and family on the phone, video or by online chats. This is really important in helping you – and the people you love – stay connected.

## Keep Active

There's no better way to stimulate the body and mind than through positive physical and mental activity. Getting the blood pumping through a little bit of physical exertion in your room is a great way to release energy.

Another tip is to exercise your mind. Playing games, listening to your favourite music, completing a Sudoku or reading a book helps pass the time. Activities like these are also a great way to connect online with friends and family.

### Where to turn for help?

We want to emphasise you are not alone. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay. But if you feel you need more support, Beyond Blue and Lifeline have online and telephone support services.

**Beyond Blue** also offers practical advice and resources at [beyondblue.org.au](https://beyondblue.org.au). The Beyond Blue Support Service offers short term counselling and referrals by phone and webchat on **1300 22 4636**.

**Lifeline** offers tips, resources and advice, as well as crisis and suicide support.

- Call **13 11 14** (24 hours/7 days);
- SMS **0477 13 11 14** (6pm– midnight, 7 nights)
- Chat online at: [www.lifeline.org.au/crisis-chat](https://www.lifeline.org.au/crisis-chat) (7pm- midnight, 7 nights).

Call the hotel concierge for any issues you're having around meals, rubbish collection or laundry services.

The Government Support Service is available for you to call on **1800 960 944** seven days a week. As well as answering your general questions and queries the service can help you:

- talk to one of the on-site nurses
- access essential goods such as nappies, baby formula and sanitary/personal items
- book the collection of a care package from family and friends and
- complete an online Woolworths supermarket order using a Kindness Card which will fast track your order.

**In the event of an emergency you should call 000.**

## Information for families/friends of returning travellers

### Why is the Victorian government taking this step?

We're doing everything we can to help slow the spread of coronavirus (COVID-19). As the Victorian Government has announced, all international travellers arriving in Victoria will be transferred directly and securely on supplied buses or coaches to designated hotels and placed in quarantine for 14 days. All returning travellers passengers will be fully supported and well cared for as they are transferred from flights to hotels. We understand that families of people returning home want to see their loved ones. However, we are asking that families do not go to the airport or to hotels. All passengers will be transferred to hotels directly and will be able to contact loved ones once they are in their hotels. Our advice to Victorians is clear: if you can stay home, you must stay home.

### Can we go to the airport to see our family/friends before they go into quarantine?

No, you will not be able to meet with arriving travellers. They will be taken directly to their designated accommodation that is suitable for their 14-day quarantine period. You will also not be able to visit them while they are in quarantine.

### Can we Skype or phone our family/friends in quarantine?

Wherever possible, accommodation will have Wi-Fi and telephone access. Friends and family are encouraged to stay in contact through Skype, phone and other online methods.

### **How can I get personal belongings and care parcels to my relative or friend who is in quarantine?**

People in quarantine can request items, including care parcels, to be collected by the Government Support Service and delivered to the hotel. Family and friends cannot deliver parcels to the Government Support Service and will not be able to enter the accommodation. Parcels are sanitised on receipt and perishable food, alcohol and cigarettes will not be accepted. Illicit drugs will be handed to Victoria Police. Conditions for parcel delivery can be found below.

### **Can my relative or friend isolate at my home instead?**

No. All travellers arriving from overseas are required to quarantine at accommodation provided by the Victorian Government. The government will cover the cost of accommodation, food and other essentials during this period. The Australian and Victorian Governments have taken this necessary step to stop the spread of coronavirus (COVID-19) in the community.

### **Conditions for delivery of Parcels**

By requesting delivery of parcels supplied via Woolworths online using vouchers or items of your personal property collected via courier ("Parcels") you acknowledge and accept that the following terms and conditions will apply between you and the State of Victoria as represented by the Department of Jobs, Precincts and Regions (referred to as "Us", "Our" and "We"):

#### **Delivery of Parcels ordered via Woolworths online using vouchers**

You warrant that the Parcel does not contain perishable goods and you acknowledge that the terms of Woolworths Group Limited apply (in addition to these terms and conditions) <https://www.woolworths.com.au/Shop/Discover/about-us/terms-and-conditions>.

#### **Delivery of Parcels containing items of your personal property via courier**

You warrant that the item(s) of personal property meets the criteria described in the Process Outlined for Delivers From Home, is in good, clean, safe condition and that you own the item or have the owner's permission to arrange for pick-up and delivery of the Parcel to you.

#### **Delivery of Parcels generally**

You acknowledge and agree:

- (a) Delivery of Parcels to your quarantined location is at Our absolute discretion. Parcels may be inspected by Us and reasonable steps will be taken to sanitise the Parcel prior to the delivery to you.
- (b) To minimise the risk of contracting or spreading coronavirus, delivery of Parcels will not require your signature, instead Parcels will be delivered to your quarantine locations drop off point. Parcels will be left at your room door by Us or Our contractors will record your name and acknowledge delivery.

Pick-up of Parcels containing your personal property is at Our absolute discretion and will be arranged via a third-party taxi or courier service provider nominated by Us. You acknowledge that the taxi or courier service provider's terms of services will apply (in addition to these terms and conditions). Your personal information (name and address) will be collected and shared with the taxi or courier service provider for the purpose of arranging pick-up and delivery

All personal information will be handled in adherence to the department's privacy policy. The department's privacy policy is available from the Privacy Officer at:

Privacy Officer Department of Jobs, Precincts and Regions  
GPO Box 4509

Melbourne, VIC, 3001, AUS  
Email: [privacy@ecodev.vic.gov.au](mailto:privacy@ecodev.vic.gov.au)

**Exclusions and limitations of liability**

To the extent permitted by law, We and each of Our officers, employees, agents, contractors and sub-contractors, shall not be liable to any person (whether in contract, tort or otherwise) for any loss or damage suffered, or that may be suffered, as a result of any act or omission, whether negligent or otherwise, by or on behalf of Us in relation to the pick-up or delivery of Parcels (including without limitation loss or damage to Parcels), or any other matter or thing relating to this Agreement.

| Version | Created by            | Approved by |
|---------|-----------------------|-------------|
| 1       | REDACTED (20/04/2020) |             |
|         |                       |             |
|         |                       |             |
|         |                       |             |

## Appendix 1: Directions issued by the Chief Health Officer

### Reference Guide:

A State of Emergency has been declared in Victoria. The State of Emergency has been extended from 13 April 2020 until 11 May 2020 to combat coronavirus (COVID-19).

This provides the Chief Health Officer with additional powers to do whatever is necessary to contain the spread of coronavirus (COVID-19) and reduce its risk to the health of Victorians.

For more information see the signed directions from the Deputy Chief Health Officer in accordance with the emergency powers arising from the declared state emergency:

The following directions are not listed below but info can be found here: <https://www.dhhs.vic.gov.au/state-emergency>

- Care facilities directions
- Direction and Detention note
- Isolation on diagnosis directions
- Hospital visitors directions

|                                 |   |
|---------------------------------|---|
| <b>Name</b>                     | Direction - Stay at home (No 3) (PDF)   |
| <b>Approved by</b>              | Dr Annalise van Diemen  |
| <b>Last Updated on</b>          | 13 April 2020   |
| <b>Version</b>                  | No 3  |
| <b>Source</b>                   | <a href="https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf">https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf</a> |
| <b>Change from last version</b> | Created a permitted purpose to leave home for national security reasons.  |

|                                 |   |
|---------------------------------|---|
| <b>Name</b>                     | Restricted Activity Directions (No 3) (PDF)   |
| <b>Approved by</b>              | Dr Annalise van Diemen  |
| <b>Last Updated on</b>          | 13 April 2020   |
| <b>Version</b>                  | No 3  |
| <b>Source</b>                   | <a href="https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf">https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf</a> |
| <b>Change from last version</b> | Nil   |

**Searchable documents as attached in email**

**Directive: Requirement to stay at home**

A person who is in Victoria during the stay at home period must not leave the premises where the person ordinarily resides, other than for one or more of the reasons specified in:

- necessary goods or services
- care or other compassionate reasons
- work and education
- Exercise
- other specified reasons

| <b>Reason</b>                       | <b>Refer to Clause</b> |
|-------------------------------------|------------------------|
| necessary goods or services         | Clause 6               |
| care or other compassionate reasons | Clause 7               |
| work and education                  | Clause 8               |
| <b>exercise</b>                     | Clause 9               |
| <b>Other specified reasons</b>      | Clause 10              |

**Directive: Restricted Activity Directions**

| <b>Reason</b>   | <b>Refer to Clause</b> |
|---|------------------------|
| Pubs, bars, clubs, nightclubs and hotels                            | Clause 5               |
| Recreational facilities   | Clause 6               |
| Entertainment facilities  | Clause 7               |
| Places of worship   | Clause 8               |
| Restricted retail facilities  | Clause 9               |
| Food and drink facilities   | Clause 10              |
| Accommodation facilities  | Clause 11              |
| Swimming pools  | Clause 12              |
| Animal facilities   | Clause 13              |
| Real estate auctions and inspections                                | Clause 14              |
| Open retail facilities - density, signage and cleaning requirements | Clause 15              |
| Other definitions   | Clause 16              |

## RE: Review of content in preparation for announcements next week

**From:** "Brett Sutton (DHHS)" [REDACTED]  
**To:** [REDACTED], "Bruce Bolam (DHHS)" [REDACTED], "Sean Morrison (DHHS)" [REDACTED], "Finn Romanes (DHHS)" [REDACTED], "Merita Tabain (DHHS)" [REDACTED], [REDACTED] (DHHS)" [REDACTED]  
**Cc:** "Jacinda de Witts (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED]  
**Date:** Sat, 09 May 2020 13:46:09 +1000  
**Attachments:** Revised - Covid19 - DHHS comms FAQs\_Update restrictions\_Brett.docx (465.13 kB)

My comments/edits in attached, relevant to the other materials as well.

Thanks,  
Brett

**Adj Clin Prof Brett Sutton** MBBS MPHTM FAFPHM FRSPH FACTM MFTM  
**Victorian Chief Health Officer**  
**Victorian Chief Human Biosecurity Officer**  
 Regulation, Health Protection & Emergency Management  
 Department of Health & Human Services | 14 / 50 Lonsdale St

[REDACTED]  
[health.vic.gov.au/public-health/chief-health-officer](https://health.vic.gov.au/public-health/chief-health-officer)  
[twitter.com/VictorianCHO](https://twitter.com/VictorianCHO)

Please note that I work from home on Thursdays and am contactable on the numbers above.

**From:** [REDACTED]  
**Sent:** Friday, 8 May 2020 7:02 PM  
**To:** Bruce Bolam (DHHS) [REDACTED], Sean Morrison (DHHS) [REDACTED], Finn Romanes (DHHS) [REDACTED], Merita Tabain (DHHS) [REDACTED]  
**Cc:** Jacinda de Witts (DHHS) [REDACTED]; Brett Sutton (DHHS) [REDACTED], Annaliese Van Diemen (DHHS) [REDACTED]  
**Subject:** RE: Review of content in preparation for announcements next week

Hi all,

Please find attached the content mentioned in Bruce's email below. It all also lives here:  
[https://teams.microsoft.com/\\_#/files/Easing%20of%20Restrictions?threadId=19%3Aa6eac3019b3a414181cef36689cce262%40thread.tacv2&ctx=channel&context=Communications&rootfolder=%252Fsites%252FPHEOCDepSecOffice-DHHS-GRP%252FShared%2520Documents%252FEasing%2520of%2520Restrictions%252FCommunications](https://teams.microsoft.com/_#/files/Easing%20of%20Restrictions?threadId=19%3Aa6eac3019b3a414181cef36689cce262%40thread.tacv2&ctx=channel&context=Communications&rootfolder=%252Fsites%252FPHEOCDepSecOffice-DHHS-GRP%252FShared%2520Documents%252FEasing%2520of%2520Restrictions%252FCommunications)

There are significant changes to content so I've highlighted the areas that we have changed and therefore require review **yellow**. Please feel free to review and provide feedback on all content. Use track changes when reviewing.

All feedback back to me for collation – timeframe for this is Saturday afternoon.

Kind regards,  
[REDACTED]

REDACTED

**Public Information and Media Officer**

REDACTED

REDACTED

Communications and Media

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

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**From:** Bruce Bolam (DHHS) <REDACTED>

**Sent:** Friday, 8 May 2020 3:44 PM

**To:** Sean Morrison (DHHS) REDACTED; Finn Romanes (DHHS)

<REDACTED> REDACTED (DHHS) <REDACTED>@dhhs.vic.gov.au>; Merita

Tabain (DHHS) <REDACTED> REDACTED (DHHS)

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

**Cc:** REDACTED Jacinda de Witts (DHHS)

REDACTED>; Brett Sutton (DHHS) REDACTED

Annaliese Van Diemen (DHHS) REDACTED REDACTED (DHHS)

<REDACTED>

**Subject:** Review of content in preparation for announcements next week

Hi all,

REDACTED and the public info team have been reviewing content in advance of the easing of restrictions. While we don't know what will be announced next week, much of the content that will likely remain current is being reviewed, notably:

- Website content
- FAQs – used by hotlines, social media and provided to stakeholders
- Social media content
- Email to emergency broadcasters relating to extension of State of Emergency

REDACTED has carriage over the narrative and media pack.

**This is a mail to give you a heads up that material will be coming to you tomorrow for review.**

Given the volume of content, reviews will need to occur concurrently tomorrow. REDACTED will then collate the feedback, and Brett wants to sign off before it goes to DHHS bunker and onwards.

REDACTED will be in touch later today or early tomorrow regarding materials for your review.

Our aim is to get approved materials to DPC later Saturday/Sunday so the digital team can start the upload process and we can be as ready as possible for announcements on Monday, whereupon web content can go live, hotlines with updated FAQs, social media posts roll out.

Please let REDACTED and I know if you have any questions and queries, and many thanks for your engagement, in advance!

Thanks

Bruce

**Dr Bruce Bolam**  
**Deputy Public Health Commander (Public Information)**  
**COVID-19 Public Health Incident Management Team**  
 Department of Health & Human Services  
 50 Lonsdale St, Melbourne, Victoria  
 p. REDACTED

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author. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited. If you have received this email in error, please contact the author whose details appear above.



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.

# COVID-19 FAQs

Emergency Communications

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- You can now have five visitors in your home at any one time and outdoor gatherings of no more than 10 people
- Many non-contact sports and recreational activities are now permitted, including water-based sports, some outdoor recreation and individual sports
- Contact sports including Australian Rules football and soccer remain prohibited.
- Some non-contact team sports are permitted but can only involve 10 participants at any given time
- People now permitted to travel by car to attend sports and recreational activities
- Community centres and libraries will reopen for small groups to meet of 10 people only

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## Ramadan

- This Ramadan and Eid, mosques are only open for private worship or small religious ceremonies of up to 10 people. By staying home and celebrating with your household you are helping to slow the spread of coronavirus (COVID-19) and keeping your community safe.
- Some mosques are holding digital services.
- Although Ramadan is a festive time where families come together and meals are shared, this year must be different. By reducing the number of people coming to your home to five and those attending public gatherings to 10 you are playing your part in keeping your family and our state safe.
- It's preferable that if you are having visitors to your home that they all come from one household.
- No one should be visiting your household if there's someone unwell with symptoms of COVID-19 at your home, and no one who is unwell should visit you.
- You can travel for the purposes of religious observances.
- For bigger groups find alternative ways to connect with and support your community including group video calls, email, phone, social media and hand-written letters.

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## Need for caution on easing restrictions

- The Victorian Government congratulates all Victorians who have followed the rules and helped slow the spread of coronavirus (COVID-19) in Victoria.
- The stability in our current numbers of new cases tells us our strategy is working, and gives us options, but we need to be cautious.
- Restrictions have eased but Victorians must remain vigilant to ensure that we do not lose the gains we have made.
- As restrictions are eased it is critical that Victorians continue to stick to existing rules, practice good hygiene including washing their hands regularly and maintained a distance of 1.5 metres between themselves and others.

## Victorian modelling

- The Victorian Government has released modelling to provide greater understanding of the spread of coronavirus (COVID-19) in Victoria.
- The modelling undertaken by Monash University and the Doherty Institute, in collaboration with DHHS, finds that if no physical distancing restrictions were in place, Victoria would have seen up to 58,000 new coronavirus (COVID-19) cases every day at the peak of the pandemic.
- The data also reveals that if a business-as-usual approach had been adopted, 10,000 intensive care beds would have been required, 9,200 people would have been presenting to hospital every single day with as many as 36,000 people dying.
- For more information about the modelling visit <https://www.dhhs.vic.gov.au/victorias-coronavirus-covid-19-modelling-confirms-staying-home-saves-lives>.

## About coronavirus

### The nature of coronavirus

#### What is coronavirus (COVID-19)?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19 is a new virus that can cause an infection in people, including a severe respiratory illness.

#### What is the difference between coronavirus (COVID-19) and the flu?

Coronavirus (COVID-19) causes more severe disease than seasonal influenza. While many people globally have built up immunity to seasonal flu strains, coronavirus (COVID-19) is a new virus to which no one has immunity. That means more people are susceptible to infection, and some will suffer severe disease. Globally, about 3.4% of reported coronavirus (COVID-19) cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

Coronavirus (COVID-19) and influenza (flu) are different viruses. They have different treatments, but similar symptoms.

You can prevent catching both by practising physical distancing, reducing exposure, good hand hygiene and cough etiquette. Read more ways you can slow the spread.

#### Key differences:

- Flu symptoms will appear faster, so it can spread faster in the community than coronavirus (COVID-19).
- There are currently more people who need critical care in hospital for coronavirus (COVID-19).
- The flu shot is available at your local GP or community immunisation session. Many accredited pharmacies can also provide the flu shot, as well as advice about the virus. We suggest calling ahead to your local immunisation provider to ensure they have stock available and to book your appointment.

For more information about the flu shot, see Flu (influenza) – immunisation page on the Better Health Channel.

#### How does coronavirus (COVID-19) spread?

Health authorities believe the virus is spread from **close contact** with an infected person, mostly through face-to-face or between members of the same household. People may also pick up the virus from surfaces contaminated by a person with the infection.

The virus is spread by people with symptoms when they cough or sneeze. That's why the best way to protect others is to practise physical distancing and good personal hygiene.

#### Does coronavirus (COVID-19) survive on surfaces?

Studies suggest that coronavirus (COVID-19) may persist on surfaces for a few hours or up to several days. This may vary depending on conditions, such as the type of surface, temperature or humidity of the environment.

If you think a surface may be infected, clean it with a common household disinfectant to kill the virus.

In general, to avoid contact with the virus, clean your hands with an alcohol-based hand rub or wash them with soap and water often. Avoid touching your eyes, mouth, or nose.

#### Can people get COVID-19 twice?

This situation is evolving rapidly, and experts are still researching COVID-19. The best advice on transmission of COVID-19 is that we should all be practicing physical distancing, hand hygiene and other protective actions at this time. Learn more: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

## Symptoms

### What are the symptoms of coronavirus (COVID-19)?

The most commonly reported coronavirus (COVID-19) symptoms are:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell
- In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

Many people who contract coronavirus (COVID-19) will suffer only mild symptoms. Elderly people and those with pre-existing medical conditions may experience more severe symptoms.

## Medication and treatment

### Ibuprofen or non-steroidal anti-inflammatories

The Department advises that people should take all medication as directed by their healthcare provider. There is currently no published peer-reviewed scientific evidence to support a direct link between use of ibuprofen and more severe infection with COVID-19. This issue is being monitored. If any evidence emerges to support a different approach our advice will be updated.

The situation is changing rapidly. For the latest advice please see: <https://www.dhhs.vic.gov.au/coronavirus>

### Do I need a facemask?

Face masks are not being recommended for use by members of the public in Victoria for the prevention of COVID-19 and are not necessary if you are well. Face masks are being provided to front-line health services working directly with suspected or confirmed cases.

Please read about other ways you can reduce your risk <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

### How do we know people who have had coronavirus (COVID-19) are no longer infectious?

People with a confirmed coronavirus (COVID-19) infection stay in quarantine until they are no longer experiencing symptoms of coronavirus infection.

Before they are released from quarantine, their doctor or specialist care team assesses they are no longer infectious.

Once they are discharged, they have a follow up assessment by the medical team to make sure they remain well.

## Spread of coronavirus

### How many people in Australia have coronavirus (COVID-19)?

The Australian Government is regularly updating the number of confirmed cases in the country. For the latest information please visit: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

### Number of cases in Victoria

Our daily updates include information about testing and cases. You can find them here: <https://www.dhhs.vic.gov.au/coronavirus>

### Where can I find public exposure sites / high risk areas / VicE map?

Information available related to the latest COVID-19 notifications by local government areas. You can find this information updated each day in the department's daily media release here: <https://www.dhhs.vic.gov.au/coronavirus>

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### Fluctuating numbers – lower case numbers

The case numbers fluctuate daily and when numbers are low this is more apparent.

The focus is on the trend, which is moving in the right direction.

This positive trend shows our physical distancing measures are working.

### For numbers going down

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high. The number of cases that may have been acquired through community transmission still has gone up.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### LGA data

The LGA data is cumulative and shows all cases recorded in that region since 25th January when the first coronavirus case was recorded in Victoria.

A state-wide total of recovered patients is published daily – but these cases are not removed from the overall Victorian tally, or the LGA breakdown.

Data is continually analysed and clarified, so published numbers are always subject to change. These changes in numbers can be for many reasons, including duplications and wrong postcodes recorded.

It is worth noting that the data also reflects the residential address the person nominates, however it is not necessarily where they were infected or where the case currently resides.

The daily LGA data is correct as of 11.59pm the day before.

### General requests for more details on confirmed cases

Unfortunately, we cannot provide further details. The department is responding to cases as they are notified.

The public can be confident that all close contacts will be identified and responded to accordingly as required to protect public health.

As part of our contact tracing, any public exposure sites are contacted and provided with advice about the transmission risks and any cleaning that may be required.

DHHS does not identify individual cases or their close contacts.

DHHS also needs to ensure patient confidentiality and work to minimise stigmatisation and discrimination around COVID 19.

### General response to location-based cases

The department is responding to cases as they are notified, including when those cases are identified in health care, aged care or other locations with vulnerable members of the community.

The public can be confident that all close contacts will be identified and responded to accordingly as required to protect public health.

All other infection control measures including disinfection and cleaning as per DHHS guidance will be followed at a local level.

DHHS does not identify individual cases or their close contacts.

DHHS also needs to ensure patient confidentiality and work to minimise stigmatisation and discrimination around COVID 19.

### Generic response on locations

We do not confirm locations of cases, unless there is a wider public health risk we need to make the community aware of. There have been no specific updates or advice for Yarram or Gippsland on cases.

## Hotline

### Hotline / Hotline hours

If you are in Victoria and are concerned that you may have COVID-19, please call our hotline on 1800 675 398 open 24 hours, 7 days (please keep Triple Zero 000 for emergencies only). If seeking medical assistance, please call ahead so that the GP can be prepared.

## Hoarding

### Please don't stockpile or hoard items

The Victorian Government urges Victorians not to needlessly stockpile essential items. It's important we think of others at this challenging time. Please only buy what you need.

**Shops have supplies. When shopping you must observe physical distancing and fewer people are allowed in a shop at any one time**

You may need to ask for additional help from a carer, family, friends or neighbours.

If you are in self-quarantine, stay in regular contact with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You can also contact your local council who can support you in accessing services that meet your needs. If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on 1800 675 398 and press Option 3. The operating hours are between 8.00am to 6.00pm Monday to Friday, and 10.00am to 3.00pm on weekends and public holidays.

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## Communities at risk

### Who is most at risk of coronavirus?

Everyone is at risk of contracting coronavirus (COVID-19). However, there are some groups who are at higher risk of getting coronavirus because of where they have been or where they live.

- **Overseas travellers and close contacts**  
If you have recently travelled overseas or have had close contact with a confirmed case of coronavirus (COVID-19) you are at the highest risk of infection. See International travellers section on this site.
- **People living in shared facilities**  
People living in group settings with shared facilities (e.g. aged care facilities, or boarding schools)

### Who is most at risk of being very sick from coronavirus?

Although most people will have only mild symptoms, anybody can become very sick with COVID-19. However, we know that some groups of people are more likely to become very sick with COVID-19.

- **People who are older or elderly.**

Because of their lower immune systems, older people are more likely to get very sick with COVID-19.

- **People who have pre-existing medical conditions.**

Underlying illness make people more likely to become very sick with COVID-19, including those with diabetes, chronic lung disease, kidney failure and people with low or suppressed immune systems.

- **Aboriginal and Torres Strait Islander people.**

Aboriginal and Torres Strait Islander people are more likely to become very sick with COVID-19 because of higher rates of pre-existing medical conditions.

Testing is available for Aboriginal and Torres Strait Islander people who show symptoms of coronavirus (COVID-19) such as respiratory symptoms or fever. See more on the Aboriginal Communities links on this website.

If you are one of these groups of people, it is important that you continue to look after yourself and take your regular medications. Keep following advice and ask help from your doctor, nurse or healthcare worker.

The following pages provide more information on coronavirus (COVID-19) and other medical conditions:

- Diabetes COVID-19 information page on Diabetes Victoria's website
- COVID-19 page on Kidney Health Australia's website
- Cancer and COVID-19 page on Cancer Victoria's website.

Our at-risk groups factsheet has more detailed information.

### COVID-19 risk in pregnancy

At this time, pregnant women do not appear to be more likely to develop severe COVID-19 than the general population.

However, there is currently limited information available regarding the impact of COVID-19 on pregnant women and their babies.

Therefore, it would be prudent for pregnant women to practice social distancing and ensure good hygiene practices to reduce the risk of infection.

The situation is changing rapidly. Please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

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## People living with HIV

There is no evidence so far to suggest that people living with HIV, who are on effective anti-retroviral therapies with undetectable viral loads, are at increased risk of contracting coronavirus (COVID-19). However, as HIV infection can result in suppression of the immune system and other comorbidities, people living with HIV should be considered a higher risk group than the general population.

Read the Coronavirus disease (COVID-19) factsheet for people living with HIV (Word) for more information.

## Homelessness

### Support Victoria's vulnerable against homelessness?

Homelessness agencies has been allocated extra funding to find temporary housing for those who need it most. Funding will provide agencies with extra resources to find temporary housing for Victorians at risk of or experiencing homelessness because of COVID-19 in both metropolitan and regional areas. For more information, visit <https://www.dhhs.vic.gov.au/coronavirus>

### Where can homeless people go to self-isolate or quarantine?

- Repurposed aged-care sites will be used to provide self-isolation facilities for Victorians experiencing homelessness to help them recover from coronavirus, or avoid infection in the first place.
- \$8.8 million has been announced for four pop-up facilities that will provide health care and supported accommodation for more than 200 rough sleepers over the next six months.
- The accommodation will be at four sites in inner Melbourne, operated by Anglicare Victoria, Brotherhood of St Laurence, Launch Housing, Sacred Heart Mission and VincentCare Victoria.
- Support for people experiencing homelessness or at risk of homelessness is available via Opening Doors, providing a 24-hour statewide toll free number for people experiencing homelessness or at risk of homelessness. People may call 1800 825 955 to speak with a housing and support worker who will direct the call to a service closest to them. If the call is outside business hours, your call will be directed to the Salvation Army Crisis Services.

## Aged care

### How are residents in aged care facilities being protected?

Visits to aged care residents nation-wide is only be allowed for a short duration (no more than 2 hours) and by a maximum of two people per day per resident, except for palliative care.

Children under 16 years will only be permitted to attend aged care facilities in exceptional circumstances.

There are also a number of other conditions that people visiting aged care must meeting:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever
- ~~have arrived back in Australia from overseas in the last 14 days~~
- have a temperature higher than 37.5 degrees
- are under 16, unless they are visiting a resident who is receiving end-of-life care, or they are visiting a secure welfare service, Supported Residential Service or an alcohol and drug residential service, in the company of an adult.
- If visiting or working in a residential aged care facility you must have an up to date influenza vaccination, if it is available to you.

### What testing is being done in Aged Care facilities?

The Department of Health and Human Services has provided guidelines to assist residential aged care facilities (RACFs) to support their healthcare workers, residents, families and visitors to prepare for, prevent and manage cases and outbreaks of COVID-19.

More information: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

## Disability services

### What support to disability services is the Government providing?

The Department of Health and Human Services is working to get the latest support information to Victorians as soon as possible. The situation is changing rapidly, and the most recent advice will be given directly to service providers.

Recently the Victorian Government announced additional funding to support Victorians with a disability, this funding will support additional respite care and support advocacy organisations.

We update our website as the situation changes and use it as our central point of information for Victorians. Please keep up to date by visiting <http://www.dhhs.vic.gov.au/coronavirus>

### What does this mean for people in disability accommodation?

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between disability accommodation and other permitted places or to see family and friends. Family and friends can visit you in your accommodation however must meet conditions including not having a temperature or symptoms of coronavirus. For more information visit: <https://www.dhhs.vic.gov.au/coronavirus-care-facilities-directions-frequently-asked-questions>

## Community accommodation

### If I am in community accommodation, does this mean I can't leave where I am?

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between community accommodation and other permitted places or to see family and friends.

If you are currently in a family violence refuge, youth refuge or other form of temporary crisis or respite accommodation, you can move to other accommodation as needed.

## Emergency accommodation

### What about people in a family violence refuge or other emergency accommodation?

If you are in a family violence refuge or temporary accommodation, such as a hotel or motel, arranged for you by a family violence support service, and don't have an alternative safe accommodation option, you can remain there.

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between emergency accommodation and other permitted places or to see family and friends.

## Out of home care

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between emergency accommodation and other permitted places or to see family and friends.

Children in out-of-home care can travel for permitted activities.

## What to do?

### I am feeling unwell, what should I do?

If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance. Tell them if you also have a fever or a cough, sore throat or respiratory illness.

If you begin to feel unwell, and have a fever or a cough, sore throat, shortness of breath or respiratory illness you should get tested for coronavirus (COVID-19).

Contact the 24-hour hotline on 1800 675 398, or call your doctor and mention your symptoms and risk factors. They will determine if you need to be tested for coronavirus (COVID-19).

### **Who can be tested for coronavirus (COVID-19)?**

Anyone with the following symptoms can be tested for coronavirus (COVID-19):

- a fever (a temperature of 38 degrees or above) **OR**
- cough, sore throat, shortness of breath, chills, runny nose, loss of sense of smell

### **What is the treatment for coronavirus (COVID-19)?**

There are currently no vaccines that protect against coronavirus (COVID-19).

While there is no specific pharmaceutical treatments for coronavirus (COVID-19), early diagnosis and general supportive care are important.

There are no current recommendations to treat patients with mild or moderate coronavirus (COVID-19) illness, or their close contacts, with hydroxychloroquine or anti-viral agents.

Treatment of coronavirus (COVID-19) with antivirals is considered experimental and should only be considered within the context of controlled interventional trials.

Most of the time, symptoms will resolve on their own. People who have serious disease with complications can be cared for in hospital.

### **Decline in people attending emergency departments**

Data from Victorian health services indicates a decline in attendance at emergency departments in the past month - notably a decrease in relation to sporting injuries.

During this time we've seen increases for respiratory and system infections - but median waiting times in emergency department have improved by a few minutes with a decrease in presentations for many other conditions.

Victorians should not stop seeking medical advice and treatment for all conditions if they need it. Our health system is here to look after all Victorians, and putting off a visit to the doctor or hospital could lead to more severe illness, and added strain on hospitals.

## **Where to get tested**

### **Where can I be tested for coronavirus (COVID-19)?**

You can call the 24-hour hotline on 1800 675 398 to find out where you can be tested.

You can also call your doctor. They may be able to do the test, or they can refer you to a pathology collection centre, a hospital assessment centre or a GP respiratory clinic.

You can also go directly to a Victorian hospital coronavirus (COVID-19) assessment centre, for testing. You don't need to call ahead if you attend one of these (unless stated otherwise below). To find your nearest assessment centre visit: [www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19](http://www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19)

The Australian Government also has GP respiratory clinics around the country to assess people with coronavirus (COVID-19) symptoms.

These are not drop-in services. You must book an appointment online or phone ahead.

Visit the Australian Government coronavirus (COVID-19) site for a full list of GP respiratory clinics.

These clinics are being rolled out gradually and the contact lists will continue to be updated.



## Fake protection/testing kits

Purchasing any medical or health product over the internet has risks. The Department of Health and Human Services is aware of fake testing kits and cannot validate their effectiveness.

If you're showing symptoms consistent with coronavirus (COVID-19) and believe you may have been in close contact with someone who's tested positive or been overseas in the past 14 days, please visit a screening clinic. List of symptoms and locations of clinics are available here: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

## Payment for testing

The coronavirus (COVID-19) test is free. There is no fee for the test when you get tested at a public health facility, mobile testing centre or GP offering bulk billing. The Australian Government has created a dedicated Medicare bulk-billed pathology test for coronavirus (COVID-19). However, your GP clinic may still have charges for consultations. Please contact your GP clinic directly to discuss any fees and charges you incurred.

## Caring for others

### How can I protect myself and others?

- You should stay at home whenever possible. You can leave home to:
  - shop for food and other necessary goods and services
  - access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
  - attend work or education where you can't do those things from home
  - exercise and recreation activities while adhering to the rules
  - participate in **limited size** gatherings for the purposes of health, wellbeing and social connection.
- Keep the number of visitors in your house to five.
- Restrict public gatherings to 10 people
- Stay at home unless you are participating in permitted activities.
- ~~Do not travel throughout Victoria unless absolutely necessary.~~
- Stay healthy with good nutrition, regular exercise and quality sleep. Avoid excessive use of alcohol and for smokers, now is a great time to consider quitting.
- 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.

## Caring for someone who is sick during a quarantine period

If you are looking after a sick family member during a period of self-quarantine, there are some important things you should do to keep everyone in your home safe:

- Ensure the sick person remains in one room away from others in the household.
- Keep their door closed and windows open where possible.
- Keep the number of carers to a minimum and do not allow visitors from outside the household to visit.
- Always wash your hands with soap and water or use a hand sanitiser before and after entering the room.
- Keep the sick person's crockery and utensils separate from the rest of the household.
- If available, wear a surgical mask (single-use face mask) when you are in the sick person's room.
- Clean and disinfect high touch surfaces such as tabletops, doors, computer keyboards, taps and handles often.
- Dispose of tissues and masks in a sealed plastic bag and put in the usual household waste.
- If the person starts to feel worse, call the dedicated coronavirus hotline on **1800 675 398** (24 hours, 7 days a week) for advice.

If you need to visit your GP, call ahead and mention that you are currently in self-quarantine so they can prepare appropriate infection control measures.

## Social visits

### Can I have visitors in my home?

Under the amended directions, you can have five visitors in your home at any one time. This means five people in addition to those who reside at your home. You can visit friends, family or your partner as long as there are no more than five visitors at the time. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene. If you or your friends, family or partner are feeling unwell, you should not visit people.

### Visiting a partner

The Stay at Home directions have been amended to allow five visitors to your home at any one time. This includes your partner or partners.

If your partner lives outside of Victoria you should stay connected using phone call, video call, text message or social media. States and territories have individual quarantine arrangements in place, and some may require a **second** 14-day quarantine period for travellers coming from Victoria.

### Visiting older relatives

You can make social visits to elderly friends and family, including parents, but remember, people aged over 70, or over 60 with health conditions, are at higher risk of experiencing severe symptoms if they contract coronavirus (COVID-19).

If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times. There should only be five visitors in a household at any one time. If you are feeling unwell you should not visit people.

For more info visit: <https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq>

### Visiting Parents of Newborns

You can visit parents and newborns, however, keep in mind that there is currently limited information available regarding the impact of coronavirus (COVID-19) on new mothers and their babies. Use common sense when visiting vulnerable people.

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If you are sick, do not visit anyone, especially vulnerable people. You must stay at home

Remember that when visiting anyone, only five visitors are allowed at any one time. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene including washing your hands regularly.

### Members of household vs members of family

You can have up to five visitors in your household at any one time. This is in addition to people who reside at your home. If your family members lives with you, they are not counted as a visitor.

### Can I do repairs at my elderly parents / family / friend's house?

Yes, you can do small repairs. You should not carry out electrical work, gas work or certain types of building work. These activities should be carried out by a licensed professional. Under the directions you can have a licensed professional perform work on your house.

You should ensure you meet the physical distancing requirement while carrying out work. You should consider your current skills and physical ability before starting a repair so that you can complete the work safely.

### What about my custody arrangements?

Both informal and court ordered shared custody arrangements can continue as normal. You are permitted to leave the house to take children from one parent's home to the other parent's home.

Please make sure you understand the risks of transmission, ways to reduce risk, and stay up to date as this situation can change rapidly.

### Care, compassionate or medical reasons for leaving home

You may leave your home for any of the following personal reasons:

- to visit a doctor or other medical professional, or to obtain medical supplies
- to donate blood
- if you have shared parenting obligations and need to transport children between homes, under an informal or court-ordered arrangement
- to provide child-minding services at someone's home because that person needs to leave the house for one of the permitted reasons, or work or study at home
- if you are the parent or guardian of a child and you wish to visit the child because they are in the care of another person or organisation, or you have obligations in relation to the care and support of the child
- to provide childcare or early childhood education or school to a child who lives in the care of the State or family or family violence service
- if you have carer responsibilities, for example, picking up or dropping off children in a foster care or respite care arrangement
- to drop off or pick up a child at personal or private childcare, early childhood education or school, if you need to go to work or study
- to provide care and support to a relative or other person – such as shopping, cooking or house-cleaning – because of their old age, infirmity, disability, sickness or chronic health condition
- they are pregnant or have health or mental health concerns
- to visit someone in an aged care facility, disability accommodation or other residential care facility, provided your visit conforms to the Care facilities direction

- to visit someone in hospital, provided that visit conforms to the Hospital Visitor direction
- to attend the funeral service of a relative or close friend, noting that the maximum permitted number of mourners is 20
- to get married, or be a witness to a marriage, noting that the maximum permitted number of people is ten plus the celebrant and couple
- if there is family violence, or violence by another person in the home, and you are at risk. If you are stopped by police, tell them you are feeling unsafe at home and they will help you. Safe accommodation and support for family violence is available. Call safe steps on 1800 015 188 or email safesteps@safesteps.org.au for help 24 hours a day, 7 days a week.

Commented [A6]: And 30 outside? And mourners only, or including celebrant?

## People in isolation or quarantine

### Isolation vs Quarantine

- If you have symptoms of coronavirus (COVID-19) or have tested positive for coronavirus (COVID-19) you must self-isolate. You can be in isolation in a hospital or isolated at home. If you are isolating at home, there are steps you need to take to keep the people you live with healthy.
- Quarantine is what you should do if you have had close contact with someone who has tested positive for coronavirus (COVID-19), or if you are considered to be at higher risk of contracting coronavirus (COVID-19).
- All international passengers arriving at Victorian airports or disembarking at maritime ports must also go into **enforced** quarantine for 14 days from the day of their arrival.
- While most Victorians are voluntarily complying with requests to quarantine or isolate, police have strong powers to enforce the relevant directions and will conduct random spot checks where necessary.

### Self-quarantine/isolation

#### Who is required to quarantine/isolate?

The following groups are required to **quarantine** for a period of 14 days:

- international travellers - please see international travellers on this website
- those who have come into contact with a confirmed case of coronavirus (COVID-19)
- If you are awaiting the results of a coronavirus test.

The following groups are required to **isolate** for a period of 14 days:

- people with a confirmed diagnosis of coronavirus (COVID-19).

#### If you're in self-quarantine/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.

#### When can I end quarantine?

You cannot end quarantine/isolation until you meet the relevant requirements. To find out more, call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week).

If, at the end of 14 days, you remain well and you have passed the time limit beyond which you would have fallen ill after being exposed to coronavirus (COVID-19), you can cease self-quarantine. No medical certificate is required to enable you to return to other activities.

Commented [A7]: Public Health – not consistent with website but makes sense.

### **If you were confirmed to have coronavirus (COVID-19) after 14 days**

You will be regularly contacted by the department after your diagnosis. You cannot end isolation until you meet the relevant clearance requirements. The department will discuss these requirements with you. Further details can also be found on the dedicated coronavirus (COVID-19) hotline 1800 675 398 (24 hours, 7 days a week).

### **If you are feeling unwell during self-quarantine**

If you start to feel unwell, and especially if you develop any of the typical symptoms of coronavirus (COVID-19) during the 14-day self-quarantine period, you should either:

- call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) for advice
- call ahead to your GP before you arrive at the doctor's office so they can prepare appropriate infection control measures
- Mention any overseas travel or contact with a confirmed case of coronavirus (COVID-19).

### **If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance.**

If, at the end of 14 days, you are unwell with respiratory symptoms, you must continue to stay in self-quarantine. Call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) to find out what you should do next.

### **What if I am sharing a house with someone who is in self-quarantine/isolation?**

There are different reasons for people to be in self-quarantine, and so if you are sharing a house with someone in this situation, your obligations will differ.

- If the person is well but has come into close contact with a confirmed case of coronavirus (COVID-19)

If the person you live with is in self-quarantine as a precaution and follows all the required steps for self-quarantine, nobody else in the house is required to self-quarantine.

- If the person is well but has a suspected case of coronavirus

If the person you live with is in self-quarantine because it is suspected they may have coronavirus (COVID-19), there is no need for others in the house to self-quarantine unless the person becomes a confirmed case. At that point, all people in the household are regarded as having had close contact and are required to self-quarantine.

- If the person is unwell and has a confirmed case of coronavirus (COVID-19)

If the person you live with is in self-isolation because they are confirmed to have coronavirus (COVID-19), all people in the household are regarded as having had close contact and are required to self-quarantine.

### **Can I go outside during self-quarantine/isolation?**

It's OK to go out into the backyard of your house or onto the balcony of your apartment or hotel room during self-quarantine/isolation, in fact it can help you feel calm and relaxed to get some sun and fresh air. Always observe the recommended physical distancing requirements from the people around you in the home, and wear a surgical mask if you have one.

### **Can I receive deliveries during self-quarantine/isolation?**

Yes, although you should maintain appropriate physical distancing from the delivery person and they should not enter your home. They should leave your delivery outside your door. Consider making payment for the delivery online in advance or using a contactless payment method to minimise the chances of physical contact. Avoid paying by cash. Wear a surgical mask if you have one.

Commented **RED**: Public health can you check this - it would have **ACT** really non-contact?

### **Change of quarantine/isolation location – how do I notify the government if my original location is no longer appropriate and I need to move?**

You can call 1800 675 398 if you need support. During the 14 days of quarantine/isolation, you should be staying inside, and you can't visit public places or see visitors, so moving is not advised.

### **How should I prepare for quarantine/isolation?**

Everyone should take steps to prepare for the possibility of transmission of coronavirus (COVID-19) in Victoria..

Make a plan on how you and your family, including pets, would have to manage if you needed to stay at home for 2 to 3 weeks.

There are certain supplies you may need if you and your family are in quarantine at home. These include things like non-perishable food items, soap, toilet paper, tissues, feminine care products, nappies and pet food.

Ensure you have enough prescriptions of essential medicines.

## **Relief packages**

### **What support is available for people in self-quarantine?**

If you are in self-quarantine, stay in regular contact with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You can also contact your local council who can support you in accessing services that meet your needs. Visit Know Your Council website to find your council.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on 1800 675 398. Delivery of a free emergency relief package can be arranged for people who are unable to access food themselves or do not have support available to them.

### **What are the relief packages?**

An emergency relief package contains essential food and personal care items that are available to vulnerable Victorians who are needing to self-quarantine due to coronavirus (COVID-19).

The packages will help make sure people are able to access essential items while they self-quarantine.

Emergency relief packages contain essential food staples including cereal, long-life milk, sugar, pasta and canned vegetables.

Personal care items such as soap, deodorant and toothpaste are also provided as part of the packages. Nappies and baby formula can be provided if requested.

The packages do not include medicines, incontinence and personal hygiene products, or pet food.

### **Who is eligible to receive a relief package?**

People currently residing in Victoria who need to self-quarantine due to coronavirus (COVID-19) and don't have enough food to feed themselves or their families may be eligible to receive an emergency relief package of basic supplies.

People need to be currently residing in Victoria, including residents, international students and people on working visas who live in Victoria.

These packages contain only basic supplies and are for people who do not have access to a support network or alternate means of obtaining food such as on-line delivery.

Wherever possible, we're asking all Victorians to arrange for family or friends who are not required to be self-isolated to get food or necessities for you.

Any requests from people who are not in mandatory self-quarantine will be referred to the relevant local council to follow up.

### **How can people in need get an emergency relief package?**

If you are in urgent need and don't have a support network who can help you, call the coronavirus (COVID-19) hotline on 1800 675 398 and press Option 3. The operating hours are between 8.00am to 6.00pm Monday to Friday, and 10.00am to 3.00pm on weekends and public holidays.

People can also call on behalf of someone they know who is self-quarantining and in urgent need of food supplies.

### **How long will the relief package last?**

Each emergency food relief package is designed to provide basic food essentials and personal care items for a family of four for two weeks.

### **How much will it cost for a relief package?**

The relief packages will be provided at no cost to the recipients.

### **Will people be able to choose brands or specific items?**

These packages are made up of basic essentials only and people do not have a choice as to what products are provided. We may not be able to cater for dietary or cultural requirements.

### **What if a person is too sick to cook for themselves?**

If people are unable to cook for themselves, their details will be provided to the relevant local government who will consider options to provide or deliver meals.

### **How will the relief packages be distributed?**

Emergency relief packages will be distributed by partner organisations including the Red Cross, and Foodbank Victoria.

Packages will be delivered to the door of persons who are self-isolating or self-quarantining. Deliveries should arrive within 24 to 48 hours, depending on location.

### **What other support for accessing food is available?**

#### **Woolworths**

Home delivery: This service is now available to all customers. Eligible customers, including seniors, people with a disability and those with compromised immunity or who are required to self-isolate can still access a priority home delivery service with dedicated delivery windows. These customers can call 1800 000 610 to seek assistance or register online.

Food and grocery packs: This 'Basics Box' for \$80 helps provide essential products for customers who are currently unable to visit stores and are in genuine need. It helps provide meals, snacks and a few essential items, including toilet paper, and is delivered within approximately two to five business days via Australia Post. They are unable to cater for specific dietary requirements and there is a limit of two boxes per customer, per fortnight.

Community pick-up: This service is available in 700 selected locations to allow Priority Assistance customers to place an order online for someone to pick up on their behalf. This service will be available for over 100 pick-up drive through locations and in 600 stores for pick-up at the service desk.

#### **Coles**

Home delivery and click and collect: Normal home delivery and click and collect services are back to business as usual. The Coles Online Priority Service (COPS) provides a delivery service and 'click and collect' option for customers unable to get to a store. Existing Coles Online and FlyBuys customers who are aged over 70 and had registered their date of birth as part of their account details have been invited to join COPS. The service is also available to:

- People over 65 years of age with a My Aged Care number or NDIS number;
- Indigenous Australians over the age of 50 with a My Aged Care number or NDIS number;
- Aged care, disability care and other businesses that support vulnerable members of the community.

Find out more

Food and grocery pack: The Coles Community Box is \$80 and includes delivery. The box contains nutritious items for breakfast, lunch and dinner, with the contents of the box being enough to support two people aged 65+ for seven days. Available to all eligible Coles Online Priority Service customers.

Find out more

### IGA

Home delivery: IGA is providing a Priority Shop home delivery service to many areas, offering four package options - the Essentials, Pantry Plus, Dog Pack, Cat Pack – available to:

Eligible customers include:

- the elderly (70+)

people who are immunosuppressed

- Indigenous Australians (50+)

people with a disability

- and people who are required to self-isolate.

To check eligibility for IGA Priority Shop, please call 1800 018 384 or visit [igashop.com.au](http://igashop.com.au)

### Foodworks

Home delivery: Foodworks has partnered with National Disability Insurance Scheme (NDIS) to provide a priority delivery service. You can access this service via [foodworks.com.au](http://foodworks.com.au) website.

### 7-Eleven

Home delivery: 7-Eleven is launching a delivery service in Melbourne for snacks and key essentials with no contact delivery. The service will be available in the coming weeks, customers can find out more on [7ElevenDelivery.com.au](http://7ElevenDelivery.com.au).

### Pet food

Pet food can be ordered online from pet stores such as Pet Stock, Pet Barn, My Pet Warehouse, or contact local pet stores to check if they offer delivery. Some useful websites are below:

[Petbarn.com.au](http://Petbarn.com.au)

[Petstock.com.au](http://Petstock.com.au)

[Petbarn.com.au](http://Petbarn.com.au) - delivery information

### Dropping off food / supplies to friends / family / people self-quarantining/isolating

You can support friends and family by dropping off food or medications or supplies. If you are preparing meals or providing other help for an elderly person, be mindful of the risks of transmitting coronavirus. Older people are especially vulnerable to coronavirus. If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

You shouldn't be making social visits to friends and family at the moment. Instead you can stay connected by sending photos or using video chat or phone calls.

## Physical distancing and restrictions

The Victorian Government has eased restrictions by adding health and welfare criteria to those activities that are permitted activities. Physical distancing must be maintained at all times. You must stay home if you are sick.

In all situations and scenarios, we're urging Victorians to ask themselves: 'is what I'm doing necessary?'

- Participate in non-contact sport and some recreational activities. Only 10 people can participate at any one time
- Visit close family and friends. Only five visitors are allowed in a household at any one time
- Participate in public gatherings of 10 people or less
- Visit a national park

These activities are in addition to:

- shop for food and other necessary goods and services
- access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
- attend work or education where you can't do those things from home
- exercise.

You may also leave your home in an emergency or if required by law.

### Who does this apply to, and when?

Everyone in Victoria. These additional directions are intended to expand and clarify the restrictions applying to all Victorians.

### Is this compulsory, or voluntary?

It is compulsory. The Chief Health Officer of Victoria has issued a lawful direction as part of the current State of Emergency. It means that, except in limited circumstances, you should remain in your home.

### Are there limits on the time of day I can leave the house?

No. There are no limits on leaving your home if you need to during the day or night.

For example, if you work night shift, or need to provide care to a relative or other person, you can do so as needed.

You can leave home to exercise at any time of day.

### Are there any other special reasons that allow me to leave my home?

You can leave your home in an emergency, or if you are required by law to attend either a police station, court or law enforcement or justice system premises.

## Restrictions and penalties

### When will you next ease restrictions?

Victoria is taking a staged approach to lifting restrictions. Each time we ease restrictions we will need to assess the impact of the change before we can make any further decisions. If the situation changes and there is an increase in case numbers then restrictions may need to be reapplied to save lives and protect the health system.

Restrictions will be reviewed every four weeks or more frequently as the situation changes.

As restrictions are eased it is critical that Victorians continue to take actions to protect themselves and others, including staying at home if they are sick, keeping 1.5 metres between themselves and others, and practicing good hygiene including hand washing.

### What does the State of Emergency Declaration mean in Victoria?

A State of Emergency was declared in Victoria to provide the Chief Health Officer to do what is necessary to contain the spread of the virus. Get the up to date information: <https://www.dhhs.vic.gov.au/coronavirus>

### Stay at home direction

Thanks to the actions taken by Victorians we are able to start lifting restrictions. As restrictions are lifted Victorians are still being asked to continue to stay at home when they can. If you feel unwell, even if you have tested negative for coronavirus, you must stay at home. We are asking the community to use common sense to stop the spread of this deadly virus.

Stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### What will happen if we don't comply?

Non-compliance can be reported to the police. Larger fines can also be issued through the courts. Venues that don't comply with the directions on mass gatherings face fines of up to \$100,000. You can read more information here: <https://www.vic.gov.au/coronavirusresponse>

### Have the restrictions been extended?

Stage 3 restrictions have been extended but more activities are permitted. The new arrangements will now be in place for 4 weeks and they will be reviewed as required. Restrictions are enforceable. For all updates and advice see: <https://www.dhhs.vic.gov.au/coronavirus>

### Why are you extending Stage 3 restrictions?

Restrictions are in place to help flatten the curve of COVID-19, give our health system the best chance of managing the virus, and keep Victorians safe. The situation is fragile and can change rapidly. By staying at home and limiting your contact with other people, we can all slow the spread of the virus. Some restrictions have been eased to allow people to look after their own, and others health, wellbeing and social connection.

The Chief Health Officer will continue to review the situation. For the latest information and advice visit [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

### Restricted activities

The Victorian Government has restricted sporting, cultural, recreational and commercial activities to minimise the risk of people being in close contact with each other, so we can slow the spread of coronavirus (COVID-19).

### What activities are already restricted?

Many activities and facilities have already been closed or restricted where people gather in numbers or come into close contact with each other, including:

- pubs, bars nightclubs and hotels
- entertainment facilities including theatres and cinemas
- some retail business
- food and drink businesses
- accommodation facilities like camping grounds and caravan parks
- swimming pools
- animal facilities

### Are there still some exceptions with pubs, bars, nightclubs and hotels?

These services can still operate:

- bottleshops
- takeaway food and drink for people to consume off the premises
- accommodation.

### Are there any restrictions on trading hours for stores that remain open?

No. It's up to an individual business when they choose to operate, subject to the usual rules and regulations.

### What is the 'four square metre' rule?

As a way to limit the number of people who may gather in a retail premises at one time, retail operators must allow entry to no more than one person for every four-square-metres of available floor space in their shop. For example, if a shop has a total floorspace of 20 square metres, then no more than 5 people (including staff) can be in that premises at the same time.

### Are there any special conditions for retailers?

Yes, there are three special requirements for every business in Victoria that has customers on its premises:

- You must measure your available floorspace and identify the maximum number of customers allowed on your premises at one time. For example, if your shop is 2 metres wide and 8 metres deep, its floorspace would allow a maximum of 4 customers and staff inside at one time ( $2 \times 8 = 16\text{m}^2$ , divided by  $4 \text{ m}^2$  per person = 4 people).
- You must place a sign at the entrance/s to your premises indicating the maximum capacity of your shop and ensure no more than this number are in your premises at any one time.
- You must initiate a cleaning regime that ensures:
  - frequently touched surfaces such as door handles, touch screens, handrails and benchtops are cleaned at least twice per day with disinfectant
  - all surfaces are cleaned with disinfectant when visibly soiled
  - all surfaces are cleaned with disinfectant immediately if there is spillage.

The cleaning regime must include use of a disinfectant with anti-viral properties that complies with the published requirements of the Department of Health and Human Services. Download [Cleaning and disinfecting to reduce COVID-19 transmission](#).

### Is home delivery still permitted?

Yes. Always maintain a distance of 1.5 metres between you and other people, especially when paying and taking delivery of a package. Try to use contactless payment or pre-pay online if possible.

If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

### Will public transport continue to operate?

Yes. Public transport services are still available for people who need to be out for one of the permitted reasons. Ensure physical distancing at stations, stops and on buses, trams and trains by keeping 1.5 metres between you and other people. Follow good hygiene practices, including covering your mouth and nose with a tissue when you cough or sneeze, or cough and sneeze into your elbow if you don't have a tissue.

If you use a busy route, consider travelling outside of peak times to minimise risks. No other travel should be undertaken. Public transport service counters will not accept cash for payment to purchase or top up your Myki. You must either pay online, on the phone or use contactless payment methods such as machines.

### Which personal services remain prohibited?

Businesses providing personal care services where there is close contact must cease operating.

This includes the following businesses:

- beauty therapy, spray-tanning, waxing and nails
- spa and massage services
- tattoo and piercing services
- spas and massage parlours providing relaxation massages as distinct from therapeutic or remedial massage
- sex work services and adult entertainment services

## Shopping

### Shop for food and other necessary goods and services:

You may leave your home to obtain:

- food or drink including collecting takeaway food or drink
- goods and services for health or medical purposes
- necessary goods or services including, but not limited to services provided by:
  - a financial institution
  - a government body or government agency
  - a post office
  - a pharmacy
  - a hardware store
  - a petrol station
  - a pet store or veterinary clinic
  - a retail store that is NOT prohibited from operating by the restricted activity directions.

### Can I go to the supermarket?

Yes. However, you should keep visits to a minimum. Make a list of the things you need, shop quickly and minimise the time you spend there. Ideally, only one person from your household should go to the supermarket at each visit to minimise the numbers of people in the supermarket at any one time. Remember that many supermarkets are reducing their opening hours, so check online before leaving home to make sure the supermarket is open.

### Are there restrictions on what time I can go shopping?

No. You can shop at whatever time suits you, however many retailers are changing their opening hours, so check online or by phone before you leave home to ensure they are open. Try to go shopping outside of busy hours to avoid crowds. All retailers must ensure customers can maintain physical distancing of at least 1.5 metres between people at all times, and must limit the number of people on their premises using the four square metre rule.

### Can I take a friend or relative to the shops with me?

If you need help with shopping, or if a friend or family member needs help, or you can't leave them at home, then you can go to the supermarket or shopping centre together, observing physical distancing by keeping at least 1.5 metres between you and others.

### **Can I still go to big shopping centres?**

Only for the purpose of shopping for necessary goods and services at supermarkets, pharmacies and other service providers. Many retail stores and all public attractions are now closed at major shopping centres. If you do go to the shopping centre, you should spend as little time there as possible.

### **Can I go out to pick up takeaway food?**

Yes. You should travel directly to the food outlet, try to minimise the time spent in those premises, always observe physical distancing by keeping at least 1.5 metres between yourself and others, and return home directly. Consider arranging home delivery as an alternative.

### **Can I order home-delivered food?**

Yes. Remember some basics to minimise the spread of coronavirus (COVID-19) when having food delivered.

Don't allow the delivery person to enter your home, and always maintain physical distancing by keeping at least 1.5 metres between yourself and others, especially when paying and taking delivery of your meal. Try to use contactless payment or prepay online if possible.

If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

### **Can I go out to pick up my online shopping from the post office or other collection point?**

Yes. However, consider what online shopping you really need to do during the Stay at Home period, and minimise your need to leave the house. If you wish to pick up a purchased item from a point of collection, first check online or phone to confirm what hours it is open, and travel directly there and home again. Always observe physical distancing by keeping at least 1.5 metres between yourself and others.

### **Can I visit a store or retail outlet to buy items for my indoor recreational activity? (eg: computer parts)**

If you can stay home, you should stay home. Look at alternative options for purchasing , such as home delivery. If you need to leave your house for essentials, limit the amount of time you spend shopping, and make sure you understand the risks of transmission and some ways to reduce risk.

### **Can I collect / deliver [furniture / boat / car / motorbike etc]?**

If you can stay home, you should stay home. If you can delay the collection or delivery you should. Look at alternative options for collecting purchases, such as home delivery. If you can't delay the collection or delivery then you must, limit the amount of time you spend out of home. You should also take collect or drop off without making physical contact. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

## **Work or education**

### **Essential vs non-essential services**

View a full list here of essential services here: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-new-restrictions-and-closures>

Please be aware that the situation is changing rapidly. For the latest information please visit the website regularly: <https://www.dhhs.vic.gov.au/coronavirus>

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### Can I leave my house to go to work?

If your work cannot be performed from home, you can still go to work. When at work, you should ensure appropriate physical distancing and hygiene measures by keeping at least 1.5 metres between you and others.

### Can I leave my house to do volunteering work?

Yes. Unpaid work can continue to be done while the organisation you are volunteering for is still operating. However, if the volunteer work can be done from home, it should be. You should also maintain appropriate physical distancing by keeping at least 1.5 metres between yourself and other people at all times and maintain sanitisation measures such as regularly washing your hands with soap for at least 20 seconds.

## Recreational activities

### What is the list of restricted entertainment facilities?

All of the following facilities should now be closed:

- theatres
- cinemas
- concert halls and auditoriums
- arenas, stadiums and convention centres
- games arcades
- amusement parks
- casinos and other gambling and sports-betting businesses
- brothels, strip clubs, escort agencies, sex-on-premises and other adult entertainment venues.

### Can I still live-stream performances from my venue without an audience?

Yes. You can put on live-streamed performances, without a live audience, at your venue if you'd like to continue to operate as a music venue, for example. However, you will need to ensure that the performers and technicians involved maintain physical distancing by keeping at least 1.5 metres between each other at all times.

### Are places of worship closed?

All places of worship, of all denominations are now open for private worship or small religious ceremonies of up to 10 people

Ceremonies and services can still be recorded or broadcast live from the place of worship for viewing online. You are allowed to have people on site to record and live stream services, however, you must ensure those people maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Places of worship may be opened for the purposes of conducting weddings and funerals, but there are strict limits on the number of people who can attend.

For weddings, 10 people can attend as well as the couple, and the celebrant.

For funerals, no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. Both weddings and funerals can be live-streamed if desired.

Places of worship can continue to be opened for the purposes of hosting essential public support services such as food banks, help for the homeless or other essential activities, ensuring appropriate physical distancing is maintained by keeping at least 1.5 metres between everyone at all times.

### What type of accommodation facilities are prohibited?

Camping grounds and caravan parks are not permitted to remain open because of the communal nature of many of the facilities offered. The only exceptions are where the occupants:

- live there permanently
- are without another permanent place of residence
- have a permanent place of residence that is temporarily unavailable
- have travelled to Victoria for work
- were already staying there temporarily at the time the restrictions came into force and are unable to return to a permanent place of residence
- need emergency accommodation as a result of family violence or other threats
- require accommodation for work, where their work is helping to limit the spread of coronavirus (COVID-19).

### **Why are swimming pools prohibited?**

Public swimming pools represent a risk for the transmission of coronavirus (COVID-19) because of the number of people who use them, the communal nature of facilities and the range of surfaces and fixtures that are touched by visitors throughout the day.

If a pool is at a person's private residence and is not available for communal use, it can be used without restriction.

### **What kind of animal facilities are closed?**

Any kind of animal facility that would normally attract a crowd is now closed to the public. Caring arrangements for animals continue. This includes:

- zoos
- wildlife centres
- petting zoos
- aquariums
- animal farms that are not involved in producing food.

Animal facilities can continue to operate and undertake maintenance of operations if they treat or care for sick animals, or rescue abandoned or injured animals.

### **How are these measures being enforced?**

Victoria Police has established a squad of 500 officers to enforce these containment measures. These officers will be out in the community doing spot checks and to enforce the current ban on gatherings.

### **Pet grooming businesses seeking exemption**

We cannot provide you with exemptions from the guidelines via social media. If you're in doubt about whether or not a planned activity contravenes the guidance to stay home, it's best to err on the side of caution.

### **Pet grooming (dog grooming, etc)**

Please call your dog groomer to discuss options if they are available.

### **Can I leave my home to care for my horse who is agisted in another property?**

You may leave your home to continue providing care for animals under your care. For more information, visit <http://agriculture.vic.gov.au/agriculture/emergencies/coronavirus/covid-19-advice-for-animal-owners>

### **Can I go horse-riding?**

Yes you can go horse-riding. You should keep your distance from others (1.5 metres) and only do your activity outside and in a group of 10 people maximum. You cannot use club facilities, except toilets.

Use of shared sporting equipment should be minimised and there should be no sharing of equipment that touches the face or head (e.g. helmets, goggles or masks).

If the activity involves shared equipment, only equipment with smooth, hard surfaces should be available for use and the equipment should be sanitised between users.

You are not allowed to compete in horse riding competitions.

### Exercise in apartment common areas

Exercising outside of your home is allowed, including in common areas of your apartment building. However, in doing so physical distancing measures must always be observed. More information: <https://www.vic.gov.au/coronavirus-covid-19-restrictions-victoria>

## Transport

### Is it still safe to use public transport?

The Department of Health and Human Services is working closely with the Department of Transport and transport operators, to actively prepare for potential impacts of COVID-19 on Victoria's transport network. The latest advice for travel in Victoria is available here: <https://transport.vic.gov.au/coronavirus-disease>

Mass transport should be avoided by people vulnerable to the virus, including the elderly. To check if you are in an at-risk group, please visit <https://www.dhhs.vic.gov.au/information-public-novel-coronavirus>

When travelling on public transport, we encourage everyone to practice good hygiene.

### Taking taxis and rideshare

You can use taxis and ride-shares but only for one of the permitted purposes. The less time we all spend out of our homes, the faster we will all be able resume normal life again.

People using taxis or rideshare are advised to sit in the back of the vehicle if possible.

### Carpool / rideshare / multiple passengers in vehicles

Physical distancing in taxis, ride share vehicles and other passenger transport vehicles will be challenging, but there are steps that can be taken to maximise physical distancing to the extent possible. This includes sitting the back seat, maintaining 1.5m distance.

This direction is also applicable for sharing a car with other people, particularly strangers. However if it is essential to travel with individuals who also ordinarily reside in the same premises, with no other alternatives, we advise to practice good hygiene measures. The virus can spread from close contact with an infected person, mostly through face-to-face or between members of the same household.

### Carpooling for work

If you are unable to work from home and need to drive to work you can carpool with one other person who you don't live with if you can maintain physical distancing measures including maintaining 1.5m distance between people in the car.

### Carpooling / sharing a car with people from same household

Physical distancing is applicable for sharing a car with other people, particularly strangers. However, if it is essential to travel with individuals who ordinarily reside in the same premises, with no other alternatives, we advise to practice good hygiene measures.

### Can I go for a recreational drive / teaching kids to drive / driving lessons?

Yes, for purposes of health, wellbeing, recreation and visiting family and friends for social connection you are able to go for a drive.

Practice driving is now permitted, as well as attending driving lessons

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### Drop off / pick up friend or family member at the airport

You can collect a family member or friend from the airport in your car. If possible someone who ordinarily resides at the same house will collect them from the airport. We advise you to practice good hygiene measures and to stay in the car when you collect them from the airport. The virus can spread from close contact with an infected person, mostly through face-to-face contact or between members of the same household.

You should minimise the number of people who are in the car so that only the driver and the person or people they are collecting are in the car.

If it isn't possible to have someone who normally resides with the traveller collect them then you must take reasonable measures to practice physical distancing between people in the car.

## Travel

### Can I drive my car?

Yes, you can.

## Restricting access to care facilities

### Are these new and additional restrictions?

Yes. To protect some of the most vulnerable Victorians, this measure places strict limits on who can visit a care facility and in what circumstances.

### Which types of care facilities are covered by this restriction?

This restriction applies to all the following care facilities, whether operated by government, the private sector or not-for-profit organisations:

- residential aged care facilities
- alcohol and drug residential services
- homelessness residential services
- disability residential services
- specialist disability accommodation
- secure welfare services
- short-term accommodation and assistance dwellings
- Supported Residential Services (SRS)
- Disability Forensic Assessment and Treatment Services (DFATS)
- Thomas Embling Hospital.

### What are the restrictions on staff who work in care facilities?

Subject to some important conditions, staff can enter the facility only if they are:

- an employee or contractor at that facility
- providing goods or services to the facility that are necessary for its effective operation (either as a paid worker or volunteer)
- providing health care, medical or pharmaceutical goods or services, behavioural support services or other support services to a resident (either as a paid worker or a volunteer)
- providing treatment under a treatment plan to a resident of a disability residential service (either as a paid worker or volunteer) providing education services to the resident of a secure welfare service (either as a paid worker or volunteer).

If emergency services or law enforcement personnel are required to attend the facility, they can enter at any time.

### How many people can visit?

No more than two people can visit a resident together to provide care and support.

Each resident can have no more than one visit (of up to two visitors) each day.

### Is there a time limit on visits?

Visits must be for no more than two hours. The only exception is if visitors are supporting end-of-life care to a resident of a facility.

### What are the restrictions on visitors?

Subject to some other important conditions, you can visit a care facility if you are:

- providing care and support to a resident of the facility
- providing support to end-of-life care to a resident of the facility – in these circumstances visits are not restricted to two hours and the number of people visiting is not restricted (but should be managed carefully)
- viewing the facility as a prospective resident, in which case you can bring up to two other people with you.

### What other conditions apply to workers and visitors?

Workers and visitors must not enter any of the nominated care facilities if they:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever
- [have arrived back in Australia from overseas in the last 14 days](#)
- have a temperature higher than 37.5 degrees
- are under 16, unless they are visiting a resident who is receiving end-of-life care, or they are visiting a secure welfare service, Supported Residential Service or an alcohol and drug residential service, in the company of an adult.

### Residential aged care facilities and influenza vaccinations

People visiting or working in residential aged care facilities must have an up to date influenza (flu) vaccination.

- Visitors who choose not to have an influenza vaccination are not able to visit a residential aged care service during this period.
- Visitors who unable to access a influenza vaccination can visit.
- Visitors who unable to have an influenza vaccination due to medical reasons can visit; however, they are required to provide evidence, from a medical practitioner, as to the reason they cannot have the vaccination. Services should encourage visitors who cannot have an influenza vaccination to only visit for compassionate reasons and end of life care.

### Evidence of influenza vaccination

Appropriate evidence might include:

- a statement or record from a health practitioner or
- an immunisation history statement from Medicare online or the Express Plus Medicare mobile app.
- A visitor or worker may also offer to complete a statutory declaration that they have received an up to date influenza vaccination. A statutory declaration is a legally binding document and would be acceptable evidence that the person is making a truthful statement that they have an up to date influenza vaccination.
- The declaration should reference relevant details such as the date and location where the immunisation occurred.

For more information, including information for staff, emergency workers and workers in residential aged care facilities visit: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

### **Are there any other conditions placed on visits?**

Visitors must comply with all screening and infection control measures put in place by the facility.

You should maintain a 1.5 metre (a full arm span) physical distance between you and the resident and all other people in the facility for the duration of your visit.

You will not be admitted as a visitor, staff or other worker to a residential aged care facility if you don't have an up-to-date vaccination for influenza – this means after 1 May 2020 you need this year's vaccine but before 1 May 2020 you must have had the 2019 vaccine

## **Penalties**

### **What are the penalties for not complying with the Stay at Home requirement?**

A person who fails to comply with this direction will be liable for fines of up to \$20,000, or up to \$100,000 in the case of companies and other bodies.

### **PSOs**

The Victorian Government has increased the range of 'designated places' where Protective Services Officers (PSOs) can exercise their powers so PSOs can be redeployed from the public transport network and into communities, boosting police resources.

### **Fines**

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings. We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing. Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can, you must stay at home.

### **Deliberate attempts to infect people with coronavirus (COVID-19)**

- Spitting at someone is a public order offence in Victoria. Penalties range from fines to jail sentences, depending on the seriousness of the offence.
- Violent behaviour is an offence and can carry very serious penalties. People can be charged with a violence-related offence without making physical contact. Threats or physical intimidation can be classified as an offence, even if no harm was intended.
- Spitting or coughing on someone may also breach the physical distancing rules of 1.5 metres, which can attract an on-the-spot fine of up to \$1,652.

## Family violence

### Family violence services

- With more people staying at home to reduce the community spread of coronavirus (COVID-19), there may be an increased risk of family violence.
- Services are still operating to help women and children in family violence situations, including crisis accommodation.
- The accommodation will provide a safe haven for women and children escaping family violence throughout the pandemic, and will include support to help them get back on their feet once it has passed.
- If you or someone you know is at risk or experiencing family violence call 000 in an emergency or safe steps 24/7 crisis service on 1800 015 188.
- The Victorian Government is investing \$40.2 million into crisis accommodation and specialist services for people suffering or at risk of family violence:
  - \$20 million into short-term accommodation for family violence victim survivors who do not feel safe isolating or recovering from coronavirus (COVID-19) at home
  - \$20.2 million to help Victorian family violence services meet the expected increase in demand during the coronavirus (COVID-19) pandemic and provide critical help for victim-survivors.

### How can I access family violence support services?

- You can call safe steps on 1800 015 188 24 hours a day, 7 days a week for family violence help and support.
- The Orange Door service continues to operate during the coronavirus outbreak from 9am to 5pm Monday to Friday in:
  - Barwon (1800 312 820)
  - Bayside Peninsula (1800 319 353)
  - Inner Gippsland (1800 319 354)
  - the Mallee (1800 290 943) and
  - North Eastern Melbourne (1800 319 355).
  - **Please note** these services are closed on public holidays.
- The Orange Door website [orangedoor.vic.gov.au](http://orangedoor.vic.gov.au) also has lots of helpful information if you're feeling unsafe, need more support with the care of children or are worried about how someone close to you is treating you.

### Child protection supervised visits

In accordance with advice from the Chief Health Officer, the department has activated an emergency management plan and is no longer able to regularly supervise visits in person between children and family members.

As soon as it is safe to do so and with the advice of the Chief Health Officer, we will resume face-to-face contact and transport arrangements.

Victorian child protection workers are continuing their essential work throughout the coronavirus pandemic – including intervening when a child is at urgent or imminent risk of harm or abuse.

## Caregiving, compassionate reasons

### What are the 'care or compassionate reasons' for being able to leave my home?

You may leave your home for any of the following personal reasons:

- to visit a doctor or other medical professional, or to obtain medical supplies
- to donate blood
- if you have shared parenting obligations and need to transport children between homes, under an informal or court-ordered arrangement

- to provide child-minding services at someone's home because that person needs to leave the house for one of the permitted reasons, or work or study at home
- if you are the parent or guardian of a child and you wish to visit the child because they are in the care of another person or organisation, or you have obligations in relation to the care and support of the child
- to provide childcare or early childhood education or school to a child who lives in the care of the State or family or family violence service
- if you have carer responsibilities, for example, picking up or dropping off children in a foster care or respite care arrangement
- to drop off or pick up a child at personal or private childcare, early childhood education or school, if you need to go to work or study
- to provide care and support to a relative or other person – such as shopping, cooking or house-cleaning – because of their old age, infirmity, disability, sickness or chronic health condition
- they are pregnant or have health or mental health concerns
- to visit someone in an aged care facility, disability accommodation or other residential care facility, provided your visit conforms to the [Care facilities direction](#)
- to visit someone in hospital, provided that visit conforms to the [Hospital Visitor direction](#)
- to attend the funeral service of a relative or close friend, noting that the maximum permitted number of mourners is 20
- to get married, or be a witness to a marriage, noting that the maximum permitted number of people is ten plus the celebrant and couple
- if there is family violence, or violence by another person in the home, and you are at risk. If you are stopped by police, tell them you are feeling unsafe at home and they will help you. Safe accommodation and support for family violence is available. Call safe steps on 1800 015 188 or email [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au) for help 24 hours a day, 7 days a week.

### Hospital visitors

Victorian hospitals are currently only allowing visitors who are of good health. If you show signs of any symptoms, regardless of illness, you will not be allowed to enter the hospital.

If you are unsure, please call the hospital to discuss your situation.

### Aged care / nursing home visits

Access to residential aged care facilities has been restricted to essential services only. All visitors entering a residential care facility will be required to undertake screening before entering the facility and must comply with infection control measures as directed by the residential aged care facility.

For guidelines to assist residential aged care facilities (RACFs) to support their healthcare workers, residents, families and visitors to prepare for, prevent and manage cases and outbreaks of COVID-19, visit:

<https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

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### I am caring for an elderly parent/friend who lives alone. Can I visit them?

Yes. However, if you are preparing meals or providing other help for an elderly person, be mindful of the risks of transmitting coronavirus (COVID-19). Older people are especially vulnerable to coronavirus (COVID-19). If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

### What about my care arrangements?

Medical, care or compassionate needs are included in the reasons you can be out of your house and in contact with people not in your household. It's very important that physical distancing and transmission reduction measures are followed.

## Childcare at home / family care

If you need to leave home for one of the permitted reasons, you can use childcare services, or take them to the house of a friend or family member so they can be cared for. You can have someone, including family or friends, to your home to mind your children if you must leave home. If it is essential to have more than one carer, please be aware that having more than one person in the room can increase the risk that the virus will spread. The virus can spread from close contact with an infected person, mostly through face-to-face or between members of the same household.

### Can I drop my children at childcare – or to someone’s house to have them minded?

Yes. If you need to leave home for one of the permitted reasons, you can use childcare services, or take them to the house of a friend or family member so they can be cared for.

### Can I get a baby-sitter to come to my home?

Yes. You can arrange in-home child minding if you need to leave home for a permitted purpose.

As always, visitors to your home should observe appropriate physical distancing by keeping at least 1.5 metres from other people.

## Visiting a cemetery

Yes, you can visit a cemetery. If you do visit loved ones at the cemetery, please ensure that no more than your immediate household or ten people (including you) are gathered. Physical distance has to be maintained by staying at least 1.5 metres apart.

Alternative ways to remember your loved ones while staying at home include lighting a candle or holding a virtual remembrance with family and friends.

## What defines 'close contact'?

'Close contact' means having face-to-face contact for more than 15 minutes with someone who is a confirmed case of coronavirus (COVID-19) – or alternatively sharing a closed space with a confirmed case for more than two hours.

Close contact can happen in many ways, but examples include:

- living in the same household or household-like setting (for example, a boarding school or hostel)
- direct contact with the body fluids or laboratory specimens of a confirmed case
- being in the same room or office for two hours or more
- face-to-face contact for more than 15 minutes in another setting such as in a car or a lift or sitting next to them on public transport.

You can reduce your risk of contracting coronavirus (COVID-19) by following these steps.

## Household

### Can I have visitors in my home?

Social visits from close friends, family, and partners are allowed. At any one time you can have up to 5 visitors to your home. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene. If you or your friends, family or partner are feeling unwell you should not visit people.

Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

### Can carers still come to our home?

As an essential service, a carer can continue working with your family - however they must adhere to government guidelines on quarantine/isolation and practice safe physical distancing and hygiene measures. Please see the section titled "People with a disability and their carers" <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#aged-care-facilities>

If you have more immediate queries, please call the hotline 1800 675 398

### Safety around the home

- Victorians are urged not to undertake building or repair works around their home where they do not have the required skills or experience.
- If you do not have the required skills or experience, always use a professional to safely complete all repairs and renovations around the house.
- To find an accredited builder go to: <https://www.vba.vic.gov.au/tools/find-practitioner>

### Can tradespeople come into my home?

A tradesperson is permitted to enter your home to fix a problem, but you must ensure physical distancing by keeping 1.5 metres between you and the tradesperson at all times.

A cleaner is allowed in your home and should observe appropriate physical distancing by keeping 1.5 metres between you and the cleaner at all times.

When a service provider is visiting, minimise physical contact by paying with a direct bank transfer or contactless payment.

### Pets

- You can walk your dog
- You can pick up food and supplies at a pet store
- You can get veterinary care for your pet at a veterinary clinic. You should call ahead before arriving so that you understand the physical distance measures they have put in place.
- You can adopt a pet. You should call ahead to an animal shelter
- You can collect a pet from a breeder or pet store however you must follow physical distance measures and good hygiene practices.

### Can pets be infected with coronavirus (COVID-19)?

There is no evidence that animals, including pets in Australia, might be a source of infection with the virus.

There have also been no reports of pets or other animals becoming sick with coronavirus (COVID-19) in Australia.

However, since animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

Remember, animals need to be looked after during the coronavirus (COVID-19) pandemic too. For more information regarding domestic pets, see: [Coronavirus \(COVID-19\): AVA updates](#).

And for those in the farming and agricultural sector, see: [Coronavirus \(COVID-19\) page in Agriculture Victoria website](#).

**Can I move house / help someone move house?**

Yes, you can move house.

Freight & logistics are currently operational, and removalists would need to meet the physical distancing requirements. If family or friends are helping you move, you should practice physical distancing and good hygiene measures.

Learn more about transmission reduction measures: <https://go.vic.gov.au/YpFemr>

**Moving house – removalists**

If it is essential, you can leave home for the purposes of moving to a new house. Freight & logistics are currently operational, and removalists would need to meet the physical distancing requirements.

Learn more about transmission reduction measures: <https://go.vic.gov.au/YpFemr>

**What if was planning to move overseas or interstate – can I still go?**

Yes. You can move home within Australia (subject to obtaining the relevant permits to enter another state).

**Can I inspect land that is for sale?**

You can attend open-for-inspection sessions. A maximum of ten people and those required to facilitate the inspection are allowed at any one time. During inspections, physical distancing must be ensured by keeping at least 1.5 metres between everyone at all times.

**Can I have repairs done on my home / rental / property?**

Yes, a tradesperson visiting to fix a critical fault in your home, such as plumbing, wi-fi or electrical. A tradesperson would need to meet the physical distancing requirements.

**Can I leave home to undertake essential maintenance of a property other than my place of residence?**

Yes, you may leave your home to undertake these duties, however, physical distancing should be maintained by keeping 1.5 metres between you and anyone else on site. You should try to keep your time at the property to a minimum.

You can also visit a friend or family member and help them with maintenance.

**Can I get my car serviced?**

Yes, you can get your car serviced. Call ahead to your mechanic and follow physical distancing advice.

**Can I travel to a tip / refuse centre?**

Yes, you can drop rubbish, recycling and waste (including green waste) at a tip, rubbish dump or refuse centre. While doing this you must maintain physical distancing advice including maintaining 1.5m distance between yourself and others.

**Do I have to keep paying my Private Health Insurance premiums?**

Please speak with your private health insurer to get the latest information about your situation.

## Wellbeing

### Mental health

- It's important everyone looks after their mental health during the coronavirus (COVID-19) pandemic.
- We recognise the feelings of anxiety or concern that many people may be experiencing during this time.
- People experiencing these feelings might include seniors, families and young people, and those going into self-isolation or quarantine. It is important to remember that we can do many things to feel empowered and enabled during this time.
- For your mental wellbeing, activities that can enable us to stay calm and healthy include:
  - maintaining a healthy diet, exercise, and basic hygiene
  - staying connected by talking to loved ones
  - engaging in hobbies and enjoyable activities
  - receiving information from trusted and credible sources
  - continuing to take any prescribed medication and monitoring any new symptoms for those already managing mental health issues.
- For those in self-isolation or quarantine, it is important to support your mental health and seek professional support early if you're having difficulties. Remind yourself that this is a temporary period of isolation to slow the spread of the coronavirus (COVID-19), and that your effort is helping others in the community.
- The Victorian Government announced a funding boost to support Victoria's mental health system and ensure Victorians get the care they need, as demand for services spikes during the coronavirus (COVID-19) pandemic.
- Premier Daniel Andrews and Minister for Mental Health Martin Foley announced a \$59.4 million package to help meet demand as Victorians reach out for help with stress, isolation and uncertainty.

### Gambling and drinking responsibly

- Gambling and drinking large amounts of alcohol can be an escape for people who have experienced a stressful change in life, such as the unprecedented changes in society we are all experiencing due to coronavirus (COVID-19).
- Excessive alcohol consumption is harmful for your health and can weaken your immune system, making you more susceptible to pneumonia, acute respiratory stress syndromes (ARDS), and sepsis.
- If you drink alcohol, please drink responsibly by following the Australian Guidelines which recommend healthy adults drink no more than 2 standard drinks on any day.
- When people turn to gambling at vulnerable times in their lives and it becomes a way for them to cope, it can lead to gambling problems.
- Responsible gambling means understanding the odds, knowing how much time or money to spend and when to stop. If you gamble you should expect to lose.
- Gambling should be budgeted as an expense, just like going out for dinner, and not considered a way to make money.
- If you need support or would like to speak to someone about your gambling please visit: <https://gamblershelp.com.au/> or phone 1800 858 858

### Caring for others around you

Caring doesn't just benefit others, evidence shows it is one of the best ways to improve our own mental wellbeing.

Think about elderly friends, neighbours, and people with a disability in your community and how you can support each other during this time. Think about how you might be able to help others out, such as with getting food and necessities.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week). The Department of Health and Human Services can arrange delivery of a free care package for people who do not have support available to them.

## Government response

### Investing in healthcare

- Additional capacity is being provided to the healthcare sector to manage the coronavirus (COVID-19) response. This includes:
  - 4,000 ICU beds in addition to the existing 500 ICU beds
  - additional equipment and consumables, as well as capital works and workforce training
  - extra personal protective equipment such as gloves, facemasks and gowns
- The Victorian Government has also announced the refurbishment of the old Peter MacCallum Cancer Centre.
- Public and private hospitals are working together to deliver a system-wide response that provides 9,000 additional beds including 170 ICU beds to complement the existing 15,000 beds in the public sector.

### Public and private healthcare system deal

- A deal has been struck with the state's major private hospital operators to ensure they can continue to care for Victorians during the coronavirus (COVID-19) pandemic.
- The deal will see Victoria's public and private hospitals work together to relieve pressure on public hospitals and ensure the entire health system is operating at full capacity.
- This agreement will ensure our private hospital medical workforce and hospital staff remain in the healthcare system for the duration of the coronavirus (COVID-19) pandemic.

### Building the Healthcare Workforce

- The coronavirus (COVID-19) health workforce response website has been established to attract expressions of interest for working in the Victorian health system in both clinical and non-clinical roles.  
<https://healthworkforceresponse.dhhs.vic.gov.au/>
- We are working closely with the Australian Health Practitioner Regulation Agency (AHPRA) to refresh the registration of returning clinical staff to enable them to return to healthcare duties soon as possible.
- Thousands of expressions of interest have been received.
- The contact tracing team has increased from 57 people to over 1,000.
- The Australian Health Practitioner Regulation Agency (AHPRA) and National Boards have announced that additional health professions will be added to the pandemic sub-register to prepare for any surge in workforce demand resulting from COVID-19.
- Around 5,000 physiotherapists, psychologists and diagnostic radiographers who left the Register of practitioners or moved to non-practising registration in the past three years will be added to the sub-register from 20 April.
- The sub-register enables AHPRA to fast track the return to the workforce of experienced and qualified health practitioners.

### Supporting healthcare workers

- It's everyone's responsibility to support essential healthcare workers – such as doctors and nurses – to stay at work during the coronavirus (COVID-19) pandemic.
- Healthcare workers may need extra help to ensure their children have care so they can work during this period.
- Where possible, partners of essential healthcare workers – who are not healthcare workers themselves – should support them to continue working by taking care of children.
- Older people – such as grandparents – and other at-risk groups should not be engaged as carers to reduce their risk of infection.

**Accommodation for hospital workers and paramedics**

- Frontline healthcare workers who test positive for coronavirus (COVID-19), and those that have had unanticipated and unprotected contact with a person suspected of having coronavirus (COVID-19), will be put up in hotels or apartments to self-isolate (self-quarantine) free of charge.
- The move will allow healthcare workers to keep their families or housemates safe, without the financial burden of taking on extra rent. This is particularly important for those who live with other healthcare workers or vulnerable people– including people over 65, people who are immunosuppressed or have an underlying chronic condition, pregnant women, or Aboriginal and Torres Strait Islander people.
- Healthcare workers are currently more likely to be diagnosed with coronavirus (COVID-19) than any other workforce and are at greater risk of coming into close contact with someone with coronavirus (COVID-19).

**Dental**

- Victoria's school dental program, Smile Squad, will also be put on hold for three months.
- All non-urgent public dental procedures across Victoria will be placed on hold for the next three months to limit the spread of coronavirus (COVID-19) and to protect patients and staff.

**Financial Assistance / Unemployment**

Financial support is available to help you manage the effects of COVID-19 on your livelihood. Please contact the Federal Department of Human Services. Read more here: <https://moneysmart.gov.au/covid-19-financial-assistance>

**Rent / rental assistance**

National Cabinet has put a freeze on evictions for the next six months for residential and commercial tenants experiencing financial hardship due to COVID-19.

If you have questions about rent, Consumer Affairs Victoria have information here: <https://www.consumer.vic.gov.au/resources-and-tools/advice-in-a-disaster/coronavirus-covid19-and-your-rights>

**Specific queries around individual work status**

The Department is unable to provide individualised advice about your situation. Financial support is available to help you manage the effects of COVID-19. Please contact the Federal Department of Human Services. Read more here: <https://moneysmart.gov.au/covid-19/financial-assistance>

**Business and retail****Help for businesses**

Businesses across the state can now access information on dealing with COVID-19 by calling the Business Victoria hotline on 13 22 15. If you're an individual who needs help, call 1800 675 398.

Advice, updates and support to help your workplace plan and respond to coronavirus (COVID-19) can be found here: <https://www.business.vic.gov.au/coronavirus>

**Business closures (listing)**

Stage 3 restrictions are now in place. For more information please visit <https://www.vic.gov.au/coronavirusresponse> or view the Directions from the Chief Health Officer here: <https://www.dhhs.vic.gov.au/state-emergency>

**Employment opportunities for COVID-19 support**

If your employment status has been affected by coronavirus (COVID-19) you are invited to register your details on the Working for Victoria site to access new work opportunities. Find out more: <https://www.vic.gov.au/workingforvictoria>

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## Food and drink

### Which market stalls are affected?

If a market stall is predominantly involved with selling food or drink, it may continue to operate. However, at any indoor or outdoor market where other goods are sold, only the food stalls may continue to trade, and the market operator must ensure there is enough open space to allow physical distancing of at least 1.5 metres between all customers and stall holders.

### Do all food and drink businesses have to close?

A food and drink business can only remain open if it offers takeaway or delivery services – no sit-down meals or drinks are permitted.

### Are there any exceptions to the restaurant/café restriction?

If a food and drink operation is situated on the premises of a hospital, a residential aged care facility, a school, prison, correctional facility, youth justice facility or defence force base, it may continue to operate normally.

Businesses or charities providing food and drink to the homeless may continue to operate as normal, but physical distancing must be observed by keeping 1.5 metres between people at all times.

### What about truck-stops?

If your food and drink operation is situated on a major transport route and has a dedicated section providing food and drink to help alleviate fatigue for drivers of long-haul heavy vehicles, you may continue to operate that dedicated section, ensuring the four square metre rule is observed. Drivers must not remain in that dedicated section for more than one hour at a time and there must be at least 1.5 metres between people at all times.

### Why are you restricting food and drink businesses to takeaway or delivery only?

This restriction is designed to prevent large numbers of people spending time in an enclosed space to eat a meal. Restaurants, cafes, cafeterias and fast-food stores have many surfaces, tabletops, door handles and other fixtures that are touched by many people. Reducing the amount of time people spend in that environment will minimise the risk of transmission of coronavirus.

### Why are you restricting food courts to takeaway only?

For the same reason as above. Food court stall holders must supply takeaway only.

## Sport, cultural and recreational activities

### Social gatherings / Events

#### Weddings

In weddings, you can only have 10 people invited, plus the couple getting married and the celebrant. Children are also counted as part of the ten person limit.

#### Funerals

Funerals may be held in places of worship, funeral parlours or other venues however with a maximum of twenty mourners in attendance. Children are also counted as part of the 20 person limit.

### Can a recreational facility be used for wedding or funeral services?

Yes, there can be no more than 10 people in attendance at a wedding as well as the celebrant. The ceremony can be live-streamed, if you wish.

Similarly, a recreational facility can be used for a funeral service, but no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. The service can be live-streamed.

Sports and recreation play a critical role in the physical, mental and emotional wellbeing of Victorians. However, this must be balanced by with the risk of transmitting coronavirus. The following principles have been developed to guide if the lifting of restrictions around sports and recreation. A sporting or recreational activity can resume if:

- If you can keep your distance (at least 1.5 metres apart), you are not doing your activities indoors and they are not competitive (team vs team) then you can.
- And you can do them with a maximum of ten people.

If you are unsure, ask yourself the following 2 questions ....

- Where is your activity practiced?

Indoors sport/recreation is not allowed, unless it is practiced at home or via online sessions/classes.

Outdoors activities are allowed, as long as the other principles are met

- Is it a non-contact or contact activity?

Non-contact sports/recreation are allowed but you need to maintain physical distancing

Contact sports/recreation must be modified so that you can maintain physical distancing, if you cannot do this, you cannot do it. This means people can do training sessions for contact sports as long as physical distancing is possible.

Your sport/recreation activity can be part of a club, but you cannot use club facilities, except toilets.

Use of shared sporting equipment should be minimised and there should be no sharing of equipment that touches the face or head (e.g. helmets, goggles or masks).

If the activity involves shared equipment, only equipment with smooth, hard surfaces should be available for use and the equipment should be sanitised between users.

If your household is greater than 10 people, you can practice your sport/recreation activity with your household.

### What sports am I allowed to do?

With the easing of restrictions most non-contact sports are now permitted, as long as there are only 10 participants at any one time, non-contact rules are strictly enforced and reasonable effort is made to keep 1.5 metres apart.

Permitted sports include:

- Water sports: swimming, sailing, boating, fishing, water polo, water skiing, water aerobics, diving, canoeing, kayaking, stand up paddle boarding, rowing, surf skiing, surfing
- Team sports including netball, basketball, volleyball, softball, field hockey, lawn bowls, cricket, baseball
- Individual sports including outdoor mini golf, golf, archery, hiking, equestrian, fencing, athletics, para-athletic sports, tennis, running, handball, badminton
- Outdoor recreation including hiking, horse riding, hunting, walking, bicycle riding, skateboarding or scooting (but not at a skate park).

You can also participate in general training, boxing training and yoga outside. Boot camps are permitted as long as groups are restricted to 10 people and physical distancing is in place.

### Which recreational facilities are restricted?

The current list of prohibited recreational facilities includes:

- indoor physical recreation facilities, including gyms, swimming pools, climbing centres, yoga studios, saunas, wellness centres, barre and spin facilities and health studios
- some outdoor recreational facilities, including, for example, paintball, go-karts, and rifle ranges
- indoor personal training facilities where personal training services are the predominant activity
- community centres and halls

Commented [R] (10): Outdoor team sports?

- public libraries, including toy libraries
- galleries and museums
- youth centres
- play centres
- publicly accessible playgrounds
- skate parks
- outdoor communal gym equipment.

Boot camps and personal training services can continue only if they are outdoor with a maximum of ten people at any one session, ensuring no more than one person for every four square metres of space.

Canoeing, kayaking, stand-up paddle boarding, rowing and surf skiing are permitted, as long as physical distancing is complied with and people don't travel large distances to do them.

### **What sports remain prohibited and can I train?**

Contact sports that are still prohibited include Australian Rules Football, other codes of football and soccer. You can participate in training for all these sports but it must be non-contact, with only 10 people participating at any one time in addition to those people running the training (e.g. coach, manager).

Indoor sports remain prohibited as there is an increase in the risk of transmission while exercising in an enclosed space.

Martial arts including judo, karate and taekwondo remain prohibited.

### **Can I use sports club facilities?**

You can use toilet facilities connected to a permitted sport location. However, clubhouses, bars, eating areas, indoor sitting areas, showers and change facilities must remain closed.

### **Are swimming pools closed?**

Yes, public swimming pools are closed.

If a pool is at a person's private residence and is not available for communal use, it can be used without restriction.

### **Can I play golf?**

Yes. You can play golf but other facilities will remain closed including clubhouses, bars, eating areas, eating areas, indoor sitting areas, showers and change facilities.

### **What sort of indoor physical training facilities are closed?**

Gyms, including indoor personal training facilities are closed, because they pose a significant risk of transmission should a person who attends one of these centres have a confirmed case of coronavirus (COVID-19).

## **Exercise**

### **Gym / fitness studio / small personal training studios**

A gym or fitness studio is a non-essential business and is not able to operate at this time.

### **Shared gym equipment not at your residence**

We are unable to provide direct advice about individual circumstances. But just as you can't go to the pub or to entertainment venues, you should not be socialising with or visiting people you don't already live with.

It is also important to remember that visits from friends and family increase the risk of spreading coronavirus. Every interaction with another person carries the risk of transmission and should be avoided. You should not have visitors and in turn, you should not visit the homes of others during the time the Stay at Home direction is in place.

### Can I drive to a location to exercise?

Yes you can drive to a location to exercise. Victorians are being asked to use common sense when it comes to travelling, if you can walk or exercise near your home you should.

### Can I walk my dog / hike solo / cycle with my kids?

A regular routine will help you feel happier and less bored. Your routine should include maintaining regular mealtimes, eating a healthy and balanced diet, getting enough sleep and keeping physically active around the house. At the moment, so long as you follow the physical distancing guidelines, you are still able to continue these activities.

## Recreational activities and getting outside

### Can I go to a community centre?

Facilities such as community centres and public halls can still be used as a place for delivering essential services such as food banks or services for the homeless and support services such as Alcoholics Anonymous or parent groups. Ensure appropriate physical distancing by keeping at least 1.5 metres between people at all times.. You can now attend a community centre for:

- Provision of essential services such as food banks or services for the homeless
- Community support meetings such as Alcoholics Anonymous, Narcotics Anonymous, parent groups and youth groups.

Community halls and youth centres cannot be used for sporting activities.

### Can we go to the beach?

Yes, you can relax at the beach, have a picnic or play non-contact sports. Maintain physical distancing at all times by keeping at least 1.5 metres between yourself and other people at all times.

### Can I go swimming at the beach?

You can swim at the beach but you cannot gather in groups of more than 10 people at any one time.

### Can I go to the park?

Yes, you can relax at the park, have a picnic or play non-contact sports.

You cannot use playgrounds, outdoor gyms and skate parks, all of which remain closed.

Children should not be allowed to come into contact with playground equipment, outdoor chairs and tables, and they should not drink from public drinking fountains. Keep at least 1.5 metres between yourself and other people at all times.

### What kind of playgrounds are prohibited?

It's prohibited to play on outdoor playground equipment that is situated in public open space. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

Playgrounds situated in early learning centres and schools, where access is controlled, are not included in this prohibition.

### What is outdoor communal gym equipment?

Many parks and recreation reserves feature outdoor exercise equipment for use by the general public, which are now restricted. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

### Can I still visit parks and forests / tourist sites?

Parks have reopened for hiking and other recreational activities but you cannot gather in groups of more than 10 people at any one time.

Camping is still prohibited.

For information and list of closed sites, please visit the Parks Victoria website at <https://www.parks.vic.gov.au/get-intonature/safety-in-nature/covid-19-update>

If you have further queries, contact the DELWP Customer Service Centre on 136 186

### Can I go fishing? Or hunting?

You can go fishing or hunting however not in groups of more than 10 people. You must maintain 1.5 metres can be maintained between yourself and others.

Fishing or hunting competitions can't currently occur.

### Boating / Fishing / hunting / scuba diving- recreation

You cannot go out water skiing. You cannot go scuba diving.

You can go fishing for recreation. Commercial fishing plays an important part in supplying Victorians, if you fish for your job you can continue to go to work.

Police have strong powers to enforce this direction and can issue on the spot fines, including \$1652 for individuals and up to \$9913 for businesses.

### Surfing / paddle boarding - exercise

You can surf, paddle board, canoeing, kayaking, stand-up paddle boarding, rowing and surf skiing are permitted, as long as physical distancing is complied with. Victorians are being asked to use common sense when it comes to travelling, if you can exercise near your home you should.

### Can I still collect firewood?

If you can visit the forest to collect firewood. If you need to collect firewood, make sure you follow physical distancing requirements by staying at least 1.5 metres away from anyone else while collecting. For more information: <https://www.ffm.vic.gov.au/firewood/firewood-collection-in-your-region>

## Entertainment facilities and animal facilities

### What is the list of restricted entertainment facilities?

All of the following facilities should now be closed:

- theatres
- cinemas
- concert halls and auditoriums
- arenas, stadiums and convention centres
- games arcades
- amusement parks
- casinos and other gambling and sports-betting businesses
- brothels, strip clubs, escort agencies, sex-on-premises and other adult entertainment venues.

### Can I still live-stream performances from my venue without an audience?

Yes. You can live-stream a performances, without a live audience, at your venue if you'd like to continue to operate as a music venue, for example. However, you will need to ensure that the performers and technicians involved maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Commented [REDACTED]: I would think these are permitted.

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### What kind of animal facilities are closed?

Any kind of animal facility that would normally attract a crowd is now closed to the public. Caring arrangements for animals continue. This includes:

- zoos
- wildlife centres
- petting zoos
- aquariums
- animal farms that are not involved in producing food.

Animal facilities can continue to operate and undertake maintenance of operations if they treat or care for sick animals, or rescue abandoned or injured animals. Rescue facilities including adoption can continue to operate. If you want to adopt an animal you should call or check the website of the facility before you visit so you can follow measures to keep yourself and others safe.

### Travel

Victorians shouldn't be taking holidays currently, even within Victoria. Although people can still book accommodation if they have an essential need.

#### Can I visit friends, family or my partner within Victoria?

You can travel to visit friends, family or a partner within Victoria. Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

#### What type of accommodation facilities are prohibited?

Camping grounds and caravan parks are not permitted to remain open because of the communal nature of many of the facilities offered. The only exceptions are where the occupants:

- live there permanently
- are without another permanent place of residence
- have a permanent place of residence that is temporarily unavailable
- have travelled to Victoria for work
- were already staying there temporarily at the time the restrictions came into force and are unable to return to a permanent place of residence
- need emergency accommodation as a result of family violence or other threats
- require accommodation for work, where their work is helping to limit the spread of coronavirus (COVID-19).

#### Travel – multiple homes / holiday homes

You may travel between your own two residences.

#### Travel – holiday in Victoria

All travel plans must be reconsidered at this time. Campsites, caravan parks and other accommodation will be closed. It's important that you stay at home and avoid all gatherings of people. This minimises the chances of transmission, protects the health system and saves lives.

## **Travel interstate**

The Department of Health has advised against non-essential international and domestic travel. There have been no restrictions placed around exit or entry to Victoria at this stage but the situation is changing rapidly so please make sure you continue check the latest advice: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

If you are travelling through Victoria to another Australian state please make sure to check with their advice separately, as requirements to isolate may differ.

## **Travel interstate to visit family / friends / partner**

The Department of Health has advised against non-essential international and domestic travel. If you can postpone your trip, you should. Other Australian states have put in place border closures or quarantine requirements please make sure to check with their advice separately, as requirements to isolate may differ.

## **Camping**

### **Can I go camping somewhere remote / regional / away from caravan parks?**

All campsites, camping grounds and caravan parks, and other visitation sites are now closed, and visitors are not allowed to enter. Rangers/officers will be conducting patrols to ensure this is enforced. Please visit the Parks Victoria website: <https://www.parks.vic.gov.au/get-intonature/safety-in-nature/covid-19-update>

For further information please contact the DELWP Customer Service Centre on 136 186

For more information about this Direction please visit: <https://www.dhhs.vic.gov.au/state-emergency>

### **Can I go camping or stay at a Caravan Park?**

All caravan parks and camping grounds are now closed to visitors. Everyone who is currently staying in a caravan park or camping ground will need to pack up their belongings and return to their homes or primary place of residence. For more information contact the DELWP Customer Service Centre 136 186

### **I am in a self-contained caravan/motor home, do these rules apply to me?**

All visitors must return to your home or primary place of residence.

The only people who can continue to visit a closed caravan park or camping ground are those who have registered it as their primary place of residence, or if they are staying in caravan parks as interim accommodation where their primary residence is not available. For more information contact the DELWP Customer Service Centre 136 186

### **Are workers staying at caravan parks exempt from the closure?**

The only people who can continue to visit a closed caravan park or camping ground are those who have registered it as their primary place of residence, or if they are staying in caravan parks as interim accommodation where their primary residence is not available. For more information contact the DELWP Customer Service Centre 136 186

### **I live in a caravan on my own property and there is a restriction in days per year that I can stay there – can I stay longer?**

Regulations for staying in a caravan on your own property vary around Victoria. Contact your local council on the regulations that apply to your property.

### **Can I camp on my own farm or property?**

Physical distancing and mass gathering directions still apply if you are camping on your own property. If you are with other people, you must observe the rule of 1 person for every 4 square metres to ensure a safe physical distance.

### Can family and friends camp on my property?

If they can stay at home, they must stay at home. Doing so will save lives.

All non-essential travel should be cancelled or postponed to a later date.

The most important message for all Victorians is to stay at home and avoid all gatherings of people. This minimises the chances of transmission, protects the health system and saves lives.

### Does the Stay at Home direction apply to backpacker hostels?

If you are currently in a backpacker hostel, you should regard it as your home for the purposes of the Stay at Home direction. You should avoid spending time in communal areas of the hostel. You may leave the hostel to board a flight out of Australia.

Always observe physical distancing requirements within the hostel by keeping at least 1.5 metres between yourself and other people at all times.

### What do you mean by camp sites, caravan park and camping ground?

A camp site is a site in a caravan park or camping ground that is used for the placement of a tent or motor vehicle and intended for use by a short-term occupier and powered or non-powered.

A caravan park and camping ground is land which is used to allow accommodation in caravans, cabins, tents, or the like.

If you need further information about your personal situation, please contact the DELWP Customer Service Centre on 136 186, your local DELWP regional office.

### When will caravan parks and camping grounds be reopened?

At this stage, the closures of caravan parks and camping grounds has been extended for another 4 weeks.

For State Forest site closures, please download the More To Explore app (available from the Google Play or App Store) for the latest closure information.

Please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### Why have you closed the caravan parks?

The caravan parks have been closed to protect employees and visitors and help prevent the spread of COVID-19. For more information contact the DELWP Customer Service Centre 136 186

## Religious services and places of worship

### Are places of worship closed?

All places of worship, of all denominations are now open for private worship or small religious ceremonies of up to 10 people

Ceremonies and services can still be recorded or broadcast live from the place of worship for viewing online. You are allowed to have people on site to record and live stream services, however, you must ensure those people maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Places of worship may be opened for the purposes of conducting weddings and funerals, but there are strict limits on the number of people who can attend.

For weddings, 10 people can attend as well as the couple, and the celebrant.

For funerals, no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. Both weddings and funerals can be live-streamed if desired.

Places of worship can continue to be opened for the purposes of hosting essential public support services such as food banks, help for the homeless or other essential activities, ensuring appropriate physical distancing is maintained by keeping at least 1.5 metres between everyone at all times.

## Advice for business operators and industry

### Actions for people providing close body contact services in the community

Non-essential businesses where people have to be close to each other have been closed. These include services where it is not possible to achieve physical distancing of at least 1.5 metres because the nature of the service requires body contact such as nail salons, body painting, tattooing and beauty spas.

Hairdressers and barber shops and hair salons may continue to operate, ensuring no more than 1 person for every 4 square metres of space and meet cleaning requirements. Hairdressers and barber shops are required to keep records of the names of contact details of each client who has attended.

Allied health services, such as physiotherapy and podiatry are not required to close (see Actions for health and other organisations where health professionals provide close body contact procedures or services). These services should take the following actions:

- Consider whether you really need to provide the service at this time for your own safety and the client's, particularly if your client is elderly or has pre-existing medical conditions.
- Take all the actions listed above under Actions for an organisation, workplace or venue [LINK].
- Display clear signs for clients to read on entry or provide information handouts about how you are going to protect their safety and your own.
- Do not work if you are unwell. Send any sick staff home.
- Do not provide the service to someone who has flu-like symptoms, is feverish, has been in contact with a confirmed case of coronavirus (COVID-19) in the last 14 days.
- Think about how you can modify your service to reduce the risk. Can you cut down the length and frequency of the service?
- Keep doors and windows open where possible.
- While clients are waiting ensure separation of at least 1.5 metres.
- Always use a hand sanitiser before and after providing the service, or wash hands with soap and water.
- If you can wear a surgical mask and eye goggles (if not available, use wide-rimmed glasses).
- Clean and disinfect surfaces touched by the client immediately after the service has been provided.
- Use a new mask for each client. Clean your goggles/glasses each time if they are reusable.
- Clean and disinfect any equipment you may have used.
- Dispose of tissues and masks in a sealed plastic bag and put in the general waste.

### Caravan park owners/operators

#### What are my responsibilities as caravan park owner or site manager?

Caravan park or camping ground owners and site managers are responsible for complying with Section 10 of the Non-Essential Activity Directions. You must inform people that sites are closed and provide support to assist any guests to leave, this includes assisting people to maintain physical distancing.

The Victoria Police have powers to enforce compliance with all directions issued by the Chief Health Officer and the Deputy Chief Health Officer in accordance with emergency powers arising from declared state of emergency. For more information contact the DELWP Customer Service Centre 136 186

### **Do I need to close toilets and other facilities at my caravan park or camping grounds?**

Toilets and other facilities within caravan parks and camping grounds that are not needed for people permitted to stay, or other public purposes, should be closed to prevent the spread of the virus.  
For more information contact the DELWP Customer Service Centre 136 186

### **Can I still take bookings for my caravan park or camping ground?**

You should not take any further bookings as at this stage as the closures of caravan parks and camping grounds.  
For more information contact the DELWP Customer Service Centre 136 186

### **What about existing bookings at my caravan park?**

All existing bookings during the Stage 3 restriction period be cancelled, and refunds arranged. This will also apply to all bookings for the Easter School Holidays. For more information contact the DELWP Customer Service Centre 136 186

### **Will recreational reserves be closed to camping too?**

Yes. Recreational reserves which operate for the purpose of allowing accommodation in caravans, tents, or the like, must not operate during the Stage 3 restriction period. The only people permitted to remain are those specified in section 10, part 3 of the Non-Essential Activity Directions given on 25 March 2020.

## **Airline industry**

Information for the airline industry (including flight crew) about coronavirus (COVID-19) can be found here: <https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-the-airline-industry-including-flight-crew>

## **Construction and plumbing services**

Current restrictions announced by the Premier do not apply to construction sites and plumbing services. However, the Victorian Chief Health Officer's social distancing and hygiene directions must be followed in these settings. For more information <https://www.vba.vic.gov.au/>

## **Industrial issues**

### **Work entitlements / obligations / laws**

The Fair Work Ombudsman website has the latest information about your workplace entitlements and obligations related to COVID-19: <https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws>

### **I don't feel safe going to work**

Employers have responsibility to identify whether there is a risk to health of employees from exposure to coronavirus at their workplace. Please discuss options with your employer.  
For more information, visit Worksafe Victoria: <https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>

## **Medical practitioners**

### **I am a medical practitioner and I need advice about COVID-19**

The Quick Reference guide and clinical guidelines for health services and practitioners are continuously updated as the situation evolves. Please ensure you have the latest version from the website: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

Medical practitioners seeking clinical advice about COVID-19 (outside of testing and notification procedures available on the website) can call 1300 651 160 and choose the 'Specialist Medical Advice' option. Pending demand, you may be asked to leave a message for return phone call.

### **I'm a retired nurse / medical student / osteopath and want to help work**

DHHS are seeking expressions of interest to meet the needs of the COVID-19 workforce. Please register your entrance using the online form: <https://healthworkforceresponse.dhhs.vic.gov.au/>

For the latest health advice, please visit: <https://www.dhhs.vic.gov.au/coronavirus>

### **Remedial massage / chiropractic / allied health / sole traders**

Personal massage parlours / studios are not essential and closed. However, allied health professionals who provide roles in primary care and other health settings such as hospitals are available. Please call your health professional if you have further questions.

### **Are Allied Health Services still able to operate?**

Allied health services, such as physiotherapy and podiatry can continue to operate as normal. For more info on the stay at home direction please visit <https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq>

## **Education**

### **Schools**

#### **Are schools being closed in Victoria?**

Children in Victorian government schools will move to remote and flexible learning and care at the commencement of Term 2. Students who can learn from home, must learn from home.

Get more information by visiting the website: <https://www.education.vic.gov.au/about/department/Pages/coronavirus>

#### **Schools and lack of hand sanitisers**

The Department of Education is actively working with product suppliers and cleaning providers to ensure there is an adequate supply of cleaning products. We have been delivering all week to schools that have a shortage of hand sanitiser and will commence a proactive delivery to all schools as soon as possible.

#### **Kinship carers – support for schooling**

Thank you for getting in touch and sharing your experience. It's a challenging time and there's a lot of work going on behind the scenes to try and get better supports in place for carers right across the state – especially kinship carers like yourselves.

The Department of Education has asked carers to check the availability of laptops and tablets with your school first - some have back up supplies that children can use.

If you have already made necessary purchases, please check in with your case manager who may be able to consider brokerage or placement support grants. They will also be able to keep you up to date with the latest advice and resources available over the coming weeks.

## TAFE

### TAFE / Training Providers

The Victorian Government announced additional measures to help reduce people's chances of infection and slow the spread of coronavirus (COVID-19) in our community. This includes the shutdown of many non-essential services across Victoria. At present, it does not include the closures of TAFEs, Learn Locals or training organisations.

All TAFEs and training organisations are encouraged to increase their ability to deliver training remotely or online where possible.

More information is available here: <https://www.education.vic.gov.au/about/department/Pages/coronavirus.aspx>

### Can I still go to my classes at TAFE, college or university?

Yes, if it is necessary classes are conducted on-site, but physical distancing must be applied wherever you are by keeping at least 1.5 metres between yourself and others at all times. Avoid spending time in shared facilities such as libraries and campus study areas. Collaborative assignments and team study projects should be done using online tools. Study at home.

## Childcare

### Childcare fees

The Federal Government has recently announced relief for families and the early childhood education and care sector. To find out more please visit: <https://www.dese.gov.au/news/covid-19-early-childhood-education-and-care-relief-package-monday-6-april-additional-support>

For more information on COVID-19 visit: <https://www.dhhs.vic.gov.au/coronavirus>

### Childcare centres / Kindergarten

Early childhood education and care services remain open. Decisions on early childhood service closures will be made on the recommendation of the Victorian Chief Health Officer.

The situation is changing rapidly, please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### Should I send my kids to childcare?

Decisions on early childhood service closures will be made on the recommendation of the Victorian Chief Health Officer. However, the situation is changing rapidly, please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

## Healthcare workers

### Additional workforce

Over 12,500 healthcare workers and students to date have registered their interest in joining the Victorian response to coronavirus, with staff being prepared for placements in frontline services in coming weeks.

We have launched training packages for the extended ICU workforce on the clinical skills required to support COVID-19 patients, catering to several thousand places.

### Hospital COVID-19 staff going home

Healthcare workers who have taken recommended infection control precautions, including the use of the recommended personal protective equipment, are not considered a close contact of the COVID-19 case.

However, staff should monitor themselves for symptoms. If they develop symptoms consistent with COVID-19 they should isolate themselves and notify the department on 1300 651 160 so they can be tested.

For advice visit <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

## PPE

### What is being done re PPE for frontline healthcare workers?

Victoria is establishing its own stockpile of medical PPE to include masks, gloves and gowns, to be ready for the peak of COVID-19 infections.

### Offers to provide equipment / PPE

Thank you for your offer during this difficult period. You can email [covid-19supplies@dhhs.vic.gov.au](mailto:covid-19supplies@dhhs.vic.gov.au). You will receive an automatic reply requesting for more details. Please fill out the table with as much information as you can, and the team will respond where appropriate

### The PPE Taskforce

The PPE taskforce was set up last week to present a strategic and proactive response around PPE.

We recognise that this is the most significant issue of concern amongst our clinicians and those working within our health sector.

The taskforce brings together all the relevant sector areas to ensure communications around PPE are authoritative, informed by experts and are clear and consistent.

We are also reviewing all options for supply of and access to PPE to continue to keep our staff safe.

We absolutely recognise that the safety of our clinicians is a priority and we fully acknowledge and accept the anxiety and concern that is out there.

We are doing everything we can to respond to concerns and be as proactive and strategic as we can to ensure an adequate supply of PPE and to continue to keep our staff safe.

### Protecting our frontline healthcare workers

Healthcare workers are our heroes – our lives are in their hands. At this time we need to support them more than ever because of the valuable jobs they are doing to look after us.

We've ordered hundreds of millions of items of personal protective equipment and prioritised healthcare workers for testing so they can get cleared and back to their vital work as quickly as possible

We have strict guidelines that protect the health, safety and wellbeing of our health sector and healthcare facilities have strong infection control procedures in place minimising the risk of infection spreading.

## Suspended treatments or procedures

For suspended health treatments or procedures, please contact your specialist or provider about the options are available to you, as they have been provided the latest guidance.

### Elective surgeries

- Category 2 and some Category 3 elective surgeries are resuming from 27 April, 2020.
- Surgeries that will be allowed include IVF procedures, screening programs, post-cancer reconstruction procedures, all procedures for children under the age of 18, all joint procedures, cataract and other eye surgeries, endoscopies, colonoscopies and other category 2 or equivalent procedures.

- The Department of Health and Human Services is working with health services and staff in both the private and public systems to assess their surgical capacity and ability to increase procedures, when it is safe to do so.
- Upon reopening, priority will be given to the patients of highest need, based on surgical advice from the hospital where the surgery is scheduled. Elective surgery patients should not call their hospitals but should wait until the hospital notifies them.

## Alcohol and Drug rehab services

### AoD services

There have been no closures or scale backs of any publicly funded AoD services - they continue to operate with appropriate social distancing measures in place.

The department is monitoring all services and is working closely with the AoD sector to ensure essential supports remain in place for clients to continue to receive care during this difficult time.

### Pharmacotherapy services

The Department of Health and Human Services is working closely with Alcohol and Other Drugs services and the wider health sector to make sure clients continue to receive the support and medication they need throughout the coronavirus pandemic.

People staying in quarantine centres will receive screening and if necessary, referral to support services to keep them safe through this period.

Victoria's public Alcohol and Other Drugs services continue to operate with social distancing and infection control measures in place, and are changing their service delivery models where required.

### Flu vaccine

All Victorians are encouraged to get their Flu Vaccination, now available from Pharmacies and GPs. The vaccination cannot protect you from COVID-19 but will ensure your immunity isn't compromised further by contracting Influenza.

Victorian pharmacists can administer approved vaccinations outside of their normal location – through the mobile and outreach services of a hospital, pharmacy or pharmacy depot, increasing access to immunisations for all Victorians.

### Flu vaccinations and if physical distancing will impact the distribution of and access to the vaccine

Pharmacies and GP clinics are essential services and remain open. Getting the flu vaccine (available in April) will help reduce your risk of getting the flu and COVID-19 as the same time. The situation is changing rapidly, please keep up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### Do I need a prescription to get a flu vaccine from a pharmacist?

A prescription is not necessary, however please call ahead to discuss availability and book before visiting your local accredited pharmacy. Attending a pharmacy or a GP to get a flu shot is a valid reason to leave the house under current Stage Three directions, providing social distancing is practiced wherever possible.

Read more about the flu vaccine: <https://www.betterhealth.vic.gov.au/health/healthyliving/flu-influenza-immunisation>

Commented REDA Do we need a FAQ on AA / NA?

Commented REDA thought these were now permitted in community centres, so they're open for this purpose

## Contact tracing

### What is contact tracing

Our contact tracing teams are Victoria's disease detectives and we're incredibly proud of the work they do to stay one step ahead of coronavirus and keep Victorians safe.

By identifying where confirmed cases have been and who they've been in contact with, we have been able to quickly isolate anyone who has potentially been infected and slow the spread of coronavirus within the community.

While we are starting to see some promising results, we cannot forget how quickly this virus spreads - which is why it's so important everyone continues to abide by restrictions and stay at home.

### Flight contact tracing

Our contact tracers use flight details as a tool in stopping the spread of coronavirus.

By identifying where confirmed cases have been and who they've been in contact with, we have been able to quickly isolate anyone who has potentially been infected and slow the spread of coronavirus within the community.

The work of our contact tracers and the mandatory isolation of international travellers for 14 days upon arrival have been vital to flattening the curve of the disease in Victoria and saving lives.

## Quarantine and isolation

### Who is required to quarantine and what does it involve?

The following groups are required to quarantine for a period of 14 days:

- international travellers - please see international travellers on this website
- those who have come into contact with a person who is confirmed to have coronavirus (COVID-19).

If you're in self-quarantine 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.

See our advice on who should self-quarantine, how to prepare and how to support someone who is sick during a quarantine period on our self-quarantine page.

For information on how to cope while in self-quarantine take a look at our mental health resources.

### Hotel quarantine / returning travellers

Victoria currently has around 5,000 hotel beds available for travellers returning from overseas and is working with the hospitality sector to ensure that adequate and appropriate accommodation is available

Each newly returned traveller in mandatory quarantine in a hotel is receiving a care package of food and other essentials.

Individuals in mandatory quarantine are not permitted to leave the premises, except for medical or emergency purposes. Visitors are also not permitted during quarantine.

Please contact the hotel directly to discuss options if it is essential to supplement the care package provided to a relative in isolation.

### **How does the quarantine process work?**

Passengers arriving at Victorian international airports will be met by government officials as they complete the normal arrivals procedure. All incoming international passengers will then be transported free of charge to designated accommodation where they must undertake a strict 14-day quarantine period.

### **Who will pay for my accommodation during the compulsory quarantine period?**

The cost of accommodation will be met by the Victorian Government. While you are in quarantine you will also have access to a range of support provisions including meals, personal items such as toiletries and nappies, toys and craft items for children, and on-site medical care. Everyone in quarantine will receive three meals a day free of charge.

### **How will the quarantine be enforced?**

While the majority of people understand the need for the 14-day quarantine period and comply, there will be security to ensure that a few don't underdo the efforts of the majority adhering to their quarantine. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay.

### **Can I leave the accommodation facility?**

No, you must remain in strict quarantine for the entire 14-day period, unless there is an emergency situation, or you have been granted permission to leave because:

- you need to attend a medical facility to receive medical care
- it is reasonably necessary for your physical and mental health
- there are compassionate grounds.

If your accommodation has a balcony or veranda, you may use that, provided you conform to physical distancing requirements.

### **Does this apply to all arriving passengers from overseas?**

Yes. The restriction also applies to passengers arriving on chartered flights, private aircraft and passengers or crew disembarking in maritime ports from private or commercial vessels.

### **Can I have visitors when I am quarantined?**

No. You must not have physical contact with anyone else during the time of your quarantine. Friends and family are encouraged to stay in close contact by phone or online.

### **Can I communicate with people while I am quarantined?**

Yes. You will be able to use your mobile phone, laptop, tablet or other device as you normally would.

### **Can I apply for an exemption to the quarantine?**

You may apply for an exemption under exceptional circumstances, but each application will be reviewed to limit the risk of spreading coronavirus. There are no quarantine exceptions for different professions, including health professionals. All arriving passengers on all incoming flights or ships must undertake quarantine.

### **Does the compulsory quarantine apply if I am a resident of Victoria?**

Yes. All incoming travellers must go into compulsory quarantine. Even if you live at a location within a convenient travel time of where you arrived, you must enter quarantine to slow the spread of coronavirus (COVID-19).

**Do I have to go into quarantine if I have a disability?**

Yes. If you have special requirements, speak to the quarantine coordinator on your arrival. If you are travelling with a carer, or being met by a carer, that person must accompany you into quarantine and remain there with you under the same conditions for the 14-day period.

**Can I leave Australia before the quarantine period is up if I don't want to stay the full 14 days?**

No. All incoming passengers are required to complete the full 14-days quarantine and leave Australia. If passengers are well and display no symptoms by the end of the 14 days, they may book international flights at that point.

**Do I have to go into quarantine if I am just transiting through Victoria?**

Yes. You are required to complete the 14-day quarantine in the location in which you arrive in Australia. When you have completed quarantine, you may continue your journey.

**I have been already been quarantined in another country. Do I need to do quarantine again?**

Yes, all incoming passengers must undertake compulsory quarantine for 14 days as soon as they arrive in Australia.

**What if I am travelling as part of a group?**

The entire group you are travelling with must go into compulsory quarantine.

**What are the penalties for not complying with the quarantine requirement?**

A person who fails to comply with this direction will be liable for fines of up to approximately \$20,000.

**Where can I get more information about coronavirus?**

- For updates, go to: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus).
- Call the coronavirus hotline: **1800 675 398**
- If you require a translator to help you, call the translating and interpreting service on **131 450** and ask for the coronavirus hotline.

**Travel to Australia**

Only Australian citizens, residents and immediate family members can travel to Australia.

All international arrivals to Australia will be transferred directly and securely via bus services to hotels and placed in quarantine for 14 days.

For more information visit: <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19#who-can-enter-australia-from-overseas>

Travel restrictions are reviewed daily by the Australian Government. Please visit <https://www.smartraveller.gov.au/>

**Self-quarantine when entering into Victoria from interstate**

You do not need to quarantine unless you are one of the following groups:

- international travellers - <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>
- those who have come into contact with a confirmed case of coronavirus (COVID-19)

- people with a confirmed diagnosis of coronavirus (COVID-19).

If you are one of these groups you must follow quarantine requirements: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#self-quarantine>

## Looking after your wellbeing while in quarantine

While you're helping to slow the spread of coronavirus, there are times when being in your room can be tough. Here are some ways to support your physical and mental health during this period.

- It may sound obvious, but the most important thing overall is to be kind to yourself. This quarantine situation is only temporary.
- Remind yourself that this period of isolation is helping to slow the spread of coronavirus and protecting vulnerable people in the community. We know it can be tough and we thank you for playing your part in helping to protect the Victorian community.
- Routines sound dull, but they're good for our mental health. Try to go to sleep and wake up at the same time, eat at regular times, shower, maintain a level of physical activity in your room, and change your clothes. This will help you to manage your days and adjust when life starts to go back to normal.
- Manage your stress levels, and if needed, increase your coping strategies (for example, listening to music, watching your favourite shows, meditation or exercise).
- Keep taking your medication. Phone or email your GP or pharmacist to find out how to get any new prescriptions you may need or talk to the on-site nurse.
- For those already managing mental health issues, continue to take any prescribed medication, continue with your treatment plan and monitor for any new symptoms.
- Seek professional support early if you're having difficulties.

### Stay connected

Keep in touch with friends and family on the phone, video or by online chats. This is really important in helping you – and the people you love – stay connected.

### Keep Active

There's no better way to stimulate the body and mind than through positive physical and mental activity. Getting the blood pumping through a little bit of physical exertion in your room is a great way to release energy.

Another tip is to exercise your mind. Playing games, listening to your favourite music, completing a Sudoku or reading a book helps pass the time. Activities like these are also a great way to connect online with friends and family.

### Where to turn for help?

We want to emphasise you are not alone. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay. But if you feel you need more support, Beyond Blue and Lifeline have online and telephone support services.

**Beyond Blue** also offers practical advice and resources at [beyondblue.org.au](https://beyondblue.org.au). The Beyond Blue Support Service offers short term counselling and referrals by phone and webchat on **1300 22 4636**.

**Lifeline** offers tips, resources and advice, as well as crisis and suicide support.

- Call **13 11 14** (24 hours/7 days);
- SMS **0477 13 11 14** (6pm– midnight, 7 nights)
- Chat online at: [www.lifeline.org.au/crisis-chat](https://www.lifeline.org.au/crisis-chat) (7pm- midnight, 7 nights).

Call the hotel concierge for any issues you're having around meals, rubbish collection or laundry services.

The Government Support Service is available for you to call on **1800 960 944** seven days a week. As well as answering your general questions and queries the service can help you:

- talk to one of the on-site nurses
- access essential goods such as nappies, baby formula and sanitary/personal items
- book the collection of a care package from family and friends and
- complete an online Woolworths supermarket order using a Kindness Card which will fast track your order.

**In the event of an emergency you should call 000.**

## Information for families/friends of returning travellers

### Why is the Victorian government taking this step?

We're doing everything we can to help slow the spread of coronavirus (COVID-19). As the Victorian Government has announced, all international travellers arriving in Victoria will be transferred directly and securely on supplied buses or coaches to designated hotels and placed in quarantine for 14 days. All returning travellers passengers will be fully supported and well cared for as they are transferred from flights to hotels. We understand that families of people returning home want to see their loved ones. However, we are asking that families do not go to the airport or to hotels. All passengers will be transferred to hotels directly and will be able to contact loved ones once they are in their hotels. Our advice to Victorians is clear: if you can stay home, you must stay home.

### Can we go to the airport to see our family/friends before they go into quarantine?

No, you will not be able to meet with arriving travellers. They will be taken directly to their designated accommodation that is suitable for their 14-day quarantine period. You will also not be able to visit them while they are in quarantine.

### Can we Skype or phone our family/friends in quarantine?

Wherever possible, accommodation will have Wi-Fi and telephone access. Friends and family are encouraged to stay in contact through Skype, phone and other online methods.

### How can I get personal belongings and care parcels to my relative or friend who is in quarantine?

People in quarantine can request items, including care parcels, to be collected by the Government Support Service and delivered to the hotel. Family and friends cannot deliver parcels to the Government Support Service and will not be able to enter the accommodation. Parcels are sanitised on receipt and perishable food, alcohol and cigarettes will not be accepted. Illicit drugs will be handed to Victoria Police. Conditions for parcel delivery can be found below.

### Can my relative or friend isolate at my home instead?

No. All travellers arriving from overseas are required to quarantine at accommodation provided by the Victorian Government. The government will cover the cost of accommodation, food and other essentials during this period. The Australian and Victorian Governments have taken this necessary step to stop the spread of coronavirus (COVID-19) in the community.

## Conditions for delivery of Parcels

By requesting delivery of parcels supplied via Woolworths online using vouchers or items of your personal property collected via courier ("Parcels") you acknowledge and accept that the following terms and conditions will apply

between you and the State of Victoria as represented by the Department of Jobs, Precincts and Regions (referred to as "Us", "Our" and "We"):

### **Delivery of Parcels ordered via Woolworths online using vouchers**

You warrant that the Parcel does not contain perishable goods and you acknowledge that the terms of Woolworths Group Limited apply (in addition to these terms and conditions) <https://www.woolworths.com.au/Shop/Discover/about-us/terms-and-conditions>.

### **Delivery of Parcels containing items of your personal property via courier**

You warrant that the item(s) of personal property meets the criteria described in the Process Outlined for Delivers From Home, is in good, clean, safe condition and that you own the item or have the owner's permission to arrange for pick-up and delivery of the Parcel to you.

### **Delivery of Parcels generally**

You acknowledge and agree:

- (a) Delivery of Parcels to your quarantined location is at Our absolute discretion. Parcels may be inspected by Us and reasonable steps will be taken to sanitise the Parcel prior to the delivery to you.
- (b) To minimise the risk of contracting or spreading coronavirus, delivery of Parcels will not require your signature, instead Parcels will be delivered to your quarantine locations drop off point. Parcels will be left at your room door by Us or Our contractors will record your name and acknowledge delivery.

Pick-up of Parcels containing your personal property is at Our absolute discretion and will be arranged via a third-party taxi or courier service provider nominated by Us. You acknowledge that the taxi or courier service provider's terms of services will apply (in addition to these terms and conditions). Your personal information (name and address) will be collected and shared with the taxi or courier service provider for the purpose of arranging pick-up and delivery

All personal information will be handled in adherence to the department's privacy policy. The department's privacy policy is available from the Privacy Officer at:

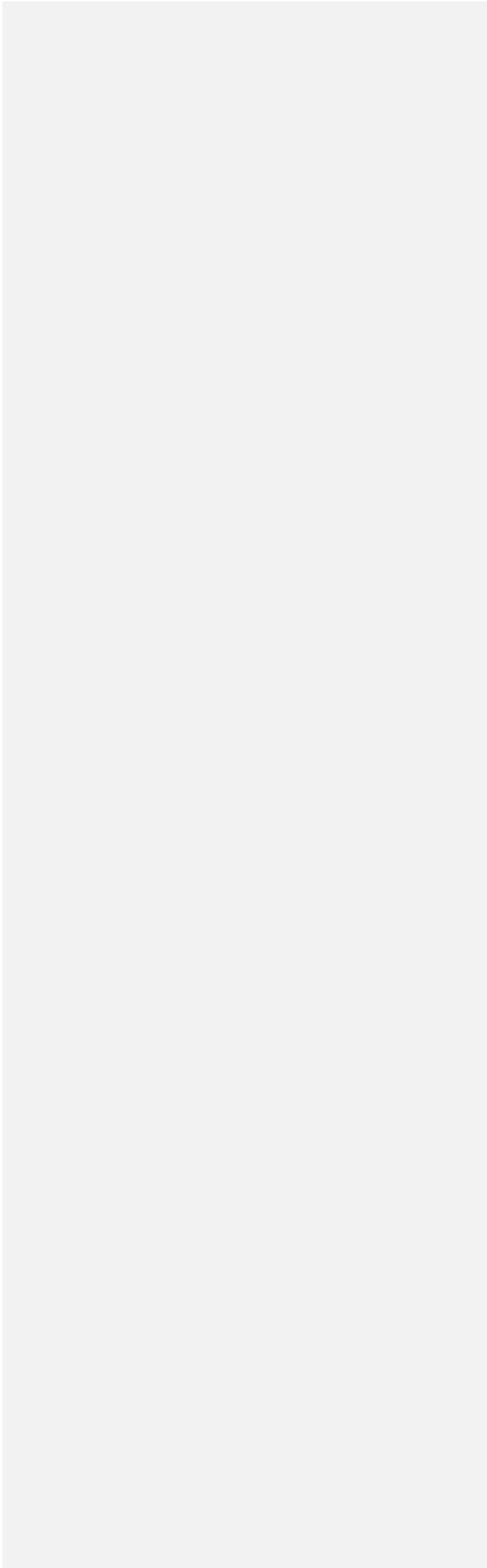
Privacy Officer Department of Jobs, Precincts and Regions  
GPO Box 4509  
Melbourne, VIC, 3001, AUS  
Email: [privacy@ecodev.vic.gov.au](mailto:privacy@ecodev.vic.gov.au)

### **Exclusions and limitations of liability**

To the extent permitted by law, We and each of Our officers, employees, agents, contractors and sub-contractors, shall not be liable to any person (whether in contract, tort or otherwise) for any loss or damage suffered, or that may be suffered, as a result of any act or omission, whether negligent or otherwise, by or on behalf of Us in relation to the pick-up or delivery of Parcels (including without limitation loss or damage to Parcels), or any other matter or thing relating to this Agreement.

| Version | Created by | Approved by |
|---------|------------|-------------|
| 1       | REDACTED   |             |
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## Appendix 1: Directions issued by the Chief Health Officer

### Reference Guide:

A State of Emergency has been declared in Victoria. The State of Emergency has been extended from 13 April 2020 until 11 May 2020 to combat coronavirus (COVID-19).

This provides the Chief Health Officer with additional powers to do whatever is necessary to contain the spread of coronavirus (COVID-19) and reduce its risk to the health of Victorians.

For more information see the signed directions from the Deputy Chief Health Officer in accordance with the emergency powers arising from the declared state emergency:

The following directions are not listed below but info can be found here: <https://www.dhhs.vic.gov.au/state-emergency>

- Care facilities directions
- Direction and Detention note
- Isolation on diagnosis directions
- Hospital visitors directions

|                                 |   |
|---------------------------------|---|
| <b>Name</b>                     | Direction - Stay at home (No 3) (PDF)   |
| <b>Approved by</b>              | Dr Annalise van Diemen  |
| <b>Last Updated on</b>          | 13 April 2020   |
| <b>Version</b>                  | No 3  |
| <b>Source</b>                   | <a href="https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf">https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf</a> |
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|---------------------------------|---|
| <b>Name</b>                     | Restricted Activity Directions (No 3) (PDF)   |
| <b>Approved by</b>              | Dr Annalise van Diemen  |
| <b>Last Updated on</b>          | 13 April 2020   |
| <b>Version</b>                  | No 3  |
| <b>Source</b>                   | <a href="https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf">https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf</a> |
| <b>Change from last version</b> | Nil   |

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Searchable documents as attached in email

Directive: Requirement to stay at home

A person who is in Victoria during the stay at home period must not leave the premises where the person ordinarily resides, other than for one or more of the reasons specified in:

- necessary goods or services
- care or other compassionate reasons
- work and education
- Exercise
- other specified reasons

| <b>Reason</b>                       | <b>Refer to Clause</b> |
|-------------------------------------|------------------------|
| necessary goods or services         | Clause 6               |
| care or other compassionate reasons | Clause 7               |
| work and education                  | Clause 8               |
| <b>exercise</b>                     | Clause 9               |
| <b>Other specified reasons</b>      | Clause 10              |

**Directive: Restricted Activity Directions**

| <b>Reason</b>   | <b>Refer to Clause</b> |
|---|------------------------|
| Pubs, bars, clubs, nightclubs and hotels                            | Clause 5               |
| Recreational facilities   | Clause 6               |
| Entertainment facilities  | Clause 7               |
| Places of worship   | Clause 8               |
| Restricted retail facilities  | Clause 9               |
| Food and drink facilities   | Clause 10              |
| Accommodation facilities  | Clause 11              |
| Swimming pools  | Clause 12              |
| Animal facilities   | Clause 13              |
| Real estate auctions and inspections                                | Clause 14              |
| Open retail facilities - density, signage and cleaning requirements | Clause 15              |
| Other definitions   | Clause 16              |

## Operation Soteria plan v2.1 - for approval to distribute

**From:** "Andrea Spiteri (DHHS)" [REDACTED]

**To:** "Andrew Crisp (DJCS)" [REDACTED] "SCC-Vic (EMC Executive Officer)" <sccvic.emceo@scc.vic.gov.au>

**Cc:** "Melissa Skilbeck (DHHS)" [REDACTED], "Euan Wallace (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Merrin Bamert (DHHS)" [REDACTED], "Helen Mason (DHHS)" [REDACTED], "Denise Ferrier (DHHS)" [REDACTED], "Meena Naidu (DHHS)" [REDACTED], "Angie Bone (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED]

**Date:** Fri, 08 May 2020 19:13:23 +1000

**Attachments:** Operation Soteria Plan v2.1.docx (528.19 kB)

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Hi Andrew

Please see attached updated version 2.1 of the Operation Soteria Plan. The updates reflect:

- Cessation of Deputy Controller (Operation Soteria) role
- Updated language regarding public health standards and operational guidelines which reflect the current live operational annexes to the plan.

Please let me know if you have any queries.

Kind regards  
Andrea

State Controller Health

Andrea Spiteri  
Director Emergency Management  
Department of Health and Human Services

[REDACTED]

# 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 | REDACTED              | -   | Andrew Crisp           | 27 March 2020              |
| 0.2     | Draft for release as version | REDACTED              | Operation Soteria Coordination meeting                                  | Andrew Crisp           | 28 March 2020 - 1815 hours |
| 1.0     | Final Version released       | REDACTED              | -   | Andrew Crisp           | 28 March 2020 - 2000 hours |
| 2.0     | New version released         | DHHS Deputy Commander | Public Health Commander<br>DHHS Commanders<br>State Controller - Health | Andrew Crisp           | 24 April 2020              |
| 2.1     | Updated version              | Respective DHHS leads | Public Health Commander<br>State Controller - Health                    | Andrew Crisp           | 8 May 2020                 |

## 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 holistic 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.

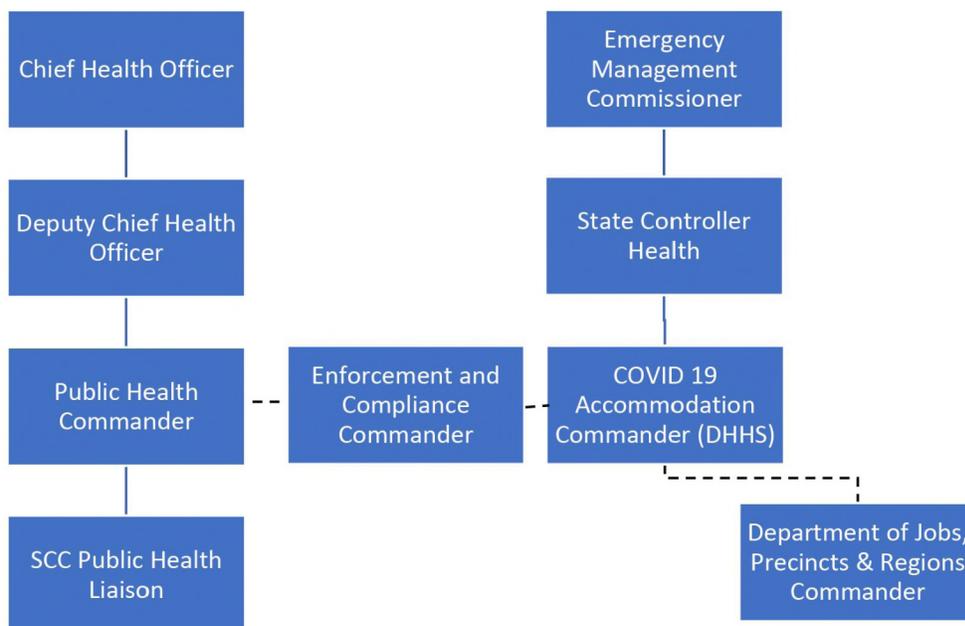


Figure 1: Operation Soteria governance structure

## 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  
s73(e) the member otherwise considers the prohibition or restriction appropriate

### **2.5.1 Airside operations**

- Melbourne airport security and customs liaison
- Provide passengers with required information about Direction/requirements
- Collection of entry data (manifest)
- Marshal passengers in an area that is secure and be able to facilitate health screening
- Establish arrivals area for transport
- Marshal 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  
s73(e) the member otherwise considers the prohibition or restriction appropriate
- 
- 
- 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:** 8 May 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 section outlines 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:** 8 May 2020

### 5.1 Purpose

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

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

#### 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 & 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 People with disabilities](#)

[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 COVID-19 guidelines 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](#)

[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](#)**

#### **[Audit](#)**

[Healthcare audit](#)

[Welfare audit](#)

[Outcomes](#)

## **[5.3 Operational Guidelines](#)**

The Operational Guidelines for mandatory quarantine (**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](http://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.

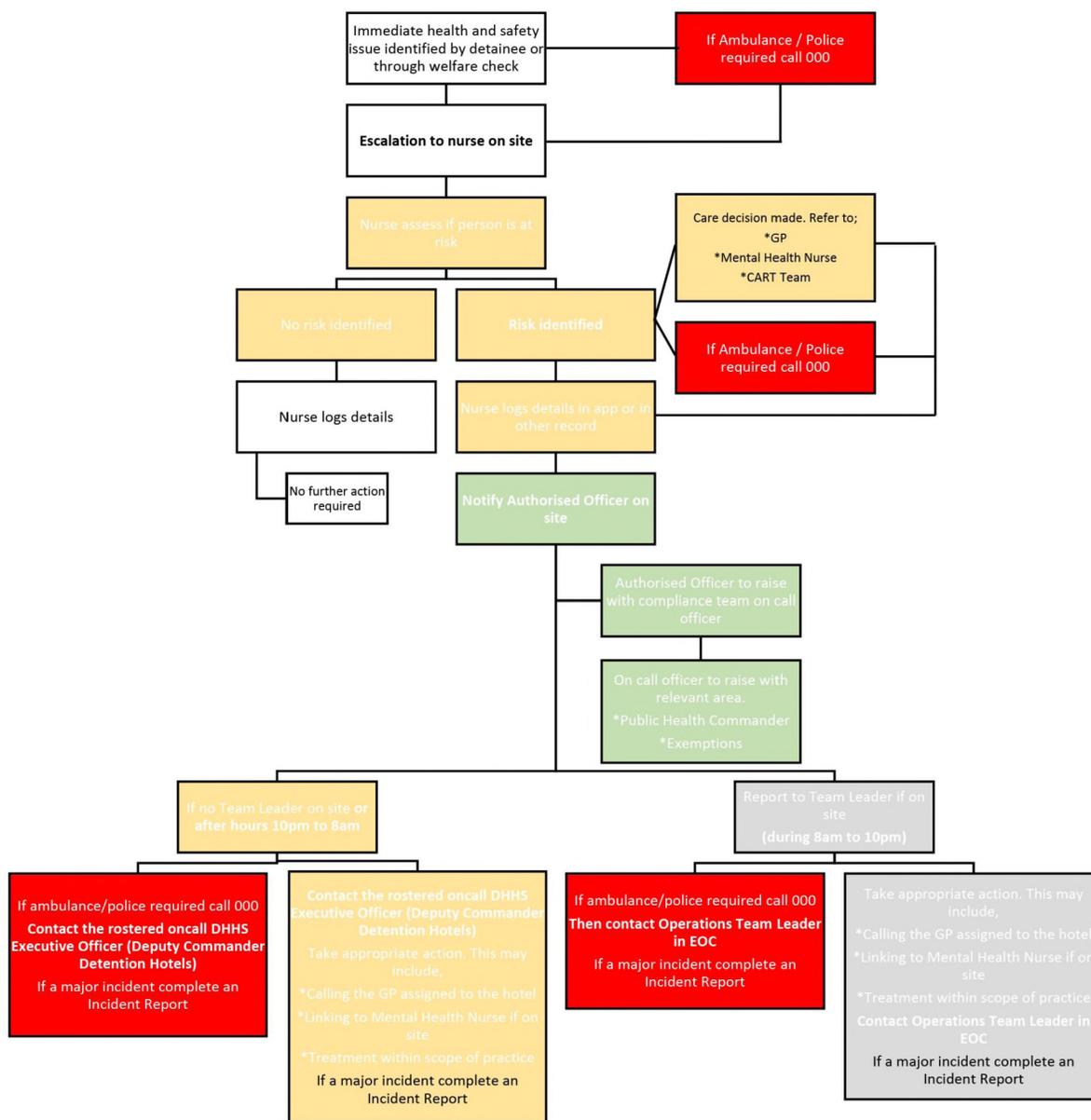
# 7 Issues escalation and incident reporting

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

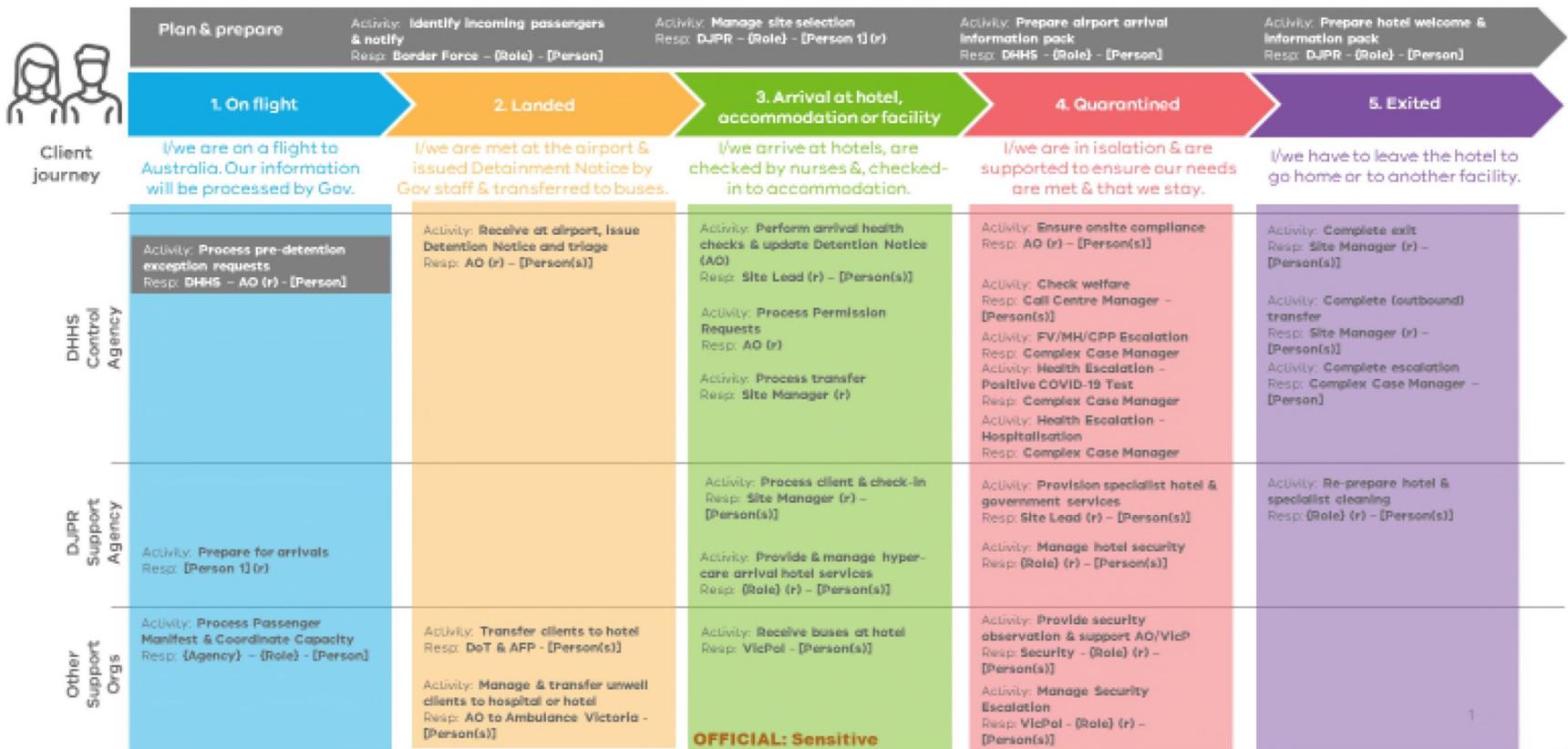
The incident reporting process in **Appendix 4** outlines the Department of Health and Human Services management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other users or staff 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

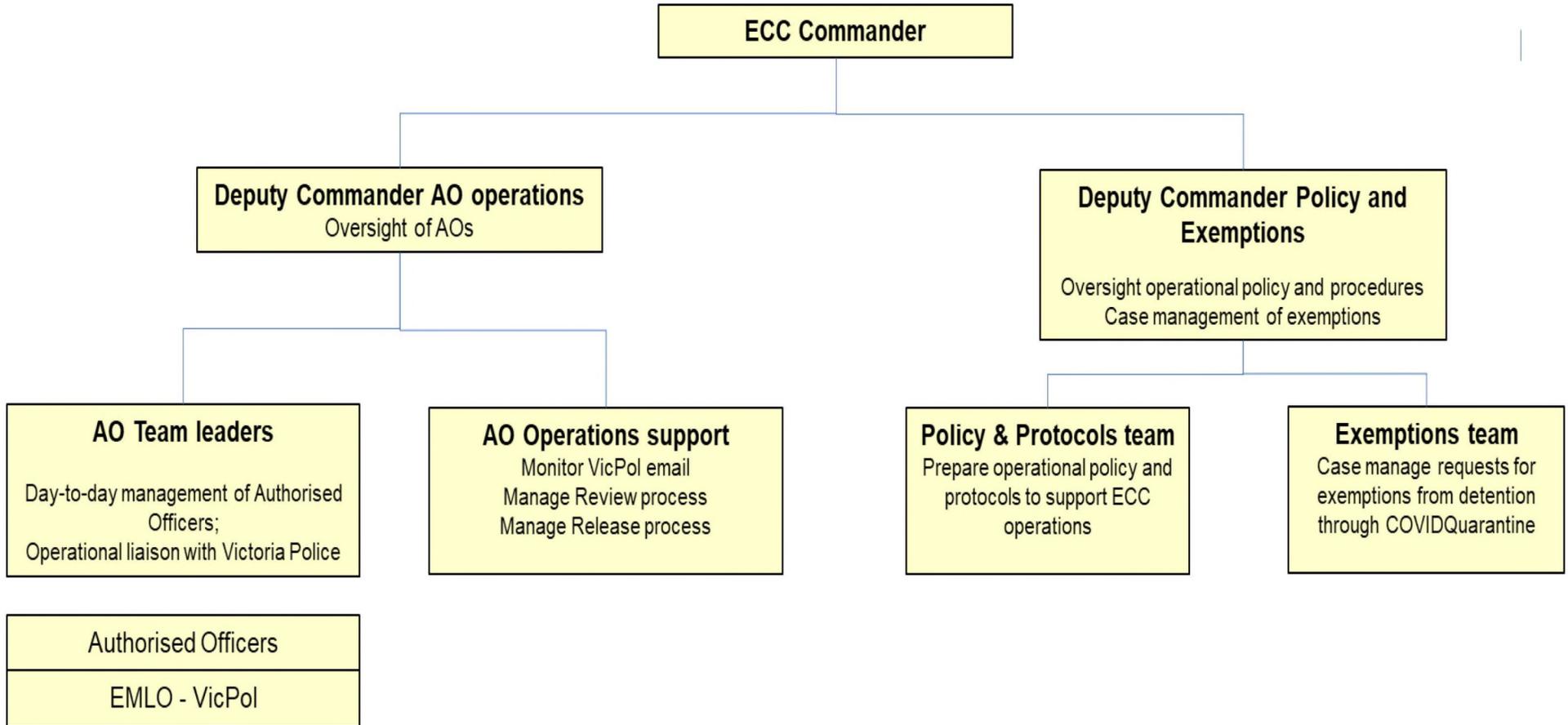
## Compulsory quarantine service architecture Activity and responsibility details

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

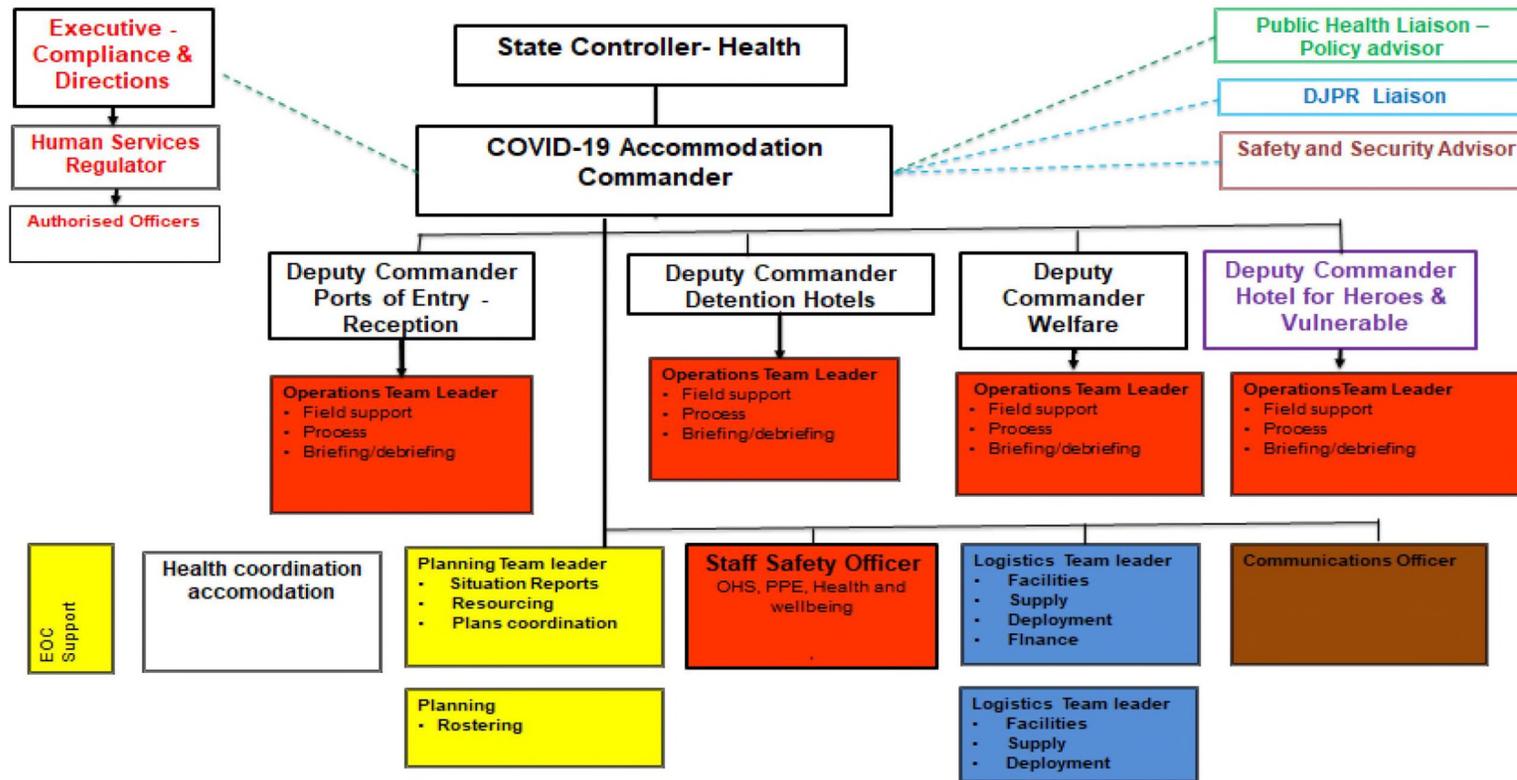


## Appendix 2 - Enforcement and Compliance Command structure

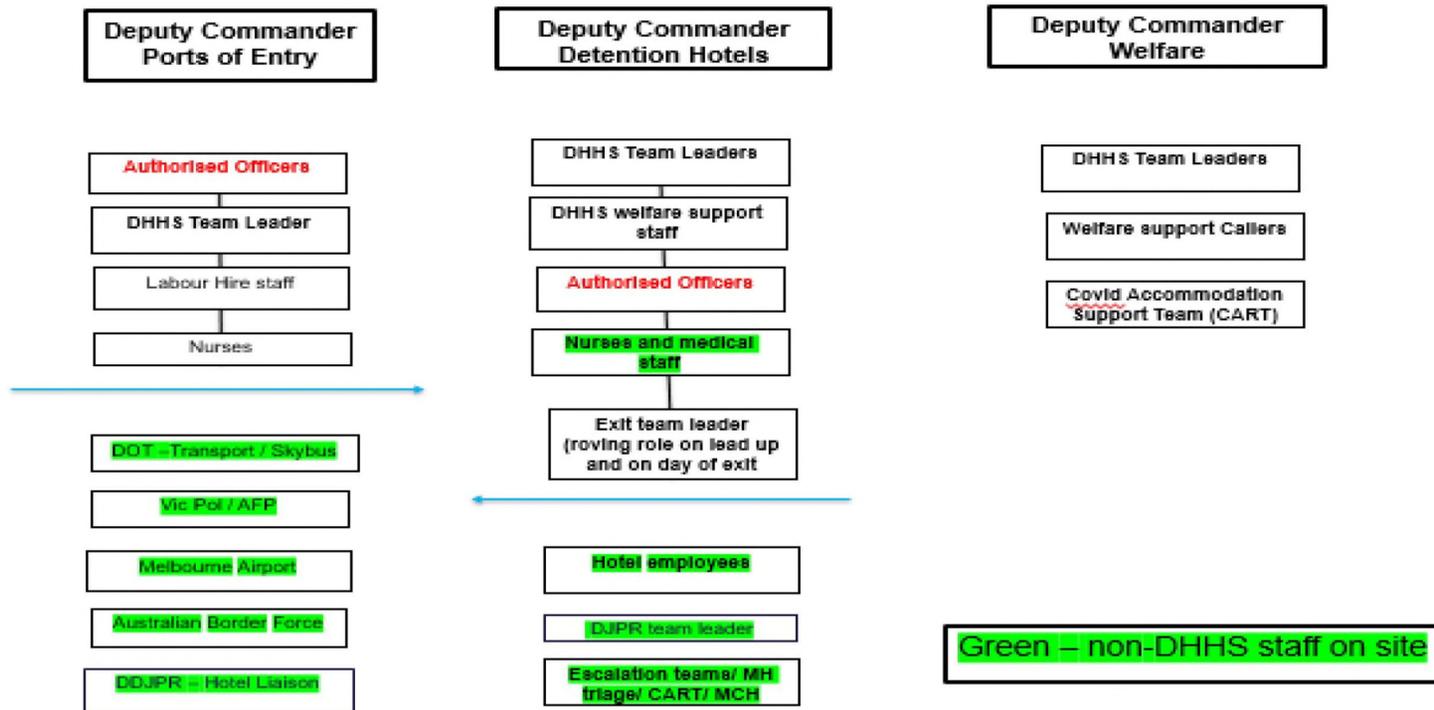


## Appendix 3 - Emergency Operations Centre Structure

**COVID-19  
Emergency Operation Centre (EOC) Operation Soteria  
2 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

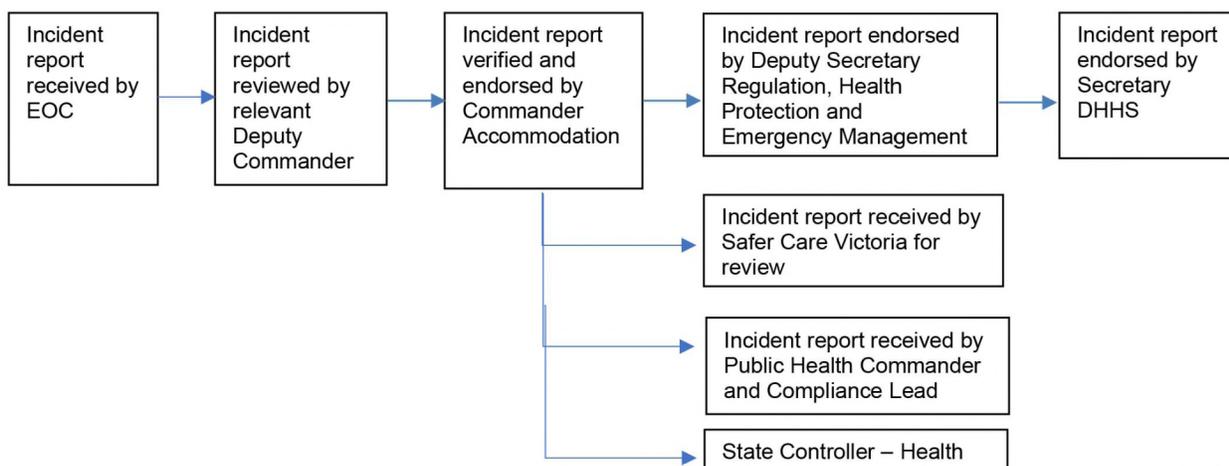
This section outlines the steps required for reviewing and endorsing incident reports, once provided to the DHHS Commander Accommodation via [dhhsopsotertiaeoc@dhhs.vic.gov.au](mailto:dhhsopsotertiaeoc@dhhs.vic.gov.au) following verbal report from the relevant Deputy Commander. Figure 1 below provides 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 [dhhsopsotertiaeoc@dhhs.vic.gov.au](mailto:dhhsopsotertiaeoc@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), [dhsopsoteriaeoc@dhhs.vic.gov.au](mailto:dhsopsoteriaeoc@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](mailto: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](http://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 |  |

## RE: Review of content in preparation for announcements next week

**From:** REDACTED

**To:** "Bruce Bolam (DHHS)" REDACTED "Sean Morrison (DHHS)"  
REDACTED "Finn Romanes (DHHS)"  
REDACTED  
"Merita Tabain (DHHS)"  
REDACTED

**Cc:** "Jacinda de Witts (DHHS)" REDACTED "Brett Sutton (DHHS)"  
REDACTED "Annaliese Van Diemen (DHHS)"  
REDACTED

**Date:** Fri, 08 May 2020 19:02:04 +1000

**Attachments:** Social media post.docx (618.32 kB); Emergency Broadcasters - extension of State of Emergency.docx (394.83 kB); Revised - Covid19 - DHHS comms FAQs\_Update restrictions.docx (465.29 kB); Revised - your questions answered.docx (484.54 kB)

Hi all,

Please find attached the content mentioned in Bruce's email below. It all also lives here: [https://teams.microsoft.com/\\_/#/files/Easing%20of%20Restrictions?threadId=19%3Aa6eac3019b3a414181cef36689cce262%40thread.tacv2&ctx=channel&context=Communications&rootfolder=%252Fsites%252FPHEOCDepSecOffice-DHHS-GRP%252FShared%2520Documents%252FEasing%2520of%2520Restrictions%252FCommunications](https://teams.microsoft.com/_/#/files/Easing%20of%20Restrictions?threadId=19%3Aa6eac3019b3a414181cef36689cce262%40thread.tacv2&ctx=channel&context=Communications&rootfolder=%252Fsites%252FPHEOCDepSecOffice-DHHS-GRP%252FShared%2520Documents%252FEasing%2520of%2520Restrictions%252FCommunications)

There are significant changes to content so I've highlighted the areas that we have changed and therefore require review **yellow**. Please feel free to review and provide feedback on all content. [Use track changes when reviewing.](#)

All feedback back to me for collation – timeframe for this is Saturday afternoon.

Kind regards,  
Amy

REDACTED

**Public Information and Media Officer**

REDACTED  REDACTED

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

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**From:** Bruce Bolam (DHHS) REDACTED

**Sent:** Friday, 8 May 2020 3:44 PM

**To:** Sean Morrison (DHHS) REDACTED, Finn Romanes (DHHS)  
REDACTED, Merita  
Tabain (DHHS) REDACTED

**Cc:** REDACTED; Jacinda de Witts (DHHS)  
REDACTED, Brett Sutton (DHHS) REDACTED  
Annaliese Van Diemen (DHHS) REDACTED  
REDACTED

**Subject:** Review of content in preparation for announcements next week

Hi all,

RED and the public info team have been reviewing content in advance of the easing of restrictions. While we don't know what will be announced next week, much of the content that will likely remain current is being reviewed, notably:

- Website content
- FAQs – used by hotlines, social media and provided to stakeholders
- Social media content
- Email to emergency broadcasters relating to extension of State of Emergency

REDACTED has carriage over the narrative and media pack.

**This is a mail to give you a heads up that material will be coming to you tomorrow for review.**

Given the volume of content, reviews will need to occur concurrently tomorrow. RED will then collate the feedback, and Brett wants to sign off before it goes to DHHS bunker and onwards.

REDA will be in touch later today or early tomorrow regarding materials for your review.

Our aim is to get approved materials to DPC later Saturday/Sunday so the digital team can start the upload process and we can be as ready as possible for announcements on Monday, whereupon web content can go live, hotlines with updated FAQs, social media posts roll out.

Please let RED and I know if you have any questions and queries, and many thanks for your engagement, in advance!

Thanks

Bruce

**Dr Bruce Bolam**  
**Deputy Public Health Commander (Public Information)**  
**COVID-19 Public Health Incident Management Team**

Department of Health & Human Services  
 50 Lonsdale St, Melbourne, Victoria

REDACTED

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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.

# COVID-19 FAQs

Emergency Communications

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## Latest announcements

### Easing of Stay at Home directions and restricted activities

- Some restrictions in Victoria have been eased but many remain in place
- You must still follow physical distancing rules and practice good hygiene including regular hand washing

- You can now have five visitors in your home at any one time and outdoor gatherings of no more than 10 people
- Many non-contact sports and recreational activities are now permitted, including water-based sports, some outdoor recreation and individual sports
- Contact sports including Australian Rules football and soccer remain prohibited.
- Some non-contact team sports are permitted but can only involve 10 participants at any given time
- People now permitted to travel by car to attend sports and recreational activities
- Community centres and libraries will reopen for small groups to meet of 10 people only

## Ramadan

- This Ramadan and Eid, mosques are only open for private worship or small religious ceremonies of up to 10 people. By staying home and celebrating with your household you are helping to slow the spread of coronavirus (COVID-19) and keeping your community safe.
- Some mosques are holding digital services.
- Although Ramadan is a festive time where families come together and meals are shared, this year must be different. By reducing the number of people coming to your home to five and those attending public gatherings to 10 you are playing your part in keeping your family and our state safe.
- You can travel for the purposes of religious observances.
- For bigger groups find alternative ways to connect with and support your community including group video calls, email, phone, social media and hand written letters.

## Need for caution on easing restrictions

- The Victorian Government congratulates all Victorians who have followed the rules and helped slow the spread of coronavirus (COVID-19) in Victoria.
- The stability in our current numbers of new cases tells us our strategy is working, and gives us options, but we need to be cautious.
- Restrictions have eased but Victorians must remain vigilant to ensure that we do not lose the gains we have made.
- As restrictions are eased it is critical that Victorians continue to practice good hygiene including washing their hands regularly and maintained a distance of 1.5 metres between themselves and others.

## Victorian modelling

- The Victorian Government has released modelling to provide greater understanding of the spread of coronavirus (COVID-19) in Victoria.
- The modelling undertaken by Monash University and the Doherty Institute, in collaboration with DHHS, finds that if no physical distancing restrictions were in place, Victoria would have seen up to 58,000 new coronavirus (COVID-19) cases every day at the peak of the pandemic.
- The data also reveals that if a business-as-usual approach had been adopted, 10,000 intensive care beds would have been required, 9,200 people would have been presenting to hospital every single day with as many as 36,000 people dying.
- For more information about the modelling visit <https://www.dhhs.vic.gov.au/victorias-coronavirus-covid-19-modelling-confirms-staying-home-saves-lives>.

## About coronavirus

### The nature of coronavirus

#### What is coronavirus (COVID-19)?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19 is a new virus that can cause an infection in people, including a severe respiratory illness.

#### What is the difference between coronavirus (COVID-19) and the flu?

Coronavirus (COVID-19) causes more severe disease than seasonal influenza. While many people globally have built up immunity to seasonal flu strains, coronavirus (COVID-19) is a new virus to which no one has immunity. That means more people are susceptible to infection, and some will suffer severe disease. Globally, about 3.4% of reported coronavirus (COVID-19) cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

Coronavirus (COVID-19) and influenza (flu) are different viruses. They have different treatments, but similar symptoms.

You can prevent catching both by practising physical distancing, reducing exposure, good hand hygiene and cough etiquette. Read more ways you can slow the spread.

#### Key differences:

- Flu symptoms will appear faster, so it can spread faster in the community than coronavirus (COVID-19).
- There are currently more people who need critical care in hospital for coronavirus (COVID-19).
- The flu shot is available at your local GP or community immunisation session. Many accredited pharmacies can also provide the flu shot, as well as advice about the virus. We suggest calling ahead to your local immunisation provider to ensure they have stock available and to book your appointment.

For more information about the flu shot, see Flu (influenza) – immunisation page on the Better Health Channel.

#### How does coronavirus (COVID-19) spread?

Health authorities believe the virus is spread from **close contact** with an infected person, mostly through face-to-face or between members of the same household. People may also pick up the virus from surfaces contaminated by a person with the infection.

The virus is spread by people with symptoms when they cough or sneeze. That's why the best way to protect others is to practise physical distancing and good personal hygiene.

#### Does coronavirus (COVID-19) survive on surfaces?

Studies suggest that coronavirus (COVID-19) may persist on surfaces for a few hours or up to several days. This may vary depending on conditions, such as the type of surface, temperature or humidity of the environment.

If you think a surface may be infected, clean it with a common household disinfectant to kill the virus.

In general, to avoid contact with the virus, clean your hands with an alcohol-based hand rub or wash them with soap and water often. Avoid touching your eyes, mouth, or nose.

#### Can people get COVID-19 twice?

This situation is evolving rapidly, and experts are still researching COVID-19. The best advice on transmission of COVID-19 is that we should all be practicing physical distancing, hand hygiene and other protective actions at this time. Learn more: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

## Symptoms

### What are the symptoms of coronavirus (COVID-19)?

The most commonly reported coronavirus (COVID-19) symptoms are:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell
- In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

Many people who contract coronavirus (COVID-19) will suffer only mild symptoms. Elderly people and those with pre-existing medical conditions may experience more severe symptoms.

## Medication and treatment

### Ibuprofen or non-steroidal anti-inflammatories

The Department advises that people should take all medication as directed by their healthcare provider. There is currently no published peer-reviewed scientific evidence to support a direct link between use of ibuprofen and more severe infection with COVID-19. This issue is being monitored. If any evidence emerges to support a different approach our advice will be updated.

The situation is changing rapidly. For the latest advice please see: <https://www.dhhs.vic.gov.au/coronavirus>

### Do I need a facemask?

Face masks are not being recommended for use by members of the public in Victoria for the prevention of COVID-19 and are not necessary if you are well. Face masks are being provided to front-line health services working directly with suspected or confirmed cases.

Please read about other ways you can reduce your risk <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

### How do we know people who have had coronavirus (COVID-19) are no longer infectious?

People with a confirmed coronavirus (COVID-19) infection stay in quarantine until they are no longer experiencing symptoms of coronavirus infection.

Before they are released from quarantine, their doctor or specialist care team assesses they are no longer infectious.

Once they are discharged, they have a follow up assessment by the medical team to make sure they remain well.

## Spread of coronavirus

### How many people in Australia have coronavirus (COVID-19)?

The Australian Government is regularly updating the number of confirmed cases in the country. For the latest information please visit: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

### Number of cases in Victoria

Our daily updates include information about testing and cases. You can find them here: <https://www.dhhs.vic.gov.au/coronavirus>

### Where can I find public exposure sites / high risk areas / VicE map?

Information available related to the latest COVID-19 notifications by local government areas. You can find this information updated each day in the department's daily media release here: <https://www.dhhs.vic.gov.au/coronavirus>

### Fluctuating numbers – lower case numbers

The case numbers fluctuate daily and when numbers are low this is more apparent.

The focus is on the trend, which is moving in the right direction.

This positive trend shows our physical distancing measures are working.

### For numbers going down

Now is not the time for complacency. We still have a long way to go.

While we are starting to see some improvement in the rate of transmission, that rate is still far too high. The number of cases that may have been acquired through community transmission still has gone up.

We thank those Victorians who overwhelmingly are doing the right thing by staying at home but we must keep at it to save lives.

If we become complacent now, this early on - we lose.

### LGA data

The LGA data is cumulative and shows all cases recorded in that region since 25th January when the first coronavirus case was recorded in Victoria.

A state-wide total of recovered patients is published daily – but these cases are not removed from the overall Victorian tally, or the LGA breakdown.

Data is continually analysed and clarified, so published numbers are always subject to change. These changes in numbers can be for many reasons, including duplications and wrong postcodes recorded.

It is worth noting that the data also reflects the residential address the person nominates, however it is not necessarily where they were infected or where the case currently resides.

The daily LGA data is correct as of 11.59pm the day before.

### General requests for more details on confirmed cases

Unfortunately, we cannot provide further details. The department is responding to cases as they are notified.

The public can be confident that all close contacts will be identified and responded to accordingly as required to protect public health.

As part of our contract tracing, any public exposure sites are contacted and provided with advice about the transmission risks and any cleaning that may be required.

DHHS does not identify individual cases or their close contacts.

DHHS also needs to ensure patient confidentiality and work to minimise stigmatisation and discrimination around COVID 19.

### **General response to location-based cases**

The department is responding to cases as they are notified, including when those cases are identified in health care, aged care or other locations with vulnerable members of the community.

The public can be confident that all close contacts will be identified and responded to accordingly as required to protect public health.

All other infection control measures including disinfection and cleaning as per DHHS guidance will be followed at a local level.

DHHS does not identify individual cases or their close contacts.

DHHS also needs to ensure patient confidentiality and work to minimise stigmatisation and discrimination around COVID 19.

### **Generic response on locations**

We do not confirm locations of cases, unless there is a wider public health risk we need to make the community aware of. There have been no specific updates or advice for Yarram or Gippsland on cases.

## **Hotline**

### **Hotline / Hotline hours**

If you are in Victoria and are concerned that you may have COVID-19, please call our hotline on 1800 675 398 open 24 hours, 7 days (please keep Triple Zero 000 for emergencies only). If seeking medical assistance, please call ahead so that the GP can be prepared.

## **Hoarding**

### **Please don't stockpile or hoard items**

The Victorian Government urges Victorians not to needlessly stockpile essential items. It's important we think of others at this challenging time. Please only buy what you need.

**Shops have supplies. When shopping you must observe physical distancing and fewer people are allowed in a shop at any one time**

You may need to ask for additional help from a carer, family, friends or neighbours.

If you are in self-quarantine, stay in regular contact with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You can also contact your local council who can support you in accessing services that meet your needs. If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on 1800 675 398 and press Option 3. The operating hours are between 8.00am to 6.00pm Monday to Friday, and 10.00am to 3.00pm on weekends and public holidays.

## Communities at risk

### Who is most at risk of coronavirus?

Everyone is at risk of contracting coronavirus (COVID-19). However, there are some groups who are at higher risk of getting coronavirus because of where they have been or where they live.

- **Overseas travellers and close contacts**

If you have recently travelled overseas or have had close contact with a confirmed case of coronavirus (COVID-19) you are at the highest risk of infection. See International travellers section on this site.

- **People living in shared facilities**

People living in group settings with shared facilities (e.g. aged care facilities, or boarding schools)

**Commented [R1]:** Public health – please confirm this is correct. This is the only place we refer to this.

### Who is most at risk of being very sick from coronavirus?

Although most people will have only mild symptoms, anybody can become very sick with COVID-19. However, we know that some groups of people are more likely to become very sick with COVID-19.

- **People who are older or elderly.**

Because of their lower immune systems, older people are more likely to get very sick with COVID-19.

- **People who have pre-existing medical conditions.**

Underlying illness make people more likely to become very sick with COVID-19, including those with diabetes, chronic lung disease, kidney failure and people with low or suppressed immune systems.

- **Aboriginal and Torres Strait Islander people.**

Aboriginal and Torres Strait Islander people are more likely to become very sick with COVID-19 because of higher rates of pre-existing medical conditions.

Testing is available for Aboriginal and Torres Strait Islander people who show symptoms of coronavirus (COVID-19) such as respiratory symptoms or fever. See more on the Aboriginal Communities links on this website.

If you are one of these groups of people, it is important that you continue to look after yourself and take your regular medications. Keep following advice and ask help from your doctor, nurse or healthcare worker.

The following pages provide more information on coronavirus (COVID-19) and other medical conditions:

- Diabetes COVID-19 information page on Diabetes Victoria's website
- COVID-19 page on Kidney Health Australia's website
- Cancer and COVID-19 page on Cancer Victoria's website.

Our at-risk groups factsheet has more detailed information.

### COVID-19 risk in pregnancy

At this time, pregnant women do not appear to be more likely to develop severe COVID-19 than the general population.

However, there is currently limited information available regarding the impact of COVID-19 on pregnant women and their babies.

Therefore, it would be prudent for pregnant women to practice social distancing and ensure good hygiene practices to reduce the risk of infection.

The situation is changing rapidly. Please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

## People living with HIV

There is no evidence so far to suggest that people living with HIV, who are on effective anti-retroviral therapies with undetectable viral loads, are at increased risk of contracting coronavirus (COVID-19). However, as HIV infection can result in suppression of the immune system and other comorbidities, people living with HIV should be considered a higher risk group than the general population.

Read the Coronavirus disease (COVID-19) factsheet for people living with HIV (Word) for more information.

## Homelessness

### Support Victoria's vulnerable against homelessness?

Homelessness agencies has been allocated extra funding to find temporary housing for those who need it most. Funding will provide agencies with extra resources to find temporary housing for Victorians at risk of or experiencing homelessness because of COVID-19 in both metropolitan and regional areas. For more information, visit <https://www.dhhs.vic.gov.au/coronavirus>

### Where can homeless people go to self-isolate or quarantine?

- Repurposed aged-care sites will be used to provide self-isolation facilities for Victorians experiencing homelessness to help them recover from coronavirus, or avoid infection in the first place.
- \$8.8 million has been announced for four pop-up facilities that will provide health care and supported accommodation for more than 200 rough sleepers over the next six months.
- The accommodation will be at four sites in inner Melbourne, operated by Anglicare Victoria, Brotherhood of St Laurence, Launch Housing, Sacred Heart Mission and VincentCare Victoria.
- Support for people experiencing homelessness or at risk of homelessness is available via Opening Doors, providing a 24-hour statewide toll free number for people experiencing homelessness or at risk of homelessness. People may call 1800 825 955 to speak with a housing and support worker who will direct the call to a service closest to them. If the call is outside business hours, your call will be directed to the Salvation Army Crisis Services.

## Aged care

### How are residents in aged care facilities being protected?

Visits to aged care residents nation-wide is only be allowed for a short duration (no more than 2 hours) and by a maximum of two people per day per resident, except for palliative care.

Children under 16 years will only be permitted to attend aged care facilities in exceptional circumstances.

There are also a number of other conditions that people visiting aged care must meeting:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever
- ~~have arrived back in Australia from overseas in the last 14 days~~
- have a temperature higher than 37.5 degrees
- are under 16, unless they are visiting a resident who is receiving end-of-life care, or they are visiting a secure welfare service, Supported Residential Service or an alcohol and drug residential service, in the company of an adult.
- If visiting or working in a residential aged care facility you must have an up to date influenza vaccination, if it is available to you.

### What testing is being done in Aged Care facilities?

The Department of Health and Human Services has provided guidelines to assist residential aged care facilities (RACFs) to support their healthcare workers, residents, families and visitors to prepare for, prevent and manage cases and outbreaks of COVID-19.

More information: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

## Disability services

### What support to disability services is the Government providing?

The Department of Health and Human Services is working to get the latest support information to Victorians as soon as possible. The situation is changing rapidly, and the most recent advice will be given directly to service providers.

Recently the Victorian Government announced additional funding to support Victorians with a disability, this funding will support additional respite care and support advocacy organisations.

We update our website as the situation changes and use it as our central point of information for Victorians. Please keep up to date by visiting <http://www.dhhs.vic.gov.au/coronavirus>

### What does this mean for people in disability accommodation?

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between disability accommodation and other permitted places or to see family and friends. Family and friends can visit you in your accommodation however must meet conditions including not having a temperature or symptoms of coronavirus. For more information visit: <https://www.dhhs.vic.gov.au/coronavirus-care-facilities-directions-frequently-asked-questions>

## Community accommodation

### If I am in community accommodation, does this mean I can't leave where I am?

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between community accommodation and other permitted places or to see family and friends.

If you are currently in a family violence refuge, youth refuge or other form of temporary crisis or respite accommodation, you can move to other accommodation as needed.

## Emergency accommodation

### What about people in a family violence refuge or other emergency accommodation?

If you are in a family violence refuge or temporary accommodation, such as a hotel or motel, arranged for you by a family violence support service, and don't have an alternative safe accommodation option, you can remain there.

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between emergency accommodation and other permitted places or to see family and friends.

## Out of home care

The Stay at Home direction has been amended to allow travel for certain activities. You can travel between emergency accommodation and other permitted places or to see family and friends.

Children in out of home care can travel for permitted activities.

## What to do?

### I am feeling unwell, what should I do?

If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance. Tell them if you also have a fever or a cough, sore throat or respiratory illness.

If you begin to feel unwell, and have a fever or a cough, sore throat, shortness of breath or respiratory illness you should get tested for coronavirus (COVID-19).

Contact the 24-hour hotline on 1800 675 398, or call your doctor and mention your symptoms and risk factors. They will determine if you need to be tested for coronavirus (COVID-19).

### **Who can be tested for coronavirus (COVID-19)?**

Anyone with the following symptoms can be tested for coronavirus (COVID-19):

- a fever (a temperature of 38 degrees or above) **OR**
- cough, sore throat, shortness of breath, chills, runny nose, loss of sense of smell

### **What is the treatment for coronavirus (COVID-19)?**

There are currently no vaccines that protect against coronavirus (COVID-19).

While there is no specific pharmaceutical treatments for coronavirus (COVID-19), early diagnosis and general supportive care are important.

There are no current recommendations to treat patients with mild or moderate coronavirus (COVID-19) illness, or their close contacts, with hydroxychloroquine or anti-viral agents.

Treatment of coronavirus (COVID-19) with antivirals is considered experimental and should only be considered within the context of controlled interventional trials.

Most of the time, symptoms will resolve on their own. People who have serious disease with complications can be cared for in hospital.

### **Decline in people attending emergency departments**

Data from Victorian health services indicates a decline in attendance at emergency departments in the past month - notably a decrease in relation to sporting injuries.

During this time we've seen increases for respiratory and system infections - but median waiting times in emergency department have improved by a few minutes with a decrease in presentations for many other conditions.

Victorians should not stop seeking medical advice and treatment for all conditions if they need it. Our health system is here to look after all Victorians, and putting off a visit to the doctor or hospital could lead to more severe illness, and added strain on hospitals.

## **Where to get tested**

### **Where can I be tested for coronavirus (COVID-19)?**

You can call the 24-hour hotline on 1800 675 398 to find out where you can be tested.

You can also call your doctor. They may be able to do the test, or they can refer you to a pathology collection centre, a hospital assessment centre or a GP respiratory clinic.

You can also go directly to a Victorian hospital coronavirus (COVID-19) assessment centre, for testing. You don't need to call ahead if you attend one of these (unless stated otherwise below). To find your nearest assessment centre visit: [www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19](http://www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19)

The Australian Government also has GP respiratory clinics around the country to assess people with coronavirus (COVID-19) symptoms.

These are not drop-in services. You must book an appointment online or phone ahead.

Visit the Australian Government coronavirus (COVID-19) site for a full list of GP respiratory clinics.

These clinics are being rolled out gradually and the contact lists will continue to be updated.



## Fake protection/testing kits

Purchasing any medical or health product over the internet has risks. The Department of Health and Human Services is aware of fake testing kits and cannot validate their effectiveness.

If you're showing symptoms consistent with coronavirus (COVID-19) and believe you may have been in close contact with someone who's tested positive or been overseas in the past 14 days, please visit a screening clinic. List of symptoms and locations of clinics are available here: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

## Payment for testing

The coronavirus (COVID-19) test is free. There is no fee for the test when you get tested at a public health facility, mobile testing centre or GP offering bulk billing. The Australian Government has created a dedicated Medicare bulk-billed pathology test for coronavirus (COVID-19). However, your GP clinic may still have charges for consultations. Please contact your GP clinic directly to discuss any fees and charges you incurred.

## Caring for others

### How can I protect myself and others?

- You should stay at home whenever possible. You can leave home to:
  - shop for food and other necessary goods and services
  - access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
  - attend work or education where you can't do those things from home
  - exercise and recreation activities while adhering to the rules
  - participate in gatherings for the purposes of health, wellbeing and social connection.
- Keep the number of visitors in your house to five.
- Restrict public gatherings to 10 people
- Stay at home unless you are participating in permitted activities.
- ~~Do not travel throughout Victoria unless absolutely necessary.~~
- Stay healthy with good nutrition, regular exercise and quality sleep. Avoid excessive use of alcohol and for smokers, now is a great time to consider quitting.
- 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.

## Caring for someone who is sick during a quarantine period

If you are looking after a sick family member during a period of self-quarantine, there are some important things you should do to keep everyone in your home safe:

- Ensure the sick person remains in one room away from others in the household.
- Keep their door closed and windows open where possible.
- Keep the number of carers to a minimum and do not allow visitors from outside the household to visit.
- Always wash your hands with soap and water or use a hand sanitiser before and after entering the room.
- Keep the sick person's crockery and utensils separate from the rest of the household.
- If available, wear a surgical mask (single-use face mask) when you are in the sick person's room.
- Clean and disinfect high touch surfaces such as tabletops, doors, computer keyboards, taps and handles often.
- Dispose of tissues and masks in a sealed plastic bag and put in the usual household waste.
- If the person starts to feel worse, call the dedicated coronavirus hotline on **1800 675 398** (24 hours, 7 days a week) for advice.

If you need to visit your GP, call ahead and mention that you are currently in self-quarantine so they can prepare appropriate infection control measures.

## Social visits

### Can I have visitors in my home?

Under the amended directions, you can have five visitors in your home at any one time. This means five people in addition to those who reside at your home. You can visit friends, family or your partner as long as there are no more than five visitors at the time. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene. If you or your friends, family or partner are feeling unwell you should not visit people

### Visiting a partner

The Stay at Home directions have been amended to allow five visitors to your home at any one time. This includes your partner or partners.

If your partner lives outside of Victoria you should stay connected using phone call, video call, text message or social media. States and territories have individual quarantine arrangements in place, and some may require a second 14-day quarantine period for travellers coming from Victoria.

### Visiting older relatives

You can make social visits to elderly friends and family, including parents, but remember, people aged over 70, or over 60 with health conditions, are at higher risk of experiencing severe symptoms if they contract coronavirus (COVID-19).

If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times. There should only be five visitors in a household at any one time. If you are feeling unwell you should not visit people

For more info visit: <https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq>

### Visiting Parents of Newborns

You can visit parents and newborns, however, keep in mind that there is currently limited information available regarding the impact of coronavirus (COVID-19) on new mothers and their babies. Use common sense when visiting vulnerable people.

If you are sick, do not visit anyone, especially vulnerable people. You must stay at home

Remember that when visiting anyone, only five visitors are allowed at any one time. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene including washing your hands regularly.

### Members of household vs members of family

You can have up to five visitors in your household at any one time. This is in addition to people who reside at your home. If your family members lives with you, they are not counted as a visitor. .

### Can I do repairs at my elderly parents / family / friend's house?

Yes, you can do small repairs. You should not carry out electrical work, gas work or certain types of building work. These activities should be carried out by a licensed professional. Under the directions you can have a licensed professional perform work on your house.

You should ensure you meet the physical distancing requirement while carrying out work. You should consider your current skills and physical ability before starting a repair so that you can complete the work safely.

### What about my custody arrangements?

Both informal and court ordered shared custody arrangements can continue as normal. You are permitted to leave the house to take children from one parent's home to the other parent's home.

Please make sure you understand the risks of transmission, ways to reduce risk, and stay up to date as this situation can change rapidly.

### Care, compassionate or medical reasons for leaving home

You may leave your home for any of the following personal reasons:

- to visit a doctor or other medical professional, or to obtain medical supplies
- to donate blood
- if you have shared parenting obligations and need to transport children between homes, under an informal or court-ordered arrangement
- to provide child-minding services at someone's home because that person needs to leave the house for one of the permitted reasons, or work or study at home
- if you are the parent or guardian of a child and you wish to visit the child because they are in the care of another person or organisation, or you have obligations in relation to the care and support of the child
- to provide childcare or early childhood education or school to a child who lives in the care of the State or family or family violence service
- if you have carer responsibilities, for example, picking up or dropping off children in a foster care or respite care arrangement
- to drop off or pick up a child at personal or private childcare, early childhood education or school, if you need to go to work or study
- to provide care and support to a relative or other person – such as shopping, cooking or house-cleaning – because of their old age, infirmity, disability, sickness or chronic health condition
- they are pregnant or have health or mental health concerns
- to visit someone in an aged care facility, disability accommodation or other residential care facility, provided your visit conforms to the Care facilities direction

- to visit someone in hospital, provided that visit conforms to the Hospital Visitor direction
- to attend the funeral service of a relative or close friend, noting that the maximum permitted number of mourners is 20
- to get married, or be a witness to a marriage, noting that the maximum permitted number of people is ten plus the celebrant and couple
- if there is family violence, or violence by another person in the home, and you are at risk. If you are stopped by police, tell them you are feeling unsafe at home and they will help you. Safe accommodation and support for family violence is available. Call safe steps on 1800 015 188 or email [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au) for help 24 hours a day, 7 days a week.

## People in isolation or quarantine

### Isolation vs Quarantine

- If you have symptoms of coronavirus (COVID-19) or have tested positive for coronavirus (COVID-19) you must self-isolate. You can be in isolation in a hospital or isolated at home. If you are isolating at home, there are steps you need to take to keep the people you live with healthy.
- Quarantine is what you should do if you have had close contact with someone who has tested positive for coronavirus (COVID-19), or if you are considered to be at higher risk of contracting coronavirus (COVID-19).
- All international passengers arriving at Victorian airports or disembarking at maritime ports must also go into **enforced** quarantine for 14 days from the day of their arrival.
- While most Victorians are voluntarily complying with requests to quarantine or isolate, police have strong powers to enforce the relevant directions and will conduct random spot checks where necessary.

### Self-quarantine/isolation

#### Who is required to quarantine/isolate?

The following groups are required to **quarantine** for a period of 14 days:

- international travellers - please see international travellers on this website
- those who have come into contact with a confirmed case of coronavirus (COVID-19)
- **If you are awaiting the results of a coronavirus test.**

The following groups are required to **isolate** for a period of 14 days:

- people with a confirmed diagnosis of coronavirus (COVID-19).

#### If you're in self-quarantine/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.

#### When can I end quarantine?

You cannot end quarantine/isolation until you meet the relevant requirements. To find out more, call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week).

If, at the end of 14 days, you remain well and you have passed the time limit beyond which you would have fallen ill after being exposed to coronavirus (COVID-19), you can cease self-quarantine. No medical certificate is required to enable you to return to other activities.

Commented **RED** Public Health – not consistent with website but makes sense.

### **If you were confirmed to have coronavirus (COVID-19) after 14 days**

You will be regularly contacted by the department after your diagnosis. You cannot end isolation until you meet the relevant clearance requirements. The department will discuss these requirements with you. Further details can also be found on the dedicated coronavirus (COVID-19) hotline 1800 675 398 (24 hours, 7 days a week).

### **If you are feeling unwell during self-quarantine**

If you start to feel unwell, and especially if you develop any of the typical symptoms of coronavirus (COVID-19) during the 14-day self-quarantine period, you should either:

- call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) for advice
- call ahead to your GP before you arrive at the doctor's office so they can prepare appropriate infection control measures
- Mention any overseas travel or contact with a confirmed case of coronavirus (COVID-19).

### **If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance.**

If, at the end of 14 days, you are unwell with respiratory symptoms, you must continue to stay in self-quarantine. Call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) to find out what you should do next.

### **What if I am sharing a house with someone who is in self-quarantine/isolation?**

There are different reasons for people to be in self-quarantine, and so if you are sharing a house with someone in this situation, your obligations will differ.

- If the person is well but has come into close contact with a confirmed case of coronavirus (COVID-19)

If the person you live with is in self-quarantine as a precaution and follows all the required steps for self-quarantine, nobody else in the house is required to self-quarantine.

- If the person is well but has a suspected case of coronavirus

If the person you live with is in self-quarantine because it is suspected they may have coronavirus (COVID-19), there is no need for others in the house to self-quarantine unless the person becomes a confirmed case. At that point, all people in the household are regarded as having had close contact and are required to self-quarantine.

- If the person is unwell and has a confirmed case of coronavirus (COVID-19)

If the person you live with is in self-isolation because they are confirmed to have coronavirus (COVID-19), all people in the household are regarded as having had close contact and are required to self-quarantine.

### **Can I go outside during self-quarantine/isolation?**

It's OK to go out into the backyard of your house or onto the balcony of your apartment or hotel room during self-quarantine/isolation, in fact it can help you feel calm and relaxed to get some sun and fresh air. Always observe the recommended physical distancing requirements from the people around you in the home, and wear a surgical mask if you have one.

### **Can I receive deliveries during self-quarantine/isolation?**

Yes, although you should maintain appropriate physical distancing from the delivery person and they should not enter your home. They should leave your delivery outside your door. Consider making payment for the delivery online in advance or using a contactless payment method to minimise the chances of physical contact. Avoid paying by cash. Wear a surgical mask if you have one.

**Commented [AM(3):** Public health can you check this - it would have to be totally non-contact?

### **Change of quarantine/isolation location – how do I notify the government if my original location is no longer appropriate and I need to move?**

You can call 1800 675 398 if you need support. During the 14 days of quarantine/isolation, you should be staying inside, and you can't visit public places or see visitors, so moving is not advised.

### **How should I prepare for quarantine/isolation?**

Everyone should take steps to prepare for the possibility of transmission of coronavirus (COVID-19) in Victoria..

Make a plan on how you and your family, including pets, would have to manage if you needed to stay at home for 2 to 3 weeks.

There are certain supplies you may need if you and your family are in quarantine at home. These include things like non-perishable food items, soap, toilet paper, tissues, feminine care products, nappies and pet food.

Ensure you have enough prescriptions of essential medicines.

## **Relief packages**

### **What support is available for people in self-quarantine?**

If you are in self-quarantine, stay in regular contact with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You can also contact your local council who can support you in accessing services that meet your needs. Visit Know Your Council website to find your council.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on 1800 675 398. Delivery of a free emergency relief package can be arranged for people who are unable to access food themselves or do not have support available to them.

### **What are the relief packages?**

An emergency relief package contains essential food and personal care items that are available to vulnerable Victorians who are needing to self-quarantine due to coronavirus (COVID-19).

The packages will help make sure people are able to access essential items while they self-quarantine.

Emergency relief packages contain essential food staples including cereal, long-life milk, sugar, pasta and canned vegetables.

Personal care items such as soap, deodorant and toothpaste are also provided as part of the packages. Nappies and baby formula can be provided if requested.

The packages do not include medicines, incontinence and personal hygiene products, or pet food.

### **Who is eligible to receive a relief package?**

People currently residing in Victoria who need to self-quarantine due to coronavirus (COVID-19) and don't have enough food to feed themselves or their families may be eligible to receive an emergency relief package of basic supplies.

People need to be currently residing in Victoria, including residents, international students and people on working visas who live in Victoria.

These packages contain only basic supplies and are for people who do not have access to a support network or alternate means of obtaining food such as on-line delivery.

Wherever possible, we're asking all Victorians to arrange for family or friends who are not required to be self-isolated to get food or necessities for you.

Any requests from people who are not in mandatory self-quarantine will be referred to the relevant local council to follow up.

### **How can people in need get an emergency relief package?**

If you are in urgent need and don't have a support network who can help you, call the coronavirus (COVID-19) hotline on 1800 675 398 and press Option 3. The operating hours are between 8.00am to 6.00pm Monday to Friday, and 10.00am to 3.00pm on weekends and public holidays.

People can also call on behalf of someone they know who is self-quarantining and in urgent need of food supplies.

### **How long will the relief package last?**

Each emergency food relief package is designed to provide basic food essentials and personal care items for a family of four for two weeks.

### **How much will it cost for a relief package?**

The relief packages will be provided at no cost to the recipients.

### **Will people be able to choose brands or specific items?**

These packages are made up of basic essentials only and people do not have a choice as to what products are provided. We may not be able to cater for dietary or cultural requirements.

### **What if a person is too sick to cook for themselves?**

If people are unable to cook for themselves, their details will be provided to the relevant local government who will consider options to provide or deliver meals.

### **How will the relief packages be distributed?**

Emergency relief packages will be distributed by partner organisations including the Red Cross, and Foodbank Victoria.

Packages will be delivered to the door of persons who are self-isolating or self-quarantining. Deliveries should arrive within 24 to 48 hours, depending on location.

### **What other support for accessing food is available?**

#### **Woolworths**

**Home delivery:** This service is now available to all customers. Eligible customers, including seniors, people with a disability and those with compromised immunity or who are required to self-isolate can still access a priority home delivery service with dedicated delivery windows. These customers can call 1800 000 610 to seek assistance or register online.

**Food and grocery packs:** This 'Basics Box' for \$80 helps provide essential products for customers who are currently unable to visit stores and are in genuine need. It helps provide meals, snacks and a few essential items, including toilet paper, and is delivered within approximately two to five business days via Australia Post. They are unable to cater for specific dietary requirements and there is a limit of two boxes per customer, per fortnight.

**Community pick-up:** This service is available in 700 selected locations to allow Priority Assistance customers to place an order online for someone to pick up on their behalf. This service will be available for over 100 pick-up drive through locations and in 600 stores for pick-up at the service desk.

#### **Coles**

**Home delivery and click and collect:** Normal home delivery and click and collect services are back to business as usual. The Coles Online Priority Service (COPS) provides a delivery service and 'click and collect' option for customers unable to get to a store. Existing Coles Online and FlyBuys customers who are aged over 70 and had registered their date of birth as part of their account details have been invited to join COPS. The service is also available to:

- People over 65 years of age with a My Aged Care number or NDIS number;
- Indigenous Australians over the age of 50 with a My Aged Care number or NDIS number;
- Aged care, disability care and other businesses that support vulnerable members of the community.

Find out more

Food and grocery pack: The Coles Community Box is \$80 and includes delivery. The box contains nutritious items for breakfast, lunch and dinner, with the contents of the box being enough to support two people aged 65+ for seven days. Available to all eligible Coles Online Priority Service customers.

Find out more

### **IGA**

Home delivery: IGA is providing a Priority Shop home delivery service to many areas, offering four package options - the Essentials, Pantry Plus, Dog Pack, Cat Pack – available to:

Eligible customers include:

- the elderly (70+)

people who are immunosuppressed

- Indigenous Australians (50+)

people with a disability

- and people who are required to self-isolate.

To check eligibility for IGA Priority Shop, please call 1800 018 384 or visit [igashop.com.au](http://igashop.com.au)

### **Foodworks**

Home delivery: Foodworks has partnered with National Disability Insurance Scheme (NDIS) to provide a priority delivery service. You can access this service via [foodworks.com.au](http://foodworks.com.au) website.

### **7-Eleven**

Home delivery: 7-Eleven is launching a delivery service in Melbourne for snacks and key essentials with no contact delivery. The service will be available in the coming weeks, customers can find out more on [7ElevenDelivery.com.au](http://7ElevenDelivery.com.au).

### **Pet food**

Pet food can be ordered online from pet stores such as Pet Stock, Pet Barn, My Pet Warehouse, or contact local pet stores to check if they offer delivery. Some useful websites are below:

[Petbarn.com.au](http://Petbarn.com.au)

[Petstock.com.au](http://Petstock.com.au)

[Petbarn.com.au](http://Petbarn.com.au) - delivery information

### **Dropping off food / supplies to friends / family / people self-quarantining/isolating**

You can support friends and family by dropping off food or medications or supplies. If you are preparing meals or providing other help for an elderly person, be mindful of the risks of transmitting coronavirus. Older people are especially vulnerable to coronavirus. If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

You shouldn't be making social visits to friends and family at the moment. Instead you can stay connected by sending photos or using video chat or phone calls.

## Physical distancing and restrictions

The Victorian Government has eased restrictions by adding health and welfare criteria to those activities that are permitted activities. Physical distancing must be maintained at all times. You must stay home if you are sick.

In all situations and scenarios, we're urging Victorians to ask themselves: 'is what I'm doing necessary?'

- Participate in non-contact sport and some recreational activities. Only 10 people can participate at any one time
- Visit close family and friends. Only five visitors are allowed in a household at any one time
- Participate in public gatherings of 10 people or less
- Visit a national park

These activities are in addition to:

- shop for food and other necessary goods and services
- access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
- attend work or education where you can't do those things from home
- exercise.

You may also leave your home in an emergency or if required by law.

### Who does this apply to, and when?

Everyone in Victoria. These additional directions are intended to expand and clarify the restrictions applying to all Victorians.

### Is this compulsory, or voluntary?

It is compulsory. The Chief Health Officer of Victoria has issued a lawful direction as part of the current State of Emergency. It means that, except in limited circumstances, you should remain in your home.

### Are there limits on the time of day I can leave the house?

No. There are no limits on leaving your home if you need to during the day or night.

For example, if you work night shift, or need to provide care to a relative or other person, you can do so as needed.

You can leave home to exercise at any time of day.

### Are there any other special reasons that allow me to leave my home?

You can leave your home in an emergency, or if you are required by law to attend either a police station, court or law enforcement or justice system premises.

## Restrictions and penalties

### When will you next ease restrictions?

Victoria is taking a staged approach to lifting restrictions. Each time we ease restrictions we will need to assess the impact of the change before we can make any further decisions. If the situation changes and there is an increase in case numbers then restrictions may need to be reapplied to save lives and protect the health system.

Restrictions will be reviewed every four weeks or more frequently as the situation changes.

As restrictions are eased it is critical that Victorians continue to take actions to protect themselves and others; including staying at home if they are sick, keeping 1.5 metres between themselves and others, and practicing good hygiene including hand washing.

### What does the State of Emergency Declaration mean in Victoria?

A State of Emergency was declared in Victoria to provide the Chief Health Officer to do what is necessary to contain the spread of the virus. Get the up to date information: <https://www.dhhs.vic.gov.au/coronavirus>

### Stay at home direction

Thanks to the actions taken by Victorians we are able to start lifting restrictions. As restrictions are lifted Victorians are still being asked to continue to stay at home when they can. If you feel unwell, even if you have tested negative for coronavirus, you must stay at home. We are asking the community to use common sense to stop the spread of this deadly virus.

Stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### What will happen if we don't comply?

Non-compliance can be reported to the police. Larger fines can also be issued through the courts. Venues that don't comply with the directions on mass gatherings face fines of up to \$100,000. You can read more information here: <https://www.vic.gov.au/coronavirusresponse>

### Have the restrictions been extended?

Stage 3 restrictions have been extended but more activities are permitted. The new arrangements will now be in place for 4 weeks and they will be reviewed as required. Restrictions are enforceable. For all updates and advice see: <https://www.dhhs.vic.gov.au/coronavirus>

### Why are you extending Stage 3 restrictions?

Restrictions are in place to help flatten the curve of COVID-19, give our health system the best chance of managing the virus, and keep Victorians safe. The situation is fragile and can change rapidly. By staying at home and limiting your contact with other people, we can all slow the spread of the virus. Some restrictions have been eased to allow people to look after their own, and others health, wellbeing and social connection.

The Chief Health Officer will continue to review the situation. For the latest information and advice visit [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

### Restricted activities

The Victorian Government has restricted sporting, cultural, recreational and commercial activities to minimise the risk of people being in close contact with each other, so we can slow the spread of coronavirus (COVID-19).

### What activities are already restricted?

Many activities and facilities have already been closed or restricted where people gather in numbers or come into close contact with each other, including:

- pubs, bars nightclubs and hotels
- entertainment facilities including theatres and cinemas
- some retail business
- food and drink businesses
- accommodation facilities like camping grounds and caravan parks
- swimming pools
- animal facilities

### Are there still some exceptions with pubs, bars, nightclubs and hotels?

These services can still operate:

- bottleshops
- takeaway food and drink for people to consume off the premises
- accommodation.

### Are there any restrictions on trading hours for stores that remain open?

No. It's up to an individual business when they choose to operate, subject to the usual rules and regulations.

### What is the 'four square metre' rule?

As a way to limit the number of people who may gather in a retail premises at one time, retail operators must allow entry to no more than one person for every four-square-metres of available floor space in their shop. For example, if a shop has a total floorspace of 20 square metres, then no more than 5 people (including staff) can be in that premises at the same time.

### Are there any special conditions for retailers?

Yes, there are three special requirements for every business in Victoria that has customers on its premises:

- You must measure your available floorspace and identify the maximum number of customers allowed on your premises at one time. For example, if your shop is 2 metres wide and 8 metres deep, its floorspace would allow a maximum of 4 customers and staff inside at one time ( $2 \times 8 = 16\text{m}^2$ , divided by  $4 \text{ m}^2$  per person = 4 people).
- You must place a sign at the entrance/s to your premises indicating the maximum capacity of your shop and ensure no more than this number are in your premises at any one time.
- You must initiate a cleaning regime that ensures:
  - frequently touched surfaces such as door handles, touch screens, handrails and benchtops are cleaned at least twice per day with disinfectant
  - all surfaces are cleaned with disinfectant when visibly soiled
  - all surfaces are cleaned with disinfectant immediately if there is spillage.

The cleaning regime must include use of a disinfectant with anti-viral properties that complies with the published requirements of the Department of Health and Human Services. Download [Cleaning and disinfecting to reduce COVID-19 transmission](#).

### Is home delivery still permitted?

Yes. Always maintain a distance of 1.5 metres between you and other people, especially when paying and taking delivery of a package. Try to use contactless payment or pre-pay online if possible.

If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

### Will public transport continue to operate?

Yes. Public transport services are still available for people who need to be out for one of the permitted reasons. Ensure physical distancing at stations, stops and on buses, trams and trains by keeping 1.5 metres between you and other people. Follow good hygiene practices, including covering your mouth and nose with a tissue when you cough or sneeze, or cough and sneeze into your elbow if you don't have a tissue.

If you use a busy route, consider travelling outside of peak times to minimise risks. No other travel should be undertaken. Public transport service counters will not accept cash for payment to purchase or top up your Myki. You must either pay online, on the phone or use contactless payment methods such as machines.

### Which personal services remain prohibited?

Businesses providing personal care services where there is close contact must cease operating.

This includes the following businesses:

- beauty therapy, spray-tanning, waxing and nails
- spa and massage services
- tattoo and piercing services
- spas and massage parlours providing relaxation massages as distinct from therapeutic or remedial massage
- sex work services and adult entertainment services

## Shopping

### Shop for food and other necessary goods and services:

You may leave your home to obtain:

- food or drink including collecting takeaway food or drink
- goods and services for health or medical purposes
- necessary goods or services including, but not limited to services provided by:
  - a financial institution
  - a government body or government agency
  - a post office
  - a pharmacy
  - a hardware store
  - a petrol station
  - a pet store or veterinary clinic
  - a retail store that is NOT prohibited from operating by the restricted activity directions.

### Can I go to the supermarket?

Yes. However, you should keep visits to a minimum. Make a list of the things you need, shop quickly and minimise the time you spend there. Ideally, only one person from your household should go to the supermarket at each visit to minimise the numbers of people in the supermarket at any one time. Remember that many supermarkets are reducing their opening hours, so check online before leaving home to make sure the supermarket is open.

### Are there restrictions on what time I can go shopping?

No. You can shop at whatever time suits you, however many retailers are changing their opening hours, so check online or by phone before you leave home to ensure they are open. Try to go shopping outside of busy hours to avoid crowds. All retailers must ensure customers can maintain physical distancing of at least 1.5 metres between people at all times, and must limit the number of people on their premises using the four square metre rule.

### Can I take a friend or relative to the shops with me?

If you need help with shopping, or if a friend or family member needs help, or you can't leave them at home, then you can go to the supermarket or shopping centre together, observing physical distancing by keeping at least 1.5 metres between you and others.

**Can I still go to big shopping centres?**

Only for the purpose of shopping for necessary goods and services at supermarkets, pharmacies and other service providers. Many retail stores and all public attractions are now closed at major shopping centres. If you do go to the shopping centre, you should spend as little time there as possible.

**Can I go out to pick up takeaway food?**

Yes. You should travel directly to the food outlet, try to minimise the time spent in those premises, always observe physical distancing by keeping at least 1.5 metres between yourself and others, and return home directly. Consider arranging home delivery as an alternative.

**Can I order home-delivered food?**

Yes. Remember some basics to minimise the spread of coronavirus (COVID-19) when having food delivered.

Don't allow the delivery person to enter your home, and always maintain physical distancing by keeping at least 1.5 metres between yourself and others, especially when paying and taking delivery of your meal. Try to use contactless payment or prepay online if possible.

If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

**Can I go out to pick up my online shopping from the post office or other collection point?**

Yes. However, consider what online shopping you really need to do during the Stay at Home period, and minimise your need to leave the house. If you wish to pick up a purchased item from a point of collection, first check online or phone to confirm what hours it is open, and travel directly there and home again. Always observe physical distancing by keeping at least 1.5 metres between yourself and others.

**Can I visit a store or retail outlet to buy items for my indoor recreational activity? (eg: computer parts)**

If you can stay home, you should stay home. Look at alternative options for purchasing , such as home delivery. If you need to leave your house for essentials, limit the amount of time you spend shopping, and make sure you understand the risks of transmission and some ways to reduce risk.

**Can I collect / deliver [furniture / boat / car / motorbike etc]?**

If you can stay home, you should stay home. If you can delay the collection or delivery you should. Look at alternative options for collecting purchases, such as home delivery. If you can't delay the collection or delivery then you must, limit the amount of time you spend out of home. You should also take collect or drop off without making physical contact. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

**Work or education****Essential vs non-essential services**

View a full list here of essential services here: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-new-restrictions-and-closures>

Please be aware that the situation is changing rapidly. For the latest information please visit the website regularly: <https://www.dhhs.vic.gov.au/coronavirus>

### Can I leave my house to go to work?

If your work cannot be performed from home, you can still go to work. When at work, you should ensure appropriate physical distancing and hygiene measures by keeping at least 1.5 metres between you and others.

### Can I leave my house to do volunteering work?

Yes. Unpaid work can continue to be done while the organisation you are volunteering for is still operating. However, if the volunteer work can be done from home, it should be. You should also maintain appropriate physical distancing by keeping at least 1.5 metres between yourself and other people at all times and maintain sanitisation measures such as regularly washing your hands with soap for at least 20 seconds.

## Recreational activities

### What is the list of restricted entertainment facilities?

All of the following facilities should now be closed:

- theatres
- cinemas
- concert halls and auditoriums
- arenas, stadiums and convention centres
- games arcades
- amusement parks
- casinos and other gambling and sports-betting businesses
- brothels, strip clubs, escort agencies, sex-on-premises and other adult entertainment venues.

### Can I still live-stream performances from my venue without an audience?

Yes. You can put on live-streamed performances, without a live audience, at your venue if you'd like to continue to operate as a music venue, for example. However, you will need to ensure that the performers and technicians involved maintain physical distancing by keeping at least 1.5 metres between each other at all times.

### Are places of worship closed?

All places of worship, of all denominations are now open for private worship or small religious ceremonies of up to 10 people

Ceremonies and services can still be recorded or broadcast live from the place of worship for viewing online. You are allowed to have people on site to record and live stream services, however, you must ensure those people maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Places of worship may be opened for the purposes of conducting weddings and funerals, but there are strict limits on the number of people who can attend.

For weddings, 10 people can attend as well as the couple, and the celebrant.

For funerals, no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. Both weddings and funerals can be live-streamed if desired.

Places of worship can continue to be opened for the purposes of hosting essential public support services such as food banks, help for the homeless or other essential activities, ensuring appropriate physical distancing is maintained by keeping at least 1.5 metres between everyone at all times.

### What type of accommodation facilities are prohibited?

Camping grounds and caravan parks are not permitted to remain open because of the communal nature of many of the facilities offered. The only exceptions are where the occupants:

- live there permanently
- are without another permanent place of residence
- have a permanent place of residence that is temporarily unavailable
- have travelled to Victoria for work
- were already staying there temporarily at the time the restrictions came into force and are unable to return to a permanent place of residence
- need emergency accommodation as a result of family violence or other threats
- require accommodation for work, where their work is helping to limit the spread of coronavirus (COVID-19).

### **Why are swimming pools prohibited?**

Public swimming pools represent a risk for the transmission of coronavirus (COVID-19) because of the number of people who use them, the communal nature of facilities and the range of surfaces and fixtures that are touched by visitors throughout the day.

If a pool is at a person's private residence and is not available for communal use, it can be used without restriction.

### **What kind of animal facilities are closed?**

Any kind of animal facility that would normally attract a crowd is now closed to the public. Caring arrangements for animals continue. This includes:

- zoos
- wildlife centres
- petting zoos
- aquariums
- animal farms that are not involved in producing food.

Animal facilities can continue to operate and undertake maintenance of operations if they treat or care for sick animals, or rescue abandoned or injured animals.

### **How are these measures being enforced?**

Victoria Police has established a squad of 500 officers to enforce these containment measures. These officers will be out in the community doing spot checks and to enforce the current ban on gatherings.

### **Pet grooming businesses seeking exemption**

We cannot provide you with exemptions from the guidelines via social media. If you're in doubt about whether or not a planned activity contravenes the guidance to stay home, it's best to err on the side of caution.

### **Pet grooming (dog grooming, etc)**

Please call your dog groomer to discuss options if they are available.

### **Can I leave my home to care for my horse who is agisted in another property?**

You may leave your home to continue providing care for animals under your care. For more information, visit <http://agriculture.vic.gov.au/agriculture/emergencies/coronavirus/covid-19-advice-for-animal-owners>

### **Can I go horse-riding?**

Yes you can go horse-riding. You should keep your distance from others (1.5 metres) and only do your activity outside and in a group of 10 people maximum. You cannot use club facilities, except toilets.

Use of shared sporting equipment should be minimised and there should be no sharing of equipment that touches the face or head (e.g. helmets, goggles or masks).

If the activity involves shared equipment, only equipment with smooth, hard surfaces should be available for use and the equipment should be sanitised between users.

You are not allowed to compete in horse riding competitions.

### Exercise in apartment common areas

Exercising outside of your home is allowed, including in common areas of your apartment building. However, in doing so physical distancing measures must always be observed. More information: <https://www.vic.gov.au/coronavirus-covid-19-restrictions-victoria>

## Transport

### Is it still safe to use public transport?

The Department of Health and Human Services is working closely with the Department of Transport and transport operators, to actively prepare for potential impacts of COVID-19 on Victoria's transport network. The latest advice for travel in Victoria is available here: <https://transport.vic.gov.au/coronavirus-disease>

Mass transport should be avoided by people vulnerable to the virus, including the elderly. To check if you are in an at-risk group, please visit <https://www.dhhs.vic.gov.au/information-public-novel-coronavirus>

When travelling on public transport, we encourage everyone to practice good hygiene.

### Taking taxis and rideshare

You can use taxis and ride-shares but only for one of the permitted purposes. The less time we all spend out of our homes, the faster we will all be able resume normal life again.

People using taxis or rideshare are advised to sit in the back of the vehicle if possible.

### Carpool / rideshare / multiple passengers in vehicles

Physical distancing in taxis, ride share vehicles and other passenger transport vehicles will be challenging, but there are steps that can be taken to maximise physical distancing to the extent possible. This includes sitting the back seat, maintaining 1.5m distance.

This direction is also applicable for sharing a car with other people, particularly strangers. However if it is essential to travel with individuals who also ordinarily reside in the same premises, with no other alternatives, we advise to practice good hygiene measures. The virus can spread from close contact with an infected person, mostly through face-to-face or between members of the same household.

### Carpooling for work

If you are unable to work from home and need to drive to work you can carpool with one other person who you don't live with if you can maintain physical distancing measures including maintaining 1.5m distance between people in the car.

### Carpooling / sharing a car with people from same household

Physical distancing is applicable for sharing a car with other people, particularly strangers. However, if it is essential to travel with individuals who ordinarily reside in the same premises, with no other alternatives, we advise to practice good hygiene measures.

### Can I go for a recreational drive / teaching kids to drive / driving lessons?

Yes, for purposes of health, wellbeing, recreation and visiting family and friends for social connection you are able to go for a drive.

Practice driving is now permitted, as well as attending driving lessons

### Drop off / pick up friend or family member at the airport

You can collect a family member or friend from the airport in your car. If possible someone who ordinarily resides at the same house will collect them from the airport. We advise you to practice good hygiene measures and to stay in the car when you collect them from the airport. The virus can spread from close contact with an infected person, mostly through face-to-face contact or between members of the same household.

You should minimise the number of people who are in the car so that only the driver and the person or people they are collecting are in the car.

If it isn't possible to have someone who normally resides with the traveller collect them then you must take reasonable measures to practice physical distancing between people in the car.

## Travel

### Can I drive my car?

Yes you can.

## Restricting access to care facilities

### Are these new and additional restrictions?

Yes. To protect some of the most vulnerable Victorians, this measure places strict limits on who can visit a care facility and in what circumstances.

### Which types of care facilities are covered by this restriction?

This restriction applies to all the following care facilities, whether operated by government, the private sector or not-for-profit organisations:

- residential aged care facilities
- alcohol and drug residential services
- homelessness residential services
- disability residential services
- specialist disability accommodation
- secure welfare services
- short-term accommodation and assistance dwellings
- Supported Residential Services (SRS)
- Disability Forensic Assessment and Treatment Services (DFATS)
- Thomas Embling Hospital.

### What are the restrictions on staff who work in care facilities?

Subject to some important conditions, staff can enter the facility only if they are:

- an employee or contractor at that facility
- providing goods or services to the facility that are necessary for its effective operation (either as a paid worker or volunteer)
- providing health care, medical or pharmaceutical goods or services, behavioural support services or other support services to a resident (either as a paid worker or a volunteer)
- providing treatment under a treatment plan to a resident of a disability residential service (either as a paid worker or volunteer) providing education services to the resident of a secure welfare service (either as a paid worker or volunteer).

If emergency services or law enforcement personnel are required to attend the facility, they can enter at any time.

### How many people can visit?

No more than two people can visit a resident together to provide care and support.

Each resident can have no more than one visit (of up to two visitors) each day.

### Is there a time limit on visits?

Visits must be for no more than two hours. The only exception is if visitors are supporting end-of-life care to a resident of a facility.

### What are the restrictions on visitors?

Subject to some other important conditions, you can visit a care facility if you are:

- providing care and support to a resident of the facility
- providing support to end-of-life care to a resident of the facility – in these circumstances visits are not restricted to two hours and the number of people visiting is not restricted (but should be managed carefully)
- viewing the facility as a prospective resident, in which case you can bring up to two other people with you.

### What other conditions apply to workers and visitors?

Workers and visitors must not enter any of the nominated care facilities if they:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever
- ~~have arrived back in Australia from overseas in the last 14 days~~
- have a temperature higher than 37.5 degrees
- are under 16, unless they are visiting a resident who is receiving end-of-life care, or they are visiting a secure welfare service, Supported Residential Service or an alcohol and drug residential service, in the company of an adult.

### Residential aged care facilities and influenza vaccinations

People visiting or working in residential aged care facilities must have an up to date influenza (flu) vaccination.

- Visitors who choose not to have an influenza vaccination are not able to visit a residential aged care service during this period.
- Visitors who unable to access a influenza vaccination can visit.
- Visitors who unable to have an influenza vaccination due to medical reasons can visit; however, they are required to provide evidence, from a medical practitioner, as to the reason they cannot have the vaccination. Services should encourage visitors who cannot have an influenza vaccination to only visit for compassionate reasons and end of life care.

### Evidence of influenza vaccination

Appropriate evidence might include:

- a statement or record from a health practitioner or
- an immunisation history statement from Medicare online or the Express Plus Medicare mobile app.
- A visitor or worker may also offer to complete a statutory declaration that they have received an up to date influenza vaccination. A statutory declaration is a legally binding document and would be acceptable evidence that the person is making a truthful statement that they have an up to date influenza vaccination.
- The declaration should reference relevant details such as the date and location where the immunisation occurred.

For more information, including information for staff, emergency workers and workers in residential aged care facilities visit: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

### **Are there any other conditions placed on visits?**

Visitors must comply with all screening and infection control measures put in place by the facility.

You should maintain a 1.5 metre (a full arm span) physical distance between you and the resident and all other people in the facility for the duration of your visit.

You will not be admitted as a visitor, staff or other worker to a residential aged care facility if you don't have an up-to-date vaccination for influenza – this means after 1 May 2020 you need this year's vaccine but before 1 May 2020 you must have had the 2019 vaccine

## **Penalties**

### **What are the penalties for not complying with the Stay at Home requirement?**

A person who fails to comply with this direction will be liable for fines of up to \$20,000, or up to \$100,000 in the case of companies and other bodies.

### **PSOs**

The Victorian Government has increased the range of 'designated places' where Protective Services Officers (PSOs) can exercise their powers so PSOs can be redeployed from the public transport network and into communities, boosting police resources.

### **Fines**

Police have strong powers to enforce these directions and can issue on the spot fines, including up to \$1,652 for individuals and up to \$9,913 for businesses.

Under the State of Emergency people who don't comply could also be taken to court and receive a fine of up to \$20,000. Companies face fines of up to \$100,000.

Victoria Police has established a squad of five hundred officers to enforce containment measures that have been put in place to combat the coronavirus.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings. We sincerely hope that Victoria Police does not have to issue one of these fines, and people do the right thing. Everybody has a role to play in slowing the spread of coronavirus and to take the pressure off our health system. Our message is clear: if you can, you must stay at home.

### **Deliberate attempts to infect people with coronavirus (COVID-19)**

- Spitting at someone is a public order offence in Victoria. Penalties range from fines to jail sentences, depending on the seriousness of the offence.
- Violent behaviour is an offence and can carry very serious penalties. People can be charged with a violence-related offence without making physical contact. Threats or physical intimidation can be classified as an offence, even if no harm was intended.
- Spitting or coughing on someone may also breach the physical distancing rules of 1.5 metres, which can attract an on-the-spot fine of up to \$1,652.

## Family violence

### Family violence services

- With more people staying at home to reduce the community spread of coronavirus (COVID-19), there may be an increased risk of family violence.
- Services are still operating to help women and children in family violence situations, including crisis accommodation.
- The accommodation will provide a safe haven for women and children escaping family violence throughout the pandemic, and will include support to help them get back on their feet once it has passed.
- If you or someone you know is at risk or experiencing family violence call 000 in an emergency or safe steps 24/7 crisis service on 1800 015 188.
- The Victorian Government is investing \$40.2 million into crisis accommodation and specialist services for people suffering or at risk of family violence:
  - \$20 million into short-term accommodation for family violence victim survivors who do not feel safe isolating or recovering from coronavirus (COVID-19) at home
  - \$20.2 million to help Victorian family violence services meet the expected increase in demand during the coronavirus (COVID-19) pandemic and provide critical help for victim-survivors.

### How can I access family violence support services?

- You can call safe steps on 1800 015 188 24 hours a day, 7 days a week for family violence help and support.
- The Orange Door service continues to operate during the coronavirus outbreak from 9am to 5pm Monday to Friday in:
  - Barwon (1800 312 820)
  - Bayside Peninsula (1800 319 353)
  - Inner Gippsland (1800 319 354)
  - the Mallee (1800 290 943) and
  - North Eastern Melbourne (1800 319 355).
  - **Please note** these services are closed on public holidays.
- The Orange Door website [orangedoor.vic.gov.au](http://orangedoor.vic.gov.au) also has lots of helpful information if you're feeling unsafe, need more support with the care of children or are worried about how someone close to you is treating you.

### Child protection supervised visits

In accordance with advice from the Chief Health Officer, the department has activated an emergency management plan and is no longer able to regularly supervise visits in person between children and family members.

As soon as it is safe to do so and with the advice of the Chief Health Officer, we will resume face-to-face contact and transport arrangements.

Victorian child protection workers are continuing their essential work throughout the coronavirus pandemic – including intervening when a child is at urgent or imminent risk of harm or abuse.

## Caregiving, compassionate reasons

### What are the 'care or compassionate reasons' for being able to leave my home?

You may leave your home for any of the following personal reasons:

- to visit a doctor or other medical professional, or to obtain medical supplies
- to donate blood
- if you have shared parenting obligations and need to transport children between homes, under an informal or court-ordered arrangement

- to provide child-minding services at someone's home because that person needs to leave the house for one of the permitted reasons, or work or study at home
- if you are the parent or guardian of a child and you wish to visit the child because they are in the care of another person or organisation, or you have obligations in relation to the care and support of the child
- to provide childcare or early childhood education or school to a child who lives in the care of the State or family or family violence service
- if you have carer responsibilities, for example, picking up or dropping off children in a foster care or respite care arrangement
- to drop off or pick up a child at personal or private childcare, early childhood education or school, if you need to go to work or study
- to provide care and support to a relative or other person – such as shopping, cooking or house-cleaning – because of their old age, infirmity, disability, sickness or chronic health condition
- they are pregnant or have health or mental health concerns
- to visit someone in an aged care facility, disability accommodation or other residential care facility, provided your visit conforms to the [Care facilities direction](#)
- to visit someone in hospital, provided that visit conforms to the [Hospital Visitor direction](#)
- to attend the funeral service of a relative or close friend, noting that the maximum permitted number of mourners is 20
- to get married, or be a witness to a marriage, noting that the maximum permitted number of people is ten plus the celebrant and couple
- if there is family violence, or violence by another person in the home, and you are at risk. If you are stopped by police, tell them you are feeling unsafe at home and they will help you. Safe accommodation and support for family violence is available. Call safe steps on 1800 015 188 or email [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au) for help 24 hours a day, 7 days a week.

### Hospital visitors

Victorian hospitals are currently only allowing visitors who are of good health. If you show signs of any symptoms, regardless of illness, you will not be allowed to enter the hospital.

If you are unsure, please call the hospital to discuss your situation.

### Aged care / nursing home visits

Access to residential aged care facilities has been restricted to essential services only. All visitors entering a residential care facility will be required to undertake screening before entering the facility and must comply with infection control measures as directed by the residential aged care facility.

For guidelines to assist residential aged care facilities (RACFs) to support their healthcare workers, residents, families and visitors to prepare for, prevent and manage cases and outbreaks of COVID-19, visit: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

### I am caring for an elderly parent/friend who lives alone. Can I visit them?

Yes. However, if you are preparing meals or providing other help for an elderly person, be mindful of the risks of transmitting coronavirus (COVID-19). Older people are especially vulnerable to coronavirus (COVID-19). If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

### What about my care arrangements?

Medical, care or compassionate needs are included in the reasons you can be out of your house and in contact with people not in your household. It's very important that physical distancing and transmission reduction measures are followed.

### Childcare at home / family care

If you need to leave home for one of the permitted reasons, you can use childcare services, or take them to the house of a friend or family member so they can be cared for. You can have someone, including family or friends, to your home to mind your children if you must leave home. If it is essential to have more than one carer, please be aware that having more than one person in the room can increase the risk that the virus will spread. The virus can spread from close contact with an infected person, mostly through face-to-face or between members of the same household.

### Can I drop my children at childcare – or to someone’s house to have them minded?

Yes. If you need to leave home for one of the permitted reasons, you can use childcare services, or take them to the house of a friend or family member so they can be cared for.

### Can I get a baby-sitter to come to my home?

Yes. You can arrange in-home child minding if you need to leave home for a permitted purpose.

As always, visitors to your home should observe appropriate physical distancing by keeping at least 1.5 metres from other people.

### Visiting cemetery

Yes, you can visit a cemetery. If you do visit loved ones at the cemetery, please ensure that no more than your immediate household or ten people (including you) are gathered. Physical distance has to be maintained by staying at least 1.5 metres apart.

Alternative ways to remember your loved ones while staying at home include lighting a candle or holding a virtual remembrance with family and friends.

### What defines 'close contact'?

'Close contact' means having face-to-face contact for more than 15 minutes with someone who is a confirmed case of coronavirus (COVID-19) – or alternatively sharing a closed space with a confirmed case for more than two hours.

Close contact can happen in many ways, but examples include:

- living in the same household or household-like setting (for example, a boarding school or hostel)
- direct contact with the body fluids or laboratory specimens of a confirmed case
- being in the same room or office for two hours or more
- face-to-face contact for more than 15 minutes in another setting such as in a car or a lift or sitting next to them on public transport.

You can reduce your risk of contracting coronavirus (COVID-19) by following these steps.

## Household

### Can I have visitors in my home?

Social visits from close friends, family, and partners are allowed. At any one time you can have up to 5 visitors to your home. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene. If you or your friends, family or partner are feeling unwell you should not visit people.

Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

### Can carers still come to our home?

As an essential service, a carer can continue working with your family - however they must adhere to government guidelines on quarantine/isolation and practice safe physical distancing and hygiene measures. Please see the section titled "People with a disability and their carers" <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#aged-care-facilities>

If you have more immediate queries, please call the hotline 1800 675 398

### Safety around the home

- Victorians are urged not to undertake building or repair works around their home where they do not have the required skills or experience.
- If you do not have the required skills or experience, always use a professional to safely complete all repairs and renovations around the house.
- To find an accredited builder go to: <https://www.vba.vic.gov.au/tools/find-practitioner>

### Can tradespeople come into my home?

A tradesperson is permitted to enter your home to fix a problem, but you must ensure physical distancing by keeping 1.5 metres between you and the tradesperson at all times.

A cleaner is allowed in your home and should observe appropriate physical distancing by keeping 1.5 metres between you and the cleaner at all times.

When a service provider is visiting, minimise physical contact by paying with a direct bank transfer or contactless payment.

### Pets

- You can walk your dog
- You can pick up food and supplies at a pet store
- You can get veterinary care for your pet at a veterinary clinic. You should call ahead before arriving so that you understand the physical distance measures they have put in place.
- You can adopt a pet. You should call ahead to an animal shelter
- You can collect a pet from a breeder or pet store however you must follow physical distance measures and good hygiene practices.

### Can pets be infected with coronavirus (COVID-19)?

There is no evidence that animals, including pets in Australia, might be a source of infection with the virus.

There have also been no reports of pets or other animals becoming sick with coronavirus (COVID-19) in Australia.

However, since animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

Remember, animals need to be looked after during the coronavirus (COVID-19) pandemic too. For more information regarding domestic pets, see: [Coronavirus \(COVID-19\): AVA updates](#).

And for those in the farming and agricultural sector, see: [Coronavirus \(COVID-19\) page in Agriculture Victoria website](#).

**Can I move house / help someone move house?**

Yes, you can move house.

Freight & logistics are currently operational, and removalists would need to meet the physical distancing requirements. If family or friends are helping you move, you should practice physical distancing and good hygiene measures.

Learn more about transmission reduction measures: <https://go.vic.gov.au/YpFemr>

**Moving house – removalists**

If it is essential, you can leave home for the purposes of moving to a new house. Freight & logistics are currently operational, and removalists would need to meet the physical distancing requirements.

Learn more about transmission reduction measures: <https://go.vic.gov.au/YpFemr>

**What if was planning to move overseas or interstate – can I still go?**

Yes. You can move home within Australia (subject to obtaining the relevant permits to enter another state).

**Can I inspect land that is for sale?**

You can attend open-for-inspection sessions. A maximum of ten people and those required to facilitate the inspection are allowed at any one time. During inspections, physical distancing must be ensured by keeping at least 1.5 metres between everyone at all times.

**Can I have repairs done on my home / rental / property?**

Yes, a tradesperson visiting to fix a critical fault in your home, such as plumbing, wi-fi or electrical. A tradesperson would need to meet the physical distancing requirements.

**Can I leave home to undertake essential maintenance of a property other than my place of residence?**

Yes, you may leave your home to undertake these duties, however, physical distancing should be maintained by keeping 1.5 metres between you and anyone else on site. You should try to keep your time at the property to a minimum.

You can also visit a friend or family member and help them with maintenance.

**Can I get my car serviced?**

Yes, you can get your car serviced. Call ahead to your mechanic and follow physical distancing advice.

**Can I travel to a tip / refuse centre?**

Yes, you can drop rubbish, recycling and waste (including green waste) at a tip, rubbish dump or refuse centre. While doing this you must maintain physical distancing advice including maintaining 1.5m distance between yourself and others.

**Do I have to keep paying my Private Health Insurance premiums?**

Please speak with your private health insurer to get the latest information about your situation.

## Wellbeing

### Mental health

- It's important everyone looks after their mental health during the coronavirus (COVID-19) pandemic.
- We recognise the feelings of anxiety or concern that many people may be experiencing during this time.
- People experiencing these feelings might include seniors, families and young people, and those going into self-isolation or quarantine. It is important to remember that we can do many things to feel empowered and enabled during this time.
- For your mental wellbeing, activities that can enable us to stay calm and healthy include:
  - maintaining a healthy diet, exercise, and basic hygiene
  - staying connected by talking to loved ones
  - engaging in hobbies and enjoyable activities
  - receiving information from trusted and credible sources
  - continuing to take any prescribed medication and monitoring any new symptoms for those already managing mental health issues.
- For those in self-isolation or quarantine, it is important to support your mental health and seek professional support early if you're having difficulties. Remind yourself that this is a temporary period of isolation to slow the spread of the coronavirus (COVID-19), and that your effort is helping others in the community.
- The Victorian Government announced a funding boost to support Victoria's mental health system and ensure Victorians get the care they need, as demand for services spikes during the coronavirus (COVID-19) pandemic.
- Premier Daniel Andrews and Minister for Mental Health Martin Foley announced a \$59.4 million package to help meet demand as Victorians reach out for help with stress, isolation and uncertainty.

### Gambling and drinking responsibly

- Gambling and drinking large amounts of alcohol can be an escape for people who have experienced a stressful change in life, such as the unprecedented changes in society we are all experiencing due to coronavirus (COVID-19).
- Excessive alcohol consumption is harmful for your health and can weaken your immune system, making you more susceptible to pneumonia, acute respiratory stress syndromes (ARDS), and sepsis.
- If you drink alcohol, please drink responsibly by following the Australian Guidelines which recommend healthy adults drink no more than 2 standard drinks on any day.
- When people turn to gambling at vulnerable times in their lives and it becomes a way for them to cope, it can lead to gambling problems.
- Responsible gambling means understanding the odds, knowing how much time or money to spend and when to stop. If you gamble you should expect to lose.
- Gambling should be budgeted as an expense, just like going out for dinner, and not considered a way to make money.
- If you need support or would like to speak to someone about your gambling please visit: <https://gamblershelp.com.au/> or phone 1800 858 858

### Caring for others around you

Caring doesn't just benefit others, evidence shows it is one of the best ways to improve our own mental wellbeing.

Think about elderly friends, neighbours, and people with a disability in your community and how you can support each other during this time. Think about how you might be able to help others out, such as with getting food and necessities.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week). The Department of Health and Human Services can arrange delivery of a free care package for people who do not have support available to them.

## Government response

### Investing in healthcare

- Additional capacity is being provided to the healthcare sector to manage the coronavirus (COVID-19) response. This includes:
  - 4,000 ICU beds in addition to the existing 500 ICU beds
  - additional equipment and consumables, as well as capital works and workforce training
  - extra personal protective equipment such as gloves, facemasks and gowns
- The Victorian Government has also announced the refurbishment of the old Peter MacCallum Cancer Centre.
- Public and private hospitals are working together to deliver a system-wide response that provides 9,000 additional beds including 170 ICU beds to complement the existing 15,000 beds in the public sector.

### Public and private healthcare system deal

- A deal has been struck with the state's major private hospital operators to ensure they can continue to care for Victorians during the coronavirus (COVID-19) pandemic.
- The deal will see Victoria's public and private hospitals work together to relieve pressure on public hospitals and ensure the entire health system is operating at full capacity.
- This agreement will ensure our private hospital medical workforce and hospital staff remain in the healthcare system for the duration of the coronavirus (COVID-19) pandemic.

### Building the Healthcare Workforce

- The coronavirus (COVID-19) health workforce response website has been established to attract expressions of interest for working in the Victorian health system in both clinical and non-clinical roles.  
<https://healthworkforceresponse.dhhs.vic.gov.au/>
- We are working closely with the Australian Health Practitioner Regulation Agency (AHPRA) to refresh the registration of returning clinical staff to enable them to return to healthcare duties soon as possible.
- Thousands of expressions of interest have been received.
- The contact tracing team has increased from 57 people to over 1,000.
- The Australian Health Practitioner Regulation Agency (AHPRA) and National Boards have announced that additional health professions will be added to the pandemic sub-register to prepare for any surge in workforce demand resulting from COVID-19.
- Around 5,000 physiotherapists, psychologists and diagnostic radiographers who left the Register of practitioners or moved to non-practising registration in the past three years will be added to the sub-register from 20 April.
- The sub-register enables AHPRA to fast track the return to the workforce of experienced and qualified health practitioners.

### Supporting healthcare workers

- It's everyone's responsibility to support essential healthcare workers – such as doctors and nurses – to stay at work during the coronavirus (COVID-19) pandemic.
- Healthcare workers may need extra help to ensure their children have care so they can work during this period.
- Where possible, partners of essential healthcare workers – who are not healthcare workers themselves – should support them to continue working by taking care of children.
- Older people – such as grandparents – and other at-risk groups should not be engaged as carers to reduce their risk of infection.

**Accommodation for hospital workers and paramedics**

- Frontline healthcare workers who test positive for coronavirus (COVID-19), and those that have had unanticipated and unprotected contact with a person suspected of having coronavirus (COVID-19), will be put up in hotels or apartments to self-isolate (self-quarantine) free of charge.
- The move will allow healthcare workers to keep their families or housemates safe, without the financial burden of taking on extra rent. This is particularly important for those who live with other healthcare workers or vulnerable people– including people over 65, people who are immunosuppressed or have an underlying chronic condition, pregnant women, or Aboriginal and Torres Strait Islander people.
- Healthcare workers are currently more likely to be diagnosed with coronavirus (COVID-19) than any other workforce and are at greater risk of coming into close contact with someone with coronavirus (COVID-19).

**Dental**

- Victoria's school dental program, Smile Squad, will also be put on hold for three months.
- All non-urgent public dental procedures across Victoria will be placed on hold for the next three months to limit the spread of coronavirus (COVID-19) and to protect patients and staff.

**Financial Assistance / Unemployment**

Financial support is available to help you manage the effects of COVID-19 on your livelihood. Please contact the Federal Department of Human Services. Read more here: <https://moneysmart.gov.au/covid-19-financial-assistance>

**Rent / rental assistance**

National Cabinet has put a freeze on evictions for the next six months for residential and commercial tenants experiencing financial hardship due to COVID-19.

If you have questions about rent, Consumer Affairs Victoria have information here: <https://www.consumer.vic.gov.au/resources-and-tools/advice-in-a-disaster/coronavirus-covid19-and-your-rights>

**Specific queries around individual work status**

The Department is unable to provide individualised advice about your situation. Financial support is available to help you manage the effects of COVID-19. Please contact the Federal Department of Human Services. Read more here: <https://moneysmart.gov.au/covid-19/financial-assistance>

**Business and retail****Help for businesses**

Businesses across the state can now access information on dealing with COVID-19 by calling the Business Victoria hotline on 13 22 15. If you're an individual who needs help, call 1800 675 398.

Advice, updates and support to help your workplace plan and respond to coronavirus (COVID-19) can be found here: <https://www.business.vic.gov.au/coronavirus>

**Business closures (listing)**

Stage 3 restrictions are now in place. For more information please visit <https://www.vic.gov.au/coronavirusresponse> or view the Directions from the Chief Health Officer here: <https://www.dhhs.vic.gov.au/state-emergency>

**Employment opportunities for COVID-19 support**

If your employment status has been affected by coronavirus (COVID-19) you are invited to register your details on the Working for Victoria site to access new work opportunities. Find out more: <https://www.vic.gov.au/workingforvictoria>

## Food and drink

### Which market stalls are affected?

If a market stall is predominantly involved with selling food or drink, it may continue to operate. However, at any indoor or outdoor market where other goods are sold, only the food stalls may continue to trade, and the market operator must ensure there is enough open space to allow physical distancing of at least 1.5 metres between all customers and stall holders.

### Do all food and drink businesses have to close?

A food and drink business can only remain open if it offers takeaway or delivery services – no sit-down meals or drinks are permitted.

### Are there any exceptions to the restaurant/café restriction?

If a food and drink operation is situated on the premises of a hospital, a residential aged care facility, a school, prison, correctional facility, youth justice facility or defence force base, it may continue to operate normally.

Businesses or charities providing food and drink to the homeless may continue to operate as normal, but physical distancing must be observed by keeping 1.5 metres between people at all times.

### What about truck-stops?

If your food and drink operation is situated on a major transport route and has a dedicated section providing food and drink to help alleviate fatigue for drivers of long-haul heavy vehicles, you may continue to operate that dedicated section, ensuring the four square metre rule is observed. Drivers must not remain in that dedicated section for more than one hour at a time and there must be at least 1.5 metres between people at all times.

### Why are you restricting food and drink businesses to takeaway or delivery only?

This restriction is designed to prevent large numbers of people spending time in an enclosed space to eat a meal. Restaurants, cafes, cafeterias and fast-food stores have many surfaces, tabletops, door handles and other fixtures that are touched by many people. Reducing the amount of time people spend in that environment will minimise the risk of transmission of coronavirus.

### Why are you restricting food courts to takeaway only?

For the same reason as above. Food court stall holders must supply takeaway only.

## Sport, cultural and recreational activities

### Social gatherings / Events

#### Weddings

In weddings, you can only have 10 people invited, plus the couple getting married and the celebrant. Children are also counted as part of the ten person limit.

#### Funerals

Funerals may be held in places of worship, funeral parlours or other venues however with a maximum of twenty mourners in attendance. Children are also counted as part of the 20 person limit.

### Can a recreational facility be used for wedding or funeral services?

Yes, there can be no more than 10 people in attendance at a wedding as well as the celebrant. The ceremony can be live-streamed, if you wish.

Similarly, a recreational facility can be used for a funeral service, but no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. The service can be live-streamed.

Sports and recreation play a critical role in the physical, mental and emotional wellbeing of Victorians. However, this must be balanced by with the risk of transmitting coronavirus. The following principles have been developed to guide if the lifting of restrictions around sports and recreation. A sporting or recreational activity can resume if:

- If you can keep your distance (at least 1.5 metres apart), you are not doing your activities indoors and they are not competitive (team vs team) then you can.
- And you can do them with a maximum of ten people.

If you are unsure, ask yourself the following 2 questions ....

- Where is your activity practiced?

Indoors sport/recreation is not allowed, unless it is practiced at home or via online sessions/classes.

Outdoors activities are allowed, as long as the other principles are met

- Is it a non-contact or contact activity?

Non-contact sports/recreation are allowed but you need to maintain physical distancing

Contact sports/recreation must be modified so that you can maintain physical distancing, if you cannot do this, you cannot do it. This means people can do training sessions for contact sports as long as physical distancing is possible.

Your sport/recreation activity can be part of a club, but you cannot use club facilities, except toilets.

Use of shared sporting equipment should be minimised and there should be no sharing of equipment that touches the face or head (e.g. helmets, goggles or masks).

If the activity involves shared equipment, only equipment with smooth, hard surfaces should be available for use and the equipment should be sanitised between users.

If your household is greater than 10 people, you can practice your sport/recreation activity with your household.

### What sports am I allowed to do?

With the easing of restrictions most non-contact sports are now permitted, as long as there are only 10 participants at any one time, non-contact rules are strictly enforced and reasonable effort is made to keep 1.5 metres apart.

Permitted sports include:

- Water sports: swimming, sailing, boating, fishing, water polo, water skiing, water aerobics, diving, canoeing, kayaking, stand up paddle boarding, rowing, surf skiing, surfing
- Team sports including netball, basketball, volleyball, softball, field hockey, lawn bowls, cricket, baseball
- Individual sports including outdoor mini golf, golf, archery, hiking, equestrian, fencing, athletics, para-athletic sports, tennis, running, handball, badminton
- Outdoor recreation including hiking, horse riding, hunting, walking, bicycle riding, skateboarding or scooting (but not at a skate park).

Commented [RE]: Outdoor team sports?

You can also participate in general training, boxing training and yoga outside. Boot camps are permitted as long as groups are restricted to 10 people and physical distancing is in place.

### Which recreational facilities are restricted?

The current list of prohibited recreational facilities includes:

- indoor physical recreation facilities, including gyms, swimming pools, climbing centres, yoga studios, saunas, wellness centres, barre and spin facilities and health studios
- some outdoor recreational facilities, including, for example, paintball, go-karts, and rifle ranges
- indoor personal training facilities where personal training services are the predominant activity
- community centres and halls

- public libraries, including toy libraries
- galleries and museums
- youth centres
- play centres
- publicly accessible playgrounds
- skate parks
- outdoor communal gym equipment.

Boot camps and personal training services can continue only if they are outdoor with a maximum of ten people at any one session, ensuring no more than one person for every four square metres of space.

Canoeing, kayaking, stand-up paddle boarding, rowing and surf skiing are permitted, as long as physical distancing is complied with and people don't travel large distances to do them.

### What sports remain prohibited and can I train?

Contact sports that are still prohibited include Australian Rules Football, other codes of football and soccer. You can participate in training for all these sports but it must be non-contact, with only 10 people participating at any one time in addition to those people running the training (e.g. coach, manager).

Indoor sports remain prohibited as there is an increase in the risk of transmission while exercising in an enclosed space.

Martial arts including judo, karate and taekwondo remain prohibited.

### Can I use sports club facilities?

You can use toilet facilities connected to a permitted sport location. However, clubhouses, bars, eating areas, indoor sitting areas, showers and change facilities must remain closed.

### Are swimming pools closed?

Yes, public swimming pools are closed.

If a pool is at a person's private residence and is not available for communal use, it can be used without restriction.

### Can I play golf?

Yes. You can play golf but other facilities will remain closed including clubhouses, bars, eating areas, eating areas, indoor sitting areas, showers and change facilities.

### What sort of indoor physical training facilities are closed?

Gyms, including indoor personal training facilities are closed, because they pose a significant risk of transmission should a person who attends one of these centres have a confirmed case of coronavirus (COVID-19).

## Exercise

### Gym / fitness studio / small personal training studios

A gym or fitness studio is a non-essential business and is not able to operate at this time.

### Shared gym equipment not at your residence

We are unable to provide direct advice about individual circumstances. But just as you can't go to the pub or to entertainment venues, you should not be socialising with or visiting people you don't already live with.

It is also important to remember that visits from friends and family increase the risk of spreading coronavirus. Every interaction with another person carries the risk of transmission and should be avoided. You should not have visitors and in turn, you should not visit the homes of others during the time the Stay at Home direction is in place.

**Can I drive to a location to exercise?**

Yes you can drive to a location to exercise. Victorians are being asked to use common sense when it comes to travelling, if you can walk or exercise near your home you should.

**Can I walk my dog / hike solo / cycle with my kids?**

A regular routine will help you feel happier and less bored. Your routine should include maintaining regular mealtimes, eating a healthy and balanced diet, getting enough sleep and keeping physically active around the house. At the moment, so long as you follow the physical distancing guidelines, you are still able to continue these activities.

**Recreational activities and getting outside****Can I go to a community centre?**

Facilities such as community centres and public halls can still be used as a place for delivering essential services such as food banks or services for the homeless and support services such as Alcoholics Anonymous or parent groups. Ensure appropriate physical distancing by keeping at least 1.5 metres between people at all times.. You can now attend a community centre for:

- Provision of essential services such as food banks or services for the homeless
- Community support meetings such as Alcoholics Anonymous, Narcotics Anonymous, parent groups and youth groups.

Community halls and youth centres cannot be used for sporting activities.

**Can we go to the beach?**

Yes, you can relax at the beach, have a picnic or play non-contact sports. Maintain physical distancing at all times by keeping at least 1.5 metres between yourself and other people at all times.

**Can I go swimming at the beach?**

You can swim at the beach but you cannot gather in groups of more than 10 people at any one time.

**Can I go to the park?**

Yes, you can relax at the park, have a picnic or play non-contact sports.

You cannot use playgrounds, outdoor gyms and skate parks, all of which remain closed.

Children should not be allowed to come into contact with playground equipment, outdoor chairs and tables, and they should not drink from public drinking fountains. Keep at least 1.5 metres between yourself and other people at all times.

**What kind of playgrounds are prohibited?**

It's prohibited to play on outdoor playground equipment that is situated in public open space. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

Playgrounds situated in early learning centres and schools, where access is controlled, are not included in this prohibition.

**What is outdoor communal gym equipment?**

Many parks and recreation reserves feature outdoor exercise equipment for use by the general public, which are now restricted. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

### Can I still visit parks and forests / tourist sites?

Parks have reopened for hiking and other recreational activities but you cannot gather in groups of more than 10 people at any one time.

Camping is still prohibited.

For information and list of closed sites, please visit the Parks Victoria website at <https://www.parks.vic.gov.au/get-intonature/safety-in-nature/covid-19-update>

If you have further queries, contact the DELWP Customer Service Centre on 136 186

### Can I go fishing? Or hunting?

You can go fishing or hunting however not in groups of more than 10 people. You must maintain 1.5 metres can be maintained between yourself and others.

Fishing or hunting competitions can't currently occur.

### Boating / Fishing / hunting / scuba diving- recreation

You cannot go out water skiing. You cannot go scuba diving.

You can go fishing for recreation. Commercial fishing plays an important part in supplying Victorians, if you fish for your job you can continue to go to work.

Police have strong powers to enforce this direction and can issue on the spot fines, including \$1652 for individuals and up to \$9913 for businesses.

### Surfing / paddle boarding - exercise

You can surf, paddle board, canoeing, kayaking, stand-up paddle boarding, rowing and surf skiing are permitted, as long as physical distancing is complied with. Victorians are being asked to use common sense when it comes to travelling, if you can exercise near your home you should.

### Can I still collect firewood?

If you can visit the forest to collect firewood. If you need to collect firewood, make sure you follow physical distancing requirements by staying at least 1.5 metres away from anyone else while collecting. For more information: <https://www.ffm.vic.gov.au/firewood/firewood-collection-in-your-region>

## Entertainment facilities and animal facilities

### What is the list of restricted entertainment facilities?

All of the following facilities should now be closed:

- theatres
- cinemas
- concert halls and auditoriums
- arenas, stadiums and convention centres
- games arcades
- amusement parks
- casinos and other gambling and sports-betting businesses
- brothels, strip clubs, escort agencies, sex-on-premises and other adult entertainment venues.

### Can I still live-stream performances from my venue without an audience?

Yes. You can live-stream a performances, without a live audience, at your venue if you'd like to continue to operate as a music venue, for example. However, you will need to ensure that the performers and technicians involved maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Commented RE DA: Does this change?

### What kind of animal facilities are closed?

Any kind of animal facility that would normally attract a crowd is now closed to the public. Caring arrangements for animals continue. This includes:

- zoos
- wildlife centres
- petting zoos
- aquariums
- animal farms that are not involved in producing food.

Animal facilities can continue to operate and undertake maintenance of operations if they treat or care for sick animals, or rescue abandoned or injured animals. Rescue facilities including adoption can continue to operate. If you want to adopt an animal you should call or check the website of the facility before you visit so you can follow measures to keep yourself and others safe.

### Travel

Victorians shouldn't be taking holidays currently, even within Victoria. Although people can still book accommodation if they have an essential need.

#### Can I visit friends, family or my partner within Victoria?

You can travel to visit friends, family or a partner within Victoria. Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

#### What type of accommodation facilities are prohibited?

Camping grounds and caravan parks are not permitted to remain open because of the communal nature of many of the facilities offered. The only exceptions are where the occupants:

- live there permanently
- are without another permanent place of residence
- have a permanent place of residence that is temporarily unavailable
- have travelled to Victoria for work
- were already staying there temporarily at the time the restrictions came into force and are unable to return to a permanent place of residence
- need emergency accommodation as a result of family violence or other threats
- require accommodation for work, where their work is helping to limit the spread of coronavirus (COVID-19).

#### Travel – multiple homes / holiday homes

You may travel between your own two residences.

#### Travel – holiday in Victoria

All travel plans must be reconsidered at this time. Campsites, caravan parks and other accommodation will be closed. It's important that you stay at home and avoid all gatherings of people. This minimises the chances of transmission, protects the health system and saves lives.

## **Travel interstate**

The Department of Health has advised against non-essential international and domestic travel. There have been no restrictions placed around exit or entry to Victoria at this stage but the situation is changing rapidly so please make sure you continue check the latest advice: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

If you are travelling through Victoria to another Australian state please make sure to check with their advice separately, as requirements to isolate may differ.

## **Travel interstate to visit family / friends / partner**

The Department of Health has advised against non-essential international and domestic travel. If you can postpone your trip, you should. Other Australian states have put in place border closures or quarantine requirements please make sure to check with their advice separately, as requirements to isolate may differ.

## **Camping**

### **Can I go camping somewhere remote / regional / away from caravan parks?**

All campsites, camping grounds and caravan parks, and other visitation sites are now closed, and visitors are not allowed to enter. Rangers/officers will be conducting patrols to ensure this is enforced. Please visit the Parks Victoria website: <https://www.parks.vic.gov.au/get-intonature/safety-in-nature/covid-19-update>

For further information please contact the DELWP Customer Service Centre on 136 186

For more information about this Direction please visit: <https://www.dhhs.vic.gov.au/state-emergency>

### **Can I go camping or stay at a Caravan Park?**

All caravan parks and camping grounds are now closed to visitors. Everyone who is currently staying in a caravan park or camping ground will need to pack up their belongings and return to their homes or primary place of residence. For more information contact the DELWP Customer Service Centre 136 186

### **I am in a self-contained caravan/motor home, do these rules apply to me?**

All visitors must return to your home or primary place of residence.

The only people who can continue to visit a closed caravan park or camping ground are those who have registered it as their primary place of residence, or if they are staying in caravan parks as interim accommodation where their primary residence is not available. For more information contact the DELWP Customer Service Centre 136 186

### **Are workers staying at caravan parks exempt from the closure?**

The only people who can continue to visit a closed caravan park or camping ground are those who have registered it as their primary place of residence, or if they are staying in caravan parks as interim accommodation where their primary residence is not available. For more information contact the DELWP Customer Service Centre 136 186

### **I live in a caravan on my own property and there is a restriction in days per year that I can stay there – can I stay longer?**

Regulations for staying in a caravan on your own property vary around Victoria. Contact your local council on the regulations that apply to your property.

### **Can I camp on my own farm or property?**

Physical distancing and mass gathering directions still apply if you are camping on your own property. If you are with other people, you must observe the rule of 1 person for every 4 square metres to ensure a safe physical distance.

### Can family and friends camp on my property?

If they can stay at home, they must stay at home. Doing so will save lives.

All non-essential travel should be cancelled or postponed to a later date.

The most important message for all Victorians is to stay at home and avoid all gatherings of people. This minimises the chances of transmission, protects the health system and saves lives.

### Does the Stay at Home direction apply to backpacker hostels?

If you are currently in a backpacker hostel, you should regard it as your home for the purposes of the Stay at Home direction. You should avoid spending time in communal areas of the hostel. You may leave the hostel to board a flight out of Australia.

Always observe physical distancing requirements within the hostel by keeping at least 1.5 metres between yourself and other people at all times.

### What do you mean by camp sites, caravan park and camping ground?

A camp site is a site in a caravan park or camping ground that is used for the placement of a tent or motor vehicle and intended for use by a short-term occupier and powered or non-powered.

A caravan park and camping ground is land which is used to allow accommodation in caravans, cabins, tents, or the like.

If you need further information about your personal situation, please contact the DELWP Customer Service Centre on 136 186, your local DELWP regional office.

### When will caravan parks and camping grounds be reopened?

At this stage, the closures of caravan parks and camping grounds has been extended for another 4 weeks.

For State Forest site closures, please download the More To Explore app (available from the Google Play or App Store) for the latest closure information.

Please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### Why have you closed the caravan parks?

The caravan parks have been closed to protect employees and visitors and help prevent the spread of COVID-19. For more information contact the DELWP Customer Service Centre 136 186

## Religious services and places of worship

### Are places of worship closed?

All places of worship, of all denominations are now open for private worship or small religious ceremonies of up to 10 people

Ceremonies and services can still be recorded or broadcast live from the place of worship for viewing online. You are allowed to have people on site to record and live stream services, however, you must ensure those people maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Places of worship may be opened for the purposes of conducting weddings and funerals, but there are strict limits on the number of people who can attend.

For weddings, 10 people can attend as well as the couple, and the celebrant.

For funerals, no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. Both weddings and funerals can be live-streamed if desired.

Places of worship can continue to be opened for the purposes of hosting essential public support services such as food banks, help for the homeless or other essential activities, ensuring appropriate physical distancing is maintained by keeping at least 1.5 metres between everyone at all times.

## Advice for business operators and industry

### Actions for people providing close body contact services in the community

Non-essential businesses where people have to be close to each other have been closed. These include services where it is not possible to achieve physical distancing of at least 1.5 metres because the nature of the service requires body contact such as nail salons, body painting, tattooing and beauty spas.

Hairdressers and barber shops and hair salons may continue to operate, ensuring no more than 1 person for every 4 square metres of space and meet cleaning requirements. Hairdressers and barber shops are required to keep records of the names of contact details of each client who has attended.

Allied health services, such as physiotherapy and podiatry are not required to close (see Actions for health and other organisations where health professionals provide close body contact procedures or services). These services should take the following actions:

- Consider whether you really need to provide the service at this time for your own safety and the client's, particularly if your client is elderly or has pre-existing medical conditions.
- Take all the actions listed above under Actions for an organisation, workplace or venue [LINK].
- Display clear signs for clients to read on entry or provide information handouts about how you are going to protect their safety and your own.
- Do not work if you are unwell. Send any sick staff home.
- Do not provide the service to someone who has flu-like symptoms, is feverish, has been in contact with a confirmed case of coronavirus (COVID-19) in the last 14 days.
- Think about how you can modify your service to reduce the risk. Can you cut down the length and frequency of the service?
- Keep doors and windows open where possible.
- While clients are waiting ensure separation of at least 1.5 metres.
- Always use a hand sanitiser before and after providing the service, or wash hands with soap and water.
- If you can wear a surgical mask and eye goggles (if not available, use wide-rimmed glasses).
- Clean and disinfect surfaces touched by the client immediately after the service has been provided.
- Use a new mask for each client. Clean your goggles/glasses each time if they are reusable.
- Clean and disinfect any equipment you may have used.
- Dispose of tissues and masks in a sealed plastic bag and put in the general waste.

### Caravan park owners/operators

#### What are my responsibilities as caravan park owner or site manager?

Caravan park or camping ground owners and site managers are responsible for complying with Section 10 of the Non-Essential Activity Directions. You must inform people that sites are closed and provide support to assist any guests to leave, this includes assisting people to maintain physical distancing.

The Victoria Police have powers to enforce compliance with all directions issued by the Chief Health Officer and the Deputy Chief Health Officer in accordance with emergency powers arising from declared state of emergency. For more information contact the DELWP Customer Service Centre 136 186

### **Do I need to close toilets and other facilities at my caravan park or camping grounds?**

Toilets and other facilities within caravan parks and camping grounds that are not needed for people permitted to stay, or other public purposes, should be closed to prevent the spread of the virus.  
For more information contact the DELWP Customer Service Centre 136 186

### **Can I still take bookings for my caravan park or camping ground?**

You should not take any further bookings as at this stage as the closures of caravan parks and camping grounds.  
For more information contact the DELWP Customer Service Centre 136 186

### **What about existing bookings at my caravan park?**

All existing bookings during the Stage 3 restriction period be cancelled, and refunds arranged. This will also apply to all bookings for the Easter School Holidays. For more information contact the DELWP Customer Service Centre 136 186

### **Will recreational reserves be closed to camping too?**

Yes. Recreational reserves which operate for the purpose of allowing accommodation in caravans, tents, or the like, must not operate during the Stage 3 restriction period. The only people permitted to remain are those specified in section 10, part 3 of the Non-Essential Activity Directions given on 25 March 2020.

## **Airline industry**

Information for the airline industry (including flight crew) about coronavirus (COVID-19) can be found here:  
<https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-the-airline-industry-including-flight-crew>

## **Construction and plumbing services**

Current restrictions announced by the Premier do not apply to construction sites and plumbing services. However, the Victorian Chief Health Officer's social distancing and hygiene directions must be followed in these settings. For more information <https://www.vba.vic.gov.au/>

## **Industrial issues**

### **Work entitlements / obligations / laws**

The Fair Work Ombudsman website has the latest information about your workplace entitlements and obligations related to COVID-19: <https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws>

### **I don't feel safe going to work**

Employers have responsibility to identify whether there is a risk to health of employees from exposure to coronavirus at their workplace. Please discuss options with your employer.  
For more information, visit Worksafe Victoria: <https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>

## **Medical practitioners**

### **I am a medical practitioner and I need advice about COVID-19**

The Quick Reference guide and clinical guidelines for health services and practitioners are continuously updated as the situation evolves. Please ensure you have the latest version from the website:  
<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

Medical practitioners seeking clinical advice about COVID-19 (outside of testing and notification procedures available on the website) can call 1300 651 160 and choose the 'Specialist Medical Advice' option. Pending demand, you may be asked to leave a message for return phone call.

### **I'm a retired nurse / medical student / osteopath and want to help work**

DHHS are seeking expressions of interest to meet the needs of the COVID-19 workforce. Please register your entrance using the online form: <https://healthworkforceresponse.dhhs.vic.gov.au/>

For the latest health advice, please visit: <https://www.dhhs.vic.gov.au/coronavirus>

### **Remedial massage / chiropractic / allied health / sole traders**

Personal massage parlours / studios are not essential and closed. However, allied health professionals who provide roles in primary care and other health settings such as hospitals are available. Please call your health professional if you have further questions.

### **Are Allied Health Services still able to operate?**

Allied health services, such as physiotherapy and podiatry can continue to operate as normal. For more info on the stay at home direction please visit <https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq>

## **Education**

### **Schools**

#### **Are schools being closed in Victoria?**

Children in Victorian government schools will move to remote and flexible learning and care at the commencement of Term 2. Students who can learn from home, must learn from home.

Get more information by visiting the website: <https://www.education.vic.gov.au/about/department/Pages/coronavirus>

#### **Schools and lack of hand sanitisers**

The Department of Education is actively working with product suppliers and cleaning providers to ensure there is an adequate supply of cleaning products. We have been delivering all week to schools that have a shortage of hand sanitiser and will commence a proactive delivery to all schools as soon as possible.

#### **Kinship carers – support for schooling**

Thank you for getting in touch and sharing your experience. It's a challenging time and there's a lot of work going on behind the scenes to try and get better supports in place for carers right across the state – especially kinship carers like yourselves.

The Department of Education has asked carers to check the availability of laptops and tablets with your school first - some have back up supplies that children can use.

If you have already made necessary purchases, please check in with your case manager who may be able to consider brokerage or placement support grants. They will also be able to keep you up to date with the latest advice and resources available over the coming weeks.

## TAFE

### TAFE / Training Providers

The Victorian Government announced additional measures to help reduce people's chances of infection and slow the spread of coronavirus (COVID-19) in our community. This includes the shutdown of many non-essential services across Victoria. At present, it does not include the closures of TAFEs, Learn Locals or training organisations.

All TAFEs and training organisations are encouraged to increase their ability to deliver training remotely or online where possible.

More information is available here: <https://www.education.vic.gov.au/about/department/Pages/coronavirus.aspx>

### Can I still go to my classes at TAFE, college or university?

Yes, if it is necessary classes are conducted on-site, but physical distancing must be applied wherever you are by keeping at least 1.5 metres between yourself and others at all times. Avoid spending time in shared facilities such as libraries and campus study areas. Collaborative assignments and team study projects should be done using online tools. Study at home.

## Childcare

### Childcare fees

The Federal Government has recently announced relief for families and the early childhood education and care sector. To find out more please visit: <https://www.dese.gov.au/news/covid-19-early-childhood-education-and-care-relief-package-monday-6-april-additional-support>

For more information on COVID-19 visit: <https://www.dhhs.vic.gov.au/coronavirus>

### Childcare centres / Kindergarten

Early childhood education and care services remain open. Decisions on early childhood service closures will be made on the recommendation of the Victorian Chief Health Officer.

The situation is changing rapidly, please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### Should I send my kids to childcare?

Decisions on early childhood service closures will be made on the recommendation of the Victorian Chief Health Officer. However, the situation is changing rapidly, please stay up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

## Healthcare workers

### Additional workforce

Over 12,500 healthcare workers and students to date have registered their interest in joining the Victorian response to coronavirus, with staff being prepared for placements in frontline services in coming weeks.

We have launched training packages for the extended ICU workforce on the clinical skills required to support COVID-19 patients, catering to several thousand places.

### Hospital COVID-19 staff going home

Healthcare workers who have taken recommended infection control precautions, including the use of the recommended personal protective equipment, are not considered a close contact of the COVID-19 case.

However, staff should monitor themselves for symptoms. If they develop symptoms consistent with COVID-19 they should isolate themselves and notify the department on 1300 651 160 so they can be tested.

For advice visit <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

## PPE

### What is being done re PPE for frontline healthcare workers?

Victoria is establishing its own stockpile of medical PPE to include masks, gloves and gowns, to be ready for the peak of COVID-19 infections.

### Offers to provide equipment / PPE

Thank you for your offer during this difficult period. You can email [covid-19supplies@dhhs.vic.gov.au](mailto:covid-19supplies@dhhs.vic.gov.au). You will receive an automatic reply requesting for more details. Please fill out the table with as much information as you can, and the team will respond where appropriate

### The PPE Taskforce

The PPE taskforce was set up last week to present a strategic and proactive response around PPE.

We recognise that this is the most significant issue of concern amongst our clinicians and those working within our health sector.

The taskforce brings together all the relevant sector areas to ensure communications around PPE are authoritative, informed by experts and are clear and consistent.

We are also reviewing all options for supply of and access to PPE to continue to keep our staff safe.

We absolutely recognise that the safety of our clinicians is a priority and we fully acknowledge and accept the anxiety and concern that is out there.

We are doing everything we can to respond to concerns and be as proactive and strategic as we can to ensure an adequate supply of PPE and to continue to keep our staff safe.

### Protecting our frontline healthcare workers

Healthcare workers are our heroes – our lives are in their hands. At this time we need to support them more than ever because of the valuable jobs they are doing to look after us.

We've ordered hundreds of millions of items of personal protective equipment and prioritised healthcare workers for testing so they can get cleared and back to their vital work as quickly as possible

We have strict guidelines that protect the health, safety and wellbeing of our health sector and healthcare facilities have strong infection control procedures in place minimising the risk of infection spreading.

## Suspended treatments or procedures

For suspended health treatments or procedures, please contact your specialist or provider about the options available to you, as they have been provided the latest guidance.

### Elective surgeries

- Category 2 and some Category 3 elective surgeries are resuming from 27 April, 2020.
- Surgeries that will be allowed include IVF procedures, screening programs, post-cancer reconstruction procedures, all procedures for children under the age of 18, all joint procedures, cataract and other eye surgeries, endoscopies, colonoscopies and other category 2 or equivalent procedures.

- The Department of Health and Human Services is working with health services and staff in both the private and public systems to assess their surgical capacity and ability to increase procedures, when it is safe to do so.
- Upon reopening, priority will be given to the patients of highest need, based on surgical advice from the hospital where the surgery is scheduled. Elective surgery patients should not call their hospitals but should wait until the hospital notifies them.

## Alcohol and Drug rehab services

Commented [25]: Do we need a FAQ on AA / NA?

### AoD services

There have been no closures or scale backs of any publicly funded AoD services - they continue to operate with appropriate social distancing measures in place.

The department is monitoring all services and is working closely with the AoD sector to ensure essential supports remain in place for clients to continue to receive care during this difficult time.

### Pharmacotherapy services

The Department of Health and Human Services is working closely with Alcohol and Other Drugs services and the wider health sector to make sure clients continue to receive the support and medication they need throughout the coronavirus pandemic.

People staying in quarantine centres will receive screening and if necessary, referral to support services to keep them safe through this period.

Victoria's public Alcohol and Other Drugs services continue to operate with social distancing and infection control measures in place, and are changing their service delivery models where required.

### Flu vaccine

All Victorians are encouraged to get their Flu Vaccination, now available from Pharmacies and GPs. The vaccination cannot protect you from COVID-19 but will ensure your immunity isn't compromised further by contracting Influenza.

Victorian pharmacists can administer approved vaccinations outside of their normal location – through the mobile and outreach services of a hospital, pharmacy or pharmacy depot, increasing access to immunisations for all Victorians.

### Flu vaccinations and if physical distancing will impact the distribution of and access to the vaccine

Pharmacies and GP clinics are essential services and remain open. Getting the flu vaccine (available in April) will help reduce your risk of getting the flu and COVID-19 as the same time. The situation is changing rapidly, please keep up to date by visiting: <https://www.dhhs.vic.gov.au/coronavirus>

### Do I need a prescription to get a flu vaccine from a pharmacist?

A prescription is not necessary, however please call ahead to discuss availability and book before visiting your local accredited pharmacy. Attending a pharmacy or a GP to get a flu shot is a valid reason to leave the house under current Stage Three directions, providing social distancing is practiced wherever possible.

Read more about the flu vaccine: <https://www.betterhealth.vic.gov.au/health/healthyliving/flu-influenza-immunisation>

## Contact tracing

### What is contact tracing

Our contact tracing teams are Victoria's disease detectives and we're incredibly proud of the work they do to stay one step ahead of coronavirus and keep Victorians safe.

By identifying where confirmed cases have been and who they've been in contact with, we have been able to quickly isolate anyone who has potentially been infected and slow the spread of coronavirus within the community.

While we are starting to see some promising results, we cannot forget how quickly this virus spreads - which is why it's so important everyone continues to abide by restrictions and stay at home.

### Flight contact tracing

Our contact tracers use flight details as a tool in stopping the spread of coronavirus.

By identifying where confirmed cases have been and who they've been in contact with, we have been able to quickly isolate anyone who has potentially been infected and slow the spread of coronavirus within the community.

The work of our contact tracers and the mandatory isolation of international travellers for 14 days upon arrival have been vital to flattening the curve of the disease in Victoria and saving lives.

## Quarantine and isolation

### Who is required to quarantine and what does it involve?

The following groups are required to quarantine for a period of 14 days:

- international travellers - please see international travellers on this website
- those who have come into contact with a person who is confirmed to have coronavirus (COVID-19).

If you're in self-quarantine 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.

See our advice on who should self-quarantine, how to prepare and how to support someone who is sick during a quarantine period on our self-quarantine page.

For information on how to cope while in self-quarantine take a look at our mental health resources.

### Hotel quarantine / returning travellers

Victoria currently has around 5,000 hotel beds available for travellers returning from overseas and is working with the hospitality sector to ensure that adequate and appropriate accommodation is available

Each newly returned traveller in mandatory quarantine in a hotel is receiving a care package of food and other essentials.

Individuals in mandatory quarantine are not permitted to leave the premises, except for medical or emergency purposes. Visitors are also not permitted during quarantine.

Please contact the hotel directly to discuss options if it is essential to supplement the care package provided to a relative in isolation.

### **How does the quarantine process work?**

Passengers arriving at Victorian international airports will be met by government officials as they complete the normal arrivals procedure. All incoming international passengers will then be transported free of charge to designated accommodation where they must undertake a strict 14-day quarantine period.

### **Who will pay for my accommodation during the compulsory quarantine period?**

The cost of accommodation will be met by the Victorian Government. While you are in quarantine you will also have access to a range of support provisions including meals, personal items such as toiletries and nappies, toys and craft items for children, and on-site medical care. Everyone in quarantine will receive three meals a day free of charge.

### **How will the quarantine be enforced?**

While the majority of people understand the need for the 14-day quarantine period and comply, there will be security to ensure that a few don't underdo the efforts of the majority adhering to their quarantine. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay.

### **Can I leave the accommodation facility?**

No, you must remain in strict quarantine for the entire 14-day period, unless there is an emergency situation, or you have been granted permission to leave because:

- you need to attend a medical facility to receive medical care
- it is reasonably necessary for your physical and mental health
- there are compassionate grounds.

If your accommodation has a balcony or veranda, you may use that, provided you conform to physical distancing requirements.

### **Does this apply to all arriving passengers from overseas?**

Yes. The restriction also applies to passengers arriving on chartered flights, private aircraft and passengers or crew disembarking in maritime ports from private or commercial vessels.

### **Can I have visitors when I am quarantined?**

No. You must not have physical contact with anyone else during the time of your quarantine. Friends and family are encouraged to stay in close contact by phone or online.

### **Can I communicate with people while I am quarantined?**

Yes. You will be able to use your mobile phone, laptop, tablet or other device as you normally would.

### **Can I apply for an exemption to the quarantine?**

You may apply for an exemption under exceptional circumstances, but each application will be reviewed to limit the risk of spreading coronavirus. There are no quarantine exceptions for different professions, including health professionals. All arriving passengers on all incoming flights or ships must undertake quarantine.

### **Does the compulsory quarantine apply if I am a resident of Victoria?**

Yes. All incoming travellers must go into compulsory quarantine. Even if you live at a location within a convenient travel time of where you arrived, you must enter quarantine to slow the spread of coronavirus (COVID-19).

**Do I have to go into quarantine if I have a disability?**

Yes. If you have special requirements, speak to the quarantine coordinator on your arrival. If you are travelling with a carer, or being met by a carer, that person must accompany you into quarantine and remain there with you under the same conditions for the 14-day period.

**Can I leave Australia before the quarantine period is up if I don't want to stay the full 14 days?**

No. All incoming passengers are required to complete the full 14-days quarantine and leave Australia. If passengers are well and display no symptoms by the end of the 14 days, they may book international flights at that point.

**Do I have to go into quarantine if I am just transiting through Victoria?**

Yes. You are required to complete the 14-day quarantine in the location in which you arrive in Australia. When you have completed quarantine, you may continue your journey.

**I have been already been quarantined in another country. Do I need to do quarantine again?**

Yes, all incoming passengers must undertake compulsory quarantine for 14 days as soon as they arrive in Australia.

**What if I am travelling as part of a group?**

The entire group you are travelling with must go into compulsory quarantine.

**What are the penalties for not complying with the quarantine requirement?**

A person who fails to comply with this direction will be liable for fines of up to approximately \$20,000.

**Where can I get more information about coronavirus?**

- For updates, go to: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus).
- Call the coronavirus hotline: **1800 675 398**
- If you require a translator to help you, call the translating and interpreting service on **131 450** and ask for the coronavirus hotline.

**Travel to Australia**

Only Australian citizens, residents and immediate family members can travel to Australia.

All international arrivals to Australia will be transferred directly and securely via bus services to hotels and placed in quarantine for 14 days.

For more information visit: <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19#who-can-enter-australia-from-overseas>

Travel restrictions are reviewed daily by the Australian Government. Please visit <https://www.smartraveller.gov.au/>

**Self-quarantine when entering into Victoria from interstate**

You do not need to quarantine unless you are one of the following groups:

- international travellers - <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>
- those who have come into contact with a confirmed case of coronavirus (COVID-19)

- people with a confirmed diagnosis of coronavirus (COVID-19).

If you are one of these groups you must follow quarantine requirements: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#self-quarantine>

## Looking after your wellbeing while in quarantine

While you're helping to slow the spread of coronavirus, there are times when being in your room can be tough. Here are some ways to support your physical and mental health during this period.

- It may sound obvious, but the most important thing overall is to be kind to yourself. This quarantine situation is only temporary.
- Remind yourself that this period of isolation is helping to slow the spread of coronavirus and protecting vulnerable people in the community. We know it can be tough and we thank you for playing your part in helping to protect the Victorian community.
- Routines sound dull, but they're good for our mental health. Try to go to sleep and wake up at the same time, eat at regular times, shower, maintain a level of physical activity in your room, and change your clothes. This will help you to manage your days and adjust when life starts to go back to normal.
- Manage your stress levels, and if needed, increase your coping strategies (for example, listening to music, watching your favourite shows, meditation or exercise).
- Keep taking your medication. Phone or email your GP or pharmacist to find out how to get any new prescriptions you may need or talk to the on-site nurse.
- For those already managing mental health issues, continue to take any prescribed medication, continue with your treatment plan and monitor for any new symptoms.
- Seek professional support early if you're having difficulties.

## Stay connected

Keep in touch with friends and family on the phone, video or by online chats. This is really important in helping you – and the people you love – stay connected.

## Keep Active

There's no better way to stimulate the body and mind than through positive physical and mental activity. Getting the blood pumping through a little bit of physical exertion in your room is a great way to release energy.

Another tip is to exercise your mind. Playing games, listening to your favourite music, completing a Sudoku or reading a book helps pass the time. Activities like these are also a great way to connect online with friends and family.

## Where to turn for help?

We want to emphasise you are not alone. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay. But if you feel you need more support, Beyond Blue and Lifeline have online and telephone support services.

**Beyond Blue** also offers practical advice and resources at [beyondblue.org.au](https://beyondblue.org.au). The Beyond Blue Support Service offers short term counselling and referrals by phone and webchat on **1300 22 4636**.

**Lifeline** offers tips, resources and advice, as well as crisis and suicide support.

- Call **13 11 14** (24 hours/7 days);
- SMS **0477 13 11 14** (6pm– midnight, 7 nights)
- Chat online at: [www.lifeline.org.au/crisis-chat](https://www.lifeline.org.au/crisis-chat) (7pm- midnight, 7 nights).

Call the hotel concierge for any issues you're having around meals, rubbish collection or laundry services.

The Government Support Service is available for you to call on **1800 960 944** seven days a week. As well as answering your general questions and queries the service can help you:

- talk to one of the on-site nurses
- access essential goods such as nappies, baby formula and sanitary/personal items
- book the collection of a care package from family and friends and
- complete an online Woolworths supermarket order using a Kindness Card which will fast track your order.

**In the event of an emergency you should call 000.**

## Information for families/friends of returning travellers

### Why is the Victorian government taking this step?

We're doing everything we can to help slow the spread of coronavirus (COVID-19). As the Victorian Government has announced, all international travellers arriving in Victoria will be transferred directly and securely on supplied buses or coaches to designated hotels and placed in quarantine for 14 days. All returning travellers passengers will be fully supported and well cared for as they are transferred from flights to hotels. We understand that families of people returning home want to see their loved ones. However, we are asking that families do not go to the airport or to hotels. All passengers will be transferred to hotels directly and will be able to contact loved ones once they are in their hotels. Our advice to Victorians is clear: if you can stay home, you must stay home.

### Can we go to the airport to see our family/friends before they go into quarantine?

No, you will not be able to meet with arriving travellers. They will be taken directly to their designated accommodation that is suitable for their 14-day quarantine period. You will also not be able to visit them while they are in quarantine.

### Can we Skype or phone our family/friends in quarantine?

Wherever possible, accommodation will have Wi-Fi and telephone access. Friends and family are encouraged to stay in contact through Skype, phone and other online methods.

### How can I get personal belongings and care parcels to my relative or friend who is in quarantine?

People in quarantine can request items, including care parcels, to be collected by the Government Support Service and delivered to the hotel. Family and friends cannot deliver parcels to the Government Support Service and will not be able to enter the accommodation. Parcels are sanitised on receipt and perishable food, alcohol and cigarettes will not be accepted. Illicit drugs will be handed to Victoria Police. Conditions for parcel delivery can be found below.

### Can my relative or friend isolate at my home instead?

No. All travellers arriving from overseas are required to quarantine at accommodation provided by the Victorian Government. The government will cover the cost of accommodation, food and other essentials during this period. The Australian and Victorian Governments have taken this necessary step to stop the spread of coronavirus (COVID-19) in the community.

## Conditions for delivery of Parcels

By requesting delivery of parcels supplied via Woolworths online using vouchers or items of your personal property collected via courier ("Parcels") you acknowledge and accept that the following terms and conditions will apply

between you and the State of Victoria as represented by the Department of Jobs, Precincts and Regions (referred to as "Us", "Our" and "We"):

### Delivery of Parcels ordered via Woolworths online using vouchers

You warrant that the Parcel does not contain perishable goods and you acknowledge that the terms of Woolworths Group Limited apply (in addition to these terms and conditions) <https://www.woolworths.com.au/Shop/Discover/about-us/terms-and-conditions>.

### Delivery of Parcels containing items of your personal property via courier

You warrant that the item(s) of personal property meets the criteria described in the Process Outlined for Delivers From Home, is in good, clean, safe condition and that you own the item or have the owner's permission to arrange for pick-up and delivery of the Parcel to you.

### Delivery of Parcels generally

You acknowledge and agree:

- (a) Delivery of Parcels to your quarantined location is at Our absolute discretion. Parcels may be inspected by Us and reasonable steps will be taken to sanitise the Parcel prior to the delivery to you.
- (b) To minimise the risk of contracting or spreading coronavirus, delivery of Parcels will not require your signature, instead Parcels will be delivered to your quarantine locations drop off point. Parcels will be left at your room door by Us or Our contractors will record your name and acknowledge delivery.

Pick-up of Parcels containing your personal property is at Our absolute discretion and will be arranged via a third-party taxi or courier service provider nominated by Us. You acknowledge that the taxi or courier service provider's terms of services will apply (in addition to these terms and conditions). Your personal information (name and address) will be collected and shared with the taxi or courier service provider for the purpose of arranging pick-up and delivery

All personal information will be handled in adherence to the department's privacy policy. The department's privacy policy is available from the Privacy Officer at:

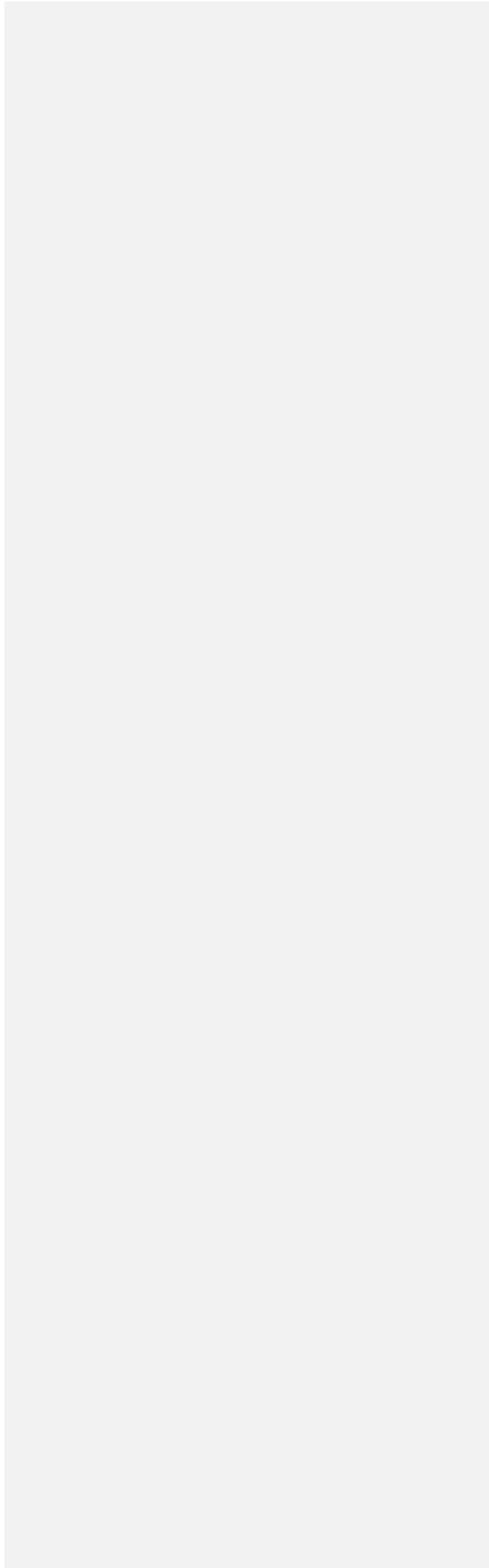
Privacy Officer Department of Jobs, Precincts and Regions  
GPO Box 4509  
Melbourne, VIC, 3001, AUS  
Email: [privacy@ecodev.vic.gov.au](mailto:privacy@ecodev.vic.gov.au)

### Exclusions and limitations of liability

To the extent permitted by law, We and each of Our officers, employees, agents, contractors and sub-contractors, shall not be liable to any person (whether in contract, tort or otherwise) for any loss or damage suffered, or that may be suffered, as a result of any act or omission, whether negligent or otherwise, by or on behalf of Us in relation to the pick-up or delivery of Parcels (including without limitation loss or damage to Parcels), or any other matter or thing relating to this Agreement.

| Version | Created by          | Approved by |
|---------|---------------------|-------------|
| 1       | REDACT (20/04/2020) |             |
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## Appendix 1: Directions issued by the Chief Health Officer

### Reference Guide:

A State of Emergency has been declared in Victoria. The State of Emergency has been extended from 13 April 2020 until 11 May 2020 to combat coronavirus (COVID-19).

This provides the Chief Health Officer with additional powers to do whatever is necessary to contain the spread of coronavirus (COVID-19) and reduce its risk to the health of Victorians.

For more information see the signed directions from the Deputy Chief Health Officer in accordance with the emergency powers arising from the declared state emergency:

The following directions are not listed below but info can be found here: <https://www.dhhs.vic.gov.au/state-emergency>

- Care facilities directions
- Direction and Detention note
- Isolation on diagnosis directions
- Hospital visitors directions

|                                 |   |
|---------------------------------|---|
| <b>Name</b>                     | Direction - Stay at home (No 3) (PDF)   |
| <b>Approved by</b>              | Dr Annalise van Diemen  |
| <b>Last Updated on</b>          | 13 April 2020   |
| <b>Version</b>                  | No 3  |
| <b>Source</b>                   | <a href="https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf">https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf</a> |
| <b>Change from last version</b> | Created a permitted purpose to leave home for national security reasons.  |

|                                 |   |
|---------------------------------|---|
| <b>Name</b>                     | Restricted Activity Directions (No 3) (PDF)   |
| <b>Approved by</b>              | Dr Annalise van Diemen  |
| <b>Last Updated on</b>          | 13 April 2020   |
| <b>Version</b>                  | No 3  |
| <b>Source</b>                   | <a href="https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf">https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/B1%20-%20Restricted%20Activity%20direction%20%28No%203%29%20%28signed%29.pdf</a> |
| <b>Change from last version</b> | Nil   |

Searchable documents as attached in email

Directive: Requirement to stay at home

A person who is in Victoria during the stay at home period must not leave the premises where the person ordinarily resides, other than for one or more of the reasons specified in:

- necessary goods or services
- care or other compassionate reasons
- work and education
- Exercise
- other specified reasons

| <b>Reason</b>                       | <b>Refer to Clause</b> |
|-------------------------------------|------------------------|
| necessary goods or services         | Clause 6               |
| care or other compassionate reasons | Clause 7               |
| work and education                  | Clause 8               |
| <b>exercise</b>                     | Clause 9               |
| <b>Other specified reasons</b>      | Clause 10              |

**Directive: Restricted Activity Directions**

| <b>Reason</b>   | <b>Refer to Clause</b> |
|---|------------------------|
| Pubs, bars, clubs, nightclubs and hotels                            | Clause 5               |
| Recreational facilities   | Clause 6               |
| Entertainment facilities  | Clause 7               |
| Places of worship   | Clause 8               |
| Restricted retail facilities  | Clause 9               |
| Food and drink facilities   | Clause 10              |
| Accommodation facilities  | Clause 11              |
| Swimming pools  | Clause 12              |
| Animal facilities   | Clause 13              |
| Real estate auctions and inspections                                | Clause 14              |
| Open retail facilities - density, signage and cleaning requirements | Clause 15              |
| Other definitions   | Clause 16              |

# Your Questions Answered

Website content for updated restrictions

Under 'Your questions answered' are the following pages:

- Getting tested
- Stay at home
- Staying safe – physical distance and hygiene
- Sport, cultural and recreational activities
- Shopping, retail and food
- Travel
- Visiting care facilities
- Quarantine and isolation
- About coronavirus
- For reference – proposed updated text for cover page

## Instructions for reviewing:

- **Yellow highlight** = updated due to change in restrictions. This needs to be reviewed.
- Please use track changes.

## Getting tested

Nil change for updated restrictions. This section will be updated for the end of the testing blitz / announcement re new teams.

## Stay at home

The Victorian Government is directing all Victorians to stay at home to slow the spread of coronavirus (COVID-19). Every Victorian must play their part. By staying at home and limiting contact with other people, we can protect the elderly, the vulnerable, the at-risk, and Victoria's healthcare workers.

Some restrictions have been eased to allow people to look after their own, and others health, wellbeing and social connection. This includes:

- Having family, close friends or those you think are isolated visit you at home – with up to five visitors being allowed into your home.
- Gatherings of people for the purposes of non-contact sport and recreation in outdoor settings, such as National, State and public parks – with groups of up to ten being allowed to gather.
- Small gatherings of people at some indoor facilities such as places of worship and – with groups of up to ten being allowed along with those required to run the facilities. The four-square metre rule applies in these settings.

Even as restrictions are eased it's critical that you continue to keep 1.5 metres between yourself and others and you practice good hygiene. If you feel unwell, even if you have tested negative for coronavirus, you must stay at home.

You should still stay at home whenever possible but you will have some more options when it comes to sport, recreation and gatherings inside and outside your home.

Visit the Directions issued by the Chief Health Officer page to view the Stay at home directions [\[LINK\]](#).

### **Who does this apply to, and when?**

Everyone in Victoria. These additional directions are intended to expand and clarify the restrictions applying to all Victorians.

### **Is this compulsory, or voluntary?**

It is compulsory. The Chief Health Officer of Victoria has issued a lawful direction as part of the current State of Emergency.

### **Can I leave the house during the Stay at Home period?**

You can leave your home during this period to:

- shop for food and other necessary goods and services
- access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
- attend work or education where you can't do those things from home
- exercise and recreation activities while adhering to the rules
- visit friends, family and loved ones for the purposes of health, wellbeing and social connection while adhering to the rules

You may also leave your home in an emergency or if required by law.

### **What do the Stay at Home directions mean for Ramadan and Eid?**

This Ramadan and Eid, you are asked to stay home to protect our health system and save lives.

Ramadan is an incredibly important time of reflection and prayer for Victoria's Islamic communities. It is typically a time when Muslim communities come together to share a meal, but this year's festivities will be different.

Due to coronavirus (COVID-19) restrictions, all community centres and mosques are closed and social gatherings are not permitted. By staying home and celebrating with your household you are helping to slow the spread of coronavirus (COVID-19) and keeping your community safe

We ask that you find alternative ways to support and connect with your community over this period, this could be via phone or video calls, email, social media and handwritten letters. Some mosques are holding digital services to help their community to stay connected. Staying apart keeps us together.

For advice in languages other than English, go to the Translated resources page.

### **Are there limits on the time of day I can leave the house?**

No. There are no limits on leaving your home if you need to at particular times of the day or night.

For example, if you work night shift, or need to provide care to a relative or other person, you can do so as needed.

You can leave home to exercise at any time of day.

## Shopping for food and other necessary goods and services

For more information on shopping, retail and restaurants visit [\[LINK to shopping, retail and food\]](#).

## Work

### Can I leave my house to go to work?

If your work cannot be performed from home, you can still go to work. When at work, you should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practicing good hygiene.

### Actions for organisations, workplaces or employers

Organisations and employers who are responsible for a workplace or venue should already be taking actions to reduce the risk of transmission of coronavirus (COVID-19) includes any venue, such as a university, office building or any workplace.

A range of organisations are prohibited from operating. For information on places of work visit [\[LINK\]](#).

For those organisations allowed to operate, the following actions should be taken:

#### Key actions

- Encourage flexible working arrangements, including working from home and off-peak travel if it is necessary to be physically present at work.
- Actively encourage sick employees to stay home.
- Cancel all staff travel.
- Plan for increased levels of staff absences.
- Plan for what to do if staff arrive sick at work (e.g. identify an isolation room or separated area).
- Display education materials that can be downloaded and printed from our coronavirus (COVID-19) section.
- Keep staff informed of the actions you are taking.

#### Hygiene

- Provide and promote sanitisers for use on entering buildings.
- Increase environmental cleaning.
- Clean and disinfect high touch surfaces regularly, including desks, keyboards and change room surfaces.
- In a change room, do not share items like towels and soap bars, and wash your hands after changing.
- Open windows, enhance airflow, adjust air conditioning.
- Ensure the highest hygiene practices among food handlers and canteen staff.
- Purchase supplies to help limit infection, for example alcohol sanitisers and soap.

#### Physical distancing

- Plan ways to enable physical distancing of at least 1.5 metres to reduce in-person contact for both staff and clients.

- In an enclosed space there should be on average no more than one person per four square metres of floor space. This is a directive by the Victorian Chief Health Officer and Victorian Government.
- Provide a clearly visible sign for customers and staff stating how many people are allowed in your premises.
- Avoid large indoor meetings and lunchrooms and use outdoor venues.

## Study and education

### Can I still go to my classes at TAFE, college or university?

Yes, if it is necessary classes are conducted on-site, but physical distancing must be applied wherever you are by keeping at least 1.5 metres between yourself and others at all times. Avoid spending time in shared facilities such as libraries and campus study areas. Collaborative assignments and team study projects should be done using online tools. Study at home.

### Can my child go to school?

For information about distance learning and attending school.

### Actions for childcare centres and kindergartens

Childcare and kindergartens may remain open if they choose. These settings should take the following actions now:

#### Key actions

- Take all the actions listed under actions for an organisation, workplace or venue [LINK].
- Actively encourage sick children and staff to stay at home.
- Reduce visitors to the absolute minimum. Exclude people from entering your facilities who are at a high risk, including the elderly and those with pre-existing medical conditions.
- Be mindful of children's individual needs and limit making too many changes to their routines all at once.
- Identify a space that can be used to isolate students and staff who become sick.
- Alert your agency or department about increases in child and staff absenteeism due to flu-like illnesses.
- Keep parents and staff informed of the actions you are taking.

#### Hygiene

- Implement the practice of all staff, children and parents/carers washing their hands with soap and water or use of hand sanitiser upon arrival at your service.
- Continue this practice during the day especially before and after eating food and using the toilet.
- Be good role model for children and their parents/carers, actively talk about the importance of washing hands.
- For younger children increase the frequency of cleaning toys.

- Increase routine environmental cleaning. Clean and disinfect high touch surfaces regularly.
- Ensure the highest hygiene practices among food handlers.

### **Physical distancing**

- Consider whether any activities can be postponed, reduced in size/frequency or replaced.
- Cancel non-essential group activities.
- Look at your setup when children are eating. Consider having less children at each table and use more tables to allow space between children. Ensure not more than one child for every 4 square metres of space.
- If you have limited tables and normally have all children eating at the same time, consider staggered timings of snacks and lunch over a longer period of time.
- Consider the setup of your room and the placement of the activities. For table activities, set up the activity only at each end of the table.
- Set up more individual activities throughout the room. Rather than having all of your books and blocks on one shelf, set them up in separate areas throughout the room where possible.
- Wherever possible (e.g. weather dependent) and where you have appropriate staff numbers for adequate supervision, consider operating an indoor/outdoor program for the full day/session. This provides more space for the children and the setup of more activities for children to engage in.
- If you are not able to run an indoor/outdoor program, consider spending more time outdoors and the placement of activities across the outdoor space. A greater range of activities will encourage children to spread out.
- Rather than having mat group times, consider using informal opportunities to engage with the children/read books or story telling with one or two children at a time throughout the day.
- Look at the spacing of cots and highchairs, keeping them well apart.

### **Actions for schools**

- To increase physical distancing across the population and slow the spread of coronavirus (COVID-19), children in Victorian government schools have moved to remote and flexible learning and care from the commencement of Term 2.
- All students who can learn at home must learn at home.

### **Actions for TAFE, colleges and universities**

There is no recommendation for these settings to close at this time. However, educational settings are encouraged to provide distance learning where possible as they could be places of higher risk of coronavirus (COVID-19) transmission. These settings should take the following actions now:

#### **Key actions**

- Take all the actions listed under Actions for an organisation, workplace or venue [LINK].
- Provide access to online content remotely and participate in as many other classes as possible by audio-visual link or other remote means.

- Workplace canteens and cafes may remain open for staff and students for take away only. Ensure physical distancing and the highest hygiene practices among food handlers and canteen staff.
- Cancel non-essential group activities such as study visits, extra-curricular activities, camps and sporting events.
- Continue to support clinical placements if the necessary risk assessments have been undertaken, after discussion with clinical supervisors and healthcare facilities.
- Actively encourage sick students and staff to stay at home.
- Implement a plan to identify students who have respiratory symptoms or fever, and isolate these individuals as quickly as possible.
- Identify a space that can be used to isolate students and staff who become sick.
- Student residences, residential colleges and students should consider the risks versus the benefits of students remaining. If they remain open, reduce accommodation densities and restrict the use of communal areas.
- Student halls and residential colleges should implement a plan to identify students who have respiratory symptoms or fever, and isolate these individuals as quickly as possible.
- Keep students and staff informed of the actions you are taking.

#### Hygiene

- Encourage personal hygiene, such as use of hand sanitiser by students at entry points.
- Increase environmental cleaning.
- Clean and disinfect high touch surfaces regularly, including desks and keyboards.

#### Physical distancing

- Plan ways to enable physical distancing of 1.5m to reduce in-person contact for both staff and students.
- In an enclosed space have no more than one person per four square metres of floor space on average and have fewer than 100 persons. This includes lectures and examinations.
- Limit movements and contacts between student/class groups.

### Exercise, recreation and outdoor activities

For more information about sports, community and recreation activities visit [\[link to sport, cultural and recreational\]](#).

### Caring for others and animals

#### What are the 'care or compassionate reasons' for being able to leave my home?

You may leave your home for any of the following personal reasons:

- to visit a doctor or other medical professional, or to obtain medical supplies
- to donate blood

- if you have shared parenting obligations and need to transport children between homes, under an informal or court-ordered arrangement
- to provide child-minding services at someone's home because that person needs to leave the house for one of the permitted reasons, or work or study at home
- if you are the parent or guardian of a child and you wish to visit the child because they are in the care of another person or organisation, or you have obligations in relation to the care and support of the child
- to provide childcare or early childhood education or school to a child who lives in the care of the State or family or family violence service
- if you have carer responsibilities, for example, picking up or dropping off children in a foster care or respite care arrangement
- to drop off or pick up a child at personal or private childcare, early childhood education or school, if you need to go to work or study
- to provide care and support to a relative or other person – such as shopping, cooking or house-cleaning –because of their old age, infirmity, disability, sickness or chronic health condition
- they are pregnant or have health or mental health concerns
- to visit someone in an aged care facility, disability accommodation or other residential care facility, provided your visit conforms to the [Care facilities direction](#)
- to visit someone in hospital, provided that visit conforms to the [Hospital Visitor direction](#)
- to attend the funeral service of a relative or close friend, noting that the maximum permitted number of mourners is 20
- to get married, or be a witness to a marriage, noting that the maximum permitted number of people is ten plus the celebrant and couple
- if there is family violence, or violence by another person in the home, and you are at risk. If you are stopped by police, tell them you are feeling unsafe at home and they will help you. Safe accommodation and support for family violence is available. Call safe steps on 1800 015 188 or email [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au) for help 24 hours a day, 7 days a week.

### **We have children in a shared custody arrangement. How does this affect them?**

All shared custody arrangements, whether informal or court-ordered can continue as normal.

You are permitted to leave the house to take children from one parent's home to the other parent's home.

### **Can I get a baby-sitter to come to my home?**

Yes. You can arrange in-home child minding if you need to leave home for a permitted purpose, as outlined above.

As always, visitors to your home should observe appropriate physical distancing by keeping at least 1.5 metres from other people.

### **Can I drop my children at childcare – or to someone's house to have them minded?**

Yes. If you need to leave home for one of the permitted reasons, you can use childcare services, or take them to the house of a friend or family member so they can be cared for.

### **Can I leave my house to do volunteering work?**

Yes. Unpaid work can continue to be done while the organisation you are volunteering for is still operating. However, if the volunteer work can be done from home, it should be. You should also maintain appropriate physical distancing by keeping at least 1.5 metres between yourself and other

people at all times and maintain sanitisation measures such as regularly washing your hands with soap for at least 20 seconds.

### **Can I leave home to care for animals located on property other than my place of residence?**

You should limit travel where you can.

If you do need to leave home to attend to your animals, you should comply with the public gathering requirements and practice good hygiene, including hand hygiene before and after handling animals and their equipment, bedding or food.

### **I am caring for an elderly parent/friend who lives alone. Can I visit them?**

Yes. However, if you are preparing meals or providing other help for an elderly person, be mindful of the risks of transmitting coronavirus (COVID-19). Older people are especially vulnerable to coronavirus (COVID-19). If you are delivering meals, think about leaving a package on their doorstep without making physical contact. If you are doing cleaning chores or other housework, think about having them sit somewhere comfortable away from you while you work, so you are not in close contact. Make sure they are feeling well and ask them if they have enough of their regular medications whenever you visit. You must maintain physical distancing by keeping at least 1.5 metres between yourself and others at all times.

## **Visiting friends, family and your partner**

### **Can I have visitors in my home?**

Social visits from close friends, family, and partners are allowed. At any one time you can have up to 5 visitors to your home. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene. If you or your friends, family or partner are feeling unwell you should not visit people.

Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

### **Can anyone else visit my home?**

People can visit your home however there are still restrictions in place, this includes:

- up to 5 family or close friends visiting at any one time
- a tradesperson visiting to fix a fault in your home, such as plumbing, wi-fi or electrical
- a person coming in to do child-minding or a child you are providing care to
- a person coming in to provide services or care (for example, cooking or cleaning) or medical attention
- medical or emergency services staff coming to your home to render assistance.

You need to ensure that at any one time no more than 5 people other than those who you live with are in your home. You should ensure appropriate physical distancing by keeping at least 1.5 metres between you and others and practice good hygiene measures.

### **My partner and I live separately from one another. Can we still see each other?**

You are allowed to make social visits to other people's houses. Partners living separately are able to visit each other at home.

### Visiting people in hospital, nursing homes or care facilities.

You can visit people in care facilities but there are rules to keep people safe. For more information [\[LINK\]](#).

### Can I meet a friend for coffee?

Cafés and restaurants are not permitted to offer table service, so sitting down for coffee with a friend at your local café is not an option. Going for a walk with friends or family members who doesn't live at the same address as you and getting a couple of takeaway coffees is an alternative. You can do this in a group up to 10 people.

~~As with all activities — we're asking Victorians to consider: is what I'm doing necessary?~~

### Can I leave home to attend a wedding?

Only if you are one of the people getting married, one of the 10 people invited, or the celebrant. To minimise the risk of spreading coronavirus (COVID-19), the only wedding you may hold is a small private one with the maximum of ten people present along with the celebrant. When the risk of transmitting coronavirus (COVID-19) is over, you can have a special celebration.

For information about religious services visit: [\[LINK\]](#).

### Can I leave home to attend a funeral?

Yes, but no more than twenty mourners are allowed at any one funeral service (not including the celebrant or funeral staff). If you are unsure whether there is likely to be more than the permitted number of mourners at the funeral, you should contact the funeral director before attending. They may be able to offer you the ability to make an online tribute or view a live stream of the funeral service from home.

For information about religious services visit: [\[LINK\]](#).

### Can I visit a cemetery outside of attending a funeral?

Yes, you can visit a cemetery. If you do visit loved ones at the cemetery, please ensure that no more than your immediate household or ten people (including you) are gathered. Physical distance has to be maintained by staying at least 1.5 metres apart.

Alternative ways to remember your loved ones while staying at home include lighting a candle or holding a virtual remembrance with family and friends.

## Transport and travel

For information on restrictions and advice for people travelling within Victoria, in Australia and internationally visit [\[link\]](#).

### Will public transport continue to operate?

Yes. Public transport services are still available for people who need to work or attend education, or one of the other permitted purposes.

- Ensure physical distancing at stations, stops and on buses, trams and trains by keeping at least 1.5 metres between yourself and others at all times.
- If you travel on a busy route, consider travelling outside of peak times to minimise risk. No travel should be undertaken for any other purposes.

- Public transport service desks will not accept cash for payment to purchase or top up your Myki. You must either pay online, on the phone or use contactless payment methods.

### **Can I drive my car?**

Yes, for purposes of health, wellbeing, recreation and visiting family and friends for social connection you are able to go for a drive.

### **Can I learn to drive?**

Practice driving is now permitted, as well as attending driving lessons and flying lessons.

### **Can I have passengers in my car?**

Carrying passengers in your car should be avoided, unless they live in your household. Cars represent an enclosed space where there may be a heightened risk of transmission of coronavirus (COVID-19) and many other illnesses, such as influenza. Travelling as a passenger in a car, or carrying multiple passengers is strongly discouraged.

### **Can I use taxis and ride-shares?**

Yes, but only for one of the permitted purposes for leaving home. The less time we all spend out of our homes, the faster we will all be able resume normal life again.

### **Can I organise private transport for my employees to get to work?**

Yes. Charter buses or other forms of private transport can be used to get to work.

### **Actions for transport carriers**

The following actions should be considered by transport providers, including airplanes, trains, trams, buses, taxis and uber:

#### **Key actions**

- Take all the actions listed under Actions for an organisation, workplace or venue [LINK].
- Food and beverage takeaway services may continue at transport hubs e.g. stations and airports. See Actions for food and beverage services, hospitality venues [LINK].
- Plan ways to reduce in-person contact for travellers and staff.
- Actively encourage sick passengers to stay at home.
- Use advertising space and announcements to support public health messages around coronavirus (COVID-19).
- Plan what to do if a passenger or staff member becomes ill. For airlines see: <https://www.health.gov.au/>
- Keep staff and travellers informed of the actions you are taking.
- For drivers of public transport, including taxis, uber, ride-hail services, trains, buses and trams:
  - You do not need to wear a mask if you are healthy.
  - If you are unwell do not go to work.
  - Ask passengers to sit behind you to achieve as much separation as is reasonably possible.
  - Employ standard cleaning practices at the end of each shift, as part of good hygiene practice.
  - Use your discretion about reducing the risk of transmission.

- If a passenger spreads droplets (e.g. by sneezing, coughing or vomiting), clean surfaces with appropriate disinfectant wipes so that the potential spread of infection can be minimised.

#### Hygiene

- Provide and promote sanitisers for use on entering buildings or transport services, where possible.
- Open windows and adjust air conditioning to increase airflow.
- Ensure the highest hygiene practices among food handlers and canteen staff if relevant.
- Increase environmental cleaning. Clean and disinfect high touch surfaces regularly.
- Airlines should ensure appropriate cleaning and disinfection activities are undertaken between each flight.

#### Physical distancing

- Consider whether your transport service can be adjusted to increase separation of travellers and avoid queuing.

## Property and homes

### I have more than one home. Can I choose which one I stay in?

~~Victorians are being asked to not to travel unless absolutely necessary.~~ You can travel between your own two residences.

### I had arranged to move to a new house – can I still go ahead?

Yes, you are able to leave home for the purposes of relocation.

#### Are auction houses restricted?

Auctions at auction houses are now permitted. However, gatherings must be restricted to 10 people only in addition to the people required to facilitate the auction.

#### Can I sell my house at auction?

Yes, under the easing of restrictions you can put your home on the market for private sale or auction. Only 10 people can gather for an auction at any one time..

If, in the process of selling your home, you need to have open-for-inspection sessions for prospective buyers, these must be private inspections strictly by appointment. During inspections, physical distancing must be ensured by keeping at least 1.5 metres between everyone at all times.

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### Can tradespeople come into my home?

Yes they can. You must ensure physical distancing by keeping 1.5 metres between you and the tradesperson at all times.

If you need help with house-cleaning, ensure the cleaner's time in your home is kept to a minimum and observe appropriate physical distancing by keeping 1.5 metres between you and the cleaner at all times. If possible, remove yourself from the room where the cleaner is working.

When visiting a service provider, minimise physical contact by paying with a direct bank transfer or contactless payment.

#### Is home delivery still permitted?

Yes, although you should ask yourself if delivery is necessary.

### **Can I leave home to undertake essential maintenance of a property other than my place of residence?**

Yes, you may leave your home to undertake these duties, however, physical distancing should be maintained by keeping 1.5 metres between you and anyone else on site. You should try to keep your time at the property to a minimum.

You can also visit a friend or family member and help them with maintenance.

### **Accommodation including emergency accommodation**

#### **Does the Stay at Home direction apply to caravan parks?**

If you are a permanent resident of a caravan park, the Stay at Home direction applies to you.

If you are an interstate tourist on a holiday visit to a caravan park, you must stay there and observe the requirements of the Stay at Home direction.

#### **Does the Stay at Home direction apply to backpacker hostels?**

If you are currently in a backpacker hostel, you should regard it as your home for the purposes of the Stay at Home direction. You should avoid spending time in communal areas of the hostel. You may leave the hostel to board a flight out of Australia.

Always observe physical distancing requirements within the hostel by keeping at least 1.5 metres between yourself and other people at all times.

#### **If I am in community accommodation, does this mean I can't leave where I am?**

You must observe the Stay at Home direction wherever you are living. If you are currently in a family violence refuge, youth refuge or other form of temporary crisis or respite accommodation, you can move to alternative accommodation if you have an alternative option. Once you move from temporary accommodation, this becomes your new normal place of residence for the purposes of the Stay at Home direction.

#### **Can I leave my home if I fear for my safety or the safety of my children due to a family violence situation?**

Yes. If you or your children are escaping harm or are at risk of harm from family violence, you can leave your home to seek support and assistance. If you are stopped by police, tell them you are feeling unsafe at home and they will help you.

Family violence frontline services, including crisis accommodation, continue to operate to support women, children and families during the coronavirus (COVID-19) emergency.

There are options for accessing safe housing if you need to leave a violent situation or you are not safe in your home.

Call safe steps on 1800 015 188 or email [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au) for help 24 hours a day, 7 days a week.

For more info visit [family violence support during coronavirus](#)

#### **What about people in a family violence refuge or other emergency accommodation?**

If you are in a family violence refuge or temporary accommodation, such as a hotel or motel, arranged for you by a family violence support service, and don't have an alternative safe accommodation option,

you can remain there. You should regard this accommodation as your normal place of residence for the purposes of the Stay at Home direction, unless you have alternative accommodation to go to.

### **Can I leave my home to attend court to apply for a family violence intervention order?**

Yes. People are permitted to leave their home to attend court to seek protection from family violence.

All Magistrates' Courts are open and are continuing to hear family violence matters, including Family Violence Intervention Order (FVIO) applications.

You can apply for an FVIO [online](#).

You can also phone the Court to discuss your options. You can find your local court [here](#).

FVIO applications can still be made in person at the Court if that is the safest option. For more info visit the [Magistrates' Court frequently asked questions](#).

### **What does this mean for people in disability accommodation?**

If you live in a long-term supported disability accommodation facility, this is your normal place of residence for the purposes of the Stay at Home direction.

Residents who have been residing elsewhere temporarily, should not return to the supported accommodation facility if they have the clinical symptoms of COVID 19, which include any new fever, chills or breathing problems, specifically cough, sore throat or shortness of breath. These clinical symptoms are the clinical criteria for testing and residents should be tested for COVID-19 if they have these symptoms.

Residents who have been notified by the Department that they are a close contact of a confirmed case should not return anytime during their 14 days quarantine period.

If you are in short term or respite accommodation, you can return to your usual place of residence or other safe accommodation option when you are able to do so. Once you move from short term or respite accommodation, this becomes your normal place of residence for the purposes of the Stay at Home direction. Short term or respite accommodation can continue to be provided where required to meet your care and support needs during the period of the Stay at home direction.

The same requirements above in regard to not having the clinical symptoms for COVID-19 apply for people accessing short-term or respite accommodation.

There may be changes to the operation of the short term or respite accommodation service to meet physical distancing requirements. You must observe the Stay at Home direction wherever you are living.

### **What does this mean for children and young people living in out of home care?**

If a child or young person is currently living in out of home care, including residential care units, this is considered their normal place of residence for the purposes of the Stay at Home direction. Placements can continue to change to best meet their safety and care needs during this time. Regardless of whether a child or young person is in kinship care, foster care or residential care they must comply with Stay at Home requirements.

### **Are there any other special reasons that allow me to leave my home?**

You can leave your home in an emergency, or if you are required by law to attend either a police station, court or law enforcement or justice system premises.

## Staying safe – physical distance and hygiene

### Slowing the spread of coronavirus (COVID-19) in Victoria

Victorians need to act now to reduce the risk of infection from coronavirus (COVID-19) and limit their day-to-day activities outside the home. Victorians need to change their behaviour to change the course of this epidemic.

Actions the Victorian community, employers and organisations can take to reduce the risk of infection and slow the spread of coronavirus (COVID-19) in the community are detailed in this document. These actions or interventions are known as 'physical distancing' measures. These are particularly important in reducing the spike of infections and protecting our elderly and those with chronic diseases.

The Victorian Government has eased restrictions on some sporting, cultural and recreational activities to enhance health and wellbeing in the community. Although some restrictions have been eased, physical distancing (keeping 1.5 metres apart) and good hygiene practices still apply. If you are feeling unwell you must stay at home. Self-quarantine and self-isolation are also critical to reducing risk of community transmission. Information on who these measures apply to and what they involve is on the Quarantine page.

A State of Emergency has been declared in Victoria to combat coronavirus (COVID-19). This provides the Chief Health Officer with powers to do what is necessary to contain the spread of coronavirus (COVID-19) and reduce its risk to the health of Victorians. These Government Directions, some of which are described below, can be found on our State of Emergency page.

### Personal actions to reduce your exposure

- Stay at home.
- You should only be outside for one of the following four reasons:
  - shop for food and other necessary goods and services
  - access medical services or provide caregiving – for example, this includes shared parenting obligations or providing care and support to an unwell, disabled, elderly or pregnant friend or relative
  - attend work or education where you can't do those things from home
  - exercise and recreation activities while adhering to the rules
  - participate in gatherings for the purposes of health, wellbeing and social connection.
- You can visit friends or family or have friends or family visit you for the purposes of social connection. Such visits are restricted to five additional people to those in the household.
- If you need to, you can travel distances by car to visit family or friends.
- Do not travel overseas, interstate or take a cruise. Do not take a holiday domestically throughout Victoria.
- Stay healthy with good nutrition, regular exercise and sleep well. Limit alcohol intake and smokers may consider quitting.
- You may participate in community gathering such as non-contact community sport as long as the gathering has a maximum of ten people and is in an outdoor location.
- Gatherings of up to ten people are allowed in an outdoor space, such as relaxing in a park or having a picnic.
- If your household is more than 10 people you are able to gather in outdoor locations.

### Practice good hygiene

Good hygiene is critical for stopping the spread of coronavirus.

Everyone should be taking 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 (COVID-19). 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.

### Take personal action to protect your community

- Victorians should stay at home when possible [[link to stay at home](#)].
- When exercising, undertaking recreational, community or religious activities you must follow the directions [[Link to sports and rec](#)].
- When shopping, buying essentials or purchasing food or drink you must follow directions [[LINK to shopping, retail](#)].
- There are restrictions on travel [[LINK to travel](#)].

### Staying connected as a community

It is important to keep connected as a community, even while physically distancing. You can do this by taking some simple steps.

- Stay informed. Use information from reputable sources, for example the coronavirus (COVID-19) section on this site.
- Support others in your community. Look out for your neighbours and family members.
- Where possible, keep connected to your family, friends and work colleagues through phone, email and social media.
- Do not panic buy foods, medicines or other goods.

### Actions for people caring for a sick family member

If you look after or provide care for a sick family member with flu-like symptoms, take these actions:

- Care for the sick person in a single room.
- Keep the door closed and windows open where possible.
- Keep the number of carers to a minimum.
- Always use a hand sanitiser before and after entering the room, or wash hands with soap and water.
- Keep the sick person's crockery and utensils separate to the rest of the household.
- If available, wear a surgical mask (single-use face mask) when you are in the sick person's room.

- Clean and disinfect high touch surfaces regularly.
- Dispose of tissues and masks in a sealed plastic bag and put in the usual household waste.
- If your family member becomes more unwell, get medical help by calling your doctor or the coronavirus (COVID-19) hotline on 1800 675 398.
- For serious symptoms, such as difficulty breathing, dial 000 and ask for an ambulance.
- If the unwell person is advised to visit the doctor or hospital, use a private car driven by the person or an existing close contact. Do not call an ambulance or use a bus, tram, train, taxi or uber unless absolutely necessary.

### Actions for parents and guardians

If you are a parent or guardian, take the following actions:

- If a child/young person is unwell, keep them at home unless they need medical assistance. Do not let them go to the shops, friend's house, childcare or school. Keep them away from elderly grandparents and people with underlying medical conditions.
- Support your child/young person to study at home.
- Plan for the possibility of your child/young person not attending childcare or school because of any future closure or because they are unwell. Discuss with your employer if needed.
- If your child or young person is regularly cared for by grandparents or elderly family members, consider alternative options to prevent the transmission of illness.

### Further information and resources

Please check the coronavirus section on this site regularly for updates. Additional information is available at [www.health.gov.au](http://www.health.gov.au). Further advice on specific occupational groups may also be available.

The measures described in this document are strongly recommended by the Chief Health Officer, Department of Health and Human Services, in order to protect Victorians from transmission of coronavirus.

## Sport, cultural and recreational activities

Sports and recreation play a critical role in the physical, mental and emotional wellbeing of Victorians. However, this must be balanced by with the risk of transmitting coronavirus. The following principles have been developed to guide if the lifting of restrictions around sports and recreation. A sporting or recreational activity can resume if:

- If you can keep your distance (at least 1.5 metres apart), you are not doing your activities indoors and they are not competitive (team vs team) then you can.
- And you can do them with a maximum of ten people.

If you are unsure, ask yourself the following 2 questions ....

- Where is your activity practiced?  
Indoors sport/recreation is not allowed, unless it is practiced at home or via online sessions/classes.  
Outdoors activities are allowed, as long as the other principles are met
- Is it a non-contact or contact activity?  
Non-contact sports/recreation are allowed but you need to maintain physical distancing

Contact sports/recreation must be modified so that you can maintain physical distancing, if you cannot do this, you cannot do it. This means people can do training sessions for contact sports as long as physical distancing is possible.

Your sport/recreation activity can be part of a club, but you cannot use club facilities, except toilets.

Use of shared sporting equipment should be minimised and there should be no sharing of equipment that touches the face or head (e.g. helmets, goggles or masks).

If the activity involves shared equipment, only equipment with smooth, hard surfaces should be available for use and the equipment should be sanitised between users.

If your household is greater than 10 people, you can practice your sport/recreation activity with your household.

| Sports and recreational activities that meet the following criteria:   | Sports and recreational activities that meet the following criteria:   | Sports and recreational activities that meet the following criteria   |
|--|--|---|
| <ul style="list-style-type: none"> <li>- Outdoor</li> <li>- Non-contact</li> <li>- Able to maintain physical distancing</li> </ul> <p>You can participate in a group of no more than 10.</p> <p>Participation does not take the form of a completion.</p> <p>Can be part of a club, but you cannot use club facilities, except toilets.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Hiking</li> <li>Cricket</li> <li>Tennis</li> <li>Boating</li> <li>Surfing</li> <li>Paddle boarding</li> <li>Swimming</li> <li>Golf</li> </ul> | <ul style="list-style-type: none"> <li>- Outdoor</li> <li>- Contact sports</li> </ul> <p>You can participate in a group of no more than 10.</p> <p>Participation does not take the form of a completion.</p> <p>Participation is for training purposes only.</p> <p>Can be part of a club, but you cannot use club facilities, except toilets.</p> <p>Physical distancing (keeping 1.5 metre apart) applies.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Australian Rules</li> <li>Rugby</li> </ul> | <ul style="list-style-type: none"> <li>- Indoor</li> <li>- Contact sports</li> <li>- Competition</li> </ul> <p>You cannot participate in these sports unless you do it online.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Skate parks</li> <li>Playgrounds</li> <li>Outside communal gyms</li> <li>Paintball</li> <li>Go kart racing</li> </ul> |

Commented RED Will be updated with infographic.

|                                |            |  |
|--------------------------------|------------|--|
| Mini-golf                      | Soccer     |  |
| Horse-riding                   | Basketball |  |
| Skateboard (not at skate park) | Netball    |  |
| Fishing                        |            |  |

### What sports am I allowed to do?

With the easing of restrictions most non-contact sports are now permitted, as long as there are only 10 participants at any one time, non-contact rules are strictly enforced and reasonable effort is made to keep 1.5 metres apart. Permitted sports include:

- Water sports: swimming, sailing, boating, fishing, water polo, water skiing, water aerobics, diving, canoeing, kayaking, stand up paddle boarding, rowing, surf skiing, surfing
- Team sports including netball, basketball, volleyball, softball, field hockey, lawn bowls, cricket, baseball
- Individual sports including outdoor mini golf, golf, archery, hiking, equestrian, fencing, athletics, para-athletic sports, tennis, running, handball, badminton
- Outdoor recreation including hiking, horse riding, hunting, walking, bicycle riding, skateboarding or scooting (but not at a skate park).

Commented [RE]: Outdoor team sports?

You can also participate in general training, boxing training and yoga outside. Boot camps are permitted as long as groups are restricted to 10 people and physical distancing is in place.

### Which recreational facilities are restricted?

The current list of prohibited recreational facilities includes:

- indoor physical recreation facilities, including gyms, swimming pools, climbing centres, yoga studios, saunas, wellness centres, barre and spin facilities and health studios
- some outdoor recreational facilities, including, for example, paintball, go-karts, and rifle ranges
- indoor personal training facilities where personal training services are the predominant activity
- community centres and halls
- public libraries, including toy libraries
- galleries and museums
- youth centres
- play centres
- publicly accessible playgrounds
- skate parks
- outdoor communal gym equipment.

Boot camps and personal training services can continue only if they are outdoor with a maximum of ten people at any one session, ensuring no more than one person for every four square metres of space.

Canoeing, kayaking, stand-up paddle boarding, rowing and surf skiing are permitted, as long as physical distancing is complied with and people don't travel large distances to do them.

**What sports remain prohibited and can I train?**

Contact sports that are still prohibited include Australian Rules Football, other codes of football and soccer. You can participate in training for all these sports but it must be non-contact, with only 10 people participating at any one time in addition to those people running the training (e.g. coach, manager).

Indoor sports remain prohibited as there is an increase in the risk of transmission while exercising in an enclosed space.

Martial arts including judo, karate and taekwondo remain prohibited.

**Can I use sports club facilities?**

You can use toilet facilities connected to a permitted sport location. However, clubhouses, bars, eating areas, indoor sitting areas, showers and change facilities must remain closed.

**Are swimming pools closed?**

Yes, public swimming pools are closed.

If a pool is at a person's private residence and is not available for communal use, it can be used without restriction.

**Can I play golf?**

Yes. You can play golf but other facilities will remain closed including clubhouses, bars, eating areas, eating areas, indoor sitting areas, showers and change facilities.

**What sort of indoor physical training facilities are closed?**

Gyms, including indoor personal training facilities are closed, because they pose a significant risk of transmission should a person who attends one of these centres have a confirmed case of coronavirus (COVID-19).

**Exercise****Can I leave the house to exercise outside?**

Yes, you can leave your home to exercise, provided it's possible to maintain physical distancing of at least 1.5 metres from others at all times. This includes, walking, running, bike riding or other types of exercise, such as yoga in a park.

While it may be necessary to leave your immediate neighbourhood to undertake exercise, we're asking Victorians – please use common sense and don't travel any further than you have to.

**Can I exercise with others?**

You can also do outdoor exercise with up to 10 people who doesn't normally live at the same address as you, provided you maintain physical distancing by keeping at least 1.5 metres between you and the other person.

**Recreational activities and getting outside****Can I go to a community centre?**

Facilities such as community centres and public halls can still be used as a place for delivering essential services such as food banks or services for the homeless and support services such as Alcoholics

**Anonymous or parent groups.** Ensure appropriate physical distancing by keeping at least 1.5 metres between people at all times.. You can now attend a community centre for:

- Provision of essential services such as food banks or services for the homeless
- Community support meetings such as Alcoholics Anonymous, Narcotics Anonymous, parent groups and youth groups.

Community halls and youth centres cannot be used for sporting activities.

### **Can I go to the park?**

Yes, you can relax at the park, have a picnic or play non-contact sports.

You cannot use playgrounds, outdoor gyms and skate parks, all of which remain closed.

Children should not be allowed to come into contact with playground equipment, outdoor chairs and tables, and they should not drink from public drinking fountains. Keep at least 1.5 metres between yourself and other people at all times.

### **What kind of playgrounds are prohibited?**

It's prohibited to play on outdoor playground equipment that is situated in public open space. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

Playgrounds situated in early learning centres and schools, where access is controlled, are not included in this prohibition.

### **What is outdoor communal gym equipment?**

Many parks and recreation reserves feature outdoor exercise equipment for use by the general public, which are now restricted. These facilities represent a risk of coronavirus (COVID-19) transmission because of the numbers of people using them, the inability to control access and the lack of regular cleaning and disinfection.

### **Can we go to the beach?**

Yes, you can relax at the beach, have a picnic or play non-contact sports. Maintain physical distancing at all times by keeping at least 1.5 metres between yourself and other people at all times.

### **Can I go swimming at the beach?**

You can swim at the beach but you cannot gather in groups of more than 10 people at any one time.

### **Can I go to a national park?**

Parks have reopened for hiking and other recreational activities but you cannot gather in groups of more than 10 people at any one time.

Camping is still prohibited.

### **Can I go fishing? Or Hunting?**

You can go fishing or hunting however not in groups of more than 10 people. You must maintain 1.5 metres can be maintained between yourself and others.

Fishing or hunting competitions can't currently occur.

### Can a recreational facility be used for charitable or community service?

Facilities such as community centres and public halls can still be used as a place for delivering essential services such as food banks or services for the homeless. They can be used to deliver support services including alcoholics anonymous. Ensure appropriate physical distancing by keeping at least 1.5 metres between people at all times

### Can a recreational facility be used for wedding or funeral services?

Yes, there can be no more than 10 people in attendance at a wedding as well as the celebrant. The ceremony can be live-streamed, if you wish.

Similarly, a recreational facility can be used for a funeral service, but no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. The service can be live-streamed.

## Entertainment facilities and animal facilities

### What is the list of restricted entertainment facilities?

All of the following facilities should now be closed:

- theatres
- cinemas
- concert halls and auditoriums
- arenas, stadiums and convention centres
- games arcades
- amusement parks
- casinos and other gambling and sports-betting businesses
- brothels, strip clubs, escort agencies, sex-on-premises and other adult entertainment venues.

### Can I still live-stream performances from my venue without an audience?

Yes. You can live-stream performances, without a live audience, at your venue if you'd like to continue to operate as a music venue, for example. However, you will need to ensure that the performers and technicians involved maintain physical distancing by keeping at least 1.5 metres between each other at all times.

### What kind of animal facilities are closed?

Any kind of animal facility that would normally attract a crowd is now closed to the public. Caring arrangements for animals continue. This includes:

- zoos
- wildlife centres
- petting zoos
- aquariums
- animal farms that are not involved in producing food.

Animal facilities can continue to operate and undertake maintenance of operations if they treat or care for sick animals, or rescue abandoned or injured animals. Rescue facilities including adoption can continue to operate. If you want to adopt an animal you should call or check the website of the facility before you visit so you can follow measures to keep yourself and others safe.

## Religious services and places of worship

### Are places of worship closed?

All places of worship, of all denominations are now open for private worship or small religious ceremonies of up to 10 people

Ceremonies and services can still be recorded or broadcast live from the place of worship for viewing online. You are allowed to have people on site to record and live stream services, however, you must ensure those people maintain physical distancing by keeping at least 1.5 metres between each other at all times.

Places of worship may be opened for the purposes of conducting weddings and funerals, but there are strict limits on the number of people who can attend.

For weddings, 10 people can attend as well as the couple, and the celebrant.

For funerals, no more than 20 mourners may attend in person as well as the people required for the funeral, such as the celebrant or funeral company. Both weddings and funerals can be live-streamed if desired.

Places of worship can continue to be opened for the purposes of hosting essential public support services such as food banks, help for the homeless or other essential activities, ensuring appropriate physical distancing is maintained by keeping at least 1.5 metres between everyone at all times.

## Shopping, retail and food

### Are there restrictions on what time I can go shopping?

No. You can shop at whatever time suits you, however many retailers are changing their opening hours, so check online or by phone before you leave home to ensure they are open. Try to go shopping outside of busy hours to avoid crowds. All retailers must ensure customers can maintain physical distancing of at least 1.5 metres between people at all times and must limit the number of people on their premises.

### Can I go to the supermarket?

Yes. However, you should keep visits to a minimum. Make a list of the things you need, shop quickly and minimise the time you spend there. Ideally, only one person from your household should go to the supermarket at each visit to minimise the numbers of people in the supermarket at any one time. Remember that many supermarkets are reducing their opening hours, so check online before leaving home to make sure the supermarket is open.

### Can I take a friend or relative to the shops with me?

If you need help with shopping, or if a friend or family member needs help, or you can't leave them at home, then you can go to the supermarket or shopping centre together, observing physical distancing by keeping at least 1.5 metres between you and others.

### Can I still go to big shopping centres?

Only for the purpose of shopping for necessary goods and services at supermarkets, pharmacies and other service providers. Many retail stores and all public attractions are now closed at major shopping centres. If you do go to the shopping centre, you should spend as little time there as possible.

**Can I go out to pick up takeaway food?**

Yes. You should travel directly to the food outlet, try to minimise the time spent in those premises, always observe physical distancing by keeping at least 1.5 metres between yourself and others, and return home directly.

**Can I order home-delivered food?**

Yes. Remember some basics to minimise the spread of coronavirus (COVID-19) when having food delivered.

Don't allow the delivery person to enter your home, and always maintain physical distancing by keeping at least 1.5 metres between yourself and others, especially when paying and taking delivery of your meal. Try to use contactless payment or prepay online if possible.

If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

**Can I go out to pick up my online shopping from the post office or other collection point?**

Yes. However, consider what online shopping you really need to do during this time. If you wish to pick up a purchased item from a point of collection, first check online or phone to confirm what hours it is open, and travel directly there and home again. Always observe physical distancing by keeping at least 1.5 metres between yourself and others.

**Requirements for shops, retail and restaurants**

There are three special requirements for every business in Victoria that has customers on its premises:

- You must measure your available floorspace and identify the maximum number of customers allowed on your premises at one time. For example, if your shop is 2 metres wide and 8 metres deep, its floorspace would allow a maximum of 4 customers and staff inside at one time ( $2 \times 8 = 16\text{m}^2$ , divided by  $4 \text{ m}^2$  per person = 4 people).
- You must place a sign at the entrance/s to your premises indicating the maximum capacity of your shop and ensure no more than this number are in your premises at any one time.
- You must initiate a cleaning regime that ensures:
  - frequently touched surfaces such as door handles, touch screens, handrails and benchtops are cleaned at least twice per day with disinfectant
  - all surfaces are cleaned with disinfectant when visibly soiled
  - all surfaces are cleaned with disinfectant immediately if there is spillage.

The cleaning regime must include use of a disinfectant with anti-viral properties that complies with the published requirements of the Department of Health and Human Services. Download [Cleaning and disinfecting to reduce COVID-19 transmission \(Word\)](#).

**What is the 'four square metre' rule?**

As a way to limit the number of people who may gather in a premises at one time, retail operators must allow entry to no more than one person for every four-square-metres of available floor space in their shop. For example, if a shop has a total floorspace of 20 square metres, then no more than 5 people (including staff) can be in that premises at the same time.

**Are there any restrictions on trading hours for stores that remain open?**

No. It's up to an individual business when they choose to operate, subject to the usual rules and regulations.

**Is home delivery still permitted?**

Yes. Always maintain a distance of 1.5 metres between you and other people, especially when paying and taking delivery of a package. Try to use contactless payment or pre-pay online if possible.

If you live in an apartment with a security entrance, don't allow delivery people to enter the building or use lifts or internal stairways. Pick up your delivery from the front of the building instead. This minimises the risk to any older or vulnerable people who share the common areas of the property.

**Food and drink**

There are still restrictions in place for restaurants, pubs and bars. This is to prevent large numbers of people spending time in an enclosed space to eat a meal. Restaurants, cafes, cafeterias and fast-food stores have many surfaces, tabletops, door handles and other fixtures that are touched by many people. Reducing the amount of time people spend in that environment will minimise the risk of transmission of coronavirus.

**Are there still some exceptions with pubs, bars, nightclubs and hotels?**

These services can still operate:

- bottleshops
- takeaway food and drink for people to consume off the premises
- accommodation.

**Which market stalls are affected?**

If a market stall is predominantly involved with selling food or drink, it may continue to operate. However, at any indoor or outdoor market where other goods are sold, only the food stalls may continue to trade, and the market operator must ensure there is enough open space to allow physical distancing of at least 1.5 metres between all customers and stall holders.

**Do all food and drink businesses have to close?**

A food and drink business can only remain open if it offers takeaway or delivery services – no sit-down meals or drinks are permitted.

**Are there any exceptions to the restaurant/café restriction?**

If a food and drink operation is situated on the premises of a residential aged care facility, a school, prison, correctional facility, youth justice facility or defence force base, it may continue to operate normally. A facility that provides food or drink on the premise of a workplace may continue to operate normally. A food and drink operation situated on the premises of a hospital may operate dine-in services for hospital staff but it must have an exemption under the Hospital Visitor Directions to provide dine-in services to the public.

Businesses or charities providing food and drink to the homeless may continue to operate as normal, but physical distancing must be observed by keeping 1.5 metres between people at all times.

### What about truck-stops?

If your food and drink operation is situated on a major transport route and has a dedicated section providing food and drink to help alleviate fatigue for drivers of long-haul heavy vehicles, you may continue to operate that dedicated section, ensuring the four square metre rule is observed. Drivers must not remain in that dedicated section for more than one hour at a time and there must be at least 1.5 metres between people at all times.

### Actions for food and beverage services

Restaurants and cafés must close unless they offer takeaway or food and beverage delivery services. This applies to restaurants, cafés, and shopping centres.

If you offer takeaway or food and beverage delivery services, take the following actions:

#### Key actions:

- Consider whether you really need to provide the service at this time for your own safety and the safety of your clients.
- Take all the actions listed under Actions for an organisation, workplace or venue [LINK].
- Do not work if you are unwell. Send any sick staff home.
- Use electronic payment methods not cash where available.
- Think about how you can modify your service to reduce risks. Can you place takeaway items at a distance to where you are?
- Use the Hazard Analysis and Critical Control Points (HACCP) approach for reducing the risk of coronavirus (COVID-19), as you would do for ensuring food safety.
- Close your premises if you cannot comply with these measures.

#### Hygiene

- Always use a hand sanitiser or wash hands with soap and water every hour.

#### Physical distancing

- Ensure physical distancing within your work area, i.e. at least 1.5 metres and no more than one person per 4 square metres.
- Discourage close queues forming. Encourage separation of people waiting.
- Maximise separation of your staff from each other and from customers.

## Personal services

### Which personal services remain prohibited?

Businesses providing personal care services where there is close contact must remain closed.

This includes the following businesses:

- beauty therapy, spray-tanning, waxing and nail salons
- spa and massage services
- tattoo and piercing services
- spas and massage parlours providing relaxation massages as distinct from therapeutic or remedial massage

- sex work services and adult entertainment services.

### **Can I still use a barber or hairdresser?**

Yes, but the hairdresser or barber will be required to take your name and contact details. This is to support contact tracing should it be necessary. You should check with your barber or hairdresser about the steps they have put in place to minimise risks and follow their direction.

### **Actions for people providing close body contact services in the community**

Non-essential businesses where people have to be close to each other have been closed. These include services where it is not possible to achieve physical distancing of at least 1.5 metres because the nature of the service requires body contact such as nail salons, body painting, tattooing and beauty spas.

Hairdressers and barber shops and hair salons may continue to operate, ensuring no more than 1 person for every 4 square metres of space and meet cleaning requirements. Hairdressers and barber shops are required to keep records of the names of contact details of each client who has attended.

Allied health services, such as physiotherapy and podiatry are not required to close (see Actions for health and other organisations where health professionals provide close body contact procedures or services). These services should take the following actions:

#### **Key actions**

- Consider whether you really need to provide the service at this time for your own safety and the client's, particularly if your client is elderly or has pre-existing medical conditions.
- Take all the actions listed under Actions for an organisation, workplace or venue [LINK].
- Display clear signs for clients to read on entry or provide information handouts about how you are going to protect their safety and your own.
- Do not work if you are unwell. Send any sick staff home.
- Do not provide the service to someone who has flu-like symptoms, is feverish, has been in contact with a confirmed case of coronavirus (COVID-19) in the last 14 days.
- Think about how you can modify your service to reduce the risk. Can you cut down the length and frequency of the service?

### **Hygiene**

- Always use a hand sanitiser before and after providing the service, or wash hands with soap and water.
- If you can wear a surgical mask and eye goggles (if not available, use wide-rimmed glasses).
- Clean and disinfect surfaces touched by the client immediately after the service has been provided.
- Use a new mask for each client. Clean your goggles/glasses each time if they are reusable.
- Clean and disinfect any equipment you may have used.
- Dispose of tissues and masks in a sealed plastic bag and put in the general waste.

### **Physical distance**

- While clients are waiting ensure separation of at least 1.5 metres.

## Travel

### International travel

#### Who can enter Australia from overseas?

You cannot enter Australia unless you are:

- an Australian citizen
- a permanent resident of Australia
- a New Zealand citizen usually residing in Australia
- an immediate family member of an Australian citizen or permanent resident.

If you currently overseas, in one of these categories and wishing to return to Australia, you should do so as soon as possible.

For the most up-to-date information on travel restrictions, visit the [Smart Traveller website](#)

#### Does everyone arriving from overseas have to quarantine?

All international passengers arriving at Victorian airports or disembarking at maritime ports must go into **mandatory** quarantine for 14 days from the day of their arrival.

#### I'm planning an overseas trip. Should I cancel?

The Australian Government advises all Australians not to travel overseas at the moment.

For the most up-to-date travel advice go to the [Smart Traveller website](#).

#### I'm planning on moving overseas. Can I?

Australians cannot currently travel overseas for recreational purposes. Stay up-to-date on the latest advice on overseas travel restrictions by visiting the [SmartTraveller website](#).

#### What arrangements apply to cruise ships?

All international cruise ships have been banned from sailing into or out of Australian ports for 30 days from 15 March 2020.

#### What if I'm from overseas and I'm not eligible for Medicare?

Overseas travellers who fall ill in Australia (and are not eligible for Medicare) often have health or travel insurance.

For those who do not have adequate insurance coverage, Victorian hospitals will waive the costs of treatment. This includes waiving payment and debt recovery procedures for ambulance transfers of people in mandatory quarantine suspected to have coronavirus (COVID-19), who are taken to Victorian hospitals for assessment.

These arrangements have been put in place to ensure payment issues are not a barrier for people from overseas with symptoms seeking early medical advice.

### Mandatory quarantine for international arrivals

All international passengers arriving at Victorian airports or disembarking at maritime ports must go into immediate quarantine for 14 days from the day of their arrival.

This is to help slow the spread of coronavirus in our state.

Incoming international passengers will be transported to designated accommodation where they must undertake a strict 14-day quarantine period. The costs of accommodation and essentials will be met by the Victorian Government.

### **Does this apply to all arriving passengers?**

Yes. Given the risks associated with transmission of coronavirus by arriving international travellers, the only exception is flight crew. The restriction also applies to passengers arriving on chartered flights, private aircraft and passengers or crew disembarking in maritime ports from private or commercial vessels.

### **Are unaccompanied minors exempt from quarantine?**

No. However, for the safety and wellbeing of the small number of minors who may need to fly at the current time, if the child arrives in Melbourne but their home is in another state and they are booked on a connecting flight, they may board that connecting flight to their home. Once there, they will be quarantined under that state's direction. This does not apply where the destination state, such as Queensland, has closed its borders to all arrivals. DHHS will make appropriate arrangements for the care of any children who cannot return home immediately.

If the unaccompanied minor's home state is Victoria, a parent or guardian can accompany them into quarantine, provided they agree to stay there with the child under the same conditions for the 14-day period. DHHS is working with airline management to ensure continuity of care and protection of all unaccompanied minors who arrive in Victoria at this time.

### **What if Victoria is my home?**

All incoming travellers must go into compulsory quarantine. Even if you live at a location within a convenient travel time of the Victorian airport at which you arrived, you must enter quarantine to safeguard the community.

### **What if I am just transiting through Victoria?**

You are required to complete the 14-day quarantine in the location in which you arrive in Australia. When you have completed quarantine, you may continue your journey.

### **What if I work in an essential occupation or profession?**

All arriving passengers on all incoming flights or ships must undertake compulsory quarantine.

### **Can I leave the accommodation facility at all?**

No, you must remain in strict quarantine for the entire 14-day period, unless there is an emergency situation, or you have been granted permission because:

- you need to attend a medical facility to receive medical care
- it is reasonably necessary for your physical and mental health
- there are compassionate grounds.

If your accommodation has a balcony or verandah, you may use that provided you conform to physical distancing requirements.

**Can I have visitors when I am quarantined?**

No. You must not meet with anyone else during your quarantine, unless that person is also in quarantine in the same room over the same period. You will be able to use your mobile phone, laptop, tablet or other device as your normally would.

**Can I apply for an exemption to the quarantine?**

You may apply for an exemption on compassionate or medical grounds, such as, for example, if you are undertaking end of life treatment, or you were travelling to visit a loved one who is at the end of their life, but the circumstances of each application will be carefully considered to limit the risk of spreading coronavirus in the community or the health system.

**Do I have to go into quarantine if I have a disability?**

Yes. If you have special requirements, speak to the government official at the airport. If you are travelling with a carer, or being met by a carer, that person must accompany you into quarantine and remain there with you under the same conditions for the 14-day period.

**Can I book a flight out of Australia if I don't wish to stay in 14-day quarantine?**

All incoming travellers must go into quarantine for a period of 14 days here in Victoria. Once you have completed the compulsory quarantine period you can fly out of Australia. Separate quarantine requirements may also apply at your next destination.

**What if I am travelling as part of a group?**

The entire group you are travelling with must submit to compulsory quarantine. Every effort will be made to ensure your travelling group is accommodated appropriately.

**What are the penalties for not complying with the quarantine requirement?**

A person who fails to comply with this direction will be liable for fines of up to approximately \$20,000, or up to approximately \$100,000 in the case of companies and other bodies corporate.

**Travel within Australia****If I am booked on a flight can I leave home to go to the airport?**

Yes, but people are being asked not to travel unless absolutely necessary. Several Australian states now also prohibit entry, so you may not be able to fly to some states. You should check with the airline if you booked the flights some time ago.

**If I am travelling domestically do I need to go into quarantine?**

No. There is no requirement in Victoria to quarantine after travelling domestically.

If you have returned from overseas and you're travelling domestically from Victoria to another Australian state or territory following 14-days of mandatory quarantine this does not mean you will be exempt from quarantine requirements in the jurisdiction you are travelling to.

States and territories have individual quarantine arrangements in place, and some may require a second 14-day quarantine period for travellers coming from Victoria.

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.

**What if was planning to move interstate – can I still go?**

Yes. You can move home within Australia (subject to obtaining the relevant permits to enter another state).

**Travel within Victoria**

Victorians shouldn't be taking holidays currently, even within Victoria. You can still book accommodation if they have an essential need.

**Can I visit friends, family or my partner within Victoria?**

You can travel to visit friends, family or a partner within Victoria. Victorians are being asked to practice common sense when it comes to visiting friends and family, especially those who are more vulnerable. You should think about using video, phone, text message and social media to stay in touch.

**What type of accommodation facilities are prohibited?**

Camping grounds and caravan parks are not permitted to remain open because of the communal nature of many of the facilities offered. The only exceptions are where the occupants:

- live there permanently
- are without another permanent place of residence
- have a permanent place of residence that is temporarily unavailable
- have travelled to Victoria for work
- were already staying there temporarily at the time the restrictions came into force and are unable to return to a permanent place of residence
- need emergency accommodation as a result of family violence or other threats
- require accommodation for work, where their work is helping to limit the spread of coronavirus (COVID-19).

**Can I go camping?**

Camping is still prohibited.

**Visiting care facilities**

Restrictions have been put in place around visiting care facilities to protect vulnerable Victorians.

Visit the Directions issued by the Chief Health Officer page to view the Care facilities direction.

**Which types of care facilities are covered by this restriction?**

This restriction applies to all the following care facilities, whether operated by government, the private sector or not-for-profit organisations:

- residential aged care facilities
- alcohol and drug residential services
- homelessness residential services
- disability residential services

- specialist disability accommodation
- secure welfare services
- short-term accommodation and assistance dwellings
- Supported Residential Services (SRS)
- Disability Forensic Assessment and Treatment Services (DFATS)
- Thomas Embling Hospital.

### **How many people can visit?**

No more than two people can visit a resident together to provide care and support.

Each resident can have no more than one visit (of up to two visitors) each day.

### **Is there a time limit on visits?**

Visits must be for no more than two hours. The only exception is if visitors are supporting end-of-life care to a resident of a facility.

### **What are the restrictions on visitors?**

Subject to some other important conditions, you can visit a care facility if you are:

- providing care and support to a resident of the facility
- providing support to end-of-life care to a resident of the facility – in these circumstances visits are not restricted to two hours and the number of people visiting is not restricted (but should be managed carefully)
- viewing the facility as a prospective resident, in which case you can bring up to two other people with you.

### **What other conditions apply to visitors?**

Visitors must not enter any of the nominated care facilities if they:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever
- ~~have arrived back in Australia from overseas in the last 14 days~~
- have a temperature higher than 37.5 degrees
- are under 16, unless they are visiting a resident who is receiving end-of-life care, or they are visiting a secure welfare service, Supported Residential Service or an alcohol and drug residential service, in the company of an adult.
- If visiting or working in a residential aged care facility you must have an up to date influenza vaccination, if it is available to you.

### **Residential aged care facilities and influenza vaccinations**

People visiting an residential aged care facilities must have an up to date influenza (flu) vaccination.

- Visitors who choose not to have an influenza vaccination are not able to visit a residential aged care service during this period.

- Visitors who unable to access a influenza vaccination can visit.
- Visitors who unable to have an influenza vaccination due to medical reasons can visit; however, they are required to provide evidence, from a medical practitioner, as to the reason they cannot have the vaccination. Services should encourage visitors who cannot have an influenza vaccination to only visit for compassionate reasons and end of life care.

### **Evidence of influenza vaccination**

Appropriate evidence might include:

- a statement or record from a health practitioner or
- an immunisation history statement from Medicare online or the Express Plus Medicare mobile app.
- A visitor may also offer to complete a statutory declaration that they have received an up to date influenza vaccination. A statutory declaration is a legally binding document and would be acceptable evidence that the person is making a truthful statement that they have an up to date influenza vaccination.
- The declaration should reference relevant details such as the date and location where the immunisation occurred.

### **Are there any other conditions placed on visits?**

Visitors must comply with all screening and infection control measures put in place by the facility.

You should maintain a 1.5 metre (a full arm span) physical distance between you and the resident and all other people in the facility for the duration of your visit.

## **Actions for people working at care facilities**

### **What are the restrictions on staff who work in care facilities?**

Subject to some important conditions, staff can enter the facility only if they are:

- an employee or contractor at that facility
- providing goods or services to the facility that are necessary for its effective operation (either as a paid worker or volunteer)
- providing health care, medical or pharmaceutical goods or services, behavioural support services or other support services to a resident (either as a paid worker or a volunteer)
- providing treatment under a treatment plan to a resident of a disability residential service (either as a paid worker or volunteer)providing education services to the resident of a secure welfare service (either as a paid worker or volunteer).

If emergency services or law enforcement personnel are required to attend the facility, they can enter at any time.

### **What other conditions apply to workers?**

Workers must not enter any of the nominated care facilities if they:

- are unwell with flu-like symptoms, such as a cough, sore throat, runny nose, shortness of breath, or fever

- ~~have arrived back in Australia from overseas in the last 14 days~~ coronavirus (COVID-19)
- have a temperature higher than 37.5 degrees
- If working in a residential aged care facility you must have an up to date influenza vaccination, if it is available to you.

### **Residential aged care facilities and influenza vaccinations**

You will not be admitted as a visitor, staff or other worker to a residential aged care facility if you don't have an up-to-date vaccination for influenza – this means after 1 May 2020 you need this year's vaccine but before 1 May 2020 you must have had the 2019 vaccine.

For more information, including information for staff, emergency workers and workers in residential aged care facilities visit: <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

### **Actions for health and other organisations where health professionals provide close body contact procedures or services**

These actions refer to clinical staff such as doctors, nurses, phlebotomists, diagnostic staff (e.g. cardiographers), radiographers, physiotherapists, optometrists and other AHPRA-registered staff where it is not possible to achieve physical distancing of at least 1.5 metres because the nature of the service requires body contact or close proximity. This advice refers to clinical services provided in hospitals, primary care, workplaces, schools and other settings.

These organisations should take the following actions:

#### **Key actions**

- Ensure that that the service provided is critical at this time for patient health care and the safety of clinical staff, particularly if patients are elderly or have pre-existing medical conditions.
- Assess current surgical capacity and ability to increase category 2 and 3 elective surgery activity in the following areas: IVF, screening programs (cancer and other diseases), post-cancer reconstruction procedures (such as breast reconstruction), procedures for children under 18 years of age, joint replacements (including knees, hips and shoulders), cataracts and eye procedures, and endoscopy and colonoscopy procedures.
- Can the patient undertake any of the actions themselves? Can the length or frequency of the procedure be modified?
- Do not work if you are unwell. Send any sick staff home.
- Take all the actions listed under Actions for an organisation, workplace or venue [LINK].
- Display a clear sign for patients/clients to read on entry or provide information handouts about how you are going to protect their safety and your own.
- Keep staff, volunteers and clients informed of the actions you are taking.

#### **Hygiene**

- Always use a hand sanitiser before and after providing the procedure/service, or wash hands with soap and water.
- Clean and disinfect surfaces touched by the patient/ client immediately after the service has been provided.
- If the patient has confirmed COVID-19 use full PPE and adopt all other risk reduction actions which are recommended, including safe disposal of PPE. Direct the patient to wear a surgical mask.

- If the patient has a flu-like illness (acute respiratory infection), wear a single use surgical mask, eye protection and gloves. Direct the patient to wear a surgical mask.
- Use a new mask for each patient. Clean your eye protection (goggles/glasses) each time.
- Clean and disinfect any equipment you may have used, and those surfaces touched by the patient/client (e.g. couches).
- Dispose of tissues and masks in a sealed plastic bag.
- Keep windows open where possible, adjust air conditioning to increase air flow.

#### Physical distancing

- While clients and patients are waiting ensure separation of 1.5 metres.
- Plan ways to enable physical distancing of 1.5m to reduce in-person contact.

#### Actions for residential aged care facilities

While all respiratory viruses can cause outbreaks and significant morbidity and mortality, coronavirus (COVID-19) is acknowledged as a significant health risk particularly for the elderly and individuals with co-morbidities or compromised immunity. For more detailed information please see resources for the aged care sector.

Providers of residential aged care facilities should now:

- Take all the actions listed under Actions for an organisation, workplace or venue [LINK].
- Take all the actions listed under Actions for health services, emergency services and community service providers [LINK].
- Follow the Direction on visitors to residential aged care facilities, which brings in strict measures to safeguard our vulnerable Victorians in residential aged care facilities.
- Only allow essential services providers to enter a residential aged care facility. Essential services include:
  - Regular staff of the service who provide clinical care, food services, administrative functions and cleaning.
  - Other visiting clinical staff such as visiting medical officers (e.g. general practitioners, geriatricians, palliative care physicians and other medical specialists), pharmacy services, specialist nurses, diagnostics services, and allied health services such as physiotherapists.
- Review all visits and reduce movement in and out of the facility.
- Limit clinical visits to essential assessments and management for residents' health conditions.
- Postpone other assessments and clinical activities if it does not have adverse impacts on the health of the resident.
- Cancel non-essential services, such as hairdressing, beauty treatments and some diversional activities.

#### Visitors

- Screen all visitors before they enter the facility and ensure compliance with infection control measures.
- Restrict visits to a maximum of two hours per day with up to two visitors attending together, for the purposes of providing care and support to the resident.
- Anyone under the age of 16 will not be able to visit, unless it is for end of life support.
- Visitors must not enter or remain on the premises of a residential aged care facility in Victoria if they meet one or more of the following conditions:

- during the 14 days immediately preceding the entry, the person arrived in Australia from a place outside of Australia; or
- during the 14 days immediately preceding the entry, the person had known contact with a person who has a confirmed case of coronavirus (COVID-19); or
- the person has a temperature higher than 37.5 degrees or symptoms of acute respiratory infection; or
- the person does not have an up to date vaccination against influenza, if such a vaccination is available to the person.

These conditions apply to all visitors regardless of age, including essential staff, visiting service providers – including people providing care and support and end of life support.

- Direct visitors to visit only the resident.
- Direct visitors to wear personal protective equipment.
- Ensure visitors perform hand hygiene before entering and after leaving the resident's room.
- Require visits be conducted in a resident's room or outdoors, not in communal areas.
- Encourage visitors to practice physical distancing where possible, including maintaining a distance of at least 1.5 metres.
- Ensure phone or video calls are accessible to all residents to enable more regular communication with family and friends.
- Encourage family and friends to maintain contact with residents by phone and social media as appropriate.
- Do not hold external excursions for residents.
- Actively screen for symptoms of coronavirus (COVID-19) in residents being admitted, readmitted or transferred.
- Do not admit residents with coronavirus (COVID-19) compatible symptoms.
- Train staff on recognising the early signs and symptoms of coronavirus (COVID-19) in themselves, colleagues, residents and visitors.
- Provide sanitising hand rub dispensers in prominent places around the facility (particularly entry points or high use areas such as registration desks, change rooms, toilets or kiosks). Make sure dispensers are regularly refilled.
- Keep residents, family members, staff and volunteers informed of the actions you are taking.

### **What if I don't comply?**

A person who ignores these conditions and restrictions will be liable for fines of up to \$20,000, or up to \$100,000 in the case of companies and other bodies corporate.

### **Where can I get more information?**

For updates, see our [Coronavirus page](#).

You can also call the coronavirus hotline: 1800 675 398

If you require a translator to help you, call the translating and interpreting service on 131 450 and ask for the coronavirus hotline.

## Quarantine and isolation

Anyone returning from overseas travel, or anyone with a fever or a cough, sore throat, shortness of breath or respiratory illness should self-quarantine at home and be tested for coronavirus (COVID-19). Contact our 24-hour hotline 1800 675 398, or phone your doctor to arrange for testing and appropriate care. If you test positive for coronavirus then you must isolate at home.

### Isolation vs Quarantine

- If you have symptoms of coronavirus (COVID-19) or have tested positive for coronavirus (COVID-19) you must self-isolate. You can be in isolation in a hospital or isolated at home. If you are isolating at home, there are steps you need to take to keep the people you live with healthy.
- Quarantine is what you should do if you have had close contact with someone who has tested positive for coronavirus (COVID-19), or if you are considered to be at higher risk of contracting coronavirus (COVID-19).
- All international passengers arriving at Victorian airports or disembarking at maritime ports must also go into enforced quarantine for 14 days from the day of their arrival.
- While most Victorians are voluntarily complying with requests to quarantine or isolate, police have strong powers to enforce the relevant directions and will conduct random spot checks where necessary.

### Who is required to quarantine?

The following groups are required to quarantine for a period of 14 days:

- international travellers - please see international travellers on this website
- those who have come into contact with a person who is confirmed to have coronavirus (COVID-19).

If you're in self-quarantine 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.

### If you self-quarantined after coming into contact with a person confirmed to have coronavirus (COVID-19)

If, at the end of 14 days, you remain well, you can cease self-quarantine. No medical certificate is required to enable you to return to other activities.

### If you were confirmed to have coronavirus (COVID-19)

You will be regularly contacted by the department after your diagnosis. You cannot end isolation until you meet the relevant clearance requirements. The department will discuss these requirements with you. Further details can also be found on the dedicated coronavirus (COVID-19) hotline 1800 675 398 (24 hours, 7 days a week).

### What if my coronavirus (COVID-19) test was negative?

If you are unwell, and your coronavirus test was negative, you should isolate at home until your symptoms have completely resolved. This will stop you passing any infection on to others.

**Commented RE:** Current structure is to have self-quarantine under a separate section and isolation information under above coronavirus.

### **What if I am unwell and haven't been tested for coronavirus (COVID-19)?**

Anyone who has respiratory symptoms, mild flu-like symptoms, a sore throat, runny nose, cough or loss of smell should be tested. The more people we test, the more data we have about the prevalence of coronavirus in our community. Mobile testing sites are now operating around Melbourne.

### **If you are feeling unwell**

If you start to feel unwell, and especially if you develop any of the typical symptoms of coronavirus (COVID-19) during the 14-day self-quarantine period, you should either:

- call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) for advice
- call ahead to your GP before you arrive at the doctor's office so they can prepare appropriate infection control measures
- mention any recent overseas travel or contact with a person confirmed to have coronavirus (COVID-19).

### **If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance.**

If, at the end of 14 days, you are unwell with respiratory symptoms, you must continue to stay in self-quarantine. Call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) to find out what you should do next.

### **What if I am sharing a house with someone who is in self-quarantine?**

There are different reasons for people to be in self-quarantine, so if you are sharing a house with someone in this situation, the obligations on you will differ.

- If the person is well but has come into close contact with a person confirmed to have coronavirus (COVID-19)

If the person you live with is in self-quarantine as a precaution and follows all the required steps for self-quarantine, nobody else in the house is required to self-quarantine.

- If the person has been tested for coronavirus (COVID-19) and is waiting for a result

If the person you live with is in self-quarantine because they have been tested for coronavirus (COVID-19) and are awaiting their result, there is no need for others in the house to self-quarantine unless the person is confirmed to have coronavirus (COVID-19). At that point, all people in the household will be considered to have had close contact with the case and be required to self-quarantine.

- If the person is a confirmed COVID-19 case

If the person you live with is in self-quarantine because they are confirmed to have coronavirus (COVID-19), all people in the household are regarded as having had close contact and are required to self-quarantine.

### **Can I go outside during self-quarantine?**

It's OK to go out into the backyard of your house or onto the balcony of your apartment or hotel room during self-quarantine - it can help you feel calm and relaxed to get some sun and fresh air. Always observe the recommended physical distancing requirements from the people around you in the home and wear a surgical mask if you have one.

### **Can I receive deliveries during self-quarantine?**

Yes, although you should maintain appropriate physical distancing from the delivery person, and they should not enter your home. They should leave your delivery outside your door. Consider making payment for the delivery online in advance or using a contactless payment method to minimise the chances of physical contact. Avoid paying by cash.

## Caring for someone who is sick during a quarantine period

If you are looking after a sick family member during a period of self-quarantine, there are some important things you should do to keep everyone in your home safe:

- Ensure the sick person remains in one room away from others in the household.
- Keep their door closed and windows open where possible.
- Keep the number of carers to a minimum and do not allow visitors from outside the household to visit.
- Always wash your hands with soap and water or use a hand sanitiser before and after entering the room.
- Keep the sick person's crockery and utensils separate from the rest of the household.
- If available, wear a surgical mask (single-use face mask) when you are in the sick person's room.
- Clean and disinfect high touch surfaces such as tabletops, doors, computer keyboards, taps and handles often.
- Dispose of tissues and masks in a sealed plastic bag and put in the usual household waste.
- If the person starts to feel worse, call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week) for advice.
- If you need to visit your GP, call ahead and mention that you are currently in self-quarantine so they can prepare appropriate infection control measures.

**If the person you are caring for develops serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance.**

## Caring for others around you

Think about elderly friends, neighbours, and people with a disability in your community and how you can support each other during this time. Think about how you might be able to help others out, such as with getting food and necessities.

Caring doesn't just benefit others, evidence shows it is one of the best ways to improve our own mental wellbeing.

## Self-isolation

These documents have been developed to support people who have been asked to self-isolate due to coronavirus (COVID-19).

- Factsheet – confirmed case (Word)
- Factsheet – close contact (Word)
- Coronavirus – self-quarantine for international arrivals to Australia - What you need to know factsheet (Word)

## What support is available for people in quarantine or isolation?

If you are in self-quarantine, stay in regular contact with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You can also contact your local council who can support you in accessing services that meet your needs. Visit Know Your Council website to find your council.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on **1800 675 398**. Delivery of a free emergency relief package can be arranged for people who are unable to access food themselves or do not have support available to them.

### **What are the relief packages?**

An emergency relief package contains essential food and personal care items that are available to vulnerable Victorians who are needing to self-quarantine due to coronavirus (COVID-19).

The packages will help make sure people are able to access essential items while they self-quarantine.

Emergency relief packages contain essential food staples including cereal, long-life milk, sugar, pasta and canned vegetables.

Personal care items such as soap, deodorant and toothpaste are also provided as part of the packages. Nappies and baby formula can be provided if requested.

The packages do not include medicines, incontinence and personal hygiene products, or pet food.

### **Who is eligible to receive a relief package?**

People currently residing in Victoria who need to self-quarantine due to coronavirus (COVID-19) and don't have enough food to feed themselves or their families may be eligible to receive an emergency relief package of basic supplies.

People need to be currently residing in Victoria, including residents, international students and people on working visas who live in Victoria.

These packages contain only basic supplies and are for people who do not have access to a support network or alternate means of obtaining food such as on-line delivery.

Wherever possible, we're asking all Victorians to arrange for family or friends who are not required to be self-isolated to get food or necessities for you.

Any requests from people who are not in mandatory self-quarantine will be referred to the relevant local council to follow up.

### **How can people in need get an emergency relief package?**

If you are in urgent need and don't have a support network who can help you, call the coronavirus (COVID-19) hotline on **1800 675 398** and press Option 3. The operating hours are between 8.00am to 6.00pm Monday to Friday, and 10.00am to 3.00pm on weekends and public holidays.

People can also call on behalf of someone they know who is self-quarantining and in urgent need of food supplies.

### **How long will the relief package last?**

Each emergency food relief package is designed to provide basic food essentials and personal care items for a family of four for two weeks.

### **How much will it cost for a relief package?**

The relief packages will be provided at no cost to the recipients.

### **Will people be able to choose brands or specific items?**

These packages are made up of basic essentials only and people do not have a choice as to what products are provided. We may not be able to cater for dietary or cultural requirements.

### **What if a person is too sick to cook for themselves?**

If people are unable to cook for themselves, their details will be provided to the relevant local government who will consider options to provide or deliver meals.

## How will the relief packages be distributed?

Emergency relief packages will be distributed by partner organisations including the Red Cross, and Foodbank Victoria.

Packages will be delivered to the door of persons who are self-isolating or self-quarantining. Deliveries should arrive within 24 to 48 hours, depending on location.

## What other support for accessing food is available?

### Woolworths

**Home delivery:** This service is now available to all customers. Eligible customers, including seniors, people with a disability and those with compromised immunity or who are required to self-isolate can still access a priority home delivery service with dedicated delivery windows. These customers can call **1800 000 610** to seek assistance or register online.

**Food and grocery packs:** This 'Basics Box' for \$80 helps provide essential products for customers who are currently unable to visit stores and are in genuine need. It helps provide meals, snacks and a few essential items, including toilet paper, and is delivered within approximately two to five business days via Australia Post. They are unable to cater for specific dietary requirements and there is a limit of two boxes per customer, per fortnight.

**Community pick-up:** This service is available in 700 selected locations to allow Priority Assistance customers to place an order online for someone to pick up on their behalf. This service will be available for over 100 pick-up drive through locations and in 600 stores for pick-up at the service desk.

### Coles

**Home delivery and click and collect:** Normal home delivery and click and collect services are back to business as usual. The Coles Online Priority Service (COPS) provides a delivery service and 'click and collect' option for customers unable to get to a store. Existing Coles Online and FlyBuys customers who are aged over 70 and had registered their date of birth as part of their account details have been invited to join COPS. The service is also available to:

- People over 65 years of age with a My Aged Care number or NDIS number;
- Indigenous Australians over the age of 50 with a My Aged Care number or NDIS number;
- Aged care, disability care and other businesses that support vulnerable members of the community.

Find out more

**Food and grocery pack:** The Coles Community Box is \$80 and includes delivery. The box contains nutritious items for breakfast, lunch and dinner, with the contents of the box being enough to support two people aged 65+ for seven days. Available to all eligible Coles Online Priority Service customers.

Find out more

### IGA

**Home delivery:** IGA is providing a Priority Shop home delivery service to many areas, offering four package options - the Essentials, Pantry Plus, Dog Pack, Cat Pack – available to:

Eligible customers include:

- the elderly (70+)
- people who are immunosuppressed
- Indigenous Australians (50+)
- people with a disability
- and people who are required to self-isolate.

To check eligibility for IGA Priority Shop, please call 1800 018 384 or visit [igashop.com.au](http://igashop.com.au)

#### **Foodworks**

**Home delivery:** Foodworks has partnered with National Disability Insurance Scheme (NDIS) to provide a priority delivery service. You can access this service via [foodworks.com.au](http://foodworks.com.au) website.

#### **7-Eleven**

**Home delivery:** 7-Eleven is launching a delivery service in Melbourne for snacks and key essentials with no contact delivery. The service will be available in the coming weeks, customers can find out more on [7ElevenDelivery.com.au](http://7ElevenDelivery.com.au).

#### **Pet food**

Pet food can be ordered online from pet stores such as Pet Stock, Pet Barn, My Pet Warehouse, or contact local pet stores to check if they offer delivery. Some useful websites are below:

[Petbarn.com.au](http://Petbarn.com.au)

[Petstock.com.au](http://Petstock.com.au)

[Petbarn.com.au](http://Petbarn.com.au) - delivery information

## About coronavirus

### **What is coronavirus (COVID-19)?**

Coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19 is a new virus that can cause an infection in people, including a severe respiratory illness.

### **Should I get tested?**

If you have any of the symptoms, however mild, you should seek advice and get tested. To get further advice, call the 24-hour coronavirus hotline 1800 675 398, your general practitioner or use our online self-assessment tool.

The symptoms to watch out for are:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell

In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

### **What if I feel tired or fatigued?**

Feeling tired or fatigued is common with a lot of illnesses, including coronavirus (COVID-19). If you are feeling tired and have any of the symptoms above you should see your doctor about getting tested for coronavirus (COVID-19).

## Who is most at risk of getting coronavirus?

Anybody can get the virus if they have contact with an infected person. We know that some people are at higher risk of getting coronavirus because of where they have been, or where they live.

- **Overseas travellers and close contacts**

Because COVID-19 has spread in other countries, overseas travellers are at a high risk of getting coronavirus. See the International travellers section on this site.

- **Close contact**

People who have had close contact with someone who has COVID-19 are at high risk of getting coronavirus. This also includes people living in group settings with many other people and share common rooms (such as aged care homes or boarding houses).

If you are an overseas traveller or a close contact, you must self-quarantine for 14 days. You can reduce your risk of getting the virus by protecting yourself and other people.

## Who is most at risk of being very sick from coronavirus?

Although most people will have only mild symptoms, anybody can become very sick with COVID-19. However, we know that some groups of people are more likely to become very sick with COVID-19.

- **People who are older or elderly.**

Because of their lower immune systems, older people are more likely to get very sick with COVID-19.

- **People who have pre-existing medical conditions.**

Underlying illness make people more likely to become very sick with COVID-19, including those with diabetes, chronic lung disease, kidney failure and people with low or suppressed immune systems.

- **Aboriginal and Torres Strait Islander people.**

Aboriginal and Torres Strait Islander people are more likely to become very sick with COVID-19 because of higher rates of pre-existing medical conditions.

Testing is available for Aboriginal and Torres Strait Islander people who show symptoms of coronavirus (COVID-19) such as respiratory symptoms or fever. See more on the Aboriginal Communities links on this website.

If you are one of these groups of people, it is important that you continue to look after yourself and take your regular medications. Keep following advice and ask help from your doctor, nurse or healthcare worker.

The following pages provide more information on coronavirus (COVID-19) and other medical conditions:

- Diabetes COVID-19 information page on Diabetes Victoria's website
- COVID-19 page on Kidney Health Australia's website
- Cancer and COVID-19 page on Cancer Victoria's website.

Our at-risk groups factsheet has more detailed information.

### People living with HIV

There is no evidence so far to suggest that people living with HIV, who are on effective anti-retroviral therapies with undetectable viral loads, are at increased risk of getting coronavirus (COVID-19) infection or developing severe disease. However, as HIV infection can result in suppression of the immune system and other comorbidities, people living with HIV should be considered a higher risk group than the general population.

Read the Coronavirus disease (COVID-19) factsheet for people living with HIV (Word) for more information.

## I am feeling unwell, what should I do?

If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance and tell the if you also have a fever or a cough, sore throat or respiratory illness.

If you begin to feel unwell, and have a fever or a cough, sore throat, shortness of breath or respiratory illness you should get tested for coronavirus (COVID-19).

Contact the 24-hour hotline 1800 675 398, or call your Doctor and mention your symptoms and risk factors. They will determine if you need to be tested for coronavirus (COVID-19).

## Who can be tested for coronavirus (COVID-19)?

If you have any of the symptoms, however mild, you should seek advice and get tested. To get further advice, call the 24-hour coronavirus hotline 1800 675 398, your general practitioner or use our online self-assessment tool.

The symptoms to watch out for are:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell

In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

## Where can I get tested for coronavirus (COVID-19)?

Visit the Getting tested for coronavirus (COVID-19) page for where you can get tested.

## What if there are no clinics listed in my area?

If there is no clinic listed near you, contact your Doctor or local community health service for assistance. Make sure you phone ahead and discuss your symptoms before you visit in person.

## How can I protect myself and others?

Information on actions you can take to protect yourself and others [LINK].

## What if I'm a smoker?

People who smoke are generally at higher risk of respiratory tract infections, like lung and chest infections. There is also evidence to suggest that e-cigarette use (or 'vaping') leads to a higher risk of respiratory tract infections.

Stopping smoking has many health benefits, even beyond a link with coronavirus (COVID-19), so it's always a good time to quit. During this pandemic and as we head into the annual influenza season, quitting has never been more important.

You can find more information on smoking or 'vaping' and coronavirus (COVID-19) in this factsheet:

- Coronavirus (COVID-19) smoking and e-cigarette use (Word).

## How does coronavirus (COVID-19) spread?

Commented **RED ACT** : Move to testing page

Health authorities around the world believe the virus is spread from **close contact** with an infected person, mostly through face-to-face or between members of the same household. People may also pick up the virus from surfaces contaminated by a person with the infection.

The virus is spread by people with symptoms when they cough or sneeze. That's why the best way to protect others is to practise physical distancing and good personal hygiene.

#### **How do you define 'close contact'?**

'Close contact' means having face-to-face contact for more than 15 minutes with someone who has a confirmed case of coronavirus (COVID-19) – or alternatively sharing a closed space with them for more than two hours.

Close contact can happen in many ways, but examples include:

- living in the same household or household-like setting (for example, a boarding school or hostel)
- direct contact with the body fluids or laboratory specimens of a confirmed case
- being in the same room or office for two hours or more
- face-to-face contact for more than 15 minutes in some other setting such as in a car or a lift or sitting next to them on public transport.

You can reduce your risk of contracting coronavirus (COVID-19) by following these steps.

#### **Does coronavirus (COVID-19) survive on surfaces?**

Studies suggest that coronavirus (COVID-19) may persist on surfaces for a few hours or up to several days. This may vary under different conditions such as the type of surface, temperature or humidity of the environment.

If you think a surface may be infected, clean it with a common household disinfectant to kill the virus.

In general, to avoid contact with the virus, clean your hands with an alcohol-based hand rub or wash them with soap and water often. Avoid touching your eyes, mouth, or nose.

#### **What is the difference between coronavirus (COVID-19) and the flu?**

Coronavirus (COVID-19) causes more severe disease than seasonal influenza. While many people globally have built up immunity to seasonal flu strains, coronavirus (COVID-19) is a new virus to which no one has immunity. That means more people are susceptible to infection, and some will suffer severe disease. Globally, about 3.4% of reported coronavirus (COVID-19) cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

Coronavirus (COVID-19) and influenza (flu) are different viruses. They have different treatments, but similar symptoms.

You can prevent catching both by practising physical distancing, reducing exposure, good hand hygiene and cough etiquette. Read more ways you can slow the spread.

Key differences:

- Flu symptoms will appear faster, so it can spread faster in the community than coronavirus (COVID-19).
- There are currently more people who need critical care in hospital for coronavirus (COVID-19).
- The flu shot is available at your local GP or community immunisation session. Many accredited pharmacies can also provide the flu shot, as well as advice about the virus. We suggest calling ahead to your local immunisation provider to ensure they have stock available and to book your appointment.

For more information about the flu shot, see Flu (influenza) – immunisation page on the Better Health Channel.

#### **What is the treatment for coronavirus (COVID-19)?**

There are currently no vaccines that protect against coronavirus (COVID-19).

While there is no specific pharmaceutical treatments for coronavirus (COVID-19), early diagnosis and general supportive care are important.

There are no current recommendations to treat patients with mild or moderate coronavirus (COVID-19) illness, or their close contacts, with hydroxychloroquine or anti-viral agents.

Treatment of coronavirus (COVID-19) with antivirals is considered experimental and should only be considered within the context of controlled interventional trials.

Most of the time, symptoms will resolve on their own. People who have serious disease with complications can be cared for in hospital.

#### **How do we know people who have had coronavirus (COVID-19) are no longer infectious?**

People with a confirmed coronavirus (COVID-19) infection stay in quarantine until they are no longer experiencing symptoms of coronavirus infection.

Before they are released from quarantine, their doctor or specialist care team assesses they are no longer infectious.

Once they are discharged, they have a follow up assessment by the medical team to make sure they remain well.

#### **Can pets be infected with coronavirus (COVID-19)?**

While coronavirus (COVID-19) seems to have emerged from an animal source, it is now mainly spreading from person-to-person.

There is no evidence that animals, including pets in Australia, might be a source of infection with the virus.

There have also been no reports of pets or other animals becoming sick with coronavirus (COVID-19) in Australia.

However, since animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

Remember, animals need to be looked after during the coronavirus (COVID-19) pandemic too. For more information regarding domestic pets, see: Coronavirus (COVID-19): AVA updates.

And for those in the farming and agricultural sector, see: Coronavirus (COVID-19) page in Agriculture Victoria website.

#### **Who is required to self-quarantine and what does it involve?**

Anyone returning from overseas travel, or anyone with a fever or a cough, sore throat, shortness of breath or respiratory illness should self-quarantine at home and be tested for coronavirus (COVID-19). Contact our 24-hour hotline 1800 675 398, or phone your doctor to arrange for testing and appropriate care.

See our advice on who should self-quarantine, how to prepare and how to support someone who is sick during a quarantine period on our self-quarantine webpage.

For information on how to cope while in self-quarantine take a look at our mental health resources.

#### **More information and resources**

For content translated into community languages visit our translated resources page.

Video - Victoria's Chief Health Officer, Dr Brett Sutton addresses some of the challenges and myths our community is facing due to coronavirus (COVID-19) and provides advice on how we can work together to respond appropriately (5 February 2020).

Victoria's Chief Health Officer, Dr Brett Sutton video transcript (Word).

#### **Self-isolation**

These documents have been developed to support people who have been asked to self-isolate due to coronavirus (COVID-19).

- Factsheet – confirmed case (Word)
- Factsheet – close contact (Word)
- Coronavirus – self-quarantine for international arrivals to Australia - What you need to know factsheet (Word)

#### **Information for public housing tenants and people at risk of or experiencing homelessness**

Factsheet answering frequently asked questions for public housing tenants and people at risk of or experiencing homelessness.

- Coronavirus (COVID-19) for public housing tenants and people at risk of or experiencing homelessness (Word).

#### **Victorian renters**

The Victorian Government has recently announced rent relief grants for Victorians experiencing rental hardship as a result of the coronavirus (COVID-19) crisis. The package provides a one off grant to help Victorian renters maintain safe, secure and stable accommodation.

#### **People with a disability and their carers**

These factsheets include information and considerations specific to people with disability and people caring for them.

- People with disability and their carers - General health and wellbeing for home isolation (Word)
- People with disability and their carers - General health and wellbeing for home isolation - Easy English (Word)

#### **People experiencing family violence - or if you know someone experiencing family violence**

- Getting family violence support during coronavirus (COVID-19)

#### **Workplace resources**

Find out about your workplace entitlements and obligations on the Fair Work website if you're affected by the coronavirus disease.

## Update to text of cover page

Frequently asked questions about current restrictions, travel advice, coronavirus symptoms, testing, risks and prevention.

### **Getting tested for coronavirus (COVID-19)**

Information on how to get tested for coronavirus (COVID-19).

### **Stay at home**

We are directing all Victorians to stay at home to help limit the spread of coronavirus (COVID-19).

### **Sports, cultural, religious and recreational activities**

We are restricting sporting, cultural, recreational and religious activities to help limit the spread of coronavirus (COVID-19)

### **Shopping, retail and food**

We are restricting some commercial, retail and shopping activities to help limit the spread of coronavirus (COVID-19).

### **Visiting care facilities**

The Chief Health Officer is restricting access to facilities, such as hospitals and aged care facilities, where vulnerable Victorians live and receive care.

### **Travel**

Information and advice about travel overseas, entering Australia and self-quarantine.

### **Quarantine and isolation**

Advice on who should quarantine, how to prepare and how to support someone who is sick during a quarantine period.

### **Staying safe - physical distancing and hygiene**

Actions you can take to help reduce the risk of infection and slow the spread of coronavirus (COVID-19) in the community.

### **About coronavirus (COVID-19)**

Check our frequently asked questions for symptoms, risks, prevention and relief services advice.

# OFFICIAL: Testing Strategy and Implementation Plan - next steps

**From:** "Annalise Bamford (DHHS)" [REDACTED]  
**To:** "Denise Ferrier (DHHS)" [REDACTED], "Kira Leeb (DHHS)" [REDACTED], "Katherine Ong (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED]  
**Cc:** [REDACTED] "Finn Romanes (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED]  
**Date:** Thu, 21 May 2020 14:33:50 +1000  
**Attachments:** testing strategy\_CHO.docx (201.49 kB); LOKUGEetal\_Surveillance for Elimination\_COVID19\_MEDRXIV-2020-071217.pdf (506.38 kB); Testing Strategy v0.21.docx (118.9 kB)

Hi Kira, Denise, Katherine and Annaliese (Finn)

Further to the fantastic attached work by [REDACTED] and Denise (Denise doc attached with feedback from Brett), I am sending this email to formalise arrangements as just discussed between Public Health and the PMO for finalising the Testing Strategy and Implementation Plan.

Please reply all with any points of clarification so that we can establish and clearly task the project team ASAP. I have set some ambitious, but not unrealistic timeframes. It is important this work is landed ASAP – Denise, you might like to elaborate further on the drivers for the timeframes.

## Why

We need a proactive strategy and implementation plan for targeted surveillance and active case finding that:

- prioritises proactive testing of the right cohorts
- provides clear directions to health services who will undertake the testing about why, who, when and where the testing should be undertaken
- is cognisant of and effectively manages the of capacity of testing laboratories

## What (Products)

- Testing Strategy: with the purpose of driving decision making (including by the Secretary / Minister) about testing objectives and activities. The attached document (Testing Strategy\_CHO) with Brett's comments, is probably the best starting point for this.
- Implementation plan: with the purpose of setting out specifically over an 8-12 week time horizon which cohorts we will prioritise in which week and how many each day so we don't break the labs. The implementation plan Should also build in review points and the review panel process just suggested by Annaliese. Review panel Chair should be identified and meeting invitations issued (frequency TBD).
- Communications materials:
  - Comms for target cohorts
  - Instructions for health services about what they need to do

## Who

- Team
  - Intelligence (Kira Leeb): [REDACTED] and other data analysts necessary to advise re locations / LGAs that could be prioritised due to e.g. SES, CALD overlays
  - Health and Wellbeing PMO (Denise Ferrier): Policy / project resource to be nominated by Denise, interface with Health Services
  - Pathology, Infection and Prevention Control (Katherine Ong): resource to lead on pathology to be nominated by Katherine

Please can this project team agree who will hold the pen on what deliverables.
- Approvals
  - Tier 1: Annalise/Jacinda, Denise/[REDACTED], Annaliese / Brett (concurrent consideration

- and approvals with any conflicting feedback to be resolved – acknowledging particular content requiring approval of the D/CHO)
- o Tier 2: Secretary

### **When**

I've outlined some ambitious, but I think not unrealistic timeframes below. Urgency is required to more effectively manage the otherwise ad-hoc nature of this work.

- **Testing Strategy:** Some further finessing required but 80% there. Needs to be finalised and move through above approvals. Would be good to have this settled by **COB tomorrow**. Denise – is it possible your team could hold the pen on this (Stacey is not here today).
- **Implementation Plan:** To be developed as a priority. Ideally ready for decision making on **Monday** and promulgation with Health Services Tuesday.
- **Targeted comms:** to target cohorts as well as to health services about what they need to do **Tuesday**.

### **Next steps**

- Please review the above and reply all with any points of clarification.
- Please could the nominated project resources convene ASAP to scope up who will lead what.
- Please could a nominated member of the project team reply all with a final version of the above following feedback.

Feel free to ring me if easier.

Best  
AB

### **Annalise Bamford**

**Assistant Deputy Secretary, Public Health Emergency Operations and Coordination**

REDACTED

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

Senior Coordinator: REDACTED

REDACTED

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**From:** Denise Ferrier (DHHS) <REDACTED>  
**Sent:** Thursday, 21 May 2020 11:48 AM  
**To:** Annalise Bamford (DHHS) <REDACTED>  
**Subject:** FW: OFFICIAL: testing strategy.docx

Shall I leave with you to adjust?

Denise Ferrier  
 Director, Planning, Funding and Monitoring  
 Executive Lead, COVID-19 Project Management Office (Health Services Planning)  
 Health and Wellbeing Division  
 Department of Health and Human Services  
 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

### **OFFICIAL**

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**From:** Kira Leeb (DHHS) <REDACTED>  
**Sent:** Thursday, 21 May 2020 11:25 AM  
**To:** Denise Ferrier (DHHS) <REDACTED>  
**Subject:** FW: OFFICIAL: testing strategy.docx

Hi Denise

Here is feedback from Brett. One substantive comment.

Kira

Kira Leeb  
Deputy Public Health Commander, Intelligence

REDACTED

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

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**OFFICIAL**

**From:** Brett Sutton (DHHS) REDACTED  
**Sent:** Thursday, 21 May 2020 10:40 AM  
**To:** Kira Leeb (DHHS) REDACTED  
**Cc:** Annaliese Van Diemen (DHHS) REDACTED (DHHS)  
 REDACTED  
**Subject:** RE: OFFICIAL: testing strategy.docx

Hi Kira,

This really aligns with my view on directions from here. I've made a couple of comments on terminology, as I'd really like to steer us away from asymptomatic testing and the notion that there's any group at sufficiently high risk to target in that way.

It would also be good to provide a view on how *much* testing is appropriate and whether we need to say what proportion of currently symptomatic individuals is important to achieve in order to maintain control (or drive to elimination). A paper by Lokuge et al attached with that in mind.

Regards,  
Brett

**Adj Clin Prof Brett Sutton** MBBS MPHTM FAFPHM FRSPH FACTM MFTM  
**Victorian Chief Health Officer**  
**Victorian Chief Human Biosecurity Officer**  
 Regulation, Health Protection & Emergency Management  
 Department of Health & Human Services | 14 / 50 Lonsdale St

REDACTED

[health.vic.gov.au/public-health/chief-health-officer](http://health.vic.gov.au/public-health/chief-health-officer)  
[twitter.com/VictorianCHO](https://twitter.com/VictorianCHO)

Please note that I work from home on Thursdays and am contactable on the numbers above.

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**OFFICIAL**

**From:** Kira Leeb (DHHS) REDACTED  
**Sent:** Thursday, 21 May 2020 9:12 AM  
**To:** Brett Sutton (DHHS) REDACTED  
**Cc:** Annaliese Van Diemen (DHHS) REDACTED (DHHS)  
 REDACTED  
**Subject:** OFFICIAL: testing strategy.docx

Hi Brett

We are discussing this document at the strategy meeting at noon today but don't think you can make it. I has had significant foundational work from REDA with Denise Ferrier adding some of the operational things associated with it.

Denise has been invited to our noon day meeting and would be good to be able to add your thoughts to the conversation. Denise has been tasked by Kym to provide her something by today so would be good to make sure your input is incorporated.

Kira

**OFFICIAL**

# COVID-19

## Testing and Surveillance Strategy

DRAFT Version 0.1 20 May 2020

### COVID-19 Testing and Surveillance Strategy

Victoria's COVID-19 testing strategy is targeted to detect cases early, to enable a swift public health response. This entails targeting our testing to where cases are likely to occur, and utilising active mechanisms to ensure equity of access, particularly for vulnerable groups.

Victoria's testing strategy should align with national priorities which include:

- People who are symptomatic
- Health care workers and aged care workers who have symptoms
- Close contacts of cases
- Contacts in outbreak settings
- Other vulnerable populations – to ensure equity of access, reduce risk of transmission, and target those with greater needs.

Enhanced detection and management of symptomatic cases via a targeted testing strategy presents a long-term sustainable approach to identifying and preventing transmission of COVID-19. Mass screening is less effective as a strategy as it has a lower yield and creates system strain that impacts on sustainability and ability to respond to acute needs.

For the targeted testing strategy to be effective, a comprehensive suite of collection and testing services across the state is required, in addition to general practice and public health services, which can be scaled up and down according to need. A stable and scalable laboratory testing capacity and other supplies is also needed to maximise public health gains.

This approach will ensure that all Victorian's who meet the COVID-19 testing criteria and other targeted high-risk groups will have:

- Equitable access to COVID-19 testing, and that tests are proportionate to need;
- Local services which reflect community preferences, are culturally sensitive and maximises access to testing;
- Provides builds in flexibility and efficiency of existing policies to scale up or down collection and testing services rapidly and efficiency based on need.

Promotion and communications of target testing would need to occur to maximise awareness of, and support, for the cohorts targeted for testing. Resources will be directed towards enhanced detection and management of symptomatic cases. In line with national recommendations and the current case definition, Victoria's testing strategy will focus testing on **targeted surveillance and active case finding (cohorts, settings, locations) as required.**

## A phased approach

Victoria's strategic approach to the testing and surveillance has been and will continue to be, comprehensive and multifaceted. While the strategy continues to evolve it is currently planned across three phases.

### Phase 1: Containment: Passive testing and monitoring

- **Testing criteria** - narrow and specific – enabling testing only among those with clinically compatible symptoms and with recent travel history.
- **Access to testing** - through the establishment of fixed sites at health services and key community sites across the state.
- **Laboratory testing capacity** - pandemic preparedness – expand beyond the Victorian Infectious Diseases Reference Laboratory (VIDRL).

### Phase 2: Blitz - active case finding

- **Testing criteria** – expanded - asymptomatic at risk cohorts, and sensitive settings
- **Access to testing** – mobilise and increase reach through establishment of retail and other community sites including some workplaces and specific cohorts
- **Laboratory testing capacity** - fully maximised with a total of 16 Victorian laboratories online to provide accurate independent clinical testing for the COVID-19.

**Commented [BS(1)]:** This could be problematic language, since many are not at-risk in a true sense. It may be better to frame as 'short-term, targeted, asymptomatic testing in particular cohorts'

### Phase 3: Maintenance - active testing, surveillance and outbreak responses

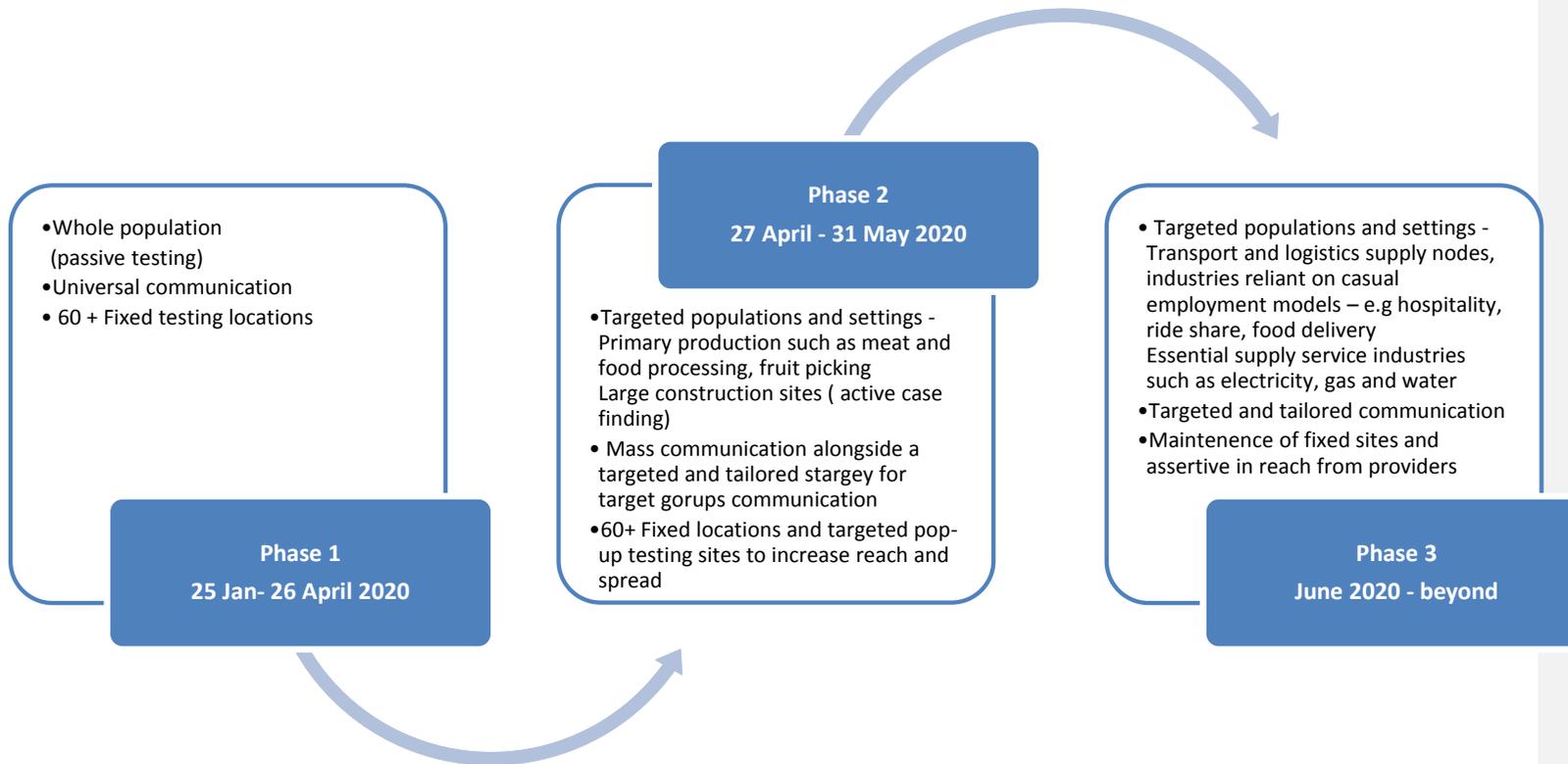
- **Testing criteria** - contract - symptomatic cases, associated contacts and some at risk cohorts or sensitive settings
- **Access to testing** – maintain population reach with targeted approaches to underserved areas.
- **Laboratory testing capacity** – maintain routine testing at maximum volume of 9,500 tests per day.

## Principles underpinning implementation

Victoria's ongoing approach to testing and surveillance will be underpinned by the following principles:

- **Quality and safety:** Ensure the safety of the community and workforce through evidence based, best practice testing protocols, including informed consent, a safe testing environment and securing the necessary supply of laboratory capacity and PPE; Leverage existing processes to establish appropriate clinical governance; Maintain privacy and data security.
- **Continuity of care:** Enable connection and communication between primary/community health, acute health and pathology providers; Support patients to continue accessing their usual health care providers for follow up care.
- **Flexible and efficient:** Leverage and supplement existing health care and specialised services; Build in flexibility to existing policies to scale up or down rapidly in response to changing needs and priorities.
- **Equitable access:** Ensure that all Victorians who meet the COVID-19 testing criteria have equitable access to testing, and that tests are proportionate to need.
- **Cultural safety:** Partner with Aboriginal community-controlled organisations to ensure that service design is culturally safe; Collaborate with consumers and advocacy organisations to ensure safety and responsiveness for all.
- **Locally tailored:** Work with communities to establish a local model that maximises access to testing, is sustainable, and reflects the preferences of the community.

## Implementation Approach



## Phase 3 Service Model

Maintenance of testing and assertive case finding requires a focus on both sustaining the viability of the established fixed testing sites and having available capacity to mobilise assertive in reach testing in areas where there is:

- Underservicing - where community generated uptake is low relative to expected / comparable benchmarks
- Heightened risk or concern – such as in communities, cohorts or settings where risk or concern may be heightened.

Fixed locations will continue to be operated by Public Health Services, General Practice, Aboriginal Controlled Organisations and community health services. Fixed models will have a focus on passive testing, including opportunistic assessment and testing by building in self-assessment and symptom checking into routine practice.

An assertive in reach (-mobile) model will be operated by Public Health Services within their local community over the next 3 - 6 – 9 months. Health service will partner with community health and Aboriginal community control organisation where appropriate.

Aligning the fixed and assertive in reach models to the public health services will ensure:

- **Efficacy:** alignment of the assertive in reach (mobile) response with a health services ensure testing criteria is adhered to and clinical governance is robust.
- **Reach:** mobilising assertive in reach response into local workplaces/ industries, communities and settings with low testing rates compared to benchmarks will build on the existing opportunities for symptomatic community members to be tested onsite at locations including hospitals, community health centres and GP clinics.

### The key elements of the assertive in-reach (mobile) approach

Public health services will offer all or any of the key elements to local workplaces, communities and sensitive setting.

- On-site promotion of self-assessment tools and advice on location and operating times of fixed clinics.
- On-site temperature testing
- On-site symptomatic assessment and testing
- On site advice on self-isolation
- Management of pathology and follow up advice

Assertive in-reach (-mobile) services will focus on sites, locations or community groups based on factors such as:

- Number of people frequenting site: high daily foot traffic locations such as wholesale markets, large employer sites such as manufacturing and processing industries
- Geographic spread: ensuring continued identification of cases across all areas in the State.
- Demand: as expressed through employers and industry group request for support or from available early indicative findings from other jurisdictions
- Safety: locations with no significant safety concerns in relation to onsite services being established
- Population risk factors – community/ demographic factors that may suggest heightened risk or need to promote active testing, such as low SES cohorts who have reduced access to fixed sites – e.g. lack of transport, CALD, high levels of casual employment

## Priority areas

### Local Government Areas with confirmed cases

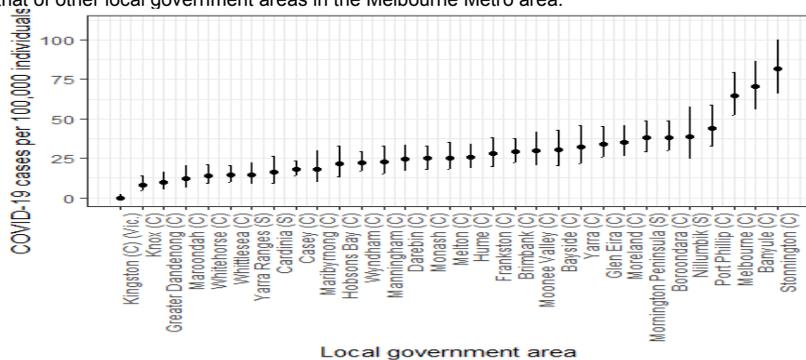
The incidence risk of locally acquired COVID-19 for the entire outbreak period by DHHS region expressed as the number of cases per 100,000 head of population<sup>1</sup> (sorted from lowest to highest) are shown below.

Table 1: Estimated population size, counts of overseas acquired, locally acquired, total COVID-19 cases and incidence risk of locally acquired COVID-19, by DHHS region.

| DHHS region       | Population <sup>a</sup> | Overseas cases | Local cases | Total cases | Incidence (95% CI) <sup>b</sup> |
|-------------------|-------------------------|----------------|-------------|-------------|---------------------------------|
| Ovens Murray      | 1.25                    | 6              | 2           | 8           | 1.6 (0.2 to 5.8)                |
| Inner Gippsland   | 1.86                    | 11             | 3           | 14          | 1.6 (0.3 to 4.7)                |
| Outer Gippsland   | 0.89                    | 10             | 2           | 12          | 2.2 (0.3 to 8.1)                |
| Central Highlands | 1.93                    | 15             | 6           | 21          | 3.1 (1.1 to 6.8)                |
| Mallee            | 0.92                    | 6              | 3           | 9           | 3.3 (0.7 to 9.5)                |
| Loddon            | 2.36                    | 23             | 9           | 32          | 3.8 (1.7 to 7.2)                |
| Western District  | 1.51                    | 11             | 7           | 18          | 4.6 (1.9 to 9.6)                |
| Goulburn          | 1.60                    | 26             | 9           | 35          | 5.6 (2.6 to 10.7)               |
| Barwon            | 2.93                    | 53             | 21          | 74          | 7.2 (4.4 to 10.9)               |
| Melbourne Metro   | 46.53                   | 629            | 643         | 1272        | 13.8 (12.8 to 14.9)             |
| Missing           | 0.01                    | 58             | 19          | 77          |                                 |
| Total             | 61.79                   | 848            | 724         | 1572        | 11.7 (10.9 to 12.6)             |

**Note:** <sup>a</sup> × 100,000 <sup>b</sup> Confirmed locally acquired COVID-19 cases per 100,000 head of population.

The largest number of incidences have been reported in the Melbourne Metro DHHS region. When broken into local government area, the incidence of COVID-19 in Stonnington and Banyule LGAs was markedly higher than that of other local government areas in the Melbourne Metro area.



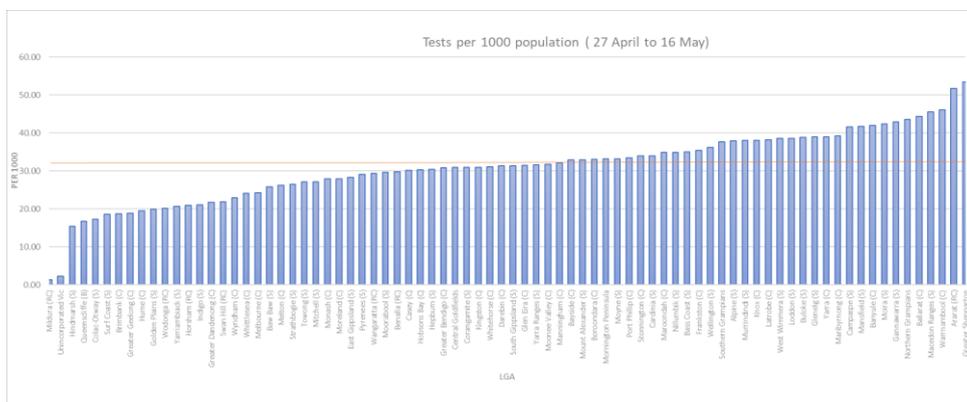
<sup>1</sup> Population size estimates for each DHHS region have been derived from local government area counts recorded at the 2016 Census of Population and Dwellings.

There are few LGAs with more than one confirmed case with the greatest number of confirmed cases within the same Local Government Area being 4 occurring in Darebin, Wyndham and Hume.

**Local Government Areas testing uptake during the Blitz**

From 27 April to 16 May testing across Local government areas averaged 30.98 tests per 1000 population.

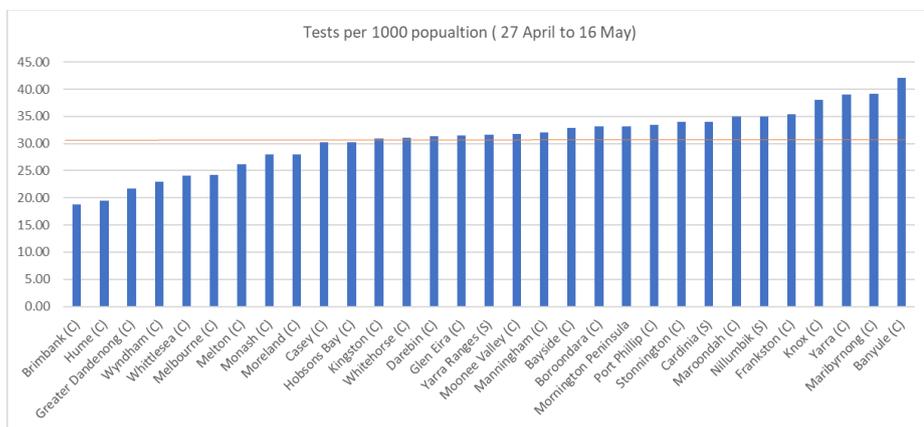
The 5 LGAs with the highest rate per 1000 population were Greater Shepparton, Ararat, Warrnambool, Macedon Ranges and Ballarat. The 5 LGA's with the lowest rate per 1000 were Mildura, Hindmarsh, Queenscliffe, Colac-Otway and Surf Coast.



On volume the five LGAs with the greatest number of test results (based on the individual's residential address) were Casey, Knox, Boroondara, Wyndham and Monash (ranging from 10274 to 5590 tests conducted).

The five LGAs with the least number of tests conducted include West Wimmera, Yarriambiack, Hindmarsh, Mildura and Queenscliff.

Across the 31 metropolitan LGAs the 5 LGA with the highest rate per 1000 were Banyule, Maribyrnong, Yarra, Knox and Frankston. The lowest were Brimbank, Hume, Greater Dandenong Wyndham and Whittlesea.



Testing volumes were likely to be influenced by supply factors including the location of pop up testing sites and by the widening of the testing criteria to include workforces such as health care workers.

For example, the retail pop-ups at Chadstone, Northland, West Footscray Bunnings and Highpoint were frequently attended, each testing between 4,000 and 5,000 members of the public.

These sites compare to large health services such as Barwon Health and Monash Health who were the most frequently attended public testing sites amongst the health services. Monash tested more than 6000 members of the public and Barwon tested over 5,500. Community health services in Ringwood and Prahran collected over 1,300 samples each during the blitz.

### **At-risk cohorts and settings**

The median age of all cases in Victoria is 46 years; with 700 (47%) of cases being female. In contrast 60 per cent of people tested during the blitz (60 per cent) were female. While only a subset of all testing this may point to an underservicing of testing for the male population.

Five cases have been diagnosed among people identifying as Aboriginal or Torres Strait Islander (two who identify as Aboriginal, two who identify as Torres Strait Islander and one who identifies as both Aboriginal and Torres Strait Islander).

Targeted approaches which actively promoted testing to specific workforces during the blitz period saw more than 1,800 teaching staff, 2,700 healthcare workers, 1,400 construction workers, and over 900 police and corrections staff tested. This may point to the benefits of active in reach and promotion of testing.

A total of 177 healthcare workers have been diagnosed with COVID-19 in Victoria. This includes healthcare workers who work outside Victoria and those in whom there was no source of acquisition or risk of transmission in a healthcare facility in Victoria.

In the week ending 9 May, there was an increase in cases of COVID-19 diagnosed in Victoria, with a substantial proportion of new cases identified by active case finding for known outbreaks, and twenty-two new cases detected by the testing blitz. Testing numbers have doubled compared to the previous week.

Whilst not conclusive, the information collected throughout the testing period demonstrates that active targeting in priority areas is likely to increase testing rates which may lead to greater case finding and earlier management of outbreak.

For this reason, the testing strategy will continue to support passive testing and surveillance for all people presenting with symptoms but will also target efforts and support delivery of active testing including in reach models during Phase 3 that focus on:

- Healthcare workers and aged care workers who present with characteristic and atypical symptoms of COVID-19
- Contacts of cases, including upstream contacts of those without an identified source of acquisition
- Sensitive settings, such as residential aged care settings; health care settings; other closed environmental settings at risk of high transmission with a focus on
  - Essential supply service industries such as electricity, gas and water
  - Primary production such as meat and food processing, fruit picking
  - Transport and logistics (high volume traffic and contact surfaces)
  - Large construction
  - Industries reliant on casual employment models – e.g hospitality, ride share, food delivery
- Vulnerable populations such as
  - Aboriginal and Torres Strait Islander communities
  - Communities who experience poor health outcomes as a result of economic and social disadvantage
  - Those who experience transport poverty

- CALD groups where universal public messaging may be less effective
- Those living in high density housing or homelessness thus increasing risk of transmission

### Enablers to Implementation

To support the testing approach outlined above, the department must take proactive actions to identify people with symptoms and encourage them to get tested. There are several mechanisms in place to support this approach, including (but not limited to):

- **Universal and targeted public awareness campaigns**, including working with the private and public sector, including working with DHHS contracted service providers as well as other private businesses to promote targeted testing of priority cohorts
- **Continuing communication** with medical practitioners and health services
- **Leveraging existing service providers** in primary care to support continued testing, referral pathways and continuity of care for COVID-19 cases
- **Active identification** of underserved communities and at-risk communities.

Many of these mechanisms have been actioned and must be sustained in phase 3. This includes ensuring there is a stable and scalable laboratory testing capacity and ready availability of other supplies, such as PPE.

COVID-19

Testing and Surveillance Strategy  
DRAFT

Version 0.1

20 May 2020

# Contents

# COVID-19 Testing Strategy

Victoria's COVID-19 testing strategy needs to be targeted to detect cases early, to enable a swift public health response. This entails targeting our testing to where cases are likely to occur, and utilising active mechanisms to ensure equity of access, particularly for vulnerable groups.

Victoria's testing strategy should align with national priorities which include:

- People who are symptomatic
- Health care workers and aged care workers who have symptoms
- Close contacts of cases
- Contacts in outbreak settings
- Other vulnerable populations – to ensure equity of access, reduce risk of transmission, and target those with greater needs.

Enhanced detection and management of symptomatic cases via a targeted testing strategy presents a long-term sustainable approach to identifying and preventing transmission of COVID-19. Mass screening is less effective as a strategy as it has a lower yield and creates system strain that impacts on sustainability and ability to respond to acute needs.

For the targeted testing strategy to be effective, a comprehensive suite of collection and testing services across the state is required, in addition to general practice and public health services, which can be scaled up and down according to need. A stable and scalable laboratory testing capacity and other supplies is also needed to maximise public health gains.

This approach will ensure that all Victorian's who meet the COVID-19 testing criteria and other targeted high-risk groups will have:

- Equitable access to COVID-19 testing, and that tests are proportionate to need;
- Local services which reflect community preferences, are culturally sensitive and maximises access to testing;
- Provides builds in flexibility and efficiency of existing policies to scale up or down collection and testing services rapidly and efficiency based on need.

Promotion and communications of target testing would need to occur to maximise awareness of, and support, for the cohorts targeted for testing. Mass screening of the entire Victorian population is costly and not a good use of resources. Resources would be better directed towards enhanced detection and management of symptomatic cases. This is consistent with the Victorian and national surveillance plans.

# Introduction

Testing and surveillance are central to the prevention and control of COVID-19. Detecting people with an active SARS-CoV-2 infection requires testing those with clinical symptoms of disease, while surveillance involves the systematic collection, analysis, interpretation and reporting of the test results and several other data sources.

Testing and surveillance data provide information for public health action. Together, they inform evidence-based decision making, enabling the government to rapidly respond to changes in disease activity. They guide targeted action commensurate with need and protect the community from avoidable harms.

Victoria's strategic approach to the testing and surveillance of COVID-19 has been and will continue to be, comprehensive and multifaceted. As government moves to ease restrictions into the future, we must be able to:

- Rapidly identify new cases,
- Quickly test at scale when needed
- Trace and manage any potential outbreaks and
- Protect vulnerable Victorians and those at risk of severe disease and poor outcomes.

## Phase 1: Containment (25 January – 26 April 2020)

On 27 January 2020, the Public Health and Wellbeing Regulations 2019 were amended to make COVID-19 a notifiable condition, requiring medical practitioners and laboratories to notify the department of suspected or confirmed cases.

With the identification of Victoria's first case 25 January 2020, Victoria's objectives for COVID-19 surveillance were established and included an approach that would:

- Identify and monitor COVID-19 activity in Victoria
- Support targeted public health response (case and contact management, including isolation of cases, quarantine of contacts)
- Understand the geospatial distribution of disease in the population (identifying local hot-spots of disease)
- Understand the risk factors of disease, including source of acquisition
- Provide intelligence relating to the capacity/responsiveness of case management
- To inform ongoing testing practices
- To inform broader public health actions

Victoria's **testing criteria** was initially narrow and specific – enabling testing only among those with clinically compatible symptoms and with recent travel history to Wuhan, China. This gradually expanded as the global understanding of this novel disease evolved, enabling improved case ascertainment (ability to detect cases) over time. Since the first case of COVID-19 was diagnosed in Victoria, there have been 17 changes to the testing criteria.

**Access to testing** was increased through the mobilisation of 60+ fixed sites at health services and key community sites across the state.

Efforts were also focussed on increasing **laboratory testing capacity**. Due to the scope of this pandemic, preparations for testing were expanded beyond the Victorian Infectious Diseases Reference Laboratory (VIDRL). It took seven weeks to bring 15 Victorian laboratories online to provide accurate independent clinical testing for the COVID-19 (now totalling 16 laboratories with the addition of the Victorian Cytology Service). More than 10 different suppliers provide COVID-19 related testing kits and associated consumables to match the variety of scientific instrumentation available in Victorian laboratories. Over time, laboratory capacity has been built in Victoria to support routine testing of approximately 9,500 tests per day in mid-May 2020.

**Epidemiological modelling** was conducted to estimate disease activity at a state-wide and health-service level. Modelling estimates were used to

- Support our understanding of outbreak scenarios
- Guide public health interventions (targeted prevention strategies for at risk groups and population-wide suppression)
- Monitor transmission dynamics over time ( $R_{eff}$ ).

**Whole genome sequencing** was implemented to support existing surveillance efforts. This involves integrating epidemiological and genomic information to build our understanding of disease transmission dynamics and networks including outbreaks.

**Enhanced hospital-based surveillance** was implemented to support improved understanding clinical acuity of hospitalised cases.

## Phase 2: Testing Blitz and Active Surveillance (27 April – 31 May 2020)

Between 27 April and 10 May 2020, Victoria undertook the biggest coronavirus **testing blitz** in Australia. Six distinct workstreams supported this enhanced testing program:

- Expanding clinical criteria to enable more people to be tested
- Promoting testing through workplaces
- Promoting testing through DHHS services (Maternal child health, aged care etc.)
- Increasing testing availability through access to drive-through and out-reach testing clinics.
- **Active surveillance**, involving targeted testing of at-risk and vulnerable groups, including asymptomatic testing in key cohorts.
- Launching a mass media campaign.

Over a two-week period, more than 160,000 people were tested for COVID-19 in Victoria. The testing blitz provided reassurance to Victorians of the low prevalence of COVID-19 in the community.

**Passive surveillance** continued as the primary source of intelligence for the COVID-19 outbreak in Victoria, drawing on results of the testing blitz as well as usual testing practices occurring in the primary care setting. However, **active surveillance** was implemented to support outbreak management, including expanded testing of identified contacts in defined cohorts.

To continue supporting increased testing through the end of May, 10 drive-through and out-reach testing clinics continue at key retail sites around Victoria, alongside the existing 60+ fixed sites at health services and key community sites. An additional **active surveillance program** was implemented for Victorian School Staff, enabling testing of these people regardless of symptoms.

## Phase 3: June 2020 and beyond

Existing testing data shows that in Victoria the prevalence of COVID-19 in the community is low and our testing rate remains high. As at 19 May 2020, more than 358,000 tests have been conducted, with a testing rate of 5,402 tests per 100,000 population.

However, as restrictions ease, aggressive testing and surveillance activities must continue to ensure that Victoria continues as sporadic disease activity and localised outbreaks increase. These activities will focus on our overarching objectives of the response to:

- Rapidly identify new cases,
- Quickly test at scale when needed, especially for emerging outbreaks
- Trace and manage any potential outbreaks and
- Protect vulnerable Victorians and those at risk of severe disease and poor outcomes including those who are less likely to seek out testing unless disease symptoms are severe (e.g. those with limited transportation, poor access to healthcare services, those ineligible for healthcare, season workers, low SES, etc)

Victoria's ongoing approach to testing and surveillance will be underpinned by the following principles:

**Quality and safety:** Ensure the safety of the community and workforce through evidence based, best practice testing protocols, including informed consent, a safe testing environment and securing the supply of PPE; Leverage existing processes to establish appropriate clinical governance; Maintain privacy and data security.

**Continuity of care:** Enable connection and communication between primary/community health, acute health and pathology providers; Support patients to continue accessing their usual health care providers for follow up care.

**Flexible and efficient:** Leverage and supplement existing health care and specialised services; Build in flexibility to existing policies to scale up or down rapidly in response to changing needs and priorities.

**Equitable access:** Ensure that all Victorians who meet the COVID-19 testing criteria have equitable access to testing, and that tests are proportionate to need.

**Cultural safety:** Partner with Aboriginal community-controlled organisations to ensure that service design is culturally safe; Collaborate with consumers and advocacy organisations to ensure safety and responsiveness for all.

**Locally tailored:** Work with communities to establish a local model which maximises access to testing, which is sustainable and which reflects the preferences of the community.

## Key Success Factor

Laboratory testing capacity is a limited resource, and testing needs to be used judiciously and prioritised to maximise public health gains.

All laboratories have key dependencies that limit their ability to deliver COVID-19 testing. Laboratories have a fixed testing capacity at any one point in time, limited by testing equipment, the need for a highly skilled workforce, and supplies and consumables including testing swabs, testing and extraction kits. Furthermore, due to the global nature of this epidemic, there are global supply chain shortages and global suppliers ration according to need. Australia's current position of low community transmission means that other countries with high community transmission rates may be prioritised over Australia in a competitive market. Moving forward,

our testing strategy needs to recognise these key dependencies, and limit the risk of increasing testing demand which exceeds capacity.

A strategy of targeted testing and targeted active surveillance will maximise the benefit we get out of our testing capability and ensure that the right people are tested at the right time. It also reserves laboratory consumables and capacity to ensure that we have efficient laboratory services when needed most critically during outbreak response.

## Multi-level Approach [more on this to come]

The current low incidence of COVID-19 infections in Victoria means there is a higher potential for false positive testing results. This can have a negative impact for both individuals and communities, not to mention the level of confidence in COVID-19 testing more broadly.

For the testing strategy to be effective it must be targeted. It should include a comprehensive suite of collection and testing services across the state as required, in addition to general practice and public health services, which can be scaled up and down according to need. A stable and scalable laboratory testing capacity and other supplies for example PPE is also needed to maximise public health gains.

Promotion and communications of target testing would need to occur to maximise awareness of, and support, for the cohorts targeted for testing.

In line with national recommendations and the current case definition, Victoria's testing strategy will focus testing on **targeted surveillance and active case finding (cohorts, settings, locations) as required**,

## Implementation [work in progress....]

### Active case finding- Increasing public health services mobilise case finding capacity

Victoria has just undertaken the biggest coronavirus testing blitz in Australia. However, the needs for active case finding remains if we are to ensure we have the information and insights needed to help government make informed decisions about moving to a COVIDSafe Victoria.

As government moves to ease restrictions into the future, we must be able to identify new cases, rapidly test at scale when needed, trace and manage any potential outbreaks and protect Victorians.

### Rationale for active case finding

Active case finding is an important first step to help increase Victoria's knowledge about coronavirus. It contributes to our overall mission of suppressing the virus by:

- building understanding and knowledge of symptoms among the community
- identifying cases that may have otherwise not been detected
- informing potential further testing needs
- targeting and reinforcing messages to community to get tested if they have symptoms

### Timing of active case finding

There are essential two key times where case finding is more likely to be effective, these are:

- promoting testing uptake – where community generated uptake is low relative to expected / comparable benchmarks
- post outbreak – where community concern may be heightened

## Rationale for mobile approach

Active case finding involves proactive actions to identify people with symptoms and encourage them to get tested. This can be done by embedding symptom checks into key service touch points within the health and social care system, public awareness campaigns and targeted activities at workplaces and other settings. The key benefits of a mobilised response include:

- **Public convenience:** mobilising the case finding response will improve convenience by building on the existing opportunities for symptomatic community members to be tested onsite at locations including hospitals, community health centres and GP clinics.
- **Scale:** By targeting active case finding at select sites with high levels of traffic (e.g. at large retail sites, community facilities and large workplaces) scale of response can be achieved.
- **Efficacy:** Active case finding is not asymptomatic testing thus retains public health screening program efficacy.
- **Reach:** Active case finding is likely to increase the numbers of people tested as many may not recognise presenting symptoms and may not voluntarily attend a general practitioner or hospital settings. While it is not yet evident if active case finding is effective at identifying positive cases, some presence at high volume locations is likely to increase reach within the community during a high-risk period in which restrictions are relaxed.
- **Planned approach:** The department has maintained seven metropolitan retail sites and two regional community sites until the end of May to assist with active case finding. An expanded active case finding approach will see local health service providers work locally to proactively identify key touch points in systems and with large employers who have large workplaces with high daily foot traffic.

## Approach to mobilising on site active case finding

- High priority sites, locations or community groups will be identified based on the following key principles:
  - Number of people frequenting site: high daily foot traffic locations such as wholesale markets, large employer sites such as manufacturing and processing industries
  - Geographic spread: ensuring continued identification of cases across all areas in the State.
  - Demand: as expressed through employers and industry group request for support or from available early indicative findings from other jurisdictions
  - Safety: locations with no significant safety concerns in relation to onsite services being established
  - Risk factors – community/ demographic factors that may suggest heightened risk or need to promote active testing, such as low SES cohorts who have reduced access to fixed sites – e.g. lack of transport, CALD, high levels of casual employment

## Establishment of active case finding service

- Public Health Services will develop a mobile screening and testing capacity that can be mobilised over the next 3 - 6 – 9 months.
- Health Services will work with local industry and large employers and community groups locally to establish a roving active case finding service that can be deployed to various sites within the primary catchment of the health services to actively case find and deliver symptomatic testing. Target industries will include
  - Essential supply service industries such as electricity, gas and water
  - Primary production such as meat and food processing
  - Transport and logistics (high volume traffic and contact surfaces)

- Health services can partner with other local health providers to ensure supply can meet demand for active case finding.
- Health service responses should include
  - On-site promotion of self-assessment and advice on location and operating times of fixed clinics so staff understand where they can go to be tested if they chose to not be tested on site or if they develop symptoms at a later date
  - On site temperature testing (if not already in place)
  - On-site symptomatic assessment
  - On site symptomatic testing and advice on self-isolation
  - Management of pathology and follow up advice

### Partnership

- The department will work with Public Health Services and DJPR to identify high priority workplaces and facilitate introduction as required
- Health services will partner with local workplaces to establish and operate local response
- Health Services may partner with community health providers to supplement responses as needed.
- Pathology provider will be engaged as per usual arrangements for non outbreak response

### Current activities

- Post outbreak responses are being implemented with
  - Martin Brower Transport
  - McDonalds Fawkner
  - Comfort mattresses
- Pre outbreak responses (promotion responses) are being implemented
  - Schools
  - Melbourne markets

### Enablers to Implementation

To support the testing approach outlined above, the department must take proactive actions to identify people with symptoms and encourage them to get tested. There are several mechanisms in place to support this approach, including (but not limited to):

- Public awareness campaigns
- Continuing communication with medical practitioners and health services
- Providing improved access to testing locations. This will support general public testing as well as targeted testing as and when required as part of the outbreak response or to support enhanced testing
  - 60 fixed testing sites will remain open at health services and at key community sites across the State.
  - Mobile in-reach or outreach programs to be deployed in at-risk cohorts or communities to support testing and active case finding.
  - Leverage existing service providers in primary care to support continued testing, referral pathways and continuity of care for COVID-19 cases
- Embedding symptom checks into key service touch points within the health and social care system, as well as at workplaces and other settings identified by the testing strategy (e.g. healthcare workers, aged care workers, other at-risk settings or cohorts determined based on changing epidemiology of disease).

- Continuing in-reach activity with both the private and public sector, including working with DHHS contracted service providers as well as other private businesses to promote targeted testing of priority cohorts

Many of these mechanisms have been actioned and sustained as part of the testing blitz activity that occurred throughout the month of May. Strong linkages between Public Health Command and the Health and Wellbeing Division have been made to guide targeted testing activity as outbreak and/or priority testing settings emerge as restrictions ease. Details of these are contained in the two “blitz” program plans – Phase 1 and Phase 2 (attached for reference).

**Table 1: Priority cohorts for testing (not in any particular order)**

| Priority | Cohort   | Surveillance type          | Testing locations  | Supporting surveillance or communication mechanisms  |
|----------|--|----------------------------|--|--|
| 1        | All people presenting with symptoms of COVID-19 (fever, chills, shortness of breath, sore throat, cough, runny nose, loss of sense of smell)   | Passive                    | <ul style="list-style-type: none"> <li>General practice</li> <li>60+ fixed sites at health services and key community sites</li> </ul> | Targeted communication to health providers and the public  |
| 2        | Healthcare workers and aged care workers who present with characteristic and atypical symptoms of COVID-19   | Passive + enhanced passive | <ul style="list-style-type: none"> <li>General practice</li> <li>60+ fixed sites at health services and key community sites</li> </ul> | <ul style="list-style-type: none"> <li>Targeted communication to healthcare workers</li> <li>Workplace checklist</li> </ul>  |
| 3        | Contacts of cases, including upstream contacts of those without an identified source of acquisition (that is, locally acquired with no known epidemiological link to a known case, travel or outbreak. This will support swift identification of the index case and may include people who are asymptomatic).  | Active (case finding)*     | As advised by DHHS, selected existing fixed health services or key community sites. Mobile in-reach or out-reach as required.          | Nil  |
| 4        | Contacts in outbreak settings, such as residential aged care settings; health care settings; other closed environmental settings at risk of high transmission (e.g. workplaces, other as identified)   | Active (case finding)      | As advised by DHHS, selected existing fixed health services or key community sites. Mobile in-reach or out-reach as required.          | Nil  |
| 5        | Other vulnerable populations or time-limited place-based setting or communities, to <ul style="list-style-type: none"> <li>provide increased access to testing as required based on changing epidemiology (hotspots, localised clusters or outbreak), or</li> <li>to assure absence of local transmission (e.g. staff of residential care facilities, Aboriginal and Torres Strait Islander communities and other communities who may have barriers to access testing.)**</li> </ul> | Active (case finding)      | As advised by DHHS, selected existing fixed health services or key community sites. Mobile in-reach or out-reach as required.          | <ul style="list-style-type: none"> <li>Targeted communication to at risk groups or localities</li> <li>Symptom checklist used at key health services (e.g. ACCHO)</li> </ul> |

\*Active surveillance requires that health services no longer wait for people with symptoms to present for diagnosis. Rather, the detection is sought by proactively looking for the disease where it might not be recognised through current testing, by targeting testing to specific groups.

\*\*In addition to these cohorts, enhanced place-based testing may be initiated to improve access to testing among communities where:

- testing rates are low relative to expected / comparable benchmarks
- community concern may be heightened, for example, following an outbreak (? is an outbreak where there is only one case? If yes, fine, if not then need to add something like where a known case has been identified).

## Aligning with the Australian National Surveillance Plan for COVID-19

Victoria's testing and surveillance strategy aligns with Australian Health Protection Principal Committee (AHPPC) Coronavirus (COVID-19) in Australia – Pandemic Health Intelligence Plan and the Australian National Surveillance Plan for COVID-19.

The Coronavirus (COVID-19) in Australia – Pandemic Health Intelligence Plan provides a framework for collecting the information required to support decision-making about COVID-19. There are various elements to the plan including several testing and surveillance mechanisms and measures of testing capacity. The plan – and associated AHPPC statement – make clear Australia's testing approach and priorities.

Importantly, testing people with characteristic clinical symptoms, followed by those with atypical symptoms and then groups that are more likely to reveal the presence of undetected community transmission. The rationale is that people with symptoms consistent with COVID-19 have a much higher probability of testing positive for SARS-CoV-2 than people without such symptoms, and in turn present a higher risk of transmission to others.

The AHPPC recommends that testing should be prioritised in the following order:

1. All people presenting with fever or acute respiratory illness. This represents the most important group in which to focus and increase testing.
2. People at risk of exposure who present with atypical symptoms, such as health care workers and residential aged care facility workers.
3. Contacts of cases, including upstream contacts of those without an epidemiological link (to find the index case), including people who are asymptomatic.
4. Vulnerable populations and settings in which a single case or outbreak is identified, such as residential care settings; health care settings; First Nations communities; and workers in critical infrastructure. This may include the testing of all people in the relevant settings, including people who are asymptomatic.
5. Vulnerable populations and settings where time limited cohorts are tested to assure absence of local transmission, such as, staff of residential care facilities, First Nations communities and other communities who may have barriers that limit access to passive testing.

Large scale, non-targeted testing of asymptomatic people for active cases of SARS-CoV 2 infections is not considered to be an effective or efficient approach to identifying and preventing transmission of SARS-CoV-2.<sup>2</sup> This approach is costly, resource intensive and not supported on epidemiological grounds. Resources would be better directed towards enhanced detection and management of symptomatic cases. In addition, with the currently low incidence of infections in the population, the potential for false positives is higher. A false positive result can have significant negative impacts for both individuals and their communities, as well as affecting confidence in SARS-CoV-2 testing more broadly.

### AHPPC position on asymptomatic testing of people in the community

Expanding testing to asymptomatic people in the community does not effectively identify disease transmission at most levels of likely COVID-19 prevalence. Even with very high levels of testing, cases in the population would be missed, and the estimates of prevalence would still have a comparatively wide range of uncertainty around them. Further, at low prevalence of disease, the proportion of positive tests that are false-positives increases. Although intuitively attractive, ongoing active surveillance of asymptomatic people across the whole population is not supported. Instead, the preferred approach is targeted testing of specific groups or occupations selected based on being either higher risk, or as a representative sample of the community.

## Latest draft of RAD and SAHD for next Monday

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**From:** "Sean Morrison (DHHS)" REDACTED

**To:** "Annalise Bamford (DHHS)" REDACTED (DHHS)" REDACTED (DHHS)" REDACTED

**Cc:** "Brett Sutton (DHHS)" REDACTED "Annaliese Van Diemen (DHHS)" REDACTED "Ed Byrden (DHHS)" REDACTED "Jacqueline Goodall (DHHS)" REDACTED

**Date:** Thu, 21 May 2020 14:29:58 +1000

**Attachments:** Restricted Activity Directions No 8 - draft - v2 - 21 May 2020.docx (66.5 kB); Stay at Home direction No 7 - draft - v2 - 21 May 2020.docx (61.04 kB)

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Dear all,

Please find attached an amended RAD and SAHD to allow for the return to school and permit playground, outdoor communal gyms and skateparks to reopen.

Any comments would be appreciated by COB so they may be forwarded to the Secretary and the MO for comment.

Regards

**Sean Morrison**

Director and Acting General Counsel | Legal Services Branch

[Legal Services Branch](#) | [Legal and Executive Services](#)

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

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w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) | Intranet page: [How to engage Legal Services](#)

Executive Assistant: REDACTED

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# Directions from Deputy Chief Health Officer (Communicable Disease) in accordance with emergency powers arising from declared state of emergency

## Stay at Home Directions (No-~~6~~ 7)

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

I, Dr Annaliese van Diemen, Deputy Chief Health Officer (Communicable Disease), consider it reasonably necessary to protect public health to give the following directions pursuant to section 200(1)(b) and (d) of the **Public Health and Wellbeing Act 2008** (Vic) (**PHW Act**):

### PART 1 — PRELIMINARY

#### 1 Preamble

- (1) The purpose of these directions is to address the serious public health risk posed to Victoria by Novel Coronavirus 2019 (**2019-nCoV**).
- (2) These directions require everyone in Victoria to limit their interactions with others by:
  - (a) restricting the circumstances in which they may leave the premises where they ordinarily reside; and
  - (b) placing restrictions on gatherings.
- (3) These directions must be read together with the **Restricted Activity Directions (No-~~7~~ 8)**, the **Diagnosed Persons and Close Contacts Directions**, the **Hospital Visitor Directions (No-~~3~~ 3)** and the **Care Facilities Directions (No 3)**.
- (4) These directions replace the **Stay at Home Directions (No-~~5~~ 6)**, and, amongst other things: facilitate students returning to school or another educational facility.
  - ~~(-) permit a group of up to 5 people to visit another person's home;~~
  - ~~(-) permit a group of up to 10 people to gather in an open public place;~~
  - ~~(-) allow people to leave their homes for wellbeing purposes, including recreation and exercise; and~~
  - ~~(-) increase the number of people that can attend a wedding or funeral.~~

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## 62 Citation

- (1) These directions may be referred to as the **Stay at Home Directions (No 67)**.
- (2) A reference in any other direction to the **Stay at Home Directions (No-5 5) and Stay at Home Directions (No 6)** is taken to be a reference to these directions.

## 73 Revocation

The **Stay at Home Directions (No-5 6)** are revoked with effect from 11.59.00pm on ~~4225~~ May 2020.

## 84 Stay at home period

For the purposes of these directions, the **stay at home period** is the period beginning at 11.59.00pm on ~~4225~~ May 2020 and ending at 11.59.00pm on 31 May 2020.

## PART 2 — STAY AT HOME

### 95 Direction — stay at home other than in specified circumstances

#### *Requirement to stay at home*

- (1) A person who is in Victoria during the **stay at home period** must not leave the premises where the person ordinarily resides, other than for one or more of the reasons specified in:
  - (a) clause 6 (**necessary goods or services**);
  - (b) clause 7 (**care or other compassionate reasons**);
  - (c) clause 8 (**work or education**);
  - (d) clause 9 (**exercise or recreation**);
  - (e) clause 9A (**visiting family or friends**); or
  - (f) clause 10 (**other specified reasons**).

*Note 1: a person may have more than one ordinary place of residence and, if so, is able to move freely between those places: see subclause (5) and clause 10(1)(i).*

*Note 2: a person may leave the premises at which they ordinarily reside using transport (public or private) to access a place for a permitted purpose, regardless of how many people are on the tram, train, or bus. A group of people from the same premises, or people from different premises, may travel together in a car to a place for a permitted purpose, subject to the restrictions on gatherings in clause 11.*

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*Ordinary place of residence*

- (2) Subject to subclause (3), subclause (1) does not apply to a person at any time during the stay at home period when the person:
- (a) does not have an ordinary place of residence; or
  - (b) has an ordinary place of residence, but that place is temporarily unavailable or is unavailable because of a risk of harm (including harm relating to family violence or violence of another person at the premises).
- (3) If a suitable premises is made available for a person identified in subclause (2) to reside at for the stay at home period (or part thereof):
- (a) that premises is taken to be the person's ordinary place of residence for the period (or part thereof); and
  - (b) subclause (1) applies accordingly.
- (4) If a person ordinarily resides outside Victoria, the premises where that person is temporarily residing in Victoria during the stay at home period (or part thereof) is taken to be the person's ordinary place of residence for the period (or part thereof).
- (5) If a person has more than one premises at which they ordinarily reside, including a child under a shared parenting arrangement, each such premises is taken to be the person's ordinary place of residence for the stay at home period.
- Examples: a person works in the city during the week and resides at one premises during that time, but returns to a different premises at the weekend; a child who lives at different premises under a shared parenting arrangement.*
- (6) If, during the stay at home period, a person moves from the premises at which they ordinarily reside to a new premises, the new premises is taken to be the premises at which the person ordinarily resides from midnight on the day that the person moves.

**PART 3 — REASONS TO LEAVE PREMISES****496 Leaving premises to obtain necessary goods or services**

- (1) A person may leave the premises to obtain:
- (a) food or drink;
  - (b) goods and services for health or medical purposes; or
  - (c) other goods or services that the person believes are necessary including, but not limited to, goods or services provided by:
    - (i) a financial institution;

- (ii) a government body or government agency;
  - (iii) a post office;
  - (iv) a **pharmacy**;
  - (v) a hardware store;
  - (vi) a petrol station;
  - (vii) a pet store or veterinary clinic; or
  - (viii) an **open retail facility**.
- (2) A person may leave the premises for purposes relating to, or associated with, **dealing in residential property**.

*Example: a person may leave their premises to attend an inspection or auction conducted in accordance with the **Restricted Activity Directions (No 7, 8)**. This can be for rental or sales of property.*

#### **447 Leaving premises for care or other compassionate reasons**

- (1) A person may leave the premises:
- (a) to meet obligations in relation to shared parenting arrangements, whether the arrangements are under a court order or otherwise;
  - (b) if the person is a parent or guardian of a child:
    - (i) to visit the child if the child is in detention, or in the care of another person;
    - (ii) to meet any obligations in relation to care and support for that child;
    - (iii) to take the child to:
      - (A) another person's premises for the purpose of that other person providing child-minding assistance (whether on a paid or voluntary basis); or
      - (B) a childcare facility or an early childhood educational facility;
 so that the parent or guardian can:
      - (C) do one of the things specified in clauses 6 (necessary goods or services), 7 (care), 8 (work or education), 9 (exercise or recreation), 9A (visiting family or friends) or 10 (other specified reasons); or
      - (D) work, or obtain educational services, from their own premises;

(c) to take the child to school or an educational facility;

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~~(e)~~(d) to provide childcare, early childhood education or schooling to a child or young person, including a child or young person who is vulnerable because the child or young person:

- (i) resides in the care of the State; or
- (ii) is deemed vulnerable by a government agency, or funded family or family violence service, and is assessed as requiring education and care outside the family home;

~~(d)~~(e) to provide care and support to a relative or other person:

- (i) who has particular needs because of age, infirmity, disability, illness or a chronic health condition; or
- (ii) because of matters relating to the relative or other person's health (including mental health or pregnancy);

~~(e)~~(f) to attend a **care facility** if that attendance is not prohibited by the **Care Facilities Directions (No-3)**, including for a **care and support visit**;

~~(f)~~(g) to attend a **hospital** if that attendance is not prohibited by the **Hospital Visitor Directions (No-3)**, including for a **care and support visit**;

~~(g)~~(h) to attend a funeral or wedding, if that funeral or wedding complies with the requirements in clause 11;

~~(h)~~(i) to donate blood;

~~(i)~~(j) to escape harm or the risk of harm, including harm relating to family violence or violence of another person at the premises;

~~(j)~~(k) visit a person with whom they are in an intimate personal relationship;

~~(k)~~(l) to provide child-minding assistance (whether on a paid or voluntary basis), so that the parent or guardian of a child can:

- (i) leave their own premises for one of the purposes specified in clauses 6 (necessary goods or services), 7 (care), 8 (work or education), 9 (exercise or recreation), 9A (visiting family or friends) or 10 (other specified reasons); or
- (ii) work, or obtain educational services, from their own premises; or

~~(l)~~(m) to visit a cemetery.

#### **428 Leaving premises to attend work or education**

(1) Subject to subclause (2), a person may leave the premises to:

- (a) attend work (whether paid or voluntary, including for charitable or religious purposes); or

- (b) obtain educational services; (which includes going to school or another educational facility); or
  - (c) do anything necessary to attend work or obtain educational services including, but not limited to taking a child to:
    - (i) a place permitted by clause 7(1)(b)(iii); or
    - (ii) a school or other educational facility; or
  - (d) attend a lesson to operate a **vehicle**, or to practise for the purposes of obtaining a licence to operate a vehicle.
- (2) A person may leave the premises under subclause 8(1)(a) to (c) only if it is not reasonably practicable for the person:
- (a) to work from the premises; or
  - (b) to obtain the educational services from the premises.

Note: If a school has resumed on-site schooling for a particular level, then in most cases it is not reasonably practicable for:

(a) a child enrolled at that school in that particular level to obtain those educational services; or

(b) a teacher at that school teaching that particular level to work,

from the premises where they ordinarily reside, so they may leave those premises for these purposes.

#### **439 Leaving premises for exercise or recreation activity**

- (1) A person may leave the premises to visit an open public place for:

- (a) exercise, including participating in a sporting activity; or

*Note 2: exercise under this clause does not include professional sport.*

- (b) a recreational purpose.

*Examples: visiting a local park for relaxing or a picnic; fishing, boating, hiking, hunting, prospecting, diving, etc.*

*Note: Subclause subclause (2) imposes some restrictions on these activities.*

#### **Restrictions**

- (2) A person who leaves the premises for a purpose specified in subclause (1) must:

- (a) comply with the restrictions on gatherings in clause 11;
- (b) take reasonable steps to maintain a distance of 1.5 metres from all other persons;

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- (c) not participate in any exercise (including a sporting activity) or recreation where participation (including travelling to a place to participate) is for an unreasonable period of time;

*Note: travelling to a place for exercise or recreation should involve a day trip only, not an overnight stay.*

- (d) not participate in any exercise (including a sporting activity):
  - (i) in an **indoor space**;
  - (ii) as part of an organised competition;
  - (iii) that requires participants to come within 1.5 metres of each other.

*Note: a person can still exercise at the premises at which they ordinarily reside.*

- (3) Nothing in subclause (2) prevents a person from walking within 1.5 metres of another person or persons for the purposes of exercise.

*Note: the limit on the number of people who may gather together outside is in clause 11(2). If attending an exercise class, the people reasonably required to perform the class are additional.*

#### **9A Leaving premises to visit family or friends**

A person may leave the premises to visit the premises of family or friends.

*Note 1: the limit on the number of people who may visit a premises is in clause 11(1)(g).*

*Note 2: travelling to visit family or friends should involve a day trip only, not an overnight stay.*

#### **4410 Leaving premises for other reasons**

- (1) A person may leave the premises in the following circumstances:
  - (a) for emergency purposes;
  - (b) as required or authorised by law;
  - (ba) for purposes relating to the administration of justice, including, but not limited to, attending:
    - (i) a police station;
    - (ii) a court or other premises for purposes relating to the justice or law enforcement system;

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- (c) if the premises at which the person ordinarily resides is no longer available for the person to reside at or is no longer suitable for the person to reside at;
- (d) to attend a **place of worship**, if, if that place of worship is operating in accordance with the **Restricted Activity Directions (No 7.8)**;
- (e) to attend a **community facility**, if that facility is operating in accordance with the **Restricted Activity Directions (No 7.8)**;
- (f) for the purposes of moving to a new premises at which the person will ordinarily reside;
- (g) if the person ordinarily resides outside Victoria, for the purposes of leaving Victoria;
- (h) if the person is permitted to leave Australia, for the purposes of leaving Australia;
- (i) if the person ordinarily resides at more than one premises, for the purposes of moving between those premises; or
- (j) for the purposes of **national security**.

## PART 4 — GATHERINGS

### 4511 Restrictions on gatherings

#### *Private gatherings*

- (1) During the stay at home period, a person must not permit another person to enter the premises at which they ordinarily reside, unless:
  - (a) the other person also ordinarily resides at the premises;
  - (b) the person is residing at the premises in accordance with the **Diagnosed Persons and Close Contacts Directions**;
  - (c) it is necessary for the other person to enter the premises for one or more of the purposes specified in clauses 7 (care) or 8 (work or education);
 

*Examples: a tradesperson for the purpose of carrying out repairs; a nanny or relative for the purpose of providing childminding assistance.*
  - (d) it is necessary for the other person to enter for the purposes of attending an inspection of the premises, organised in accordance with the **Restricted Activity Directions (No 7.8)**;
  - (e) it is necessary for the other person to enter for medical or emergency purposes;
  - (f) the entry is required or authorised by law; or

- (g) the entry is for a purpose specified in clause 7(1)(g), 7(1)(j) or clause 9A (visiting family or friends) but only if:
- (i) at the time of entry, no more than four other persons (who do not ordinarily reside at the premises) are at the premises for a purpose specified in clauses 7(1)(g), 7(1)(j), or 9A (visiting family or friends); and
  - (ii) the entry is not for the purposes of exercise (including a sporting activity) or recreation.

*Note: under clause 11(1)(g) the limit on the number of people who may visit a premises (at which they do not ordinarily reside) at any one time is five.*

#### *Public gatherings*

- (2) During the stay at home period, a person must not arrange to meet with more than nine other persons at an open public place, except:

*Note: under clause 11(2) the limit on the number of people who may meet in an open public place at any one time is ten.*

- (a) where each other person ordinarily resides at the same premises;
- (b) for the purpose of attending a wedding that complies with the requirements in subclause (3);
- (c) for the purpose of attending a funeral that complies with the requirements in subclause (4); or
- (d) if it is necessary to arrange a meeting for one or more of the purposes specified in clauses 7 (care), 8 (work and education) or 10 (other specified reasons).

*Example: work includes operating a bootcamp: see clause 6(3) of the **Restricted Activity Directions (No-7.8)**.*

#### *Weddings and funerals*

- (3) The requirements for a wedding are that:
- (a) it involves only:
    - (i) the two persons being married; and
    - (ii) the **authorised celebrant**; and
    - (iii) no more than 10 other guests including two persons witnessing the marriage for the purposes of section 44 of the **Marriage Act 1961** of the Commonwealth; and

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- (b) in any case, if the wedding is held in a single undivided indoor space, the total number of persons present at the same time in the space must not exceed the **density quotient**.
- (4) The requirements for a funeral are that:
  - (a) it involves no more than:
    - (i) 30 persons if held in an **outdoor space**; or
    - (ii) 20 persons if held in an indoor space, (excluding persons reasonably necessary for the conduct of the funeral); and
  - (b) in any case, if the funeral is held in a single undivided indoor space, the total number of persons present at the same time in the space must not exceed the density quotient.

## PART 5 — OTHER PROVISIONS

### 4612 Relationship with other Directions

- (1) If there is any inconsistency between Parts 2 and 3 of these directions and the **Diagnosed Persons and Close Contacts Directions** Parts 2 and 3 of these directions are inoperative to the extent of the inconsistency.
- (2) If there is any inconsistency between these directions and a direction or other requirement contained in a **Direction and Detention Notice**, these directions are inoperative to the extent of the inconsistency.

### 4713 Definitions

For the purposes of these directions:

- (1) **authorised celebrant** has the same meaning as in the **Marriage Act 1961** of the Commonwealth;
- (2) **care facility** has the same meaning as in the **Care Facilities Directions (No 3)**;
- ~~(3) **community facility** has the same meaning as in the **Restricted Activity Directions (No 7)**;~~
- ~~(4)~~(3) **care and support visit** means a visit of no longer than 2 hours made to a patient of a hospital, or a resident of a care facility, by one person, or two persons together, for the purposes of providing care and support to the patient or resident, as the case requires;
- ~~(4) **community facility** has the same meaning as in the **Restricted Activity Directions (No 8)**;~~
- (5) **dealing** with residential property of a person includes:

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- (a) creating, acquiring, disposing of or assigning an **interest** in the property;
  - (b) receiving or making a gift of the property;
  - (c) using the property to obtain or extend credit; and
  - (d) using credit secured against the property;
- (6) **density quotient** of a single undivided indoor space is the number calculated by dividing the total area of the space (measured in square metres) by 4;

*Note: If an indoor space is 8.5 metres long and 4.5 metres wide, its total area is 38.25 square metres. Its density quotient is 9.56, so no more than 9 people would be permitted to be in the indoor space at one time.*

- (7) **Direction and Detention Notice** means a notice given to a person who has arrived in Victoria from overseas, requiring the person to be detained for a specified period;
- (8) **hospital** has the same meaning as in the **Hospital Visitor Directions (No 3)**;
- (9) **indoor space** means an area, room or premises that is or are substantially enclosed by a roof and walls, regardless of whether the roof or walls or any part of them are:
- (a) permanent or temporary; or
  - (b) open or closed;
- (10) **interest**, in relation to residential property, means:
- (a) a legal or equitable estate or interest in the property; or
  - (b) a right, power or privilege over, or in connection with, the property;
- (11) **national security** has the meaning that **security** has in the **Australian Security Intelligence Organisation Act 1979** of the Commonwealth;
- (12) **open retail facility** has the same meaning as **Restricted Activity Directions (No-7 8)**;
- (13) **outdoor space** has the same meaning as in the **Restricted Activity Directions (No-7 8)**;
- (14) **patient** has the same meaning as in the **Hospital Visitor Directions (No 3)**;
- (15) **pharmacy** has the same meaning as in the **Pharmacy Regulation Act 2010**;
- (16) **place of worship** has the same meaning as in the **Restricted Activity Directions (No-7 8)**;
- (17) **premises** means:

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- (a) a building, or part of a building; and
  - (b) any land on which the building is located, other than land that is available for communal use;
- (18) **residential property** has the same meaning as in the **Estate Agents Act 1980**; and
- (19) **vehicle** has the same meaning as in the **PHW Act**.

#### 4814 Penalties

Section 203 of the PHW Act provides:

##### **Compliance with direction or other requirement**

- (1) A person must not refuse or fail to comply with a direction given to the person, or a requirement made of the person, in the exercise of a power under an authorisation given under section 199.

Penalty:           In the case of a natural person, 120 penalty units.  
                          In the case of a body corporate, 600 penalty units.

- (2) A person is not guilty of an offence against subsection (1) if the person had a reasonable excuse for refusing or failing to comply with the direction or requirement.

#### **Dr Annaliese van Diemen**

Deputy Chief Health Officer (Communicable Disease), as authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW Act.

~~44XX~~ May 2020

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## RE: Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

**From:** "Meena Naidu (DHHS)" <[REDACTED]>  
**To:** "Finn Romanes (DHHS)" <[REDACTED]>, "Pam Williams (DHHS)" <[REDACTED]>  
**Cc:** "SCC-Vic (State Controller Health)" <[REDACTED]>, "Simon Crouch (DHHS)" <[REDACTED]>, "Annaliese Van Diemen (DHHS)" <[REDACTED]>, "Brett Sutton (DHHS)" <[REDACTED]>, "Claire Harris (DHHS)" <[REDACTED]>, "Euan Wallace (DHHS)" <[REDACTED]>  
**Date:** Sat, 18 Apr 2020 23:02:11 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.09 MB)

Hi all

Apologies for the delay. Please find attached the compliance plan. It still requires a bit of work to clean it up but did not want to delay distribution further.

Kind regards  
 Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance  
 Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
 Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

[w. www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

[REDACTED]



**From:** Finn Romanes (DHHS) <[REDACTED]>  
**Sent:** Saturday, 18 April 2020 10:54 PM  
**To:** Pam Williams (DHHS) <[REDACTED]>  
**Cc:** SCC-Vic (State Controller Health) <[REDACTED]>; Simon Crouch (DHHS) <[REDACTED]>; Meena Naidu (DHHS) <[REDACTED]>; Annaliese Van Diemen (DHHS) <[REDACTED]>; Brett Sutton (DHHS) <[REDACTED]>; Claire Harris (DHHS) <[REDACTED]>; Euan Wallace (DHHS) <[REDACTED]>  
**Subject:** Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

Dear Pam and Chris / Deputy State Controller – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin, that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan

to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through **REDACTED** that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by Deputy State Controller Health – Operation Soteria for awareness and any comments and endorsement.

Can you / Chris take it from here?

Kind regards

Finn

Dr Finn Romanes  
Public Health Commander  
Novel Coronavirus Public Health Emergency  
**REDACTED**  
Department of Health and Human Services  
State Government of Victoria

# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

15 April 2020 Version 1

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

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

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Available at [insert web site or web page name and make this the live link <web page address>](#)

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# Purpose

This purpose of this document is to:

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

## Processes may be subject to change

It is acknowledged that the covid-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.

To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.

This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

## Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

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

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

## AO Operational contacts

For URGENT operational advice contact the on call (as per the roster) DHHS Compliance management.

| DHHS Compliance lead | Title  | Contact details |
|----------------------|--|-----------------|
| Anthony Kolmus       | AO Operational Lead<br>COVID-19 Compliance Cell<br>Regulation, Health Protection and<br>Emergency Management<br>Department of Health and Human<br>Services   | REDACTED        |
| REDACTED             | AO Team Leader<br>COVID-19 Compliance cell<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health & Human<br>Services   | REDACTED        |
| Noel Cleaves         | AO Team Leader Regulation,<br>Health Protection & Emergency<br>Management Division<br>Department of Health and Human<br>Services                             | REDACTED        |
| REDACTED             | AO Team leader<br>COVID-19 Compliance Cell<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health and Human<br>Services | REDACTED        |

## At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

**Table 1 Roles and responsibilities of staff at hotels**

| Role   | Responsibility   | Authority  |
|--|--|--|
| <b>Authorised Officers under the <i>Public Health and Wellbeing Act 2008</i> at airport and hotels</b> | <p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention).</li> </ul> <p>AOs are required to keep records (written or electronic) of compliance and other issues they become aware of.</p>  | <p><i>Public Health and Wellbeing Act 2008</i> s199</p> <p>Direction and Detention Notices (No 1 and No 2)</p> |
| <b>Hotel site lead</b>   | <ul style="list-style-type: none"> <li>Supports the health and well-being of staff,</li> <li>Liaises with airport command and staff from other departments and agencies represented at the hotel</li> <li>Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations</li> <li>Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required</li> <li>Ensures appropriate records management processes are in place.</li> </ul> |  |
| <b>Medical staff</b>   | <ul style="list-style-type: none"> <li>Provide 24 hour on-call medical support subject to demand</li> <li>Provide welfare to detainees through a daily welfare check — welfare officers email <a href="mailto:\COVIDQuarantine@dhhs.vic.gov.au">\COVIDQuarantine@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues</li> <li>Provide a satisfaction survey for residents to complete each week.</li> </ul>   | Contracted by DHHS.  |

|                                   |   |  |
|-----------------------------------|---|--|
| <b>Department and hotel staff</b> | <ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs</li> <li>• Deliver hyper-care (concierge) services onsite</li> <li>• Manage contracts with accommodation providers</li> <li>• Manage transport arrangements from the airport and other locations detainees may be permitted to go</li> <li>• Manage material needs including food and drink.</li> </ul> |  |
| <b>Security</b>                   | <ul style="list-style-type: none"> <li>• To assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, movement of detainees where they have permission to leave rooms, assisting with release</li> </ul>   |  |

**AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and mediation skills to help persons settle into the new environment.**

# Background

## Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See <https://www.dhhs.vic.gov.au/state-emergency>

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

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Covid-19 Compliance Executive Lead under the Covid-19 Public Health Incident Management Team 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.

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

## Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

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

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

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

## Authorisation under section 200 for the purposes of the emergency order

Only public servants who have been authorised as AOs under the PHWA and **also** authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

**AOs are encouraged to read Part 9 and seek advice from AO Operations Lead if they are unsure in the administration of their powers**

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

# Charter of Human Rights obligations

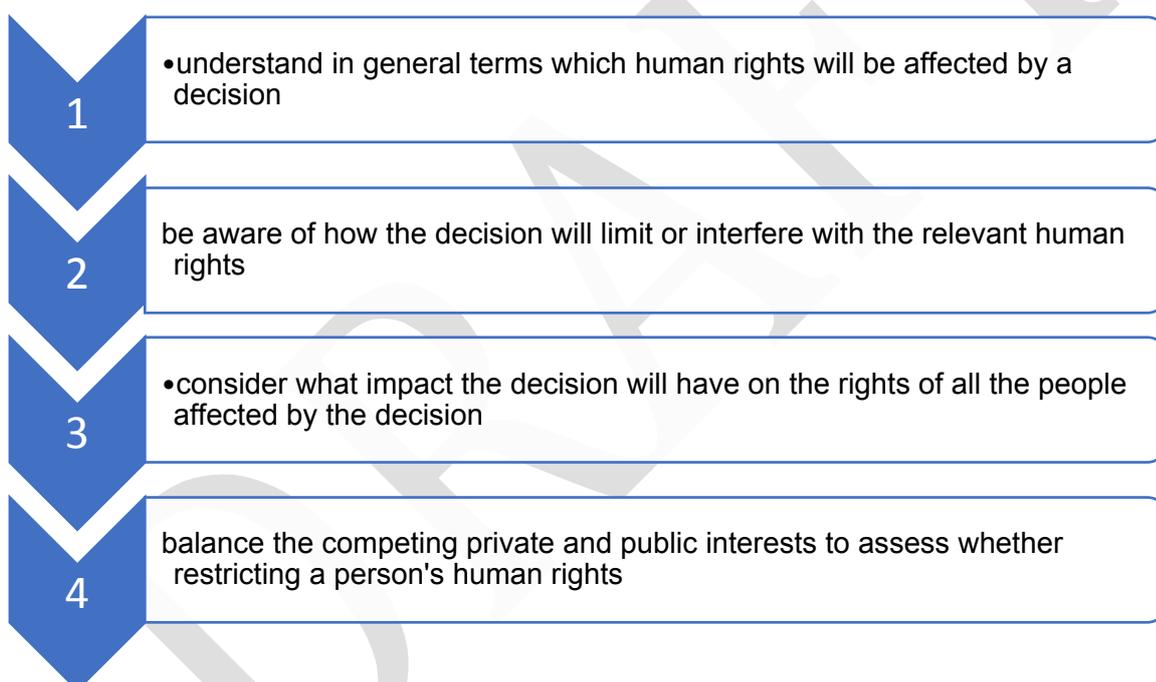
## Key points

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

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



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"> <li>• 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</li> </ul> |
| Right to protection from torture and cruel, inhuman or degrading treatment | <ul style="list-style-type: none"> <li>• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>   |
| Right to freedom of movement   | <ul style="list-style-type: none"> <li>• while detention limits this right, it is done to</li> </ul>  |

| Charter Right  | Obligation   |
|--|--|
|  | <p>minimise the serious risk to public health as a result of people travelling to Victoria from overseas</p>   |
| <b>Right to privacy and reputation</b>                     | <ul style="list-style-type: none"> <li>• this includes protecting the personal information of persons in detention and storing it securely</li> </ul>  |
| <b>Right to protection of families and children</b>        | <ul style="list-style-type: none"> <li>• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>               |
| Property Rights  | <ul style="list-style-type: none"> <li>• this includes ensuring the property of a person in detention is protected</li> </ul>  |
| <b>Right to liberty and security of person</b>             | <ul style="list-style-type: none"> <li>• 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</li> </ul> |
| <b>Rights to humane treatment when deprived of liberty</b> | <ul style="list-style-type: none"> <li>• this includes treating persons in detention humanely.</li> </ul>  |

# Airport

## Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

| Authorised Officers* Responsibility   | Mandatory obligation   | Section (PHWA)   |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>   | Yes<br><br>Section 166   |
|  | <ul style="list-style-type: none"> <li>• 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"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>remind the person they must keep their detention notice.</b></li> </ul> </li> <li>• 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.</li> </ul> | Yes.<br><br>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.<br><br>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)]<br><b>(mandatory AO obligation).</b> |

|   |  |     |                |
|---|--|-----|----------------|
|    | <ul style="list-style-type: none"> <li>ensure each Direction and Detention Notice: <ul style="list-style-type: none"> <li>states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>contains signature of person being detained or their guardian as receipt of the notice</li> <li>states the name of AO</li> <li>contains signature of AO</li> <li>contains the hotel name at which the person will be detained</li> <li>contains the date of detention</li> </ul> </li> </ul> |     |                |
|    | <ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application<sup>1</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>  |     |                |
|   | <ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is <b>REDACT</b>)</li> </ul>  | Yes | Section 200(5) |
|  | <ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival.</li> <li>This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>   |     |                |

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

<sup>1</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Supplementary roles

Transport is the responsibility of [the Department of Transport] and should be managed in accordance with physical distancing and hygiene guidelines.

## Other airport issues

### People who are unwell at the airport

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

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport.

After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should
  - log the person as requiring mandatory quarantine at a specified hotel and issue the detention notice
  - , provide a permission to enable the person to be transported to the hospital and, following medical release, be transported back to the hotel
  - Provide an information sheet to travel with the person to provide to the hospital advising it that the person is being detained and with a phone number for the hospital to call when the person is ready to be returned. so the hotel team leader can arrange a transfer (patient transfer/ambulance/ maxi taxi etc) to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the AO lead informed
- If the person is well enough to be discharged they should return to the hotel \ and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19. The AO must ensure the room number is included on the detention notice.

### Transfer of uncooperative person to be detained to secure accommodation

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation. Contact Compliance Lead to discuss the situation with EOC.

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

## At the hotel

### Key points

- AO reiterates detention requirements and the penalties that apply for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, other staff and medical staff.

### Key responsibilities at check-in

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO reiterates detention requirements and ensure room number is documented on the notice. The notice must be returned to the detainee.
- The AO at the hotel must ensure the room details are recorded in the COVID-19 Compliance Application along with other information not captured at the airport.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next day

AOs to make themselves known to on-site security.

### Possible changes to hotel-check in process

As of 14 April 2020, DHHS is exploring using data entry staff at each hotel to input scanned copies of the direction and detention notice and data into the Compliance Application. This would mean that the AO at the hotel is primarily responsible for compliance related issues and associated notes.

### Monitoring compliance related issues at the hotel

- AOs should check that security are doing some floor walks to encourage compliance and deter non-compliance.
- AO will oversee and provide advice on compliance-related issues such as requests for temporary leave (see Temporary leave from the place of detention process), a person refusing to comply and a person demanding to be removed from detention. AOs may be called upon by security, hotel staff, or nursing staff to remind a person the reason for the detention and the penalties if they do not comply. There may be a need, in consultation with a nurse or medical practitioner, to refer a person for a welfare check or further assistance. Help of this nature may support compliance and a person's wellbeing. **This information must be captured on the COVID-19 Compliance Application.**

- AOs may need to answer questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.
- AOs must facilitate any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is **REDA**.
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO must provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

## Non-compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

## The AO Operations Lead to undertake review each day

- The AO Operations Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**)
- The AO Operations Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to ‘Charter of Human Rights’ obligations
  - any other issues that have arisen.
- The AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance executive lead and approval by the Chief Health Officer prior to submitting to the Minister for Health.

To inform the review, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person’s health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues

- being cleared of COVID-19 results while in detention
- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application**. This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

### **Mandatory reporting (mandatory AO obligation)**

As part of the review the AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance Executive Lead and approval by the Chief Health Officer (or their delegate) prior to submitting to the Minister for Health. The brief will serve as a written notice 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 AO operations lead could identify that detention may no longer be required (with the approval of the Compliance Executive Lead and Public Health Commander). These matters will be referred to the Permissions and Exemptions team within the Covid Compliance cell to facilitate Public Health Command review and decision.

# Grant of leave from detention

## Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

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

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

## COVID-19 Escalation procedure for requests for leave from people in quarantine

### Persons emailing [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au)

People in detention should email their request, with as much detail as possible, to [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed temporary leave from detention (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will immediately forward the request on to the COVIDQUARANTINE email address.
  - NB All requests from people in quarantine that do not relate specifically to requesting an exemption or permission from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward any permissioning requests to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex permissioning may require escalation to the relevant AO team leader and then the AO operations Lead
- Any matter related to changing the place of detention or early release will be managed through the Permissions and exemptions team for approval through the CHO/DCHO. Each matter is to be considered on a case by case basis. However, a number of circumstances have been identified as likely to warrant consideration of early release or change of detention location. These are:
  - 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 require 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 .
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs EOC and the AO Compliance Lead who delegates implementation of the decision

### **Recommendation for leave by on-site nurse, medical practitioner of welfare staff**

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
  - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under “Persons emailing covidquarantine@dhhs.vic.gov.au” above.

### **Urgent medical attention**

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

### **Other requests**

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance. The Compliance Executive leave should be immediately advised is an exemption is being sought through an MP.

### **Physical health (exercise) – see procedure at end of this chapter**

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:

- willingness and availability of security to facilitate exercise
- site layout and capability to ensure persons are in a cordoned off area
- maintaining infection control.
- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

## Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- must complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, and
- enter in Compliance Application if available.

## Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

## Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any issues raised
- confirm appropriate infection control measures are in place
- advise on physical distancing requirements.

## Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.

- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room.

### **Guidance for security escort**

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home
- Exercise should be undertaken in a cordoned off area with no public access or interaction.

### **Other considerations**

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits 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.

### **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.

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## Hospital transfer plan

The following outlines the role of the AO in hospital transfers

- Nurse/doctor assess that patient requires hospital care
- **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the COVID-19 Compliance Application or register. The detainee should also be provided with an information sheet to be provided to the hospital to quarantine and contact arrangements.**
- **All relevant staff including AO must be notified prior to the transfer.**
- Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19. This takes priority over any AO requirements.
- 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).
- 

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)

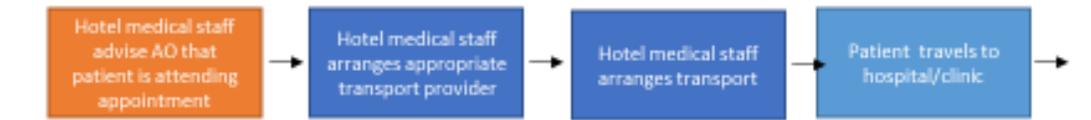
## WHEN PASSENGER ARRIVES AT HOTEL



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

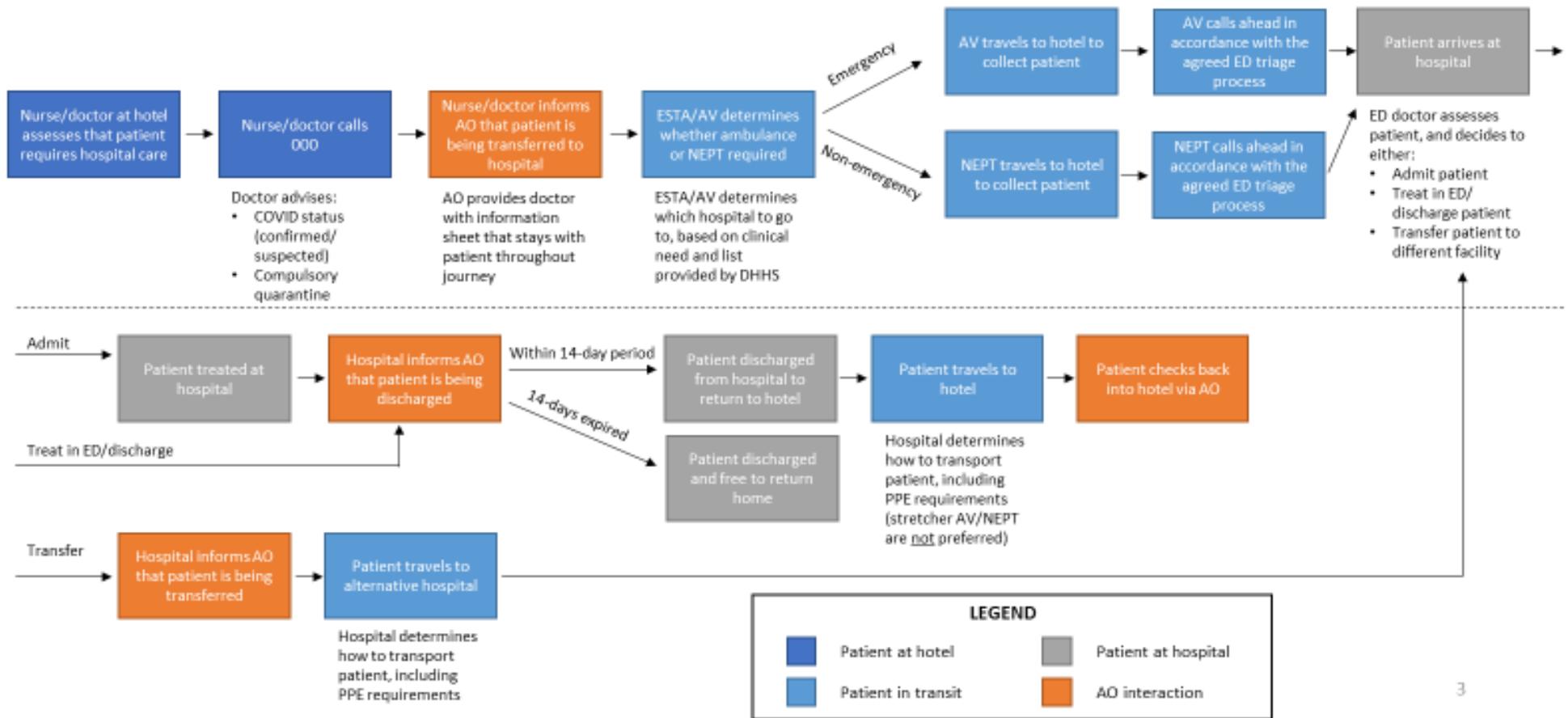


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)



**LEGEND**

|   |   |
|---|---|
| <span style="display:inline-block; width:15px; height:15px; background-color:blue; border:1px solid black;"></span> Patient at hotel        | <span style="display:inline-block; width:15px; height:15px; background-color:gray; border:1px solid black;"></span> Patient at hospital |
| <span style="display:inline-block; width:15px; height:15px; background-color:lightblue; border:1px solid black;"></span> Patient in transit | <span style="display:inline-block; width:15px; height:15px; background-color:orange; border:1px solid black;"></span> AO interaction    |

# Compliance

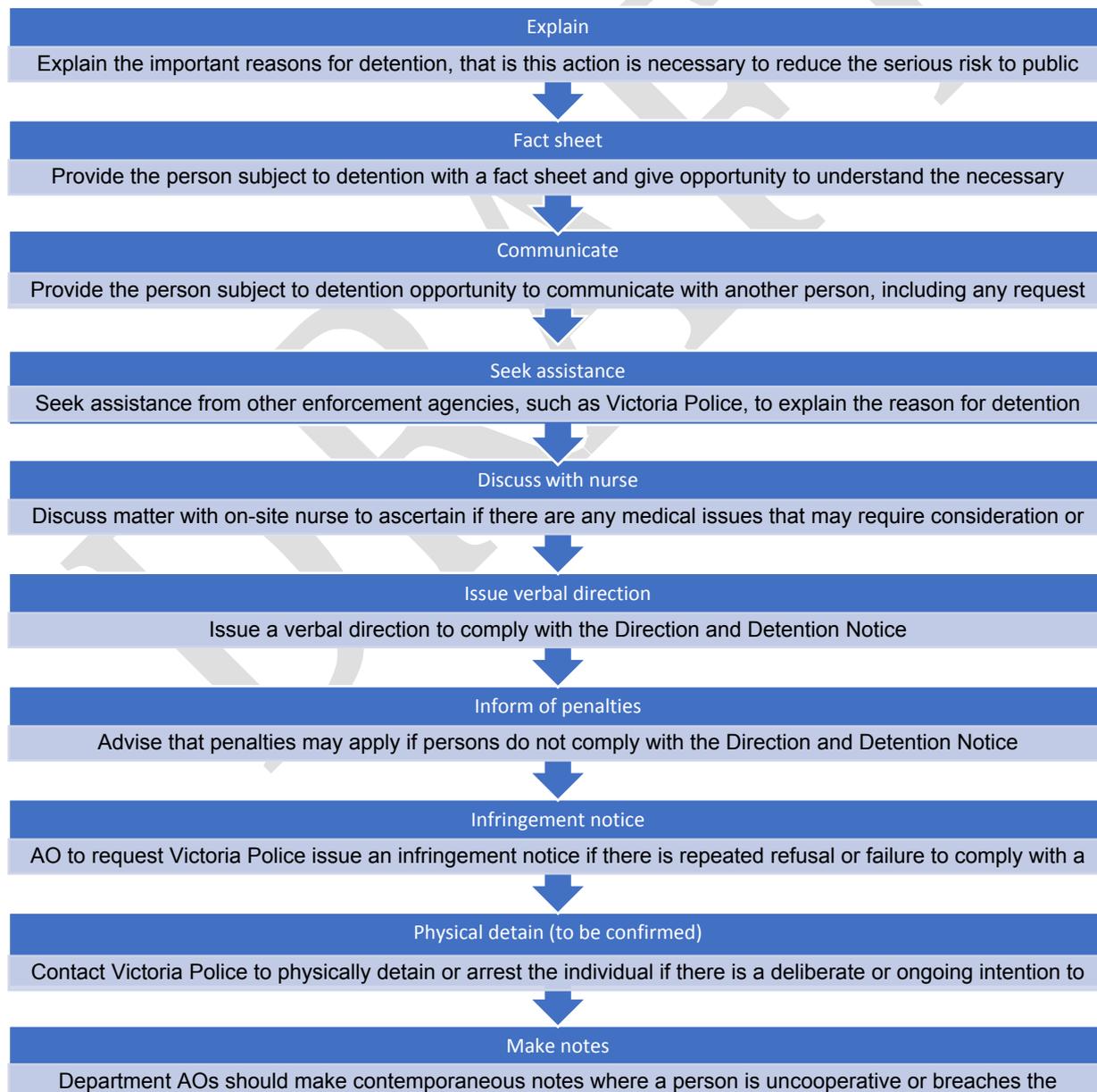
## Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on arrests, including moving people into a 'forced' detention or physical contact with a person must be managed by Victoria Police.**

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

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

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

If the person is located, the AO should:

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

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

| Section (PHWA) | Description  | Amount                                     |
|----------------|--|--|
| s.183          | Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).   | 5 penalty units (PU)                       |
| s.188(2)       | Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.  | 10 PU natural person, 30 PU body corporate |
| s.193(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |
| s.203(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |

# Policy and procedure on unaccompanied minors

## Key points

- unaccompanied minors will be dealt with on a case by case basis.
- If an unaccompanied minor is detained in a hotel without parents, specific processes must apply.

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

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

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

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

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

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

## When an unaccompanied minor is normally resident in Victoria

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

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

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3**.

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in**

**a hotel, together with the guidance about advice to close contacts in quarantine.** Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

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

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

## When an unaccompanied minor is detained in a hotel

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

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

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

## Escalation of issues

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

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

# Departure – release from mandatory detention

## Key points

- AOs are responsible for the compliance check out.

## Background

Prior to release of a person being detained, they will be provided with an End of Detention Notice, **Appendix 8** or an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9** that confirms release details and specifies requirements to follow. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

## Pre check-out

- Exit Notices and associated materials prepared and dropped to hotel.
- Early hours releases transport booked (DJPR).
- Early hours releases documentation actioned by AO evening prior.
- Notices for all persons subject to detention placed under doors (by Security).

The person in detention will be:

- notified they are due for release from detention in 48 hours
- notified that a health check to determine their status is recommended
- provided information for people exiting quarantine on transport and other logistical matters.

## Health check

- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

## Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location.

## Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- At check-out, the AO will:
  - request to see identification and the End of Detention notice
  - confirm the person's identification and room number on exit sheet

- confirm the period of detention and explain detention period has ceased, including highlighting other requirements
- site and sign the End of Detention notice and provide to the person
- mark the person off an exit list as being discharged and request that they sign the list confirming discharge
- provide cab charge
- update the Compliance Application (note this may be a data entry update after the process has been completed).

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# Occupational health and safety (OHS) for Authorised Officers

## Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents.
- AOs must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible

## Purpose

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

## Health Emergency

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

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

## Compliance Activity

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

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

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED**

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

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

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

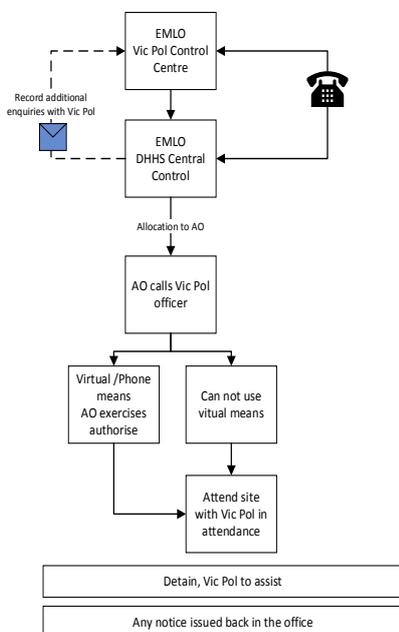
## Fatigue

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

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

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

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

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

## Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

### AOs going onto floor of hotel

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### Relocating covid-19 positive person

- This process is lead by the nurses/medical staff, who are trained and prepared for it.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Again, security are just there to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in PPE and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO WILL THEN LEAVE IN A SEAPARATE LIFT TO THE SECURITY/NURSING STAFF.
- The Team Leader can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

### Measures and guides to enhance occupational health and safety

| PPE/measure                                     | Guide  |
|---|--|
| Single-use face mask (surgical mask)            | When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained. |
| Gloves  | If contact with the person or blood or body fluids is anticipated.   |
| Hand hygiene / Hand Sanitizer<br>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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury         | Low / Medium                         | Only attend a site with Victoria Police or with security.   |
| Other infectious agents |                                      | Follow personal protective measures   |

# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

- (b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

- (c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

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

### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 3 Guidance: Exemptions under Commonwealth law

PLEASE NOTE THAT THIS IS SUBJECT TO VICTORIAN DIRECTIONS. PLEASE CHECK WITH COVID COMPLIANCE EXECUTIVE LEAD RE CURRENT POLICY



## 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](http://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](http://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

## 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.

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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 [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

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

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

### Family violence (FV)

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

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

### Alcohol and other drugs

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

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

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## Appendix 7: 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.**

#### 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 <<EXIT END TIME>> 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

Your detention **does not end** until the time stated in paragraph 3(4) 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 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. **This is estimated to be within thirty minutes of your exit time.**

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.*

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## 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.

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

\_\_\_\_\_ 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

# Appendix 10: Release Process 'Running Sheet'

## ***Evening prior to release***

- Exit Notices and associated materials prepared and dropped to hotel  
[Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist  
If issues or lack of exit time, contact: \_\_\_\_\_
- Notices for all other exiting detainees placed under doors (by Security)

## ***Day of release***

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

## ***Release process***

- AO to sight ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- AO to inform detainee of release (highlight conditions etc)
- Detainee signs exit sheet
- Welfare staff provide cab charge, facilitate transport etc

## Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

| Ref No. | Date | Name of detained person | Reason | Time-Out | Time-In |
|---------|------|-------------------------|--------|----------|---------|
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |

## For Information / Holding pattern - Draft Healthcare and Welfare Plan for Operation Soteria

---

**From:** "Finn Romanes (DHHS)" [REDACTED]  
**To:** "Annaliese Van Diemen (DHHS)" [REDACTED]  
**Cc:** [REDACTED] "Claire Harris (DHHS)"  
 [REDACTED] "Andrea Spiteri (DHHS)"  
 [REDACTED] "Jason Helps (DHHS)"  
 [REDACTED] "Meena Naidu (DHHS)"  
 [REDACTED] "Brett Sutton (DHHS)"  
**Date:** Fri, 17 Apr 2020 21:21:18 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.16 MB); Draft Mandatory Quarantine Health and Welfare Plan - 17 April 2020.docx (344.06 kB); Protocol for AO - Direction and Detention notice.tr5 (274 bytes); Draft Mandatory Quarantine Health and Welfare Plan - 17 April 2020.tr5 (292 bytes)

---

Hi Annaliese and Andrea and Jason

The team has drafted and we have worked over a draft Healthcare and Welfare Plan for Mandatory Quarantine.

Tomorrow, I understand [REDACTED] and Claire will come in and do some more work to locate and flesh out the appendices, but the body of the document is now in good shape, re-ordered and policy positions refreshed and duplications within the document removed.

Once they have finished, and have cross-checked against the Protocol for AOs plan (also attached for reference), then both are ready for a check-over by Meena, the Case and Contact Management Sector and then for State Health Coordinator.

They could then be reviewed by all the parties in the EOC that will use them or need them, and be ready for your endorsement and Andrea/Jason/Scott/Chris endorsement.

But as holding policy, they contain what the DPHC-Planning cell thinks is the current position on everything to do with healthcare and welfare, including recent policy calls on exit arrangements for COVID-19 positives etc, in case required in the next 24 hours.

Thanks for the chance to work on this, and hope the product we provide you all tomorrow afternoon / evening meets your needs, and safeguards the wellbeing of the people in detention.

Many kind regards

Finn

Dr Finn Romanes  
 Deputy Public Health Commander - Planning  
 Novel Coronavirus Public Health Emergency

[REDACTED]

Department of Health and Human Services  
 State Government of Victoria

# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

15 April 2020 Version 1

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

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

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Available at [insert web site or web page name and make this the live link <web page address>](#)

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# Purpose

This purpose of this document is to:

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

## Processes may be subject to change

It is acknowledged that the covid-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.

To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.

This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

## Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

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

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

## AO Operational contacts

For URGENT operational advice contact the on call (as per the roster) DHHS Compliance management.

| DHHS Compliance lead | Title  | Contact details |
|----------------------|--|-----------------|
| Anthony Kolmus       | Human Services Regulator<br>Health and Human Services<br>Regulation and Reform<br>Regulation, Health Protection and<br>Emergency Management<br>Department of Health and Human<br>Services  | REDACTED        |
| REDACTED             | State-wide Manager - Regulatory<br>Compliance & Enforcement<br>Human Services Regulator  <br>Health & Human Services<br>Regulation & Reform Branch<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health & Human<br>Services | REDACTED        |
| Noel Cleaves         | Manager Environmental Health<br>Regulation & Compliance<br>Environmental Health Regulation<br>& Compliance Unit<br>Health Protection Branch<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health and Human<br>Services      | REDACTED        |

## At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

**Table 1 Roles and responsibilities of staff at hotels**

| Role   | Responsibility   | Authority  |
|--|--|--|
| <b>Authorised Officers under the <i>Public Health and Wellbeing Act 2008</i> at airport and hotels</b> | <p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention).</li> </ul> <p>AOs are encouraged to keep records (written or electronic) of compliance and other issues they become aware of.</p>  | <p><i>Public Health and Wellbeing Act 2008</i> s199</p> <p>Direction and Detention Notices (No 1 and No 2)</p> |
| <b>Hotel site lead</b>   | <ul style="list-style-type: none"> <li>Supports the health and well-being of staff,</li> <li>Liaises with airport command and staff from other departments and agencies represented at the hotel</li> <li>Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations</li> <li>Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required</li> <li>Ensures appropriate records management processes are in place.</li> </ul> |  |
| <b>Medical staff</b>   | <ul style="list-style-type: none"> <li>Provide 24 hour on-call medical support subject to demand</li> <li>Provide welfare to detainees through a daily welfare check — welfare officers email <a href="mailto:covid-19.vicpol@dhhs.vic.gov.au">covid-19.vicpol@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues</li> <li>Provide a satisfaction survey for residents to complete each week.</li> </ul>   | Contracted by DHHS.  |

|                                   |  |  |
|-----------------------------------|--|--|
| <b>Department and hotel staff</b> | <ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs</li> <li>• Deliver hyper-care (concierge) services onsite</li> <li>• Manage contracts with accommodation providers</li> <li>• Manage transport arrangements from the airport</li> <li>• Manage material needs including food and drink.</li> </ul> |  |
|-----------------------------------|--|--|

**AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and mediation skills to help persons settle into the new environment.**

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# Background

## Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See <https://www.dhhs.vic.gov.au/state-emergency>

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

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Physical Distancing Compliance Lead under the Covid-19 Public Health Incident Management Team <sup>1</sup> 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.

<sup>1</sup> Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance)<sup>1</sup>

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

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

## Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

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

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

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

## Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the 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.

**AOs are encouraged to read Part 9 and seek advice from Compliance Lead if they are unsure in the administration of their powers**

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

# Charter of Human Rights obligations

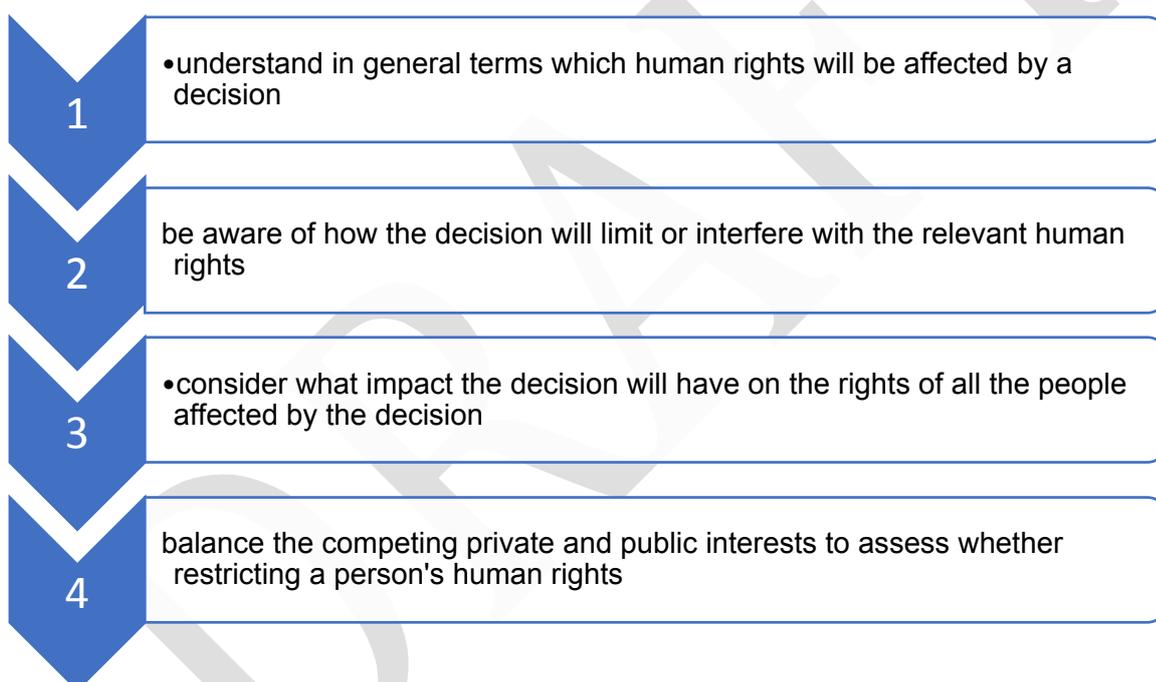
## Key points

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

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

| Charter Right   | Obligation  |
|---|---|
| <b>Right to life</b>  | <ul style="list-style-type: none"> <li>• 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</li> </ul> |
| <b>Right to protection from torture and cruel, inhuman or degrading treatment</b> | <ul style="list-style-type: none"> <li>• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>   |
| <b>Right to freedom of movement</b>   | <ul style="list-style-type: none"> <li>• while detention limits this right, it is done to</li> </ul>  |

| Charter Right  | Obligation   |
|--|--|
|  | <p>minimise the serious risk to public health as a result of people travelling to Victoria from overseas</p>   |
| <b>Right to privacy and reputation</b>                     | <ul style="list-style-type: none"> <li>• this includes protecting the personal information of persons in detention and storing it securely</li> </ul>  |
| <b>Right to protection of families and children</b>        | <ul style="list-style-type: none"> <li>• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>               |
| Property Rights  | <ul style="list-style-type: none"> <li>• this includes ensuring the property of a person in detention is protected</li> </ul>  |
| <b>Right to liberty and security of person</b>             | <ul style="list-style-type: none"> <li>• 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</li> </ul> |
| <b>Rights to humane treatment when deprived of liberty</b> | <ul style="list-style-type: none"> <li>• this includes treating persons in detention humanely.</li> </ul>  |

# Airport

## Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

| Authorised Officers* Responsibility   | Mandatory obligation   | Section (PHWA)   |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>   | Yes<br><br>Section 166   |
|  | <ul style="list-style-type: none"> <li>• 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"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>remind the person they must keep their detention notice.</b></li> </ul> </li> <li>• 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.</li> </ul> | Yes.<br><br>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.<br><br>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)]<br><b>(mandatory AO obligation).</b> |

|   |  |     |                |
|---|--|-----|----------------|
|    | <ul style="list-style-type: none"> <li>ensure the Direction and Detention Notice: <ul style="list-style-type: none"> <li>states the name/s of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>states the name of AO</li> <li>contains signature of person being detained</li> <li>contains signature of AO</li> <li>contains the hotel name at which the person will be detained</li> <li>contains date the person will be detained till (14 days).</li> </ul> </li> </ul> |     |                |
|    | <ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application<sup>2</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>  |     |                |
|   | <ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is REDA)</li> </ul>   | Yes | Section 200(5) |
|  | <ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival.</li> <li>This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).</li> </ul>  |     |                |

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

<sup>2</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Supplementary roles

### Authorised Officer review of transport arrangements to hotel

While these matters are not mandatory compliance obligations, as a matter of good practice AO should check the following:

| Direction and detention notice   | Sufficient physical distance   | Vehicle is sanitised  | Is PPE required?  |
|--|--|---|---|
| <p>Check the person has been issued with the notice before boarding vehicle</p> <p>Check there are welfare check survey forms available for each person to be detained to complete enroute or at the hotel</p> | <p>Check the distance between the driver and person to be detained.</p> <p>If not sufficient, wait for next transport. Windows should be slightly open</p> | <p>Check vehicle has been sanitised before people board</p> <p>If the vehicle has not been sanitised, it must be cleaned in accordance with department advice</p> | <p>If physical distance of &gt;1.5m can be maintained no PPE required.</p> <p>If this cannot be maintained, then mask and hand hygiene (no gloves).</p> |

## Other airport issues

### People who are unwell at the airport

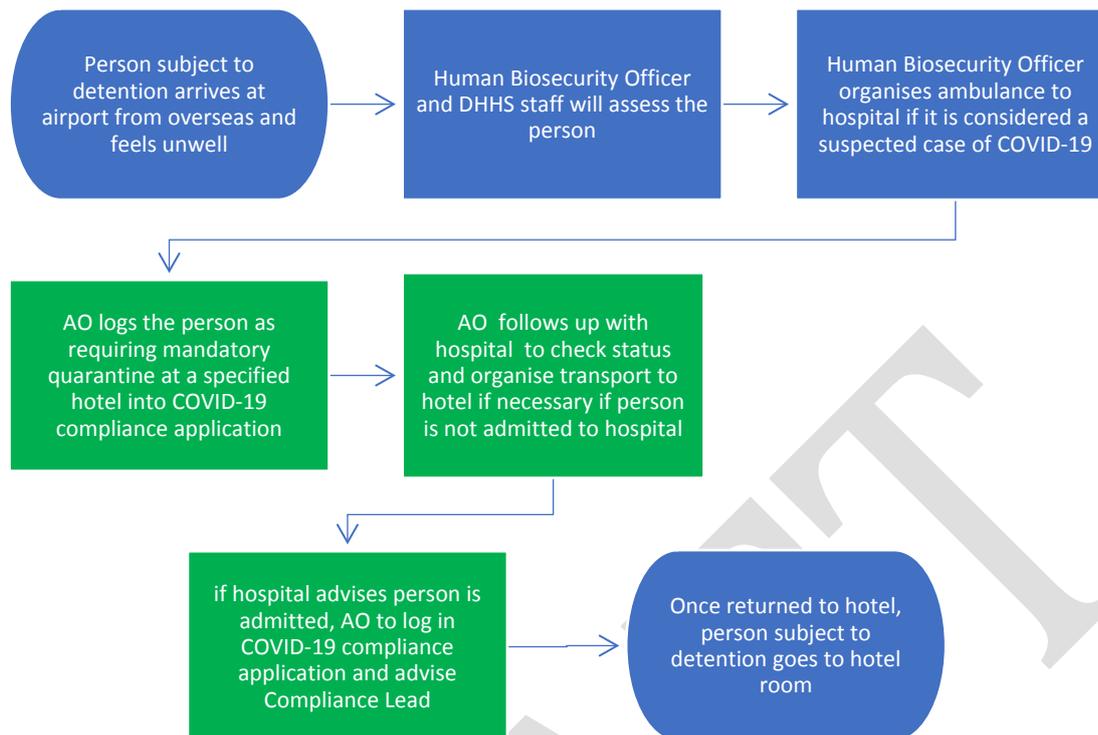
The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport.

After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

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

**Figure 1 – person subject to detention is unwell at airport (AO roles in green)**



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

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation. Contact Compliance Lead to discuss the situation and possibility of alternative transport.

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

## At the hotel

### Key points

- AO reiterates detention requirements and the penalties that apply for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, other staff and medical staff.

### Key responsibilities at check-in

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO reiterates detention requirements
- AO retains the copy of the person's Direction and Detention Notice and enters details of this into COVID-19 Compliance Application (to be confirmed)\*. Please note that this process may not be achievable at the current time and is to be confirmed. In future, data entry staff may undertake this process.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next day

AOs to make themselves known to on-site security.

### Possible changes to hotel-check in process

As of 14 April 2020, DHHS is exploring using data entry staff at each hotel to input scanned copies of the direction and detention notice and data into the Compliance Application. This would mean that the AO at the hotel is primarily responsible for compliance related issues and associated notes.

### Monitoring compliance related issues at the hotel

- AOs should check that security are doing some floor walks to encourage compliance and deter non-compliance.
- AO will oversee and provide advice on compliance-related issues such as requests for temporary leave, a person refusing to comply and a person demanding to be removed from detention. AOs may be called upon by security, hotel staff, or nursing staff to remind a person the reason for the detention and the penalties if they do not comply. There may be a need, in consultation with a nurse or medical

practitioner, to refer a person for a welfare check or further assistance. Help of this nature may support compliance and a person's wellbeing.

- AOs may need to answer questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.
- AOs must facilitate any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is **REDACTED**
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO should provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

## Non-compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

## Compliance Lead to undertake review each day

- A Compliance Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- A Compliance Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to 'Charter of Human Rights' obligations
  - any other issues that have arisen.

## Decision making

To inform decision-making, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)

- actions taken to address issues
- being cleared of COVID-19 results while in detention
- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application** . This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

### **Mandatory reporting (mandatory AO obligation)**

A Compliance Lead will give written notice to the Chief Health Officer as soon as is reasonably practicable that:

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

The notice to the CHO must include:

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

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

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

### **Possible release from detention based on review**

The daily review by the Compliance Lead could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander). These matters will be referred to the Physical Distancing Compliance Lead and Public Health Command for review and decision.

# Grant of leave from detention

## Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

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

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

## COVID-19 Escalation procedure for requests for leave from people in quarantine

### Persons emailing [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au)

People in detention should email their request, with as much detail as possible, to [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed to vary their quarantine (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will forward the request on to the COVIDQUARANTINE email address.
  - NB All requests from people in quarantine that do not relate specifically to requesting an exemption from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward the request to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex requests should be escalated by email to the relevant Compliance Manager assigned to that hotel (see AO Hotel Roster) and cc'd to COVIDQUARANTINE
- If the Compliance Manager;
  - makes a decision they delegate the implementation of that decision accordingly and cc COVIDQUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person the Compliance Lead will also cc SEMC.
  - does not believe they are authorised to make a decision on the request they should escalate it to the Compliance Lead (Anthony Kolmus) and cc COVIDQUARANTINE.
- If the Compliance Lead;
  - makes a decision on the request they delegate the decision accordingly and cc COVID QUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person, the Compliance Lead will also cc SEMC
  - does not believe they have the authority to make the decision (e.g. any exemptions relating to travelling interstate or overseas must go to the CHO/DCHO), the matter is to be escalated directly to COVIDQUARANTINE with a recommendation and seeking a decision from the CHO/DCHO.
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs the Compliance Lead who delegates implementation of the decision and notifies SEMC as relevant.
- Details of the exemption given should also be forwarded to the COVID Policy area for consideration as a potential future protocol.

### **Recommendation for leave by on-site nurse, medical practitioner of welfare staff**

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
  - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under "Persons emailing covidquarantine@dhhs.vic.gov.au" above.

### **Urgent medical attention**

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

### **Other requests**

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance.

### **Physical health (exercise) – see procedure at end of this chapter**

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:
  - willingness and availability of security to facilitate exercise
  - site layout and capability to ensure persons are in a cordoned off area
  - maintaining infection control.

- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

## Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- should complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, or
- enter in Compliance Application if available.

## Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

## Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any issues raised
- confirm appropriate infection control measures are in place
- advise on physical distancing requirements.

## Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.

- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room.

## Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home
- Exercise should be undertaken in a cordoned off area with no public access or interaction.

## Other considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits 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.

## 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.

DRAFT

## Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. AOs are not responsible for arranging transport.

The bold highlight AO interactions.

- Nurse/doctor assess that patient requires hospital care
- **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the COVID-19 Compliance Application or register.**
- **All relevant staff including AO must be notified prior to the transfer.**
- Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19. This takes priority over any AO requirements.
- Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
- Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
- Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
- Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
- AO to provide contact number of AO to update if the patients will return to the hospital.

The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

DHHS is endeavouring to organise patient transport arrangements.

## Transfer Medically Unwell Individuals Under CoVid19 Isolation to RCH/Alfred Hospitals

Nurse identifies patient requiring transfer to hospital.  
Patient has developed ANY CoVid19 symptom  
(Fever, Sore Throat, Cough, Fatigue, Shortness of Breath)  
and has become medically unwell or  
developed any other problem that may require hospitalisation

If non-urgent contact DHHS  
If URGENT to directly contact the Admitting Officer at  
**REDACTED**  
Inform hospital of patient and details  
000 Ambulance request warning of potential CoVid19 case

Ambulance Transfer to RCH/Alfred  
Staff PPE: Gown, Gloves, P2/N95 mask, eye protection  
Patient PPE: Surgical Mask

Patient Transfer from Ambulance to Hospital  
Transfer Requirements:  
- All relevant staff must be notified prior to transfer  
- Patient transferred on trolley or bed  
- Clear transfer pathway of patients, visitors, staff

PPE  
**Staff:** Gown, Gloves, P2/N95 mask, eye protection  
**Patient:** surgical mask

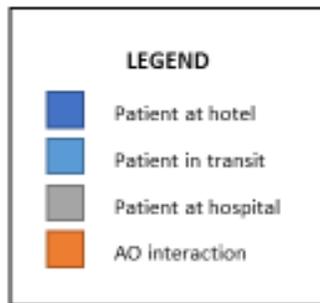
Arrival at Hospital designated CoVid19 AV Reception area

Patient managed under routine AIRBORNE & CONTACT  
transmission based precautions in a negative pressure room

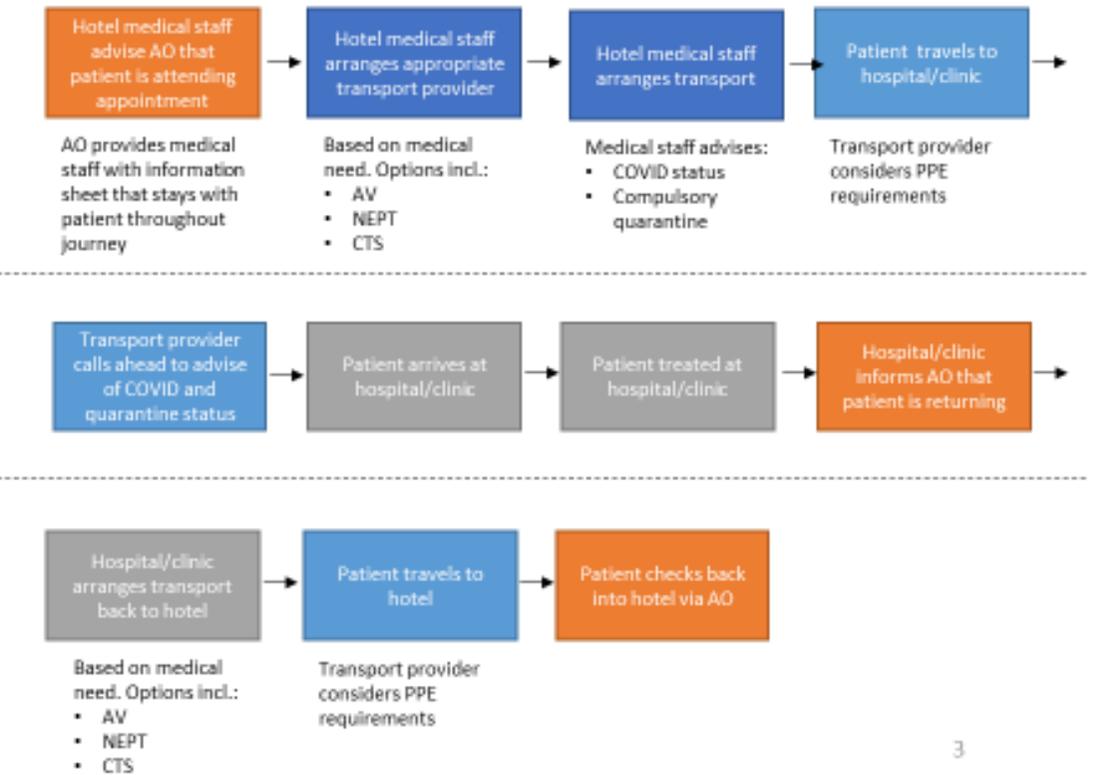
Routine AIRBORNE & CONTACT transmission based precautions  
include: **PPE:** Gown Gloves, P2/N95 mask, eye protection  
(when entering isolation room or transporting patient)  
**Patient:** Surgical mask – if leaving isolation room

# Process to transfer passengers to hospital (planned)

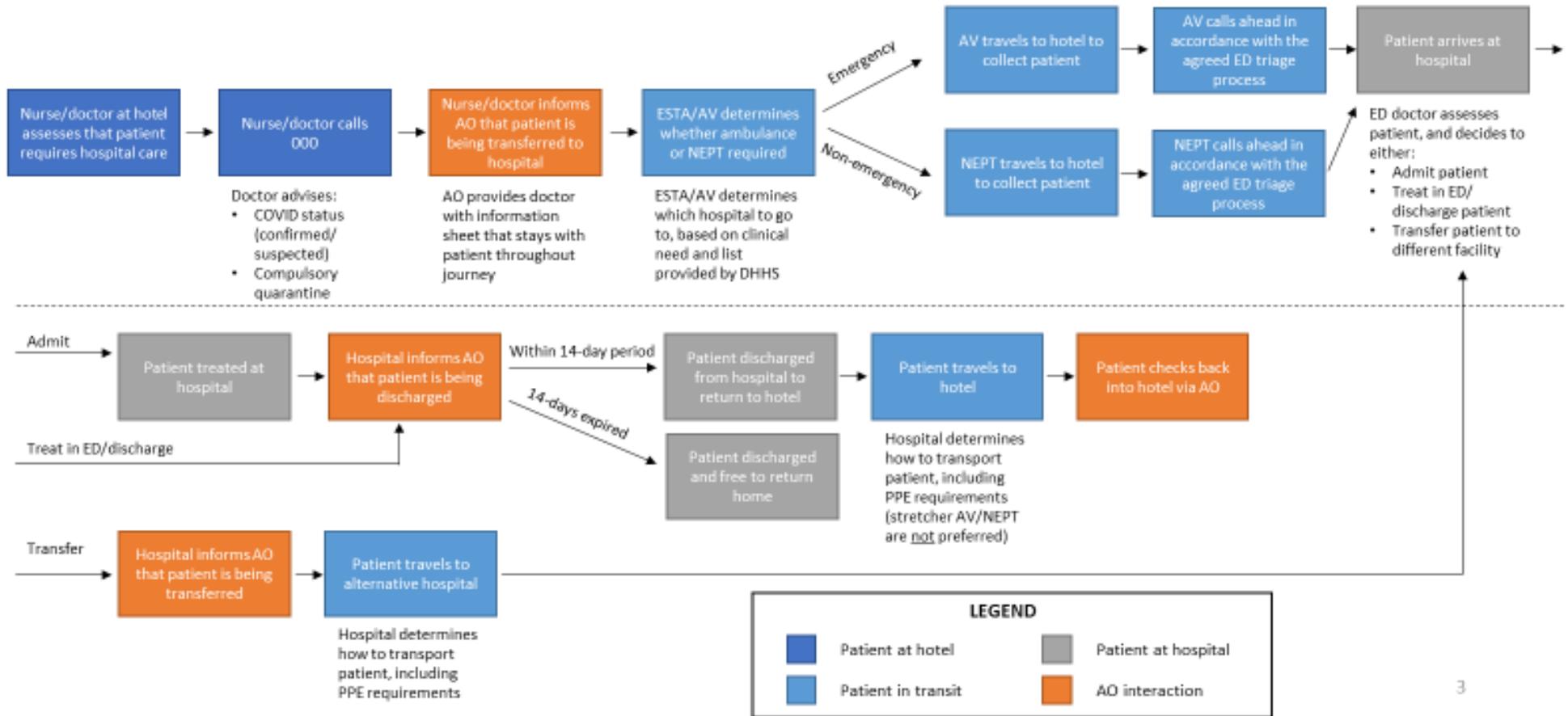
## WHEN PASSENGER ARRIVES AT HOTEL



## WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT



# Process to transfer passengers to hospital (unplanned)



# Compliance

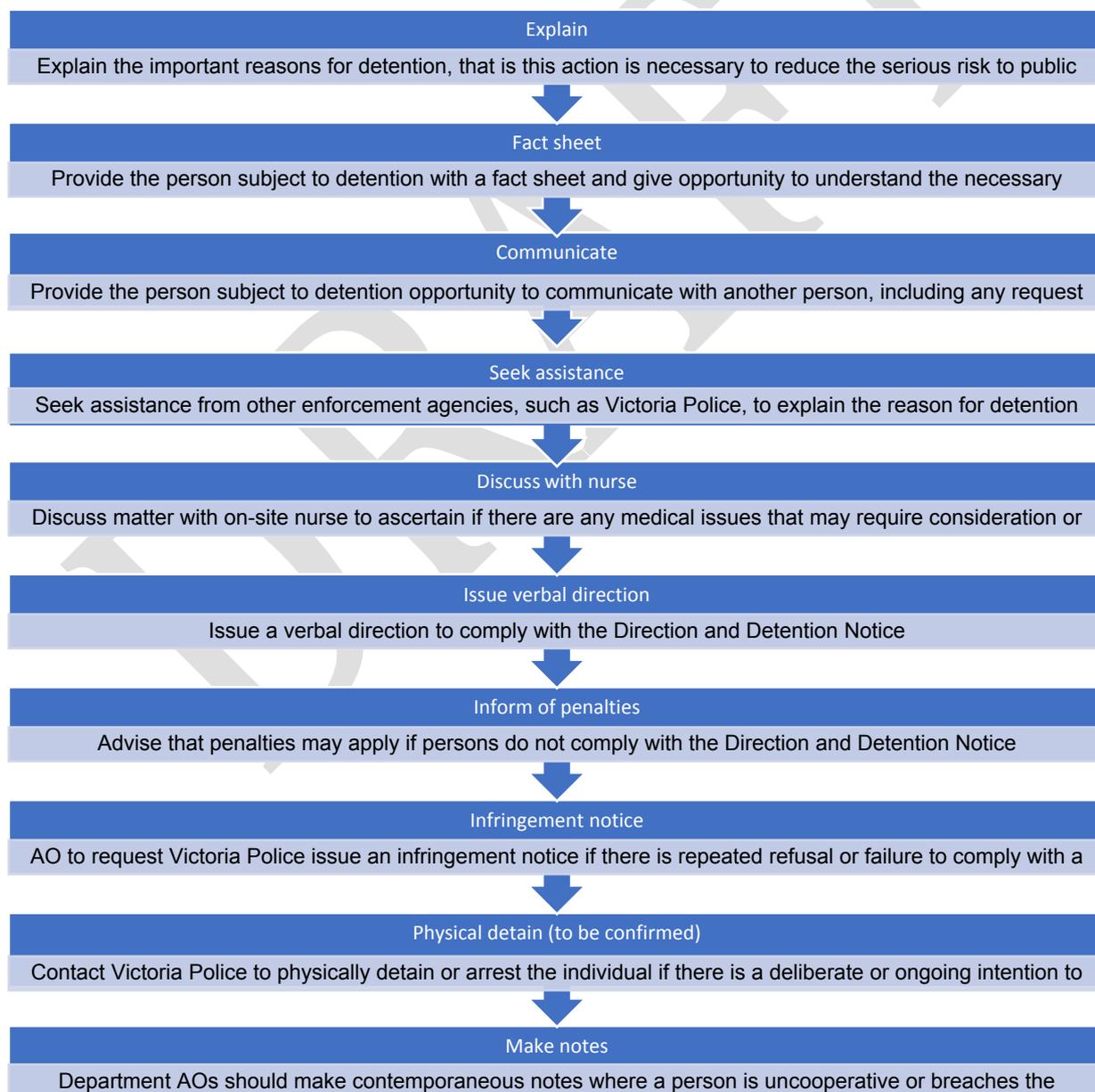
## Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on any arrests, including moving people into detainment or physical contact with a person must be managed by Victoria Police.**

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

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

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

If the person is located, the AO should:

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

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

| Section (PHWA) | Description  | Amount                                     |
|----------------|--|--|
| s.183          | Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).   | 5 penalty units (PU)                       |
| s.188(2)       | Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.  | 10 PU natural person, 30 PU body corporate |
| s.193(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |
| s.203(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |

# Policy and procedure on unaccompanied minors

## Key points

- unaccompanied minors will be dealt with on a case by case basis.
- If an unaccompanied minor is detained in a hotel without parents, specific processes must apply.

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

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

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

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

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

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

## When an unaccompanied minor is normally resident in Victoria

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

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

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3**.

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in**

a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

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

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

## When an unaccompanied minor is detained in a hotel

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

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

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

## Escalation of issues

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

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

# Departure – release from mandatory detention

## Key points

- AOs are responsible for the compliance check out.

## Background

Prior to release of a person being detained, they will be provided with an End of Detention Notice, **Appendix 8** or an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9** that confirms release details and specifies requirements to follow. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

## Pre check-out

- Exit Notices and associated materials prepared and dropped to hotel.
- Early hours releases transport booked (DJPR).
- Early hours releases documentation actioned by AO evening prior.
- Notices for all persons subject to detention placed under doors (by Security).

The person in detention will be:

- notified they are due for release from detention in 48 hours
- notified that a health check to determine their status is recommended
- provided information for people exiting quarantine on transport and other logistical matters.

## Health check

- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

## Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location.

## Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- At check-out, the AO will:
  - request to see identification and the End of Detention notice
  - confirm the person's identification and room number on exit sheet

- confirm the period of detention and explain detention period has ceased, including highlighting other requirements
- site and sign the End of Detention notice and provide to the person
- mark the person off an exit list as being discharged and request that they sign the list confirming discharge
- provide cab charge
- update the Compliance Application (note this may be a data entry update after the process has been completed).

DRAFT

# Occupational health and safety (OHS) for Authorised Officers

## Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents.
- AOs must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible

## Purpose

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

## Health Emergency

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

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

## Compliance Activity

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

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

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED**

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

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

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

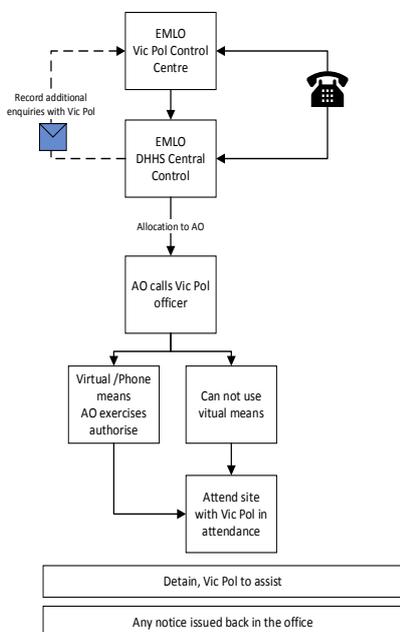
## Fatigue

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

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

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

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

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

## Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

### **AOs going onto floor of hotel**

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### **Relocating covid-19 positive person**

- This process is lead by the nurses/medical staff, who are trained and prepared for it.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Again, security are just there to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in PPE and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO WILL THEN LEAVE IN A SEAPARATE LIFT TO THE SECURITY/NURSING STAFF.
- The Team Leader can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

### **Measures and guides to enhance occupational health and safety**

| <b>PPE/measure</b>                              | <b>Guide</b>   |
|---|--|
| 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<br>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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury         | Low / Medium                         | Only attend a site with Victoria Police or with security.   |
| Other infectious agents |                                      | Follow personal protective measures   |

# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

- (b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

- (c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

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

### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 3 Guidance: Exemptions under Commonwealth law



Australian Government  
Department of Health

Coronavirus disease  
(COVID-19)

## Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia **must** continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

### Aviation crew

#### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

#### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

#### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)  
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no 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](http://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](http://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 [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

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

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

### Family violence (FV)

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

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

### Alcohol and other drugs

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

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

## Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### 1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or 13 April 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

### 2. Details of Detention Notice

Name of Detainee: \_\_\_\_\_

Date of Detainment and Detention Notice: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

### 3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

- you will have served the required detention period by \_\_\_\_\_ [insert date]; and
- you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on \_\_\_\_\_ [insert date] after you have been discharged by an Authorised Officer from \_\_\_\_\_ [insert place of detention] and have commenced transportation to your ordinary residence.

[If lives in Victoria] Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 2) (**Direction**), as amended from time to time. Pursuant to the Direction, you are required to travel directly to the premises where you ordinarily reside within Victoria, and remain there unless you are leaving for one of the reasons listed in the Direction.

[If lives outside Victoria] I note that you are ordinarily a resident in \_\_\_\_\_ [insert State or Territory] and that arrangements have been made for you to return home. While you remain in the State of Victoria, you are required to comply with all directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

#### 4. End of Detention Instructions

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

You **must not** leave your hotel room until you have been collected by an Authorised Officer [OR] You **must not** leave your hotel room until \_\_\_\_\_ [insert time and date], at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer to be discharged from detention.

When leaving detention you **must** adhere to the following safeguards:

- if provided to you, you must wear personal protective equipment;
- you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
- you must where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and
- upon leaving your hotel room, you must go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

#### 5. Offence and penalty

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

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ Signature of Authorised Officer

**Name of Authorised Officer:** \_\_\_\_\_

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

# Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

*Public Health and Wellbeing Act 2008 (Vic)*

## Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you *[have returned a positive test for COVID-19]* or *[have started displaying symptoms of respiratory illness]*.

### 1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after midnight on 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### 2. Details of End of Detention Notice

Name of Detainee: \_\_\_\_\_

Date Notice Made: \_\_\_\_\_

Date Notice Expires: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

*(if medical care is required)*

**COVID-19 Status or respiratory illness symptoms** [tick applicable]:

COVID-19 confirmed: \_\_\_\_\_  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.*

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## Appendix 9: Guidance Note

**How to conclude a person's detention under a *Direction and Detention 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 Detention 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

# Appendix 10: Release Process 'Running Sheet'

## ***Evening prior to release***

- Exit Notices and associated materials prepared and dropped to hotel  
[Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist  
If issues or lack of exit time, contact: \_\_\_\_\_
- Notices for all other exiting detainees placed under doors (by Security)

## ***Day of release***

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

## ***Release process***

- AO to sight ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- AO to inform detainee of release (highlight conditions etc)
- Detainee signs exit sheet
- Welfare staff provide cab charge, facilitate transport etc

## Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

| Ref No. | Date | Name of detained person | Reason | Time-Out | Time-In |
|---------|------|-------------------------|--------|----------|---------|
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |

# COVID-19 Mandatory Quarantine Health and Welfare Plan – Operation Soteria

17 April 2020

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# Introduction

Mandatory quarantine for all people arriving from overseas into Victoria was introduced on 28 March 2020.

## Purpose

This plan outlines the policy for welfare and, medical, nursing and mental healthcare to individuals detained in mandatory quarantine.

## Scope

This plan will outline healthcare and welfare arrangements for people in mandatory quarantine as part of Operation Soteria.

This should be read in conjunction with the *COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)* and the *Operation Soteria – Operational Plan*.

## Audience

This document is intended for use by DHHS staff, all departments and organisations involved in Operation Soteria and the governing bodies described below.

## Governance and oversight

### Operation Soteria

A diagram indicating the governance of strategy / policy and operation of the mandatory quarantine program is described in **Appendix 1**.

### Roles and responsibilities

The Public Health Commander (through the Deputy Public Health Commander / delegate) will take responsibility for approving this plan.

The State Controller Health (through the Deputy State Controller Health) operating through the Emergency Operations Centre (EOC) has operational accountability.

The Deputy State Health Coordinator is responsible for:

- provision of healthcare to individuals in mandatory quarantine;
- provision of welfare to individuals in mandatory quarantine (delegated to a Director Health Protection and Emergency Management);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff;
- ensuring a safe detention environment at all times.

### Co-ordination of medical care – Requirement for a DHHS Medical Lead

Due to the large number of individuals in mandatory quarantine, the high risk environment and length of time in detention, and the potentially complex needs of this cohort, a DHHS Medical Lead should be appointed to oversee medical care, including care through general practitioners and any nursing – including mental health nursing – care provided. The DHHS Medical Lead should have a healthcare background and have experience managing complex programmes for vulnerable populations. The DHHS Medical Lead should oversee the staffing of the various sites, reassess medical workforce needs, provide advice to staff, and ensure the minimum standards of care are being met.

The DHHS Medical Lead should identify any risks or issues and refer these to the Compliance Lead and State Control Centre Emergency Operations Centre for urgent action. They should be a senior point of contact in relation to medical and nursing care for the Compliance Lead, the State Emergency Controller / DHHS Commander, and the Public Health Commander and Deputy Public Health Commander for Physical Distancing.

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## Standards for healthcare and welfare provision

### Meeting the needs of people in detention

The health and welfare of persons in detention is the highest priority and the main purpose of this plan. Mandatory detention removes some safeguards for health and welfare (such as free access to medical care of choice) and requires the highest standard of medical care at all times. This is in addition to the elevated risk of COVID-19 infection in returned travellers.

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

### Physical examinations and telemedicine

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

Sufficient and appropriate PPE should be provided. If this is not available, it should be flagged immediately to the team leader/site manager to arrange for urgent stock to be delivered from another site. It may be possible to contact a nearby quarantine hotel and arrange for urgent PPE stock to be brought over to that hotel. If appropriate PPE is worn and used correctly, there should be no additional risk to the health care provider, or the patient (quarantined individual).

Any request for medical review should be carefully considered before determining whether telemedicine or physical review is most appropriate in that scenario. Phone consults or telemedicine should not be used as a substitute for direct clinical review if it is clinically indicated. If healthcare providers are concerned for their own safety, the case should be escalated to the DHHS Team Leader.

### Clinical handover

All clinical interactions must be documented, and important/ongoing issues handed over to the team covering the next shift. Nurses should hand over to the nurses on the next shift, and also the team leader so they are aware of the outstanding issues. GPs who review patients (over the phone or in person) must handover the outcome of the assessment and ongoing management plan to the nurses, and to the GPs on the next shift (or the clinical lead) if relevant. GPs contracted by Medi7 also have a Clinical Lead who is a Medi7 doctor acting as the coordinating point for these doctors. It would be advisable for a daily morning meeting to occur between the team leader, nursing cohort, medical officer and AO for every hotel. During this meeting, current issues that require escalation may be flagged to the team leader and escalated as appropriate. Documentation of the morning meeting and allocation of special tasks should be recorded in the DHHS notes.

### Triage and waiting times

Requests for medical care must be actioned within a specific time frame, in keeping with the acuity of the issue and the availability of services. Where staffing allows the doctor may see patients before the nurse, particularly if the request is deemed urgent.

- For physical medical issues requiring urgent medical review but not 000, the quarantined individual must be reviewed within 30 minutes by the hotel nurse (by contacting the hotel nurse direct line) who should review the patient in person and alert the on-call doctor to arrange urgent review if required. The GP should attend as soon as possible and within two hours.

- For matters requiring medical review (require assessment and management) that is not classified as urgent or emergency, the quarantined individual must be reviewed by a nurse (within four hours) first, then the on-call doctor must be contacted to arrange review depending on the acuity of the issue but within an eight hour period.
- For urgent mental health issues, the patient should be reviewed by the nurse or doctor-on-call within one hour. Where a quarantined individual may pose a risk of harm to themselves or others, a full risk assessment must be conducted by the doctor-on-call and escalation as per current policy – see safety and mental health section. **The mental health risk assessment form must be completed – see Appendix XX.**
- For all other issues, review by the on-call doctor should be arranged within 24 hours.
- For new prescriptions of regular medications, these should be arranged within a 24-hour turnaround period.
- For urgent prescriptions required same day, these should be arranged within 8 hours.

| Acuity of issue  | Time frame for response   |
|--|---|
| Minor health issue, non-urgent                                     | Phone review as soon as practicable<br>Nurse assessment within 8 hours<br>GP review (if required) within 24 hours |
| Non-urgent issue requiring review and management                   | Nurse review within 4 hours<br>GP review (if required) within 12 hours  |
| Urgent request by quarantined individual or mental health concerns | Nurse / mental health nurse review as soon as practicable (within 30 minutes)<br>GP review within 1 hour          |
| Emergency: serious health concern / life-threatening issue         | Immediate - call 000 ASAP   |

## Information and data management

There should be a minimum number of secure databases used for the storage and handling of confidential data on people in detention. This is to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this program:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software;
- Paper records (until transitioned to systems above).

The State Controller Health (or delegate) and Public Health Commander (or delegate) should be able to access any record within these systems to enable oversight of the health and welfare of people in detention.

The Department of Jobs Precincts and Regions (DJPR) will provide a list of people arriving internationally that populates PHESS and the Dynamic CRM Database. In turn, medical information is then stored in PHESS and Best Practice. Welfare and Compliance information is stored in the Dynamic CRM Database. Within 24 hours of arrival, both the Dynamic CRM Database and PHESS will contain a complete list of people in detention. PHESS will be the complete record for all medical and compliance records for a person who was in detention in Victoria as part of this program.

An Intelligence Cell will be introduced into the EOC to oversee reporting arrangements.

## Medical records

### Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record should capture the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

### Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. These records should be stored securely and should not be accessed by anyone not providing care for the person. Specifically, these medical records must only be accessed or viewed by an AHPRA-registered health practitioner employed by DHHS to provide services to people in detention, an authorised officer, or the Public Health Commander or State Controller Health or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

### Follow-up of results

It is the responsibility of the doctor who orders any test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they are not able to do so, they must handover this task to the next doctor on-call, inform the nurse, and record this in the medical record. A list/spreadsheet of all individuals in mandatory quarantine who have had COVID-19 swabs should be sent to the department each day by the DHHS Team Leader. This will also serve as a safety net for the department to notify the patient if the treating doctor hasn't already.

If a detainee has been reviewed by their personal GP or has received a specialist consult via telehealth whilst detained, a letter from the GP/specialist must be provided within four hours following the review and documentation of this consult, outcome and plan should be transcribed into the Best Practice medical record. The name of the external reviewing doctor, time and contact details must also be documented into the detainee's DHHS notes by the hotel general practitioner. There must be clear communication and documentation regarding who will follow up and review any plans made by external clinicians.

# Provision of healthcare

## Medical care

### Access to regular general practitioners and specialists

A person in detention should be able to access care through their normal general practitioner and specialist through telehealth arrangements if they request it. If that is to occur, the person should indicate who their provider is and should provide the contact details of the general practitioner to the nursing lead / Team Leader for their time in detention, so that the general practitioner can act as an advocate for, and communicate with, the nursing team about the health of the person in detention.

### Provider of general practice services

General practitioners (GPs) are provided by Medi7 and Doctor Doctor. **[MORE DETAILS – point of contact, contact information, ABN]**

General practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24-hour medical support to individuals in mandatory quarantine. GPs should be engaged at a ratio proportionate to the burden of healthcare problems across the hotels. **The directors of the contracting companies should teleconference with the Deputy State Health Coordinator twice weekly to review workload and vary this ratio if necessary.**

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

GPs are contactable via the nurses at each location. From 6pm on a weeknight, the nurse may contact the on-call GP. The on-call GP can provide telehealth services as required or attend the relevant hotel. Over weekends and on public holidays, a group of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

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

### Clinical lead for general practice services

Medi7 has now appointed a clinical lead to oversee and coordinate the doctors working across all hotels participating in mandatory quarantine each day. The number of doctors per cluster of hotels is reviewed each morning before determining where each doctor is allocated. The Medi7 GPs can report issues to the clinical lead and seek advice and additional support. **The Medi7 clinical lead should update and report concerns to the Deputy State Health Coordinator.**

## Pathology and pharmacy services

### Pharmacy arrangements

Specific pharmacies in proximity to each hotel should be engaged to allow for prompt procurement of necessary medications and equipment for quarantined individuals. The address, contact details, and operational hours of the pharmacy for each hotel should be distributed to all staff working in that hotel and should be easily accessible. Each hotel should know which pharmacy can be used for urgent scripts out of hours, if their usual pharmacy cannot provide this service.

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

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

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

## Prescriptions

Both prescribed and over-the-counter (OTC) medications can be ordered from the pharmacies described above. A record should be kept of all medications dispensed to quarantined individuals.

## Prescribing benzodiazepines

When prescribing benzodiazepines for anxiety in mandatory detention, GPs should exercise a high degree of caution. Care should be taken to ensure that benzodiazepines are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications. These medications should only be required after careful history taking and assessment, to individuals who are regularly prescribed them. If they are required to be prescribed, no more than four (5mg) tablets should be prescribed at any time. Repeat prescriptions for benzodiazepines should not be given unless there is clear justification.

All new medication prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics must be discussed with the medical clinical lead by the prescribing general practitioner. A risk assessment should be performed by the prescribing general practitioner and medication changes should be documented and followed up by the prescribing doctor or handed over to the shift doctor next on call. General practitioners will take full responsibility and indemnity for all new prescriptions or medication changes.

## Pathology arrangements

### Swabs

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

Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by **REDACTED**. Email **REDACTED** or phone **REDACTED**

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

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

### Provision of swab information to public health

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

- Testing doctor (and time)
- Name of quarantined individual tested
- Date of birth

- Usual address
- Contact number
- Email address
- Hotel address and room number
- Date of arrival
- Date of expected release from detention

All COVID-19 swabs taken should be documented in this spreadsheet, even if the person has already had swabs taken while in quarantine.

A daily record of all individuals in mandatory quarantine who have had swabs done and their details should be forwarded by the DHHS Team Leader to [publichealth.operations@dhhs.vic.gov.au](mailto:publichealth.operations@dhhs.vic.gov.au) each day.

### **Following up results**

It is the responsibility of the requesting medical practitioner to chase the result of the test and to notify the department (in addition to the testing laboratory). If the COVID-19 operations team are provided with this information (see next section), then they will be able to follow-up the result too.

### **Negative swab results**

Quarantined individuals who are suspected cases of COVID-19 may receive negative test results. This may lead to confusion and distress for the individual, as they may believe that they can now leave mandatory quarantine. In these situations, the nurse or doctor should explain to the person the implications of a negative swab, and reaffirm the public health need for the person to remain in mandatory quarantine.

### **Other pathology**

Other pathology requests (such as routine blood tests) should be deferred if possible until after the quarantine period. If other tests are required (as per the treating clinician – on-site doctor or person's own GP), this should be coordinated by the team leader in consultation with the GP/nurse. Equipment for taking bloods should be available at (or available to be transported to) the hotel. These specimens should be labelled as per the procedure for labelling COVID-19 swabs (same requirement for identifiers). The preferred provider for these types of pathology specimen is Melbourne Pathology.

## **Nursing care**

### **Minimum nursing requirement**

Nurses (including mental health nurses) are provided by Your Nursing Agency (YNA).

Nurses should be onsite at each hotel across the full 24 hour period. The required nursing complement should be continually reviewed and adapted according to need. This should be based on the number of individuals in quarantine at that site, the current workload and burden of healthcare and mental health issues expected and reported at that site, and the skillset and experiences of the nurses rostered at that site.

There should be one emergency department (ED) trained nurse available 24 hours, two general registered nurses during the day, one general registered nurse on overnight, and one mental health nurse on during the day. Where nurses report that their workload is not safe and that additional nursing support is required, staffing should be reviewed and adapted as necessary.

There should be a nurse coordinator or nurse team leader each day at each site, who is rostered on a longer shift (e.g. 12 hours). This is to ensure the other nurses are adequately managed and supported, to

ensure continuity of care and handover of outstanding tasks / concerns. In general, longer nursing shifts are preferable for this reason.

## Mental health care

### Mental health nurses

Mental health registered or enrolled nurses should be rostered to each hotel. The number and coverage should be increased at hotels where a growing mental health caseload is identified.

### Contacting a nurse at each site

A department-supplied mobile phone should be provided to all nurses at each site. Residents should be able to contact the nurse either directly by phone, or via the hotel concierge. The nurse phone numbers should be accessible on the hotel roster (accessible on Sharepoint). Where the nurse deems a quarantined person to have significant needs, significant requirement for medical care, or be at risk of mental health issues, they may give the quarantined individual their mobile number so that they can contact them directly if needed. Nurses may instigate daily, twice daily, or more frequent phone-calls to check up on the individual. This is in addition to any required welfare phone call. This provides an additional safety net for the health and welfare of quarantined individuals. If a person who normally frequently calls the nurse stops calling, the nurse for that individual needs to contact the individual to check on their health and welfare.

### Summary of available mental health services

Mental health services are available to people in mandatory quarantine through the following sources:

1. Calling Lifeline or Beyond Blue;
2. Nurse or mental health nurse on site for initial assessment;
3. Doctor on-call for non-urgent or urgent review;
4. NorthWestern Mental Health triage service (phone 1300 TRIAGE);
5. Referral to CART (Complex Assessment and Referral Team) [Method for calling / contact];
6. Calling 000 for emergency care;
7. Quarantined individuals can also contact their usual mental health provider or be assisted to contact that provider. This includes a psychologist, counsellor, psychiatrist or other provider. Care can then be provided via telehealth.

### Phone support services

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

### Nurses and doctors

Nurses and doctors can review persons with mental health concerns upon request from the individual or from other sources for example if a concern is flagged by the welfare check, the authorised officer, security or by another resident. Mental state examination and risk assessment should be performed by the general practitioner allocated to the hotel.

The mental health nurse may assist with this process but the outcome of the risk assessment must be reviewed by the hotel general practitioner unless the detainee has received urgent CATT assessment or has required a transfer to a mental health unit or hospital. Psychiatric input regarding additions or

changes to existing antipsychotic and anxiolytic medications may be required and should be sought by the hotel general practitioner as indicated.

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

### **NorthWestern Mental Health triage service**

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March 2020 to provide specialist mental health support through direct or secondary consultation for persons in quarantine. Nurses and residents can contact **1300 TRIAGE (1300 874 243)** for specialist mental health support. The person making the initial referral should request the specialist priority line.

### **Complex Assessment and Referral Team**

CART is a new service set up by DHHS which can provide advice and support for mental health issues, drug and alcohol problems, family violence and other concerns. This service is currently staffed by two clinicians, one working 8am-2pm, and the other 2pm-8pm. If a full assessment is required CART does not currently have the capacity to complete this, and if more than phone support/advice is required, they will have to refer back to the nurse to arrange for assessment and further management from another source (e.g. NorthWestern Mental Health triage).

### **Mental health emergency**

If there is concern about a mental health emergency in a quarantined individual (i.e. acute suicidal ideation, thoughts of self-harm, or psychosis), and there is a delay in contacting the psychiatric triage team (**1300 TRIAGE**), the quarantined individual should be reviewed by the general practitioner as a matter of urgency and have a risk assessment completed within an hour.

The general practitioner should then assess the quarantined individual to determine if transfer to hospital via ambulance is required for urgent psychiatric assessment or if psychiatric advice can be obtained over the phone. If the quarantined individual is deemed as needing urgent psychiatric review and is not willing to be transferred for assessment, the doctor on call will need to decide if enacting provisions within the *Mental Health Act 2014* is required.

As for other medical emergencies, the authorised officer, reception or other parties do not need to be contacted before 000 is called. First responders should not be denied access to people in mandatory quarantine who make a 000 call.

### **Who can alert the welfare team to mental health concerns relating to a quarantined person?**

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

### **Escalating medical, nursing or mental health concerns**

See section on Escalation for situations requiring escalation.

### **Emergency services**

In the case of an emergency, a nurse, doctor or DHHS staff member can call 000. As soon as is practicable the person should inform the operator that the call is from a mandatory quarantine hotel and

the person may be at increased risk of infection with COVID-19, so that appropriate precautions can be taken. The current hotels in operation are in the catchment of three major hospitals:

- The Alfred;
- Royal Melbourne Hospital;
- Royal Children's Hospital.

As per other medical emergencies, the authorized officer, reception or other parties do not need to be contacted before 000 is called. First responders must not be denied access to people in mandatory quarantine who make a 000 call.

## Transport to/from hospital

### Transfer to hospital for people with suspected of confirmed COVID-19

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

### Unplanned transfers to hospital

Unplanned transfers occur via a phone call to Ambulance (AV) via 000 from the nurse, doctor, other staff member or quarantined person. The nurse or doctor then notifies an authorised officer of the transport. The authorised officer then provides an information sheet to stay with the patient throughout the journey. The patient is then treated and transported by AV or Non-Emergency Patient Transport (NEPT) to hospital.

### Planned transfers to hospital

Planned transfers occur via clinical staff at each hotel notifying the authorised officer of the transport and arranging transport via the most appropriate transport provider (e.g. AV, NEPT, Clinic Transport Service etc). The transport then occurs to the relevant location.

## Summary of hospital transfer

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, Authorised Officers (AOs), Ambulance Victoria (AV) and hospitals.

1. Nurse/doctor makes assessment that patient requires hospital care.
2. The AO grants permission for the individual to temporarily leave mandatory quarantine. Leave should be recorded on the business system or register.
3. All relevant staff including the AO must be notified prior to the transfer (however this should not delay the transfer if it is urgent/an emergency).
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
5. If the hospital transfer is urgent call 000 to request an ambulance and inform them that the passenger is in mandatory quarantine. Let them know if the person is a suspected (or confirmed) case of COVID-19.
6. Contact the Emergency Department Admitting Officer at RCH/RMH/the Alfred to inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. The passenger should be transferred on a trolley or bed from the ambulance into the designated COVID-19 ambulance reception area.
9. The patient should be managed under routine droplet and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
10. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
11. All residents who are in high risk groups, unwell, breathless or hypoxic ( $O_2$  sats <95%) should be considered for hospital transfer.
12. Assessment and diagnosis are made by the treating team at the hospital. A plan is made for either admission to the hospital or discharge back to the hotel (possibly for more appropriate medical care to be arranged at the hotel).
13. Prior to any movement of the patient out of the ED, a new plan or detention approval must be sought for either return to the hotel or admission to a different location in consultation with the compliance team (receiving hospital and compliance team).
14. Hospitals will need to contact the AO at the relevant hotel, then the AO team lead will advise Lead Executive Compliance to obtain any necessary approvals.

## Discharge from hospital

Discharge from hospital should be at the behest of the treating team. Refer to the current 'Guidelines for health services and general practitioners.'

Transfers from hospital back to the hotel are arranged by the hospital in liaison with the DHHS Team Leader.

## Anaphylaxis

Where individuals in mandatory quarantine have severe allergies and a history of anaphylaxis, this must be recorded and flagged in the welfare survey completed on the way to or at the hotel at the beginning of the stay. All individuals who require medications including antihistamines, corticosteroids and epipens should have an adequate supply of these. If they require an additional prescription for these this should be facilitated by the healthcare providers at the hotel and the nominated pharmacy as a matter of urgency.

If a person reports that they are having an anaphylactic reaction, 000 should be called immediately. This does not need to be escalated to an AO (or any other member of staff, medical or non-medical) first – the urgent ambulance should be called immediately by whoever is first aware of the situation. The health of the quarantined individual and the provision of urgent healthcare is the priority in any medical emergency. The authorised officer can be informed as soon as is practicable thereafter.

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

# Provision of welfare

## Airport screening process

At the airport, DHHS nurses and Department of Agriculture, Water and the Environment (DAWE) biosecurity officers will screen all passengers arriving from overseas for symptoms of COVID-19. Nurses will perform a temperature check on each passenger.

## Management of an unwell person at the airport

Any passengers who screen positive on this health check will trigger the DAWE biosecurity officer to contact the Human Biosecurity Officer (HBO) on-call for the department. After discussion with the HBO, if it is determined that the person meets the criteria for a suspected case of COVID-19, the following actions should take place:

- The HBO should organise an ambulance transfer to the Royal Melbourne Hospital (or Royal Children's Hospital) for testing and assessment.
- The AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc.) can be organised to bring the person to the assigned hotel.
- If the person is unwell and requires admission to hospital, the Compliance Lead should be informed.
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the AO.
- If they are a confirmed case they should be placed on a COVID-19 floor. If they are not, they can be placed in a general part of the hotel.

## Transfer of uncooperative individuals

It is recommended that a separate mode of transport to the hotel is provided for a person who is uncooperative/non-compliant. Ensure appropriate safety measures are taken (e.g. child locks on doors, a safety briefing for drivers etc.).

If a person refuses testing for COVID-19 at a hospital and they are well enough to return to the hotel, they should be transported back to the hotel and treated as if they are COVID-19 positive (i.e. they must be situated on the COVID floor of the hotel and the necessary precautions taken). Every effort should be made to encourage them to get tested before this happens. However, they cannot be forcibly tested.

If a person refuses testing and treatment at a hospital and is too unwell to be released from hospital, a Human Biosecurity Control Order (HBCO) may need to be considered.

## Assessment at the hotel

All quarantined individuals will be given a survey to complete on the way to or at the hotel. This will include questions about past medical history, mental health history, allergies, medications, next of kin/emergency contact, dietary requirements, and other important health and welfare needs. A doctor and nurse will be available on site to urgently review anyone who reports illness or an urgent medical need on arrival at the hotel. Nurses will review the surveys and contact all individuals who are identified as having significant health needs, as soon as is practicable. After initial phone contact is made, further assessment/management can be organised as needed.

## Initial information on options for accommodation

### Policy on separation of people in travelling parties to promote effective quarantine

There are a number of options for people – such a couple or family – for rooms to promote effective quarantine. Because a person needs to commence a further 14 days of quarantine when a person within a party or group is identified as positive for COVID-19, there should be an option to separate people – if they consent – at various points in the quarantine journey.

#### Option 1 – Parties stay together

A couple or family stay together and share a suite or room. If a person becomes positive, an extension of quarantine will be required on a tailored basis for the other persons.

#### Option 2 – Parties separate from the outset

A couple or family are separated from the outset. If a person becomes positive, the other parties do not need to recommence 14 days of quarantine.

#### Option 3 – Parties are separated once one person becomes positive

A couple or family separate into different rooms (with no contact thereafter) after a person becomes positive for COVID-19. The non-infected persons then start a new 14 day quarantine period, which is served at home once they complete the mandatory 14 day period in the hotel.

#### Option 4 – Parties stay together after one person becomes positive

The parties stay together. At the end of the 14 day period, they both leave to home isolation, and the non-infected persons commence a further 14 day quarantine period, as long as they separate in the house to which they go.

### Communication of these options to people in mandatory quarantine

The DHHS Team Leader should communicate these options to people at booking, with the default option being that parties stay together unless they indicate a preference to separate from the outset.

## Assessment during detention

Medical care should be available 24 hours a day to individuals in mandatory quarantine.

The need for medical care can be identified through the following channels:

- Via the daily welfare check
- By the person contacting the concierge or nurse directly
- Nurse phone call to the individual
- The 1800 government services number (DJPR), the physical distancing hotline, the COVID hotline, or any other DHHS phone line
- Family members directly contacting the hotel/team/COVID quarantine inbox

Individuals in mandatory quarantine should be supported to contact their regular health care provider by phone or telemedicine if appropriate. In these instances, the healthcare provider should be provided with the contact details of the hotel nurse or GP so that the outcome of the assessment or management plan can be communicated with the medical team on site.

## Tiers of risk for people in mandatory quarantine for welfare checks

Individuals in mandatory quarantine will be triaged into three tiers of risk. The type of welfare check will depend on the tier the person falls into.

The following table is an initial framework for triaging the type and frequency of welfare check required:

**Table 1: Risk Characterisation for Welfare Checks**

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

For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.

Automated text messages are sent to all passengers in Tier 3 via Whispr.

Individuals may be moved between risk tiers throughout their quarantine period as need dictates.

## Requirement for a welfare check

As part of the welfare check process, quarantined individuals should be provided with a satisfaction survey (available at **Appendix XX**) to complete each week. This satisfaction survey is more comprehensive than the regular daily welfare check. Any concerns raised on the survey should be escalated to the DHHS Team Leader for action.

Each individual in mandatory quarantine should receive a welfare check each day by a DHHS welfare officer (employee or contractor). A welfare check will allow people in detention to be assessed for medical and social issues. Concerns can be flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. Referrals to the nurse, social supports, mental health and other services can be made as a result.

Welfare checks are made from the DHHS welfare call centre by a DHHS welfare officer – the **script for these checks is in Appendix XX**.

## Smoking

Smoking is not permitted within the hotel rooms. The following actions should occur:

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;

- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
  - They return immediately to their hotel room.
- Smokers should be provided with the Quitline number to access telephone counselling - 13 78 48
- People can also contact their regular general practitioner via telehealth for support.

## Fresh air and exercise

Individuals in quarantine should have access to fresh air where feasible.

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

Exercise is important for physical and mental health, particularly in the mandatory quarantine environment. Requests for exercise equipment / yoga mats should be facilitated where possible, but equipment should be thoroughly cleaned and disinfected after use. Resources for exercise routines and yoga/meditation should ideally be provided to individuals in mandatory quarantine upon request.

## Alcohol and drugs

Alcohol is permitted within hotels. Excessive alcohol consumption should be discouraged and should not be facilitated.

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

- Request nurse or medical review.
- Provide numbers for support services.
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about acute alcohol withdrawal, confusion or mental state/mental illness, escalate for urgent medical review (consider calling 000).

**Note:** Alcohol should not be provided to persons who are under 18 years of age (including in the hotel room minibar).

## Nutrition and food safety (including allergies)

Individuals in quarantine should be provided with a well-balanced and plentiful diet, with options provided for those with specific dietary requirements.

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

- Ensure that food allergies are recorded and communicated to the catering providers.

If there are substantial concerns that someone is not eating, this should be flagged with the medical team, and appropriate review/referral arranged (e.g. for mental health assessment).

### Food allergies

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

### Food safety process

Food safety questionnaires (along with the welfare questionnaire) should be distributed to individuals at the airport. Individual with specific dietary requirements (who are eligible for this process) should be contacted and advised of the process for self-organising suitable meals (through uber eats and by submitting a claim following their stay). Uber Eats Drivers should drop meals off at the hotel, and security staff should deliver the meals directly to the requestors' rooms. The Uber Eats Driver/Rider should not drop the delivery to the person's room directly.

Please refer to the following documents for further details:

- Process for people with food allergies
- Food safety questionnaire

## Care packages

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in mandatory quarantine. The reason for quarantine is to prevent risk of COVID-19 transmission from people in detention to other parties and does not mean a person needs to be prevented from receiving packages.

The care package should be provided to the hotel reception or other party for conveyance to the person in mandatory quarantine and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in quarantine without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

## Safety and family violence

If there are concerns about family violence / the safety of women and children the following should occur:

- Arrange for separate rooms for the person to be assessed and access phone support services (separate rooms may also be indicated for the remainder of the quarantine period)
- Refer to CART
- Refer to phone support services
- Engage case worker to contact person and make an assessment

## Social and communications

- All residents should have access to **free** wifi/internet.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.

- Toys and equipment should be provided for small children if possible.

## Negative permission/exemption outcomes

When a person submits a request for release from detention (temporary or permanent) that is denied/declined, a CART team support worker should be present (on the phone) to provide support (if the person consents to this, and if CART are already working with the person).

- The CART team can support the person before and after the exemption discussion with the doctor which is a separate discussion, in anticipation of some emotional distress upon hearing the outcome.
- The CART worker can help the person gain insight into the public health risk, understand the information they are receiving, and provide insight into what they can and can't do whilst they remain a public health risk.
- This will also inform the doctor/nurse and CART team of further risk management and support required for the person going forth.

## Assessment in preparation for exit

All persons departing mandatory quarantine will be offered a health check with a nurse 24-48 hours prior to exiting. This health check is voluntary. This will consist of questions about symptoms of COVID-19 and a temperature screening.

If a person screens positive on the health check:

- They will not be detained longer than the 14 day mandatory quarantine period
- A swab will be sent and they will be informed that they need to self-isolate after exiting, until the result of the swab is known
- If they do not have appropriate accommodation to self-isolate after release, they will be assisted to find such accommodation

If a person screens negative on the health check, no further action will be taken.

# Infection control and hygiene

## COVID floors/hotels

Each hotel should have a COVID-19 positive floor or area (a **"RED ZONE"**). Any person who is a confirmed case should be relocated to this area of the hotel when the test result is known. Appropriate signage, PPE and other consumables should be available at the entrance to this area of the hotel. Where there are large numbers of confirmed cases arriving on a flight, a COVID hotel may be considered. Where the infrastructure allows, suspected cases may also be moved to an area of the hotel away from well individuals.

## Personal protective equipment

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

PPE should be available in the donning section of the hotel. Biohazard bags for waste disposal, and hand hygiene stations, should be available at the doffing section of the hotel.

PPE protocols should be available to all staff working in the hotels, so that there is clear instruction on what type of PPE to wear and in what circumstances, how to don and doff it, and how to dispose of it.

## Laundry

Staff may wear PPE when handling dirty laundry. Laundry should be washed on the highest possible setting and thoroughly dried before use. Staff should not overly handle the linen – it should be put straight into the washing machines. Staff should follow hand hygiene procedures after handling dirty linen.

## Cleaning

Though not directly medical care, all quarantined individuals have the right to a safe and comfortable room and environment. Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the quarantined individual with cleaning their room. In rare instances the quarantined individual may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the quarantined individual is not capable of doing so themselves. Any persons for whom there is a concern about room hygiene and safety should be flagged to the team leader.

Please refer to the department document 'Cleaning and disinfecting to reduce COVID-19 transmission'.

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

# COVID-19 in people in mandatory quarantine

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

### Overall actions

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE**.
- A designated COVID-19 hotel should be available when there are large numbers of cases coming off of flights (e.g. high risk repatriation flights with a high burden of suspected or confirmed COVID-19).

### Personal protective equipment (PPE)

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

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

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

### Current infectious cases

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

### Recovered cases

- In the situation that an individual states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.
- The onus on them is to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- The department will decide on a case-by-case basis whether evidence from other sources (from testing done overseas) can be considered sufficient proof to inform clinical and public health decision-making.
- If they meet the criteria for release from isolation (see below) and the testing and medical reports provided are considered sufficient by the department, they may be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation.

## Release from isolation

### Criteria for release from isolation

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

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

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

## Process for release from isolation

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

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

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

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

## Exit planning for individuals with confirmed COVID-19

### Non-emergency ambulance transport

When a confirmed case of COVID-19 who is considered still infectious but is stable is assessed as appropriate for transition to isolation in their home, Ambulance Victoria will be requested by the Operational lead for mandatory quarantine to provide a non-emergency patient transport for that person to a destination in Victoria that is the assessed appropriate home isolation location

If there are multiple persons to be transitioned to home isolation on the same day, subject to compliance-related logistics being able to be handled and any privacy considerations being met, it is permissible for two or more potentially infectious confirmed cases of COVID-19 to be transported together in one NEPT, i.e. to cohort confirmed cases

### Room sharing - COVID incongruent couples

In instances where one person in a room share situation is a confirmed case and one person is COVID-19 negative, the confirmed case should self-isolate in a separate room away from the person who does not have COVID-19. The quarantine period (but not the mandatory detention period) for the COVID-negative person starts from their last contact with the confirmed case while the confirmed case is infectious. This may mean that they need to self-isolate for an additional number of days after the mandatory detention period ends, but they may do this in their own homes or in alternate accommodation, not in detention.

### Room sharing - well persons

In instances where two or more well people who are not suspected or confirmed cases of COVID-19 wish to share a room in advance of check-in at the hotel, this can be facilitated.

If this request is made after the persons have been initially been in separate rooms for a period of time, they should be informed that this may increase their risk of infection with COVID-19 if the other person is incubating the infection, and that COVID-19 infection may result in serious illness and death in some

cases. If the persons still insist, then it must be documented in the database that the risks have been discussed with them (e.g. by a nurse), before facilitating this request.

## Exit arrangements

The following table documents the exit management plans for quarantined individuals in different scenarios.

| Scenario   | Exit plan  |
|--|--|
| Well person who has served 14 days of quarantine   | <ul style="list-style-type: none"> <li>• Can leave – gets end of detention notice (universal version).</li> </ul>  |
| Confirmed case of COVID-19 who has met criteria for release from isolation (i.e. is declared no longer infectious)                                     | <ul style="list-style-type: none"> <li>• Can leave – must not be prevented from leaving if the AO is aware they are cleared and the person demands to leave – they are non-infectious and therefore not a public health risk.</li> <li>• Gets clearance from isolation letter from PHC (as per Isolation (Diagnosis) Direction).</li> </ul>  |
| Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days   | <ul style="list-style-type: none"> <li>• Must stay in detention.</li> </ul>  |
| Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period                                | <ul style="list-style-type: none"> <li>• Can leave detention but is now subject to the Isolation (Diagnosis) Direction.</li> <li>• Safe travel should be arranged by EOC to place of home isolation in Victoria (mask, stay separate, go straight to home; but preferred travel by non-emergency patient transport with PPE'd ambulance officers)</li> <li>• Not permitted to travel interstate / not permitted to fly domestically but no detention order needed to prevent that (in keeping with all other confirmed cases)</li> <li>• If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified</li> </ul> |
| Well close contact of a confirmed case of COVID-19 (i.e. room-mate at hotel), where the room-mate has reached the end of their 14 day detention period | <ul style="list-style-type: none"> <li>• Case and Contact Sector to do assessment, assign a new 14 day period (from date of last contact with infectious case) and issue a requirement to quarantine until that 14 days ends – factsheet, lodge new date in PHESS, reverting person to effective close contact status</li> <li>• No detention order required, and no legal order preventing flying, but must be advised by CCM Sector not to fly and needs to quarantine</li> <li>• If lives interstate, DHHS could offer hotel if person would otherwise be homeless.</li> </ul>  |
| Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period.   | <ul style="list-style-type: none"> <li>• Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation).</li> <li>• DHHS Case and Contact Management to follow-up result to convey (as DHHS oversaw this testing so is obliged to follow-through).</li> </ul>  |

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# Reporting / escalating concerns

## Principles

- Decisions about medical care should be left to the nurses and doctors and should not be determined by any other staff.
- In any emergency situation, the priority is to call 000 before notifying any other managing or governing figure.
- If there is any doubt over whether an issue or concern should be escalated to senior management, escalate the concern.

## Clinical escalation

This is described in **Appendix 2**.

## Escalation for mental health concerns

### Chain of escalation for mental health concerns and issues

The following table indicates the chain of escalation for concerns about the mental health of people in mandatory quarantine.

| Situation   | Responded to by  | Escalated to                              | Reported to  |
|---|--|---|--|
| Non-urgent mental health concern                              | Nurse or GP<br>Regular healthcare provider by telemedicine   | Mental health nurse<br>Psychiatric triage | Medical lead<br>General practitioner   |
| Repeated mental health concerns / acute mental health concern | Mental health nurse or GP, urgent review<br>Psychiatric triage urgent review<br>Daily physical welfare review thereafter | Ongoing mental health nurse management    | Welfare lead<br>Medical lead<br>Compliance lead  |
| Risk of self-harm / serious mental health concerns            | Immediately phone 000 → Emergency Department<br>Call GP/nurse to attend urgently   | Emergency inpatient tertiary care         | Welfare lead<br>Team leader<br>Medical lead<br>Compliance lead<br>Deputy Public Health Commander |

### Specific events to escalate

The following mental health-related events or situations should lead to an escalation to the Deputy Commander - Welfare at EOC who will also notify the Deputy Public Health Commander:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required.

## Escalation for medical reasons

An escalation flowchart is at **Appendix 2**.

### Nurse or doctor to escalate

In the following circumstances, the nurse / general practitioner should call the DHHS Team Leader:

- There is any practical issue arising from the medical consultation that needs the assistance of DHHS;
- A patient needs to access an alternative medical or welfare service such as mental health nursing, a medical specialist or acute hospital care;
- A patient needs to be admitted to hospital in an emergency;
- A patient has suffered any form of life-threatening injury or health event;
- A patient has died.

### DHHS Team Leader to escalate

The following concerns or events must be escalated by the DHHS Team Leader to the Deputy Commander - Welfare at EOC within one hour, who will also notify the Deputy Public Health Commander within two hours:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required;
- A serious act of non-compliance;
- A new COVID-19 diagnosis;
- An acute medical deterioration;
- Any hospital admission or emergency transfer to hospital;
- A serious risk to the health and safety of a person in mandatory quarantine (or a staff member);
- Serious illness/harm/injury (including assault) to a person in mandatory quarantine;
- A severe allergic reaction (anaphylaxis);
- A death.
- An unauthorised absence from mandatory detention (a missing person)
- A fire or other emergency in a hotel;
- A potential outbreak of COVID-19 or another infectious disease.

## Daily health and welfare report to Public Health Commander

A daily health and welfare report should be provided to the Deputy Public Health Commander for Physical Distancing. This is to ensure oversight and accountability for the mandatory quarantine process. This report should include but is not limited to the following:

- Total number of people in mandatory detention
- Total number of confirmed COVID-19 cases (cumulative and new)
- Total number requesting exemptions to leave mandatory quarantine (temporary and permanent)
- The number of persons in mandatory detention receiving:
  - A nurse review
  - A mental health assessment
  - A GP review
  - Referral to hospital

- A 000 call
- The number of persons awaiting:
  - A mental health assessment
  - A GP review
- The number of persons in the following groups:
  - Significant psychiatric history - mild/moderate/severe mental health issues (as per the risk stratification)
  - Serious/life-threatening medical conditions (e.g. anaphylaxis, stage 4 cancer)
  - Age < 16 years or > 70 years
  - Pregnant women
- The number of calls from the hotels to:
  - 000
  - VicPol
  - Other DHHS phone lines
- The number of risk incidents logged in the database.
- Other major concerns flagged.

## Audit

### Healthcare audit

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. This should be reported to the EOC Commander and Deputy Public Health Commander. The audit process may consist of, but is not limited to, the following:

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

### Welfare audit

Audit of welfare procedures should be performed by the Welfare Lead at the EOC on a regular basis. The audit process may consist of:

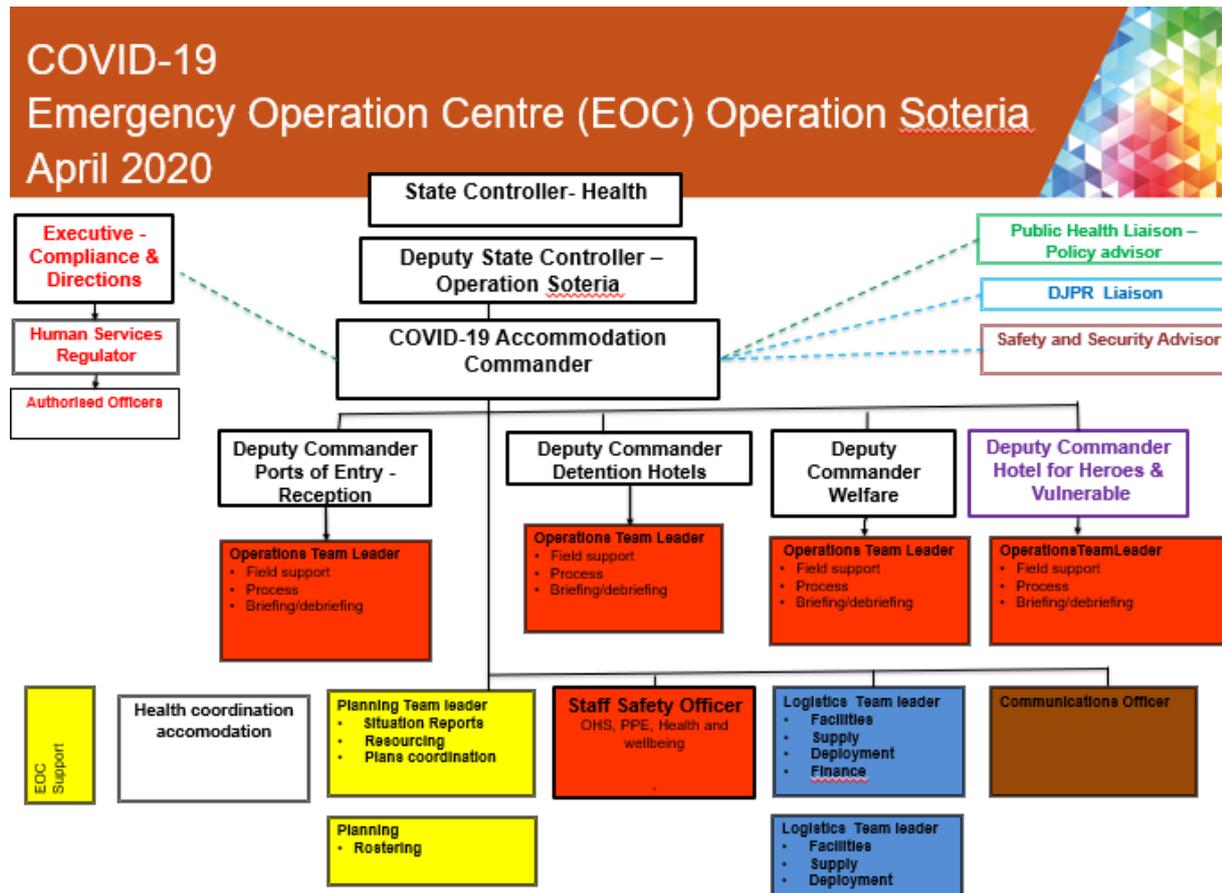
- Review of weekly satisfaction surveys;
- Feedback from staff;
- Audit of welfare check calls (review of a sample of recorded calls).

## Appendices

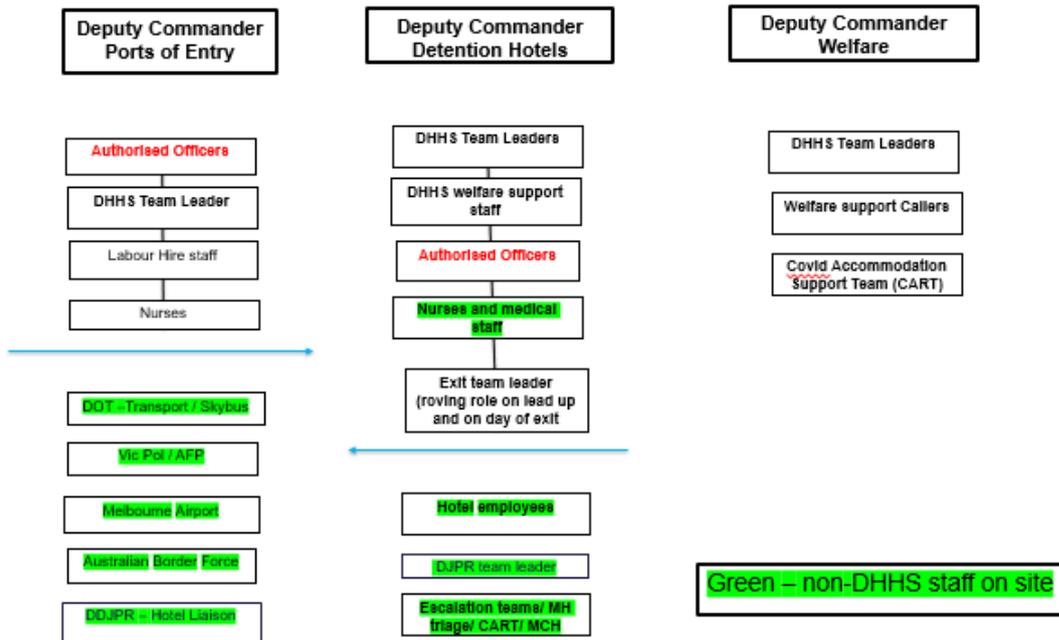
List of possible appendices / supporting documents to add:

- Compliance plan (Meena's team – AO operational guide)
- Nursing operational guide
- GP operational guide
- Team leader operational guide
- Sample daily health and welfare report
- Welfare survey
- Weekly satisfaction survey
- Welfare call centre guide / script
- Hotel isolation medical screening form
- COVID-19 assessment form
- Nursing documentation (from YNA)
- COVID-19 testing factsheet
- COVID-19 return travellers testing at VIDRL
- Swab record spreadsheet
- Escalation pathway/governance flow diagram
- Transfer to hospital flow chart
- Unwell passenger at airport flow chart
- HBO airport protocol
- Mental health documents
- Flow chart of command structure (EOC/PHC etc. etc.)

## Appendix 1 - Governance

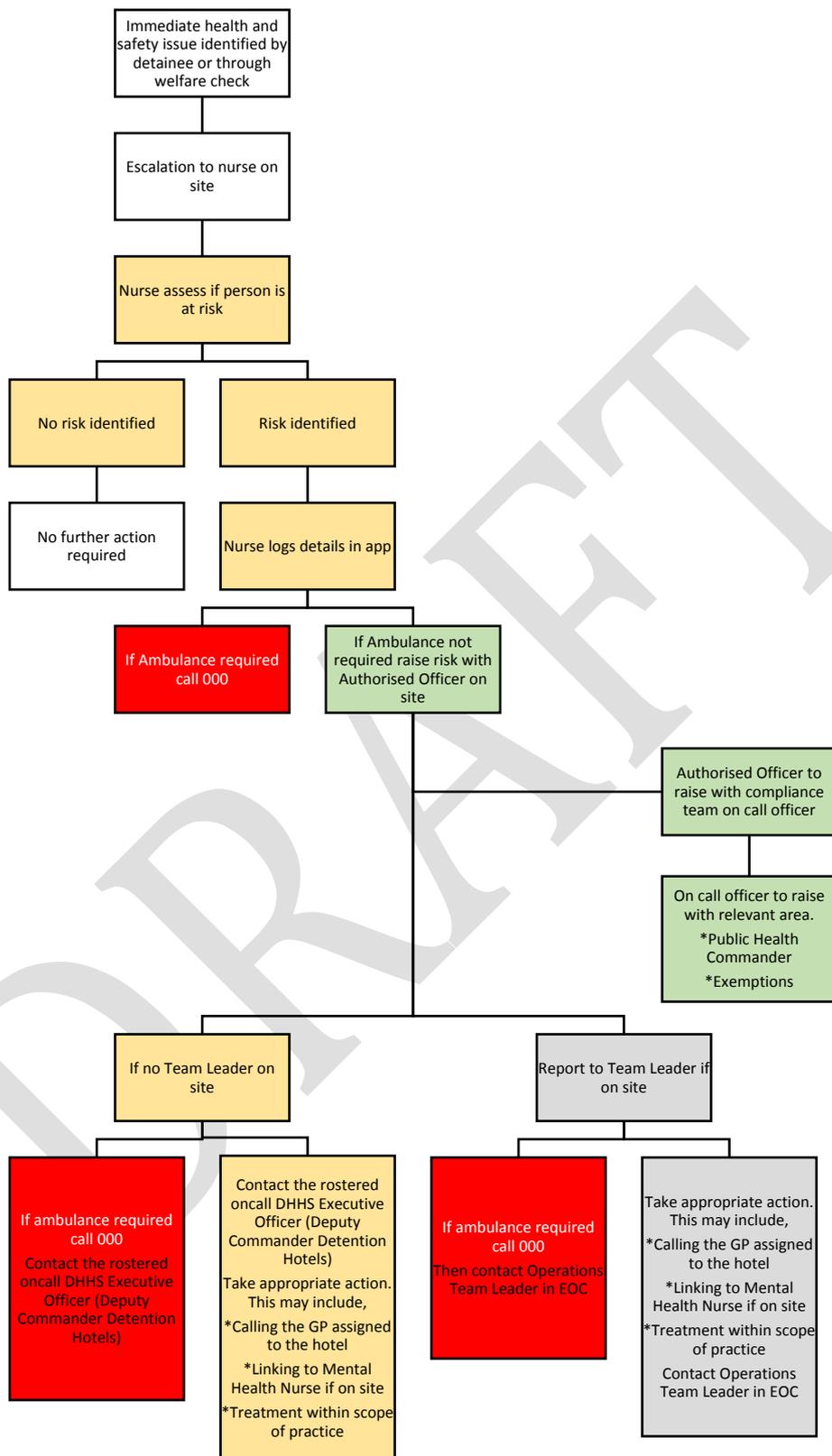


# Operation Soteria – on site teams

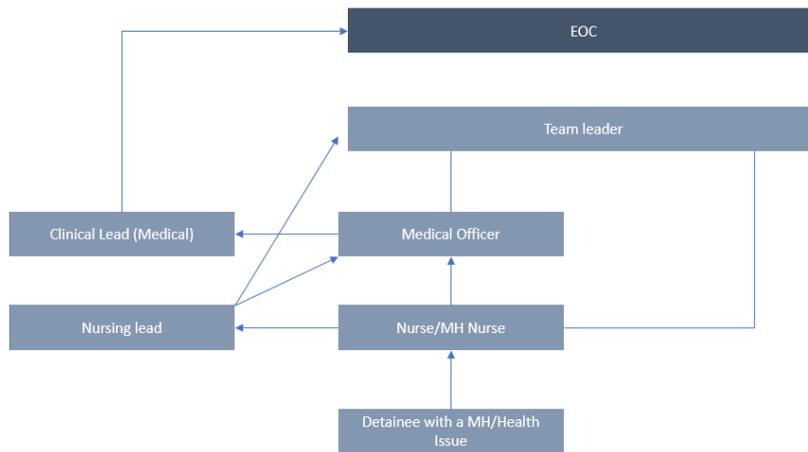


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## Appendix 2 – Escalation Process



# Clinical referral pathway



OFFICIAL

**MANDATORY Team leader notification for escalation:**

- Transfer of detainee to hospital
- Adverse outcome
- Deterioration of detainee (mentally or physically)

**URGENT MO ESCALATION +/- AMBULANCE**

- Suicidal/homicidal ideation or intent
- Acute psychosis or delirium
- Chest Pain (If currently ongoing – call 000)
- Breathing difficulty
- Sedation, loss of consciousness, stroke
- HR > 100
- SBP < 90
- RR > 30 or <12
- SpO2 < 94
- Or other clinical concern (seizure, anaphylaxis etc)

**MANDATORY MO ESCALATION:**

- Medication review
- Concerns re: COVID-19 symptoms
- Clinical or mental health deterioration
- Aggression
- Intoxication or drug interaction
- More than 3 calls for review daily
- Hypoglycaemia

**Nursing actions:**

- Welfare / clinical reviews
- Examination + observations
- Referral to CART, beyond blue, ambulance (see above)

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# COVID-19 Draft Physical Distancing Plan

**From:** "Finn Romanes (DHHS)" REDACTED

**To:** "Meena Naidu (DHHS)" REDACTED, "Merrin Bamert (DHHS)" REDACTED, "John Catford (DHHS)" REDACTED, "Matthew McCrone (DHHS)" REDACTED, "Bruce Bolam (DHHS)" REDACTED, "Sandy Austin (DHHS)" REDACTED, "Charles Alpren (DHHS)" REDACTED, "Jacinda de Witts (DHHS)" REDACTED

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**Date:** Wed, 01 Apr 2020 20:57:50 +1100

**Attachments:** COVID-19 DHHS Physical Distancing Plan.DOCX (406.07 kB)

Dear colleagues

The attached draft plan is provided for your urgent review.

Please track change any areas you are recommending are changed and email me and an officer will collate and we will propose a final version to go back.

**Comments requested by midday tomorrow.** If not possible, your suggestions will be incorporated into Version 2 later in the week.

If possible, if you work in a team on physical distancing, coordinate your comments through your lead back to me so there are fewer rather than more comments.

Once changes come in, I will circulate formally to the DIMT by 4pm tomorrow for provision to Deputy Chief Health Officer and Chief Health Officer for endorsement.

Regards

Finn

Dr Finn Romanes  
Deputy Public Health Commander - Planning  
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services  
State Government of Victoria

# COVID-19 – DHHS Physical Distancing Plan

Confidential and internal draft plan

1 April 2020

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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.

### 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>

Statements with content directly bearing on social distancing include the following statements with media event dates and date of the statement. 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 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 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 regarding 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 DHHS clear the person but allows a person not in their home to go directly there after diagnosis.

### 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.

### 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.

### **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 4m<sup>2</sup> 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. **REDACTED**

### 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 coronavirus (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 5**. This will be updated regularly **REDACTED**

### 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**. **REDACTED**

### 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. **REDACTED**

Development is underway of a detailed evaluation proposal / approach to evidence collation the current summary of comparisons for physical distancing is at **Appendix 7**. **REDACTED**

## 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 quarantine (self-isolation) 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 Victoria 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. **Fiona Sparks**

#### 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 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](mailto: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.

### **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](mailto: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**

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 behaviour through spot checks, reiterating obligations, providing education and outlining penalties for non-compliance, issuing infringements;
- informing DHHS about alleged non-compliance and requesting DHHS support and response;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

### **Contacting the Victoria Police Special Operations Centre**

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

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

## **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 **[Matthew McCrone, Charles Alpren, Nick Chiam]**

### **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. **REDACTED**

Once 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 **[Charles Alpren]**.

### **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 **[Katherine Ong]**.

### **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 Whispir to send messages to contacts in the department's public health monitoring systems. **[Charles Alpren, REDACTED]**

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. **[Fiona Sparks]**

### **Management of exemption requests not relating to mandatory quarantine**

Exemption requests are now being discouraged.

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

The Authorised Officer should provide advice to the requestor consistent with the *COVID -19 DHHS Physical Distancing Plan*. The Plan is an internal document and is not for provision to members of the public.

Further information and consultation for an exemption of physical distancing can be contacted on 1800 675 398.

The process for management of exemption of physical distancing/ essential services requests is as follows:

The Public Health Commander, through authorised officers, should properly consider any request for an exemption.

The process is:

- Members of the public who wish to ask for an exemption have the option of submitting a request in writing to the COVID Directions inbox (i.e. in writing); requestor can be advised to make submission for exemption of Physical Distancing/ essential services through [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)
- Authorised officers should also use the COVID Directions inbox to submit requests for exemption to be assessed;

- All requests for exemption 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;
- Requests will be reviewed in an initial assessment and will be 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 the exemption is rejected and will not proceed further. Explanations to parties should emphasise the Directions and rules and how to stay safe.
- In considering an exemption, an Authorised Officer will then consider the application and may contact the Requestor to ascertain further information. In reviewing the request, the Authorised Officer will consider the extent to which there is a risk of transmission associated with the proposed exemption, across factors including:
  - Compliance – compliance with measures is an important factor for higher risk groups
  - Proximity of people - possibly the next most important factor
  - Frequency of interactions - possibly the next most important factor
  - Likelihood of surface touching - reason for hand hygiene focus
  - Air environment (affecting likelihood of 'jumping' across) - reason outdoors is less risky – droplets less likely to travel
- After this initial assessment process, priority 1 requests will be:
  - Referred immediately to the Director E+C including with a short email summary including a recommendation;
  - The Director E+C submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and calls the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
  - Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
  - Public Health Commander communicates the outcome and the Director E+C is authorised to enact the outcome.
  - Police will then be advised where exemptions are granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.
- After this initial assessment process, priority 2 requests will be:
  - The Director HP+EM then submits in writing the application to the Director of Enforcement and Compliance with title 'For Decision: Detention Exception Request';
  - Captured in writing and batched together for consideration once a day for the review by a panel where available;
  - Where available, a **panel** could include a legal services representative, a delegate of the Director E+C and the DPHC Planning or delegate;
  - The panel will then rapidly assess and decide on each priority 2 request;
  - The outcome of the decisions (grant or reject) is then enacted by the Directions Cell, under the management of the Director HP+EM.
  - Police will then be advised where exemptions are granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.
- After this process, priority 3 requests will be:
  - Officer of the department writes back to indicate the exemption has not been granted, and should consider using scripts as provided at **Appendix 7**.
- The Authorised Officer must 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 exemptions granted are communicated publicly, if at all.

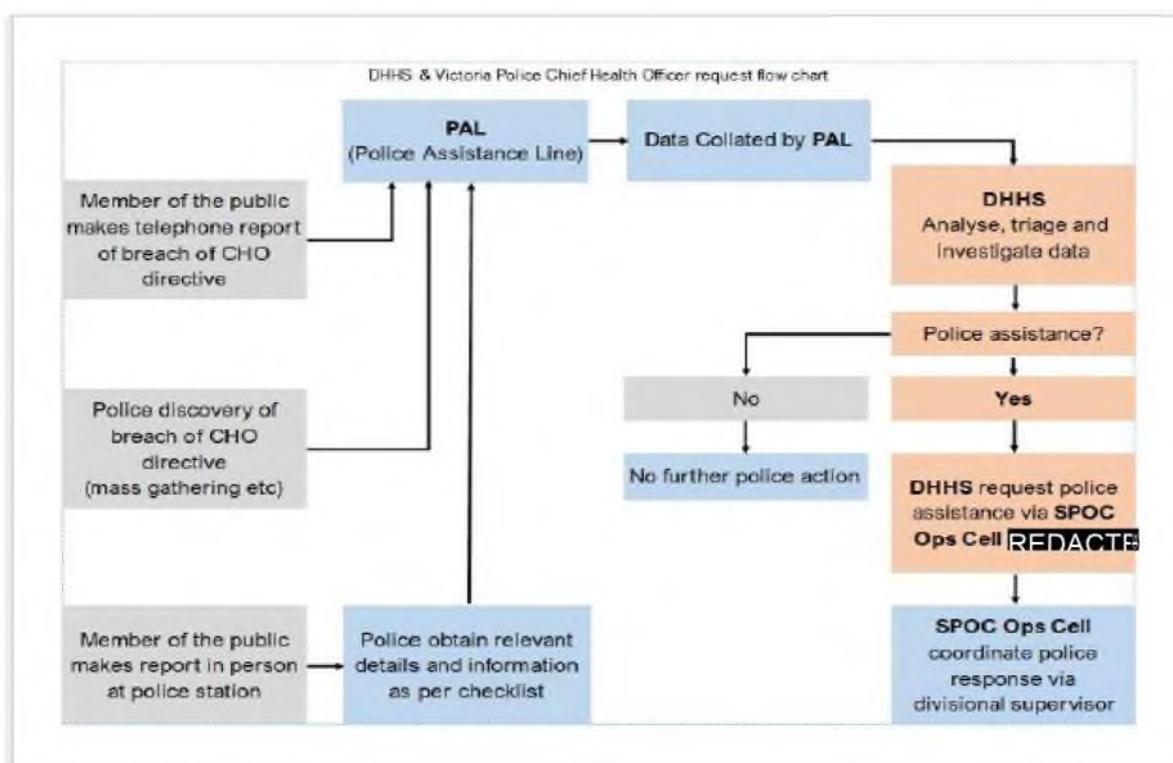
## Protocols for investigating and managing potential breaches of Directions

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.

### General procedure

The following flow diagram outlines a general process flow for managing alleged breaches of a direction. It excludes education and spot checks performed by the Victoria Police COVID-19 taskforce.

Diagram 1 Flow diagram for managing alleged breaches



### Mass Gatherings No.2

#### Recording of details and initial assessment

Reports of an alleged breach of the Mass Gatherings Direction (No.2) will be referred to the Victoria Police Advice Line 131 444.

Following a report of an alleged mass gathering, Victoria Police will seek the following details:

- contact details of the caller
- name, address, contact details of the person allegedly breaching the direction such as the organiser of the mass gathering and/or the person who owns, controls or operates the premises
- relationship to the caller
- location, time and description of the gathering, e.g. private residence or public place, name of venue or operator
- estimated number of people planned for, or at, the gathering
- place and intended time of the mass gathering
- whether the gathering is indoors or outdoors.

Consideration should also be given to:

- whether the circumstances meet the definition of a mass gathering and exclusions including less than 100 people in a single undivided indoor space and there is not more than one person per 4 metres squared
- whether a mass gathering is planned, currently occurring or finished

#### Action to achieve compliance and address non-compliance

##### *Planned mass gatherings*

Following a report of a planned mass gathering, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au). Or to the DHHS EMLO at the SPOC. The DHHS EMLO at the SPOC needs to work with the compliance and enforcement team to enact further action.

DHHS will then:

- urgently email or phone the organiser and/or person who owns, controls or operates the premises to deter the mass gathering from occurring. DHHS will reiterate obligations, outline penalties for non-compliance and advise assistance may be sought from Victoria Police if the mass gathering proceeds.
- seek confirmation that the mass gathering will be cancelled
- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to the organiser and/or person who owns, controls or operates the premises to cancel the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be cancelled
- seek assistance of Victoria Police through Victoria Police SPOC operation cell **REDACTED** if DHHS determines a site visit and issuing a direction on site is needed.

##### *Currently occurring or recurring mass gatherings*

Following a report of a currently occurring mass gathering, Victoria Police will determine if attendance is feasible. If Victoria Police attends, Victoria Police will:

- contact DHHS via the DHHS EMLO at the SPOC
- seek to identify a person who:
  - owns, controls or operates the premises; and/or
  - is organising the mass gathering
- seek to influence compliance by reiterating obligations, providing education such as a fact sheet and outlining penalties for non-compliance.

Noting DHHS has limited capacity to attend a mass gathering while it is occurring (particularly after hours), DHHS will:

- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider providing information about obligations through a phone call, email or standard letter if breach is inadvertent or low risk in nature and future compliance is likely
- consider issuing a verbal or written direction (through an authorised officer) to stop the mass gathering. For a written direction, this may be undertaken after the mass gathering has finished
- seek confirmation that the mass gathering will be stopped or does not breach the direction in future
- consider a site visit and seek assistance from Victoria Police through SPOC operation cell **REDACTED** to stop the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be stopped.

### *Finished mass gatherings*

Following a report of a finished mass gathering, Victoria Police will refer the matter to DHHS via for action. DHHS will:

- contact the organiser and/or person who owns, controls or operates the premises to:
  - obtain reasons why the mass gathering occurred
  - reiterate obligations, provide further education and penalties
  - seek confirmation there will be no breach of the direction in the future
- consider the risk of the mass gathering including location, density of people, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to prevent a further mass gathering if the mass gathering is high risk in nature and there is a likelihood the mass gathering will recur.

### **Aged Care Facilities**

#### Recording of details and initial assessment

Reports of an alleged breach of the Aged Care Facilities Direction will be referred to the Victoria Police Advice Line 131 444. Victoria Police will seek to obtain:

- contact details of the caller
- name, address and contact details of the person allegedly breaching the direction
- description of the breach
- relationship to the caller.

#### Actions to achieve compliance and address non-compliance

Following a report of a breach of the Aged Care Facilities Direction, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for action. DHHS will:

- contact the operator of the aged care facility to reiterate obligations, provide further education and outline penalties
- contact the person breaching the direction to reiterate obligations, provide further education and outline penalties
- seek confirmation there will be no breach of the direction in the future
- consider issuing a verbal or written direction (through an authorised officer) if:
  - a high risk is identified
  - there is an indication the breach will recur

### **Non-essential business closure**

#### Recording of details and initial assessment

Reports of an alleged breach of the non-essential business closure will be referred to the Victoria Police Advice Line 131 444. Following a report. Victoria Police will seek the following details:

- contact details of the caller
- name and address of the non-essential business
- details of the alleged breach, such as the type of business and when it is operating

#### Actions to achieve compliance and address non-compliance

Following a report of an alleged operation of a non-essential business, DHHS will:

- contact the person who owns, controls or operates the business to provide a verbal or written direction (through an authorised officer) if;

- a high risk is identified
- there is no reasonable indication the person will comply; or
- provide information about obligations through a phone call, email or standard letter if the breach is inadvertent or low risk in nature and future compliance is likely
- seek a response to the allegation including confirmation there will be ongoing compliance with the direction.

### **Repeated breaches and deliberate intentions to not comply**

Following allegations of repeated breaches and/or a deliberate intention to not comply with any of the directions, DHHS will:

- obtain further information about the reason for alleged breach
- phone the person to further reiterate obligations, reason for self-isolation penalties and subsequently issue a verbal or written direction (through an authorised officer)
- consider a site visit to issue the direction with the assistance of Victoria Police by contacting the SPOC operation cell **REDACT**.

### **Opportunistic identification of non-compliance**

There may be times when Victoria Police identifies a breach of the direction through the normal course of business. For example:

- a person in a public place voluntarily identifies as having returned from overseas within 14 days;
- a mass gathering;
- operation of a non-essential business.

In this instance, Victoria Police should seek to influence compliance by reiterating obligations, providing education and outlining penalties for non-compliance. Victoria Police should ensure the details are recorded through the Police Advice Line and referred to DHHS [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) if follow up is needed.

Additional materials to be worked on and added:

### **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 **[Meena Naidu]**

## Plan for people returning from overseas to Victoria

### Background to mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by a Detention order that came into effect at midnight on Saturday 28 March 2020 and 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;
- To provide for the healthcare 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;
  - 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

#### Directions and exemptions

The Chief Health Officer and Deputy Chief Health Officer have instituted this Direction.

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

- Deputy Chief Health Officer – issuing of Directions including the detention direction;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on exemption requests where allowed or relevant;
- Director Regulation and Compliance – lead for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention directions (for example including moving a person from one room to another);
- Director Health Protection and Emergency Management – lead for welfare and healthcare sector for detention sector;
- Director Primary Care - lead for medical services to people in detention.

#### Information management for people in mandatory detention

A business system is being developed to manage the welfare and health issues 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. [Meena Naidu]

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention. [Charles Alpren and Nick Chiam]

The Enforcement and Compliance section will ensure identities 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.

### **Authorised officer\* and Chief Health Officer obligations**

Only authorised officers 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.

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

- 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, is to continue to be subject to detention.

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.*

## **Process by stage**

### **Airport and transit process**

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 the DHHS Authorised Officer (AO).
- 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.

### **Authorised officer actions at the airport**

DHHS Authorised Officers:

- introduce themselves and show their Authorised Officer identification\* (**mandatory AO obligation**)
- must provide a copy of the direction and detention notice to each passenger (or parent/guardian of a minor) and:
  - explain the reasons or detention (**mandatory AO obligation**)

- warn the person that refusal or failure to comply with a reasonable excuse is an offence (mandatory AO obligation)
- ensure the notice of direction and detention:
  - is signed by the detainee and dated
  - has a hotel name and room number
  - has a reference number.
- record issue and receipt of the notice through a scanned photograph and enter in database
- facilitate a translator to explain the notice and reasons for detention
- facilitate any reasonable request for communication, such as a phone call
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- cross reference detainees with passenger manifest
- ensure detainee boards the bus (see policy for unaccompanied children)
- record actions taken in writing, including the above mandatory obligations, use of translator and any other arising issues.

If it is not practicable to explain the reason for detention, the AO must do so as soon as practicable. This could be at the hotel, however every effort should be made to provide the direction at the airport. (mandatory AO obligation).

### People who are unwell at the airport

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 and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer can be organised to return to the hotel;
- If the person is unwell and requires admission, they should be admitted and the lead for enforcement and compliance informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, and be placed in a COVID-19 floor of the hospital if positive, or in a general part of the hotel if tested negative for COVID-19.

### Arrival at hotel – check in

- Detainee provides notice of direction and detention to hotel staff to allocate room.
- Detainee provides notice of direction and detention back to AO to confirm the arrival date, time and room on notice.
- AO takes photo of notice of direction and detention and enters into database.
- After nurses conducts medical and welfare check, 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.

Passengers will be sent to their allocated room. They will be informed a person will contact them in the afternoon or next day to undertake a more formal assessment of longer-term needs and, that a welfare check will occur daily.

### Welfare and health service provision

- Residents will have a welfare check (as specified below) each day.
- DHHS officers conducting welfare checks email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.

- A welfare survey will be conducted by an Authorised Officer of DHHS.
  - Completed welfare surveys are handed to AOs at the hotel.
  - 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 service to be organised by Primary Care Sector. 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.
- \* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

### **Requirement for review each day**

**This is mandatory AO obligation.** Each 24-hour period, DHHS AO:

- Will undertake a electronic review of detainment arrangements by viewing the business system spreadsheet. This includes reviewing:
  - all detainees at the hotel
  - days in detention so that 14-day self-isolation period is adhered to
  - any other issues that have arisen
  - determining whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of Covid-19 and form most Covid-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>1</sup> becomes aware of, such as:
  - person's health and wellbeing
  - covid-18 symptoms on arrival
  - medical record of being previously infected with Covid-19
  - 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, which may be rationale for discontinuing 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).

## 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

## Written notice to Chief Health Officer and advice to Minister

**This is a mandatory obligation.** DHHS authorised officers must give written notice (after a review) to the Chief Health Officer as to whether continued detainment for the next 24 hours is reasonably necessary to eliminate or reduce the risks to health. The written notice must set out the reasons for continuing or discontinuing detention.

The timing of the written notice to the CHO should occur within 48 hours of an AO undertaking the review. A process to conduct this written notification using an extract from PHESS will be established. The CHO must then advise the Minister of each notice received.

## Occupational health and safety for Authorised Officers

Procedures will set out procedures for authorised officers when attending off site locations during the State of Emergency. It is understood that Emergency Management Branch will provide masks to all DHHS employees.

**[Find and include the procedure for PPE / offsite attendance]**

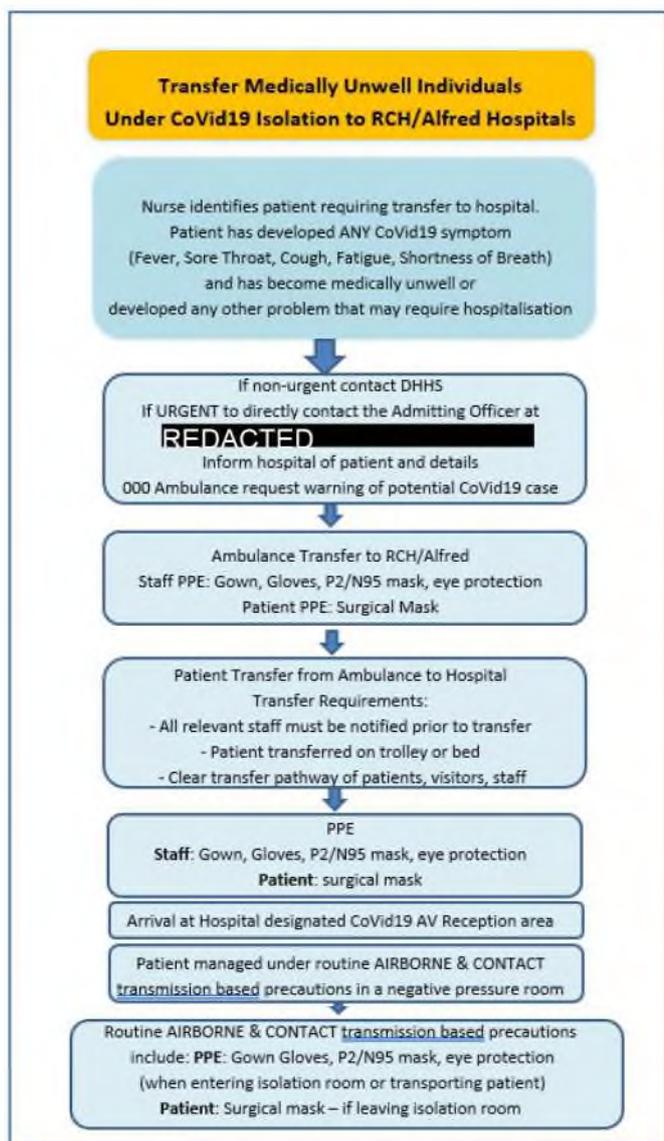
## Actions to detect and test for COVID-19 amongst people in mandatory detention

The following are the actions to enact this:

- Residents 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 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 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 passenger 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 passengers, 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 must be notified prior to the transfer.
- 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 passengers.

### Resident risks and wellbeing

#### 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    |                             |

### 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 Authorised Officers 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.

## Tiers of risk for persons in mandatory detention

### Principles

- 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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>Residents who are by themselves.   | Phone call every second day      |
| Tier 3    | Low risk – everyone else.  | Daily text message (via Whispir) |

### Priority areas for resident wellbeing

#### 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.

#### 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.

#### Smoking policy for people in detention

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

#### Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation

to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

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

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

#### COVID-19 and smoking

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

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

#### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable 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**

- 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.

**Personal protective equipment (PPE)**

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

1. Apply standard infection prevention and control precautions at all times:
  - a. maintain 1.5 metre distance
  - b. wash your hands or use anti-bacterial agents frequently
  - c. avoid touching your face.

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

### **Temporary leave from the place of detention**

The Isolation (Diagnosis) Direction (made 25 March 2020) requires that persons in Victoria diagnosed with COVID-19 self-isolate in a premises (including use of a hotel room) until meeting departmental criteria for discharge and clearance from isolation permitted.

Persons diagnosed with COVID-19 and self-isolating are not permitted to leave the premises, except in the following three (3) circumstances:

1. *For the purposes of obtaining medical care or supplies –*
  - in particular circumstances, DHHS authorised officers and Victoria Police officers may need to determine if medical care is required and how urgent that care may be. DHHS officers may wish to discuss the detainee's medical needs with their manager or a departmental medical officer to assist in determining urgency
  - where possible, authorised officers or Victoria Police officers should attempt to provide the needed medical supplies. If not possible, detainees may be permitted to obtain medical supplies; the detainee should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to.
2. *In any other emergency situation –*
  - 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 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.
3. *In limited outdoor circumstances when it is possible to avoid close contact with other persons and not to enter any other building:*
  - detainees may be permitted to leave their premises for outdoors temporarily; this may include the need for 'fresh air', a cigarette, a short walk etc
  - while temporarily outdoors, detainees are not permitted to enter any other building that is not their (self-isolating) premises
  - detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to
  - a register of detainees should be utilised to determine which detainees are temporarily outside their premises at any one time.

### **Release from mandatory detention**

Checklist of considerations prior to release:

- Review the case file and ensure the 14 day detention has been met;

- 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 whatever mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

### **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.

## **Duties and Requirements**

### **DHHS duties**

Two activities must be completed by DHHS every day (Meena and Merrin):

- the legal obligation for being detained
  - The detention of each resident must be reviewed at least once every 24 hours for the period they are in detention, in order to determine whether the detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.
  - this can be via an AO looking over the database / spreadsheet to ensure they are meeting the legal obligations of detention.
  - this is not a call or face to face unless there is an issue that arises.
- Meeting our duty of care for detainment and completed regular (TBD) welfare check as per the **script designed by Di White (still to come)**.
- Legal requirement of transport to be organised at all times.

**Any queries/issues with AOs to go through Meena first.**

## **Policy on permissions and application of mandatory detention**

### **Objective of policy on permissions and application of 'exemptions'**

The term 'exemption' and this section of this plan is to guide judgment that a person does or does not require to be in mandatory detention, or when a person wants permission to leave their room.

### **Potential mechanisms for exemptions**

Noting that there are broadly two mechanisms available to the 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 Public Health Commander), or
- There could be permission given by the authorised officer (with agreement of the Public Health Commander) 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 leave detention**

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be very rare 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 NSW Health have exempted an 'unaccompanied child' from detention provisions in that state.

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**

The Public Health Commander, through authorised officers, should properly consider a request for permission to leave a room where detention is being conducted, or an 'exemption'.

The process is:

- Members of the public who wish to ask for permission – including people who are in mandatory quarantine – have the option of submitting a request in writing to the COVID Directions inbox (i.e. in writing);
- Authorised officers should also use the COVID Directions inbox to submit requests for permission to be assessed;
- 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;
- Requests will be reviewed in an initial assessment and will be 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 the exemption is rejected and will not proceed further. Logged.
- **A decision tool for authorised officers and officers of the department that are applying this process for recommendations to the chain of command is at Appendix.**
- After this initial assessment process, priority 1 requests will be:
  - Referred immediately to the Director E+C including with a short email summary including a recommendation;
  - The Director E+C submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and calls the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
  - Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
  - Public Health Commander communicates the outcome and the Director E+C is authorised to enact the outcome.
- After this initial assessment process, priority 2 requests will be:
  - The Director HP+EM then submits in writing the application to the Director of Enforcement and Compliance with title 'For Decision: Detention Exception Request';
  - Captured in writing and batched together for consideration once a day for the review by a panel where available;
  - Where available, a **panel** could include a legal services representative, a delegate of the Director E+C and the DPHC Planning or delegate;

- The panel will then rapidly assess and decide on each priority 2 request;
- The outcome of the decisions (grant or reject) is then enacted by the Directions Cell, under the management of the Director HP+EM.
- After this process, priority 3 requests will be:
  - Officer of the department writes back to indicate the exemption has not been granted and should consider using scripts as provided at **Appendix 6**.

### **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.

#### When an unaccompanied minor is normally resident in Victoria

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

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

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

### **Potential non-compliance and escalation**

#### **Options to facilitate compliance**

The authorised officer may:

- Provide detainee opportunity to communicate including any request for a third-party communicator (such as translator);
- Issuing a warning if the detainee chooses not to comply with the requirements;

- Issuing a Penalty Infringement Notice ;
- Directing Victoria Police or accommodation security to physically detain the non-compliant individual for transfer to their secure site.

**Potential non-compliance and escalation**

If a DHHS authorised officer becomes aware that a detainee has left their premises for any reason not permitted, Victoria Police should be notified of the detainee's details, potential reasons for the detainee leaving, where they may have gone and whether they have returned to their (self-isolating) premises.

DHHS authorised officers may consider enforcement activity, dependant on the nature of any breach.

**Transfer of uncooperative detainee to secure accommodation**

Separate mode of transport for uncooperative detainees to secure site for 14-day isolation. Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

**Unauthorised departure from secure accommodation**

If there is reason to believe a detainee is not complying with the notice of direction isolation requirement :

- Notify security or Police to check the detainee is in their room
- If the detainee has left their room, authorised officer/police/security to advise the detainee they are required to comply with the notice of direction isolation requirement.

## Communication and education

### Call centre for physical distancing queries

A call centre for public advice on physical distancing has been established. This will be staffed by authorised officers and managed by a Director Health Protection and Emergency Management.

The internal number is **(03) 9096 0609**, and it is open for calls from 8am to 8pm seven days a week. Members of the public should call 1800 675 398, and select Option 2.

A review of the workforce and escalation arrangements for this call centre is underway. [Sandy Austin, Ben Rimmer]

### Current communications with the Victorian public and health sector

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](http://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](http://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](http://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](http://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
- Daily media release from the department and Premier's office.

#### Social media posts on physical distancing

- Daily posts on DHHS and VicEmergency social media accounts.
- Live streams of press conferences on Facebook

#### 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.

### **Aged Care Directions Facilities**

More content to be added. REDACTED

### **Non-essential business closure**

More content to be added. REDACTED

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

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

### 2.1.3 Modelling the impact of physical distancing interventions in China

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number ( $R_t$ ) 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 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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>Language:    |

### Script

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

|  |
|--|
|  |
|  |

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

### Introductory questions

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

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

2. Are you a lone occupant in your hotel room? Yes/No if No:

a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

| Name | Relationship | Age<br>(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?

|  |
|--|
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|  |

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

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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?

|  |
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### Safety questions

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

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|  |

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

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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?

|  |
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|  |

*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?

|  |
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|  |

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

|  |
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|  |
|  |

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?

|  |
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|  |

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?

|  |
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|  |
|  |

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?

|  |
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|  |

### Final

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

|  |
|--|
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|  |

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

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|  |

23. Do you have any other concerns?

|  |
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|  |
|  |

### End of survey

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



## Appendix 6 – Decision tool for exemption requests for people in mandatory quarantine

INSERT MATRIX - REDACTED

The following vulnerability assessment matrix will help officers consistently triage or reach safe decisions as to whether an exemption request is a priority 1 (urgent), priority 2 (less urgent) or priority 3 (not accepted / rejected).

The Public Health Commander may identify specific instances where an exemption request must always be classified as Priority 1 and as such generates an urgent assessment. Current instances where this determination has been made are:

- A medical emergency in a person in mandatory detention (such as acute chest pain consistent with an acute myocardial infarction);
- An unaccompanied minor where there is no identified legal guardian and in exceptional circumstances.

## **Appendix 7 – Scripts for physical distancing call centre**

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

## Draft Physical Distancing Plan - 31 March 2020

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**From:** "Finn Romanes (DHHS)" [REDACTED]

**To:** "Meena Naidu (DHHS)" [REDACTED] "Annaliese Van Diemen (DHHS)" [REDACTED] "Merrin Bamert (DHHS)" [REDACTED]

**Cc:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] "Mat Williams (DHHS)"  
[REDACTED] , "Nick Chiam (DHHS)"  
[REDACTED] "Brett Sutton (DHHS)"  
[REDACTED] "Ben Rimmer (DHHS)"

**Date:** Tue, 31 Mar 2020 23:36:25 +1100

**Attachments:** COVID-19 DHHS Physical Distancing Plan.DOCX (401.52 kB); COVID-19 DHHS Physical Distancing Plan.tr5 (264 bytes)

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Dear colleagues

Thank you all for great work today.

Please let me know if there are any major omissions.

We should aim to land simple but strong content in the aspects marked up as gaps and then put it up for preliminary approval.

Note it is absolutely iterative, but most elements are close to landed.

A strong request from me and Annaliese – lets keep all aspects inside this plan, and avoid separate protocols.

All the available protocols have been fully incorporated. A few police protocols to get in there and we've almost made it.

**More focus needed tomorrow to support:**

- **Social distancing call centre function**
- **Land 'exemptions' process and flow**
- **Go live with business system and PHESS to support enforcement and compliance**
- **Protocols to assist police getting in the plan**

Any and all work to land this I'll incorporate into the plan  
Finn

Dr Finn Romanes  
Deputy Public Health Commander - Planning  
Novel Coronavirus Public Health Emergency  
[REDACTED]

Department of Health and Human Services  
State Government of Victoria

# COVID-19 – DHHS Physical Distancing Plan

Confidential and internal draft plan

31 March 2020

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## Current workplan for physical distancing

The following workstreams are in place, detailing next deliverables over the next 48 hours (ending close of business 1 April 2020) –

### Compliance and enforcement

1. Directions and exemptions – REDACTED (Sean)
  - a. Exemptions handling protocol (REDACTED)
2. Authorised officer workforces – Noel Cleaves
  - a. Workforce plan for authorised officers - size, source, roster – Noel
3. Police protocols – REDACTED
  - a. Protocol for working with Victoria Police for compliance – REDACTED
4. Mandatory quarantine policy and welfare – Merrin Bamert
  - a. Data management plan for detained persons (Matthew McCrone / Charles Alpren)
  - b. Medical plan REDACTED
  - c. Testing plan REDACTED
  - d. Hospital and ambulance transfer plan REDACTED
  - e. Smoking policy (Maria Bubnic) MARIA
  - f. Exercise policy (Maria Bubnic) MARIA
5. Social distancing public advice line oversight – Merrin Bamert
  - a. Listing of resources to support the call centre and workforce plan REDACTED
6. Data management to support compliance – Charles Alpren / REDACTED
  - a. Data pathway for new arrivals information into PHESS (Charles / REDACTED)
  - b. Provision of compliance priority groups to Victoria Police (Charles)
7. Electronic compliance support tools – Fiona Sparks
  - a. Whispr management protocol
  - b. Tracking options

## 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.

### 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.

### 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>

Statements with content directly bearing on social distancing include the following statements with media event dates and date of the statement. 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 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 or 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.

#### 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 are signed by Dr Annaliese van Diemen (Deputy Chief Health Officer) and Dr Brett Sutton (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 publicly 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 stay at home – 30 March 2020;
- Direction on restricted activity – 30 March 2020;
- Direction on detention notice – Undated (first posted 28 March 2020).

### Summary of legally required actions in Victoria regarding physical distancing (must)

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

The summary of the key requirements in all six 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 DHHS clear the person but allows a person not in their home to go directly there after diagnosis.

#### 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.

#### 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.

### Directions that have been revoked

The following Directions were **revoked** on 25 March 2020 at midnight:

#### *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 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 4m<sup>2</sup> 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 are due to come into effect at midnight on 30 March 2020, and are:

- Gatherings will be restricted to no more than 2 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 will be finalised in due course. REDACTED

REDACTED

### 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 coronavirus (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 5](#). This will be updated regularly **REDACTED**

### 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](#). **REDACTED**

### 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. **REDACTED**

Development is underway of a detailed evaluation proposal / approach to evidence collation the current summary of comparisons for physical distancing is at [Appendix 7](#). **REDACTED**

## 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 that the chain of command for matters relating to physical distancing (especially and including enforcement and compliance actions) interventions 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
- 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 quarantine (self-isolation) 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 Victoria 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.

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.

**Explore further technological methods for tracking – Fiona Sparks**

#### 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:

- Mass gatherings that are underway where there 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;
- Returned travellers from overseas who have indicated they do not intend to adhere to quarantine (self-isolation);
- 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;
- All other returned travellers within 14 days of return;
- 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.

**Document how this is being communicated to VicPol**

### **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](mailto: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. **Details of the EMLO here**

### **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](mailto: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. 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

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

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 behaviour through spot checks, reiterating obligations, providing education and outlining penalties for non-compliance;
- informing DHHS about alleged non-compliance and requesting DHHS support and response;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

## Contacting the Victoria Police Special Operations Centre

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

The DHHS EMLO to Victoria Police is on **TBC**, also [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

## Data management to support compliance and enforcement

### Department obtaining data on travellers for compliance

Update for system to upload information from Isolation Declaration Cards to a spreadsheet and provision to Intelligence Officer. **CHARLES**

Authorised officers are responsible for uploading information to the business system which will then inform an upload to PHESS.

### 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. An information sharing agreement is under development.

Once 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.

Update for providing information by the secure portal, along categories of compliance priority, derived from Isolation Declaration Cards and from PHESS. CHARLES / FINN

### Specific procedures to support compliance and enforcement

Update for how Victoria police stay safe – source of PPE

Update for how AOs stay safe – source of PPE

Update for how approach to compliance of allegedly non-compliant suspected or confirmed cases

Update for how approach to homeless cases, if they occur

Update for how approach to non-compliant person once directed to be compliant

### 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 Whispir 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.

Update from Ben Kong on how widely this has been deployed. REDACTE

Further work is underway to explore other systems for automating case and contact tracing. [Fiona Sparks]

### Management of exemption requests and exemptions

Exemption requests are now being discouraged.

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

The Authorised Officer should provide advice to the requestor consistent with the *COVID -19 DHHS Physical Distancing Plan*.

Further information and consultation for an exemption of physical distancing can be contacted on 1800 675 398.

The process for management of exemption of Physical Distancing/ essential services requests is as follows:

- Explanations to parties should emphasise the Directions and rules and how to stay safe.
- Requestor can be advised to make submission for exemption of Physical Distancing/ essential services through [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)
- All submissions for exemption should be in writing, to that email address. [Note This email is currently monitored 8am-8pm daily by executive managers and authorised officers situated on level 17. These managers and authorised officers (serving as team leaders/expert advisors) are overseeing the staff manning the phone lines for option 2 of the 1800 number.]
- In considering an exemption, an Authorised Officer will then consider the application and may contact the Requestor to ascertain further information. In reviewing the request, the Authorised Officer will consider the extent to which there is a risk of transmission associated with the proposed exemption, across factors including:

- Compliance – compliance with measures is an important factor for higher risk groups
- Proximity of people - possibly the next most important factor
- Frequency of interactions - possibly the next most important factor
- Likelihood of surface touching - reason for hand hygiene focus
- Air environment (affecting likelihood of ‘jumping’ across) - reason outdoors is less risky – droplets less likely to travel
- The Authorised Officer will submit a template by email to the Deputy Public Health Commander (Planning) for pre-assessment – **REDACTED** s writing this now **REDACTED** – available today
- The Deputy Public Health Commander (Planning) will review and make a recommendation to the Public Health Commander.
- Decision documented in writing and saved at HHSF/20/8134 PUBLIC HEALTH - HEALTH PROTECTION - COVID-19 Requests for Exemption from Directions under State of Emergency
- The Authorised Officer must then notify the requestor in writing the outcome of the decision of the Public Health Commander.
- Police will then be advised where exemptions are granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au).
- Formal documentation placed into the TRIM folder by the Deputy Public Health Commander or a tasking officer.
- Audit of requests to check responses will be provided at a later date.
- Update for how DHHS will communicate exemptions and record these and publish these

## Management of requests relating to detention notices

The process.

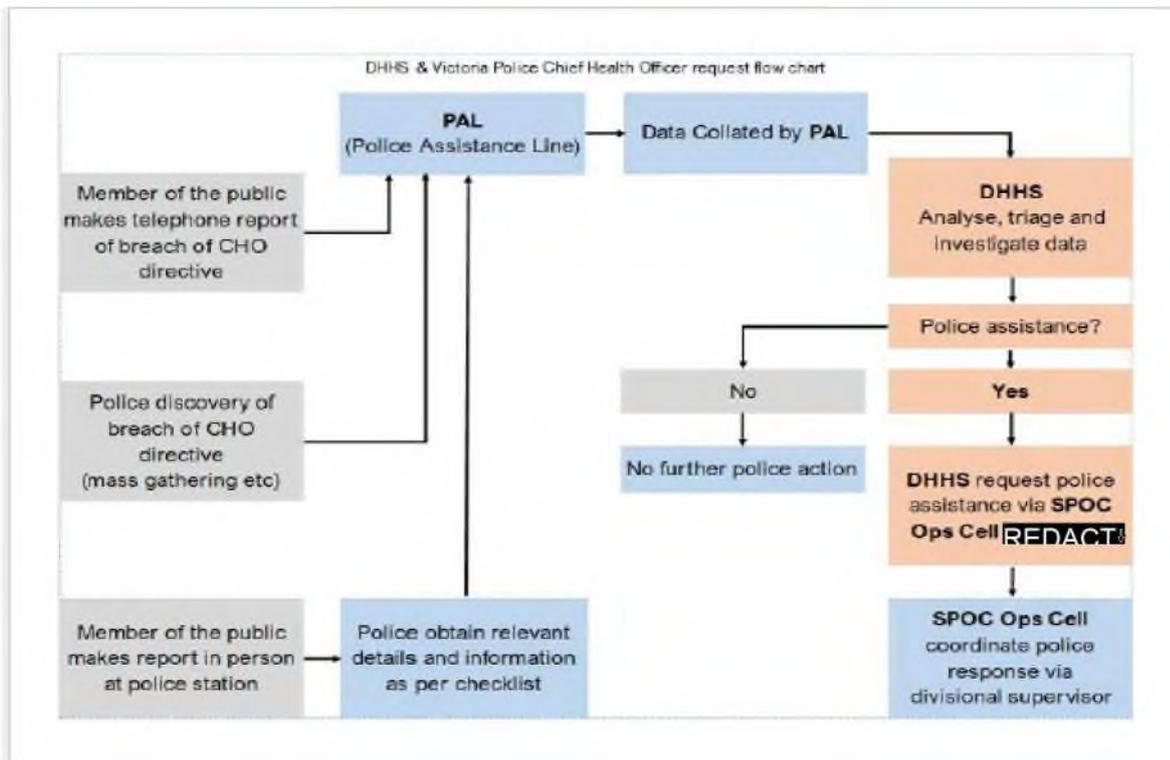
## Protocols for investigating and managing potential breaches of Directions

### General procedure

**A script for serving warnings for authorised officers will also be included [Meena Naidu]**

The following flow diagram outlines a general process flow for managing alleged breaches of a direction. It excludes education and spot checks performed by the Victoria Police COVID-19 taskforce.

Diagram 1 Flow diagram for managing alleged breaches



## Mass Gatherings No.2

### Recording of details and initial assessment

Reports of an alleged breach of the Mass Gatherings Direction (No.2) will be referred to the Victoria Police Advice Line 131 444.

Following a report of an alleged mass gathering, Victoria Police will seek the following details:

- contact details of the caller
- name, address, contact details of the person allegedly breaching the direction such as the organiser of the mass gathering and/or the person who owns, controls or operates the premises
- relationship to the caller
- location, time and description of the gathering, e.g. private residence or public place, name of venue or operator
- estimated number of people planned for, or at, the gathering
- place and intended time of the mass gathering
- whether the gathering is indoors or outdoors.

Consideration should also be given to:

- whether the circumstances meet the definition of a mass gathering<sup>1</sup> and exclusions including less than 100 people in a single undivided indoor space and there is not more than one person per 4 metres squared
- whether a mass gathering is planned, currently occurring or finished

### Action to achieve compliance and address non-compliance

#### *Planned mass gatherings*

Following a report of a planned mass gathering, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au). Or to the DHHS EMLO at the SPOC. The DHHS EMLO at the SPOC needs to work

<sup>1</sup> Please refer to Mass Gatherings direction for the definition and exemptions.

with the compliance and enforcement team to enact further action. **[INSERT NUMBER TO REACH COMPLIANCE TEAM/AOs] [Meena Naidu – determine if 24 hours as well]**

DHHS will then:

- **urgently** email or phone the organiser and/or person who owns, controls or operates the premises to deter the mass gathering from occurring. DHHS will reiterate obligations, outline penalties for non-compliance and advise assistance may be sought from Victoria Police if the mass gathering proceeds.
- seek confirmation that the mass gathering will be cancelled
- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to the organiser and/or person who owns, controls or operates the premises to cancel the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be cancelled
- seek assistance of Victoria Police through Victoria Police SPOC operation cell **REDACTED** if DHHS determines a site visit and issuing a direction on site is needed.

#### *Currently occurring or recurring mass gatherings*

Following a report of a currently occurring mass gathering, Victoria Police will determine if attendance is feasible. If Victoria Police attends, Victoria Police will:

- contact DHHS via the DHHS EMLO at the SPOC
- seek to identify a person who:
  - owns, controls or operates the premises; and/or
  - is organising the mass gathering
- seek to influence compliance by reiterating obligations, providing education such as a fact sheet and outlining penalties for non-compliance.

Noting DHHS has limited capacity to attend a mass gathering while it is occurring (particularly after hours), DHHS will:

- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider providing information about obligations through a phone call, email or standard letter if breach is inadvertent or low risk in nature and future compliance is likely
- consider issuing a verbal or written direction (through an authorised officer) to stop the mass gathering. For a written direction, this may be undertaken after the mass gathering has finished
- seek confirmation that the mass gathering will be stopped or does not breach the direction in future
- consider a site visit and seek assistance from Victoria Police through SPOC operation cell **REDACTED** to stop the mass gathering if:
  - a high risk is identified
  - there is no reasonable indication the mass gathering will be stopped.

#### *Finished mass gatherings*

Following a report of a finished mass gathering, Victoria Police will refer the matter to DHHS via for action. DHHS will:

- contact the organiser and/or person who owns, controls or operates the premises to:
  - obtain reasons why the mass gathering occurred
  - reiterate obligations, provide further education and penalties

- seek confirmation there will be no breach of the direction in the future
- consider the risk of the mass gathering including location, density of people, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to prevent a further mass gathering if the mass gathering is high risk in nature and there is a likelihood the mass gathering will recur.

## **Aged Care Facilities**

### Recording of details and initial assessment

Reports of an alleged breach of the Aged Care Facilities Direction will be referred to the Victoria Police Advice Line 131 444. Victoria Police will seek to obtain:

- contact details of the caller
- name, address and contact details of the person allegedly breaching the direction
- description of the breach
- relationship to the caller.

### Actions to achieve compliance and address non-compliance

Following a report of a breach of the Aged Care Facilities Direction, Victoria Police will refer the matter to DHHS via [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for action. DHHS will:

- contact the operator of the aged care facility to reiterate obligations, provide further education and outline penalties
- contact the person breaching the direction to reiterate obligations, provide further education and outline penalties
- seek confirmation there will be no breach of the direction in the future
- consider issuing a verbal or written direction (through an authorised officer) if:
  - a high risk is identified
  - there is an indication the breach will recur

## **Non-essential business closure**

### Recording of details and initial assessment

Reports of an alleged breach of the non-essential business closure will be referred to the Victoria Police Advice Line 131 444. Following a report. Victoria Police will seek the following details:

- contact details of the caller
- name and address of the non-essential business
- details of the alleged breach, such as the type of business and when it is operating

### Actions to achieve compliance and address non-compliance

Following a report of an alleged operation of a non-essential business, DHHS will:

- contact the person who owns, controls or operates the business to provide a verbal or written direction (through an authorised officer) if;
  - a high risk is identified
  - there is no reasonable indication the person will comply; or
- provide information about obligations through a phone call, email or standard letter if the breach is inadvertent or low risk in nature and future compliance is likely
- seek a response to the allegation including confirmation there will be ongoing compliance with the direction.

## **Repeated breaches and deliberate intentions to not comply**

Following allegations of repeated breaches and/or a deliberate intention to not comply with any of the directions, DHHS will:

- obtain further information about the reason for alleged breach
- phone the person to further reiterate obligations, reason for self-isolation penalties and subsequently issue a verbal or written direction (through an authorised officer)
- consider a site visit to issue the direction with the assistance of Victoria Police by contacting the SPOC operation cell **REDACTE**

### **Opportunistic identification of non-compliance**

There may be times when Victoria Police identifies a breach of the direction through the normal course of business. For example:

- a person in a public place voluntarily identifies as having returned from overseas within 14 days;
- a mass gathering;
- operation of a non-essential business.

In this instance, Victoria Police should seek to influence compliance by reiterating obligations, providing education and outlining penalties for non-compliance. Victoria Police should ensure the details are recorded through the Police Advice Line and referred to DHHS [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) if follow up is needed.

Additional materials to be worked on and added:

### **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. **[Meena Naidu]**

**A reporting framework / key data for reporting on a daily and weekly basis will be developed.**

## Plan for people returning from overseas to Victoria

### Background to mandatory detention intervention

A mandatory detention approach was introduced by a Direction that came into effect at midnight on Saturday 28 March 2020 and 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;
- To provide for the healthcare 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;
  - 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 detention intervention

#### Directions and exemptions

The Chief Health Officer and Deputy Chief Health Officer have instituted this Direction.

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

- Deputy Chief Health Officer – issuing of Directions including the detention direction;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on exemption requests where allowed or relevant;
- Director Regulation and Compliance – lead for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention directions (for example including moving a person from one room to another);
- Director Health Protection and Emergency Management – lead for welfare and healthcare sector for detention sector;
- Director Primary Care - lead for medical services to people in detention.

#### Information management for people in mandatory detention

A business system is being developed to manage the welfare and health issues 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 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.

Authorised officer and Chief Health Officer obligations

### **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.

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

- 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, is to continue to be subject to detention.

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.*

## **Process by stage**

### **Airport and transit process**

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 the DHHS Authorised Officer (AO).
- 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.

### **Authorised officer actions at the airport**

DHHS Authorised Officers:

- introduce themselves and show their Authorised Officer identification\* (**mandatory AO obligation**)
- must provide a copy of the direction and detention notice to each passenger (or parent/guardian of a minor) and:
  - explain the reasons or detention (**mandatory AO obligation**)

- warn the person that refusal or failure to comply with a reasonable excuse is an offence (mandatory AO obligation)
- ensure the notice of direction and detention:
  - is signed by the detainee and dated
  - has a hotel name and room number
  - has a reference number.
- record issue and receipt of the notice through a scanned photograph and enter in database
- facilitate a translator to explain the notice and reasons for detention
- facilitate any reasonable request for communication, such as a phone call
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- cross reference detainees with passenger manifest
- ensure detainee boards the bus (see policy for unaccompanied children)
- record actions taken in writing, including the above mandatory obligations, use of translator and any other arising issues.

If it is not practicable to explain the reason for detention, the AO must do so as soon as practicable. This could be at the hotel, however every effort should be made to provide the direction at the airport. (mandatory AO obligation).

### **People who are unwell at the airport**

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 and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer can be organised to return to the hotel;
- If the person is unwell and requires admission, they should be admitted and the lead for enforcement and compliance informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, and be placed in a COVID-19 floor of the hospital if positive, or in a general part of the hotel if tested negative for COVID-19.

### **Arrival at hotel – check in**

- Detainee provides notice of direction and detention to hotel staff to allocate room.
- Detainee provides notice of direction and detention back to AO to confirm the arrival date, time and room on notice.
- AO takes photo of notice of direction and detention and enters into database.
- After nurses conducts medical and welfare check, 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.

Passengers will be sent to their allocated room. They will be informed a person will contact them in the afternoon or next day to undertake a more formal assessment of longer-term needs and, that a welfare check will occur daily.

### **Welfare and health service provision**

- Residents will have a welfare check (as specified below) each day.
- DHHS officers conducting welfare checks email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.

- Completed **welfare surveys** are handed to AOs at the hotel.
- A welfare survey will be conducted by an Authorised Officer of DHHS. See **Appendix**, which includes a script for conducting the welfare check. **[ADD]**
- 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 service to be organised by Primary Care Sector. 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.

### Requirement for review each day

**This is mandatory AO obligation.** Each 24-hour period, DHHS AO:

- will undertake a electronic review of detainment arrangements by viewing a **CENTRALISED MASTER SPREADSHEET**. This includes reviewing:
  - all detainees at the hotel
  - days in detention so that 14-day self-isolation period is adhered to
  - any other issues that have arisen
  - determining whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of Covid-19 and form most Covid-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>2</sup> becomes aware of, such as:
  - person's health and wellbeing
  - covid-18 symptoms on arrival
  - medical record of being previously infected with Covid-19
  - 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, which may be rationale for discontinuing 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 a **CENTRALISED MASTER SPREADSHEET**. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history.

**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).

### **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

### **Written notice to Chief Health Officer and advice to Minister**

**This is a mandatory obligation.** DHHS authorised officers must give written notice (after a review) to the Chief Health Officer as to whether continued detainment for the next 24 hours is reasonably necessary to eliminate or reduce the risks to health. The written notice must set out the reasons for continuing or discontinuing detention.

**The timing of the written notice to the CHO should occur within 48 hours of an AO undertaking the review. A process to conduct this written notification using an extract from PHESS will be established. The CHO must then advise the Minister of each notice received.**

### **Occupational health and safety for Authorised Officers**

**Please refer to Appendix 2**, which sets out procedures for authorised officers when attending off site locations during the State of Emergency. It is understood that Emergency Management Branch will provide masks to all DHHS employees.

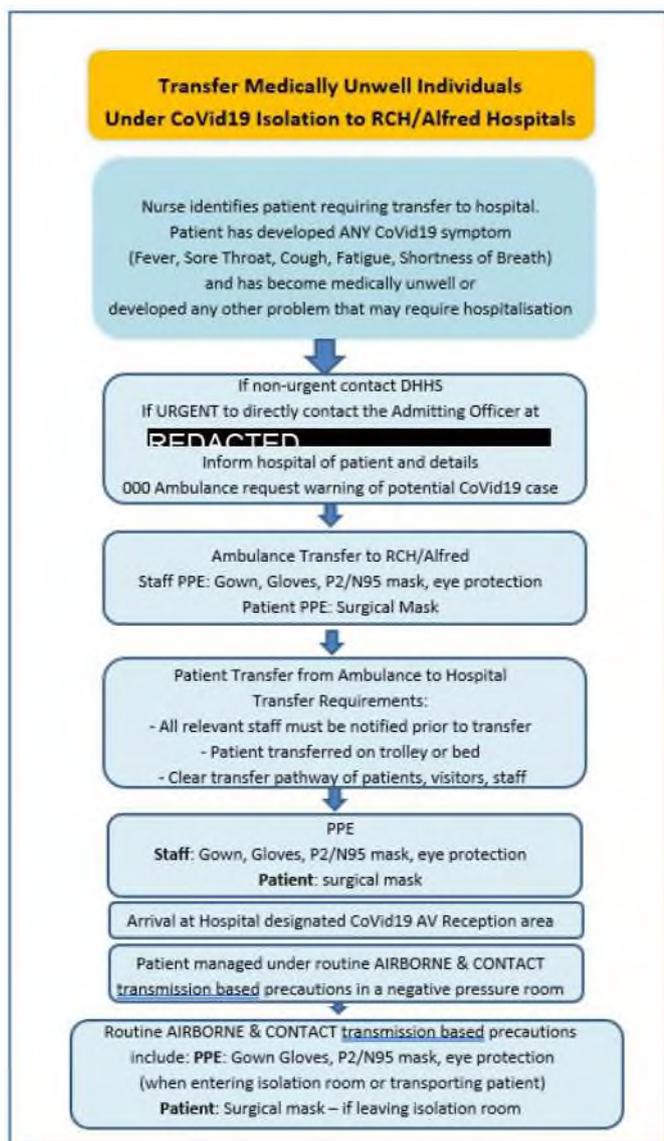
### **Actions to detect and test for COVID-19 amongst people in mandatory detention**

The following are the actions to enact this:

- Residents 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 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 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 passenger 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 passengers, 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 must be notified prior to the transfer.
- 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.



### 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 passengers.

### Resident risks and wellbeing

#### 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         | Social isolation/loneliness |

|   |                             |
|---|-----------------------------|
| allergies/intolerances, over-consumption                                |                             |
| Lack of exercise  | Claustrophobia              |
| Lack of fresh air   | Drug and alcohol withdrawal |
| Smoking – nicotine withdrawal, risk of smoking within rooms/fire hazard |                             |

### 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 Authorised Officers which is included as a script at **Appendix XX**.

### 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.

## Tiers of risk for persons in mandatory detention

### Principles

- 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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>Residents who are by themselves.   | Phone call every second day      |
| Tier 3    | Low risk – everyone else.  | Daily text message (via Whispir) |

### Priority areas for resident wellbeing

#### 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.
- Food and drink deliveries (e.g. UberEats) are not permitted at this time for health and safety reasons.

#### 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.

#### 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.

#### Smoking policy for people in detention

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

#### Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation

to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

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

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

### COVID-19 and smoking

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

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

### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable 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.

## **Other**

- 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.

## **Personal protective equipment (PPE)**

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

1. Apply standard infection prevention and control precautions at all times:
  - a. maintain 1.5 metre distance
  - b. wash your hands or use anti-bacterial agents frequently
  - c. avoid touching your face.
2. Every situation requires a risk assessment that considers the context and client and actions required.
3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
  - a. fluid-resistant surgical mask (replace when moist or wet)
  - b. eye protection
  - c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a P2/N95 mask, eye protection and gloves.

Further guidance on use of PPE

- PPE will be available at the donning area on each floor/area.
- Biohazard waste bags and hand sanitiser will be available at the doffing area on each floor.
- Gloves should be changed between residents in both the COVID and non-COVID zones.
- P2/N95 masks should be worn when dealing with residents in the COVID zone.
- P2/N95 masks require changing every 4 hours and if there is a breach or they are wet.
- Single-use face masks should be worn for other residents if involved with direct care of symptomatic patients, including the collection of viral swabs.
- Single use face masks can be changed every 2 hours, although prolonged direct patient contact is not desirable.

### **Temporary leave from the place of detention**

The Isolation (Diagnosis) Direction (made 25 March 2020) requires that persons in Victoria diagnosed with COVID-19 self-isolate in a premises (including use of a hotel room) until meeting departmental criteria for discharge and clearance from isolation permitted.

Persons diagnosed with COVID-19 and self-isolating are not permitted to leave the premises, except in the following three (3) circumstances:

1. *For the purposes of obtaining medical care or supplies –*
  - in particular circumstances, DHHS authorised officers and Victoria Police officers may need to determine if medical care is required and how urgent that care may be. DHHS officers may wish to discuss the detainee's medical needs with their manager or a departmental medical officer to assist in determining urgency
  - where possible, authorised officers or Victoria Police officers should attempt to provide the needed medical supplies. If not possible, detainees may be permitted to obtain medical supplies; the detainee should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to.
2. *In any other emergency situation –*
  - 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 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.
3. *In limited outdoor circumstances when it is possible to avoid close contact with other persons and not to enter any other building:*
  - detainees may be permitted to leave their premises for outdoors temporarily; this may include the need for 'fresh air', a cigarette, a short walk etc
  - while temporarily outdoors, detainees are not permitted to enter any other building that is not their (self-isolating) premises
  - detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and social distancing principles should be adhered to
  - a register of detainees should be utilised to determine which detainees are temporarily outside their premises at any one time.

### **Release from mandatory detention**

Checklist of considerations prior to release:

- Review the case file and ensure the 14 day detention has been met;
- 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 whatever mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

### **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.

## **Duties and Requirements**

### **DHHS duties**

Two activities must be completed by DHHS every day (Meena and Merrin):

- the legal obligation for being detained
  - The detention of each resident must be reviewed at least once every 24 hours for the period they are in detention, in order to determine whether the detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.
  - this can be via an AO looking over the database / spreadsheet to ensure they are meeting the legal obligations of detention.
  - this is not a call or face to face unless there is an issue that arises.
- Meeting our duty of care for detainment and completed regular (TBD) welfare check as per the **script designed by Di White (still to come)**.
- Legal requirement of transport to be organised at all times.

**Any queries/issues with AOs to go through Meena first.**

## **Policy on exemptions from mandatory detention**

### **Objective of policy on exemptions**

The term 'exemption' for this purpose refers to a judgment that a person does not require to be in mandatory detention.

Noting that there are broadly two mechanisms available to the Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer (with agreement of the Public Health Commander) could find that detention is no longer required, or
- There could be permission given by the authorised officer (with agreement of the Public Health Commander) 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 an exemption**

In the following circumstances there should be consideration of an exemption:

- An unaccompanied minor;
- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- A person who has a medical illness requiring hospital care;
- A person where there are compassionate grounds in the view of the Public Health Commander.

Note that NSW Health have exempted unaccompanied child' from detention provisions in that state.

### **Process for considering exemptions**

The Public Health Commander, through authorised officers, should properly consider a request for permission to leave a room where detention is being conducted, or an 'exemption'.

The process is:

- The authorised officer submits a proposal in writing to the Director of Enforcement and Compliance;
- The Director submits the proposal to the Deputy Public Health Commander Planning for assessment;
- The Deputy PHC Planning recommends a ruling by the Deputy Chief Health Officer;
- The outcome is communicated to all parties for action by the Director.

### **Policy on unaccompanied minors**

Current policy is:

- If the person is under 18 years of age parent or guardian is permitted to stay with them, but only if they agree to submit to the same conditions of detention for the period that the person is detained.

Recommended policy:

- Minors – persons under the age of 18 – without accompanying adult guardians may be present as airport arrivals and will be required to self-isolate in suitable premises for 14 days. It is expected that airport arrivals will be housed in Melbourne hotels.
- Child is released directly from the airport into the custody of their parent or guardian.
- The child remains in isolation in their usual place of residence for the quarantine period and complies with the quarantine direction.
- The quarantine direction could be the same as the isolation direction. It should include a review as per the detention order.
- This is consistent with NSW approach.

#### **Issues to resolve:**

- Contact details of the minor's parents or guardian required to inform them of minor's self-isolation requirements [Australian Border Force and VicPol should have this information?]
- Are working with children checks required for DHHS authorised officer potentially accompanying minors leaving premises?

## **Potential non-compliance and escalation**

### **Options to facilitate compliance**

The authorised officer may:

- Provide detainee opportunity to communicate including any request for a third-party communicator (such as translator);
- Issuing a warning if the detainee chooses not to comply with the requirements;
- Issuing a Penalty Infringement Notice ;
- Directing Victoria Police or accommodation security to physically detain the non-compliant individual for transfer to their secure site.

### **Potential non-compliance and escalation**

If a DHHS authorised officer becomes aware that a detainee has left their premises for any reason not permitted, Victoria Police should be notified of the detainee's details, potential reasons for the detainee leaving, where they may have gone and whether they have returned to their (self-isolating) premises.

DHHS authorised officers may consider enforcement activity, dependant on the nature of any breach.

### **Transfer of uncooperative detainee to secure accommodation**

Separate mode of transport for uncooperative detainees to secure site for 14-day isolation. Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc. **What information is provided to the hotel accommodation provided?**

### **Unauthorised departure from secure accommodation**

The *Protocol for temporary leaving of secure accommodation* outlines approved reasons detainees can leave their secure accommodation. If there is reason to believe a detainee is not complying with the notice of direction isolation requirement :

- **Notify security or Police to check the detainee is in their room**
- **If the detainee has left their room, authorised officer/police/security to advise the detainee they are required to comply with the notice of direction isolation requirement.**
- **Does the authorised officer need to direct Police or security to assist with the facilitation of detainees back to their secure accommodation ?**

### **Other policies**

- **Refusal to co-operate at Airport policy**
- **Unauthorised leaving of hotel – non-compliance with direction policy**
- **Exercise or other approved reason for room leave policy**

## Communication and education

### Call centre for physical distancing queries

A call centre for public advice on physical distancing has been established. This will be staffed by authorised officers and managed by a Director Health Protection and Emergency Management.

The internal number is **(03) 9096 0609**, and it is open for calls from 8am to 8pm seven days a week. Members of the public should call 1800 675 398, and select Option 2.

Review of workforce and escalation protocols.

Review and listing of collateral to support staff in the call centre.

### Current communications with the Victorian public and health sector

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

#### Update for latest developments - Anna

- Tile on physical distancing, including web content by setting;
- Uploadable Victorian physical distancing document in keeping with that tile's web content, located at TRIM HHSD/20/142098 – **REDACTE** / Finn Romanes]
- Content under the State of Emergency tab – Directions;
- Content under 'About Coronavirus' tab;
- Interviews and press conferences by the Chief Health Officer;
- Social media posts on physical distancing;
- Video of the Chief Health Officer talking to all Victorians on physical distancing, being a close contact and being in quarantine or isolation [PIO]

## 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.

### **Aged Care Directions Facilities**

More content to be added. REDACTED

### **Non-essential business closure**

More content to be added. REDACTED

## 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**

[Update]

### 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 modeling 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

[INSERT from REDACTED

## 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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>Language:    |

### Script

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

|  |
|--|
|  |
|  |

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

### Introductory questions

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

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

2. Are you a lone occupant in your hotel room? Yes/No if No:

a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

| Name | Relationship | Age<br>(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?

|  |
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|  |

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

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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?

|  |
|--|
|  |
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|  |

### **Safety questions**

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

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

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

|  |
|--|
|  |
|  |
|  |
|  |

*If the person answers yes to either question 10 or the one above, you could say:*

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

If yes...

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

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

### **Wellbeing questions**

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

|  |
|--|
|  |
|  |
|  |

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

|  |
|--|
|  |
|  |

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

|  |
|--|
|  |
|  |

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

|  |
|--|
|  |
|  |

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

|  |
|--|
|  |
|  |

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

|  |
|--|
|  |
|  |

### Final

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

|  |
|--|
|  |
|  |

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

|  |
|--|
|  |
|  |

23. Do you have any other concerns?

|  |
|--|
|  |
|  |

### End of survey

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



## Papers for Directions meeting at 4pm today

---

**From:** "Meena Naidu (DHHS)" [REDACTED]

**To:** "Brett Sutton (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Finn Romanes (DHHS)" [REDACTED], "Melissa Skilbeck (DHHS)" [REDACTED], "Sean Morrison (DHHS)" [REDACTED]

**Cc:** [REDACTED]

**Date:** Tue, 31 Mar 2020 15:44:20 +1100

**Attachments:** Exemptions policy options.docx (31.14 kB); DRAFT Covid-19 protocol - general.docx (61.25 kB); DRAFT Covid-19 protocol - Minors as detainees.docx (56.08 kB); DRAFT Covid-19 protocol - non-compliant.docx (56.88 kB); DRAFT Covid-19 protocol - post 14 day isolation.docx (55.52 kB); DRAFT Covid-19 protocol - Temporary leave from hotel.docx (57.22 kB)

(from todays Detention meeting-LL)

Hi all

Attached are the draft protocols for the AOs as well as a draft policy for exemptions. They are not all complete as we are trying to work through the various issues in the live environment and are still checking things with legal. But they give a starting point for us to do things and stay compliant with the law.

Kind regards  
Meena

**Meena Naidu | Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

[w. www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

[REDACTED]



# COVID-19 compliance

## Procedure for dealing with uncooperative detainees

### Purpose of this process

To outline the procedure for DHHS authorised officers (*Public Health and Wellbeing Act 2008*) when returned travellers from overseas are uncooperative at the airport in complying with the compulsory 14-day isolation requirement.

### Information for authorised officers

Role of authorised officer and under what direction...

### Options to facilitate compliance

- Provide detainee opportunity to communicate including any request for a third-party communicator (such as translator)
- Issuing a warning if the detainee chooses not to comply with the requirements
- Issuing a Penalty Infringement Notice
- Directing Victoria Police or accommodation security to physically detain the non-compliant individual for transfer to their secure site.
- Anything else???

### Transfer of uncooperative detainee to secure accommodation

Separate mode of transport for uncooperative detainees to secure site for 14-day isolation. Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc. **What information is provided to the hotel accommodation provided?**

### Unauthorised departure from secure accommodation

The *Protocol for temporary leaving of secure accommodation* outlines approved reasons detainees can leave their secure accommodation. If there is reason to believe a detainee is not complying with the notice of direction isolation requirement :

- Notify security or Police to check the detainee is in their room
- If the detainee has left their room, authorised officer/police/security to advise the detainee they are required to comply with the notice of direction isolation requirement.
- Does the authorised officer need to direct Police or security to assist with the facilitation of detainees back to their secure accommodation ?

### Information management

Ensure details are recorded on the detainee case file.

## RE: Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

---

**From:** "Meena Naidu (DHHS)" [REDACTED]  
**To:** "Finn Romanes (DHHS)" <[REDACTED]> "Pam Williams (DHHS)" [REDACTED]  
**Cc:** "SCC-Vic (State Controller Health)" <[REDACTED]>, "Simon Crouch (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED], "Claire Harris (DHHS)" [REDACTED], "Euan Wallace (DHHS)" [REDACTED]  
**Date:** Sat, 18 Apr 2020 23:02:11 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.09 MB)

Hi all

Apologies for the delay. Please find attached the compliance plan. It still requires a bit of work to clean it up but did not want to delay distribution further.

Kind regards  
 Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance  
 Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
 Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

[www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

[REDACTED]




---

**From:** Finn Romanes (DHHS) [REDACTED]  
**Sent:** Saturday, 18 April 2020 10:54 PM  
**To:** Pam Williams (DHHS) [REDACTED]  
**Cc:** SCC-Vic (State Controller Health) <[REDACTED]>; Simon Crouch (DHHS) [REDACTED], Meena Naidu (DHHS) [REDACTED], Annaliese Van Diemen (DHHS) [REDACTED], Brett Sutton (DHHS) [REDACTED], Claire Harris (DHHS) [REDACTED], Euan Wallace (DHHS) <[REDACTED]>  
**Subject:** Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

Dear Pam and Chris / Deputy State Controller – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin, that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through REDACTED that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by Deputy State Controller Health – Operation Soteria for awareness and any comments and endorsement.

Can you / Chris take it from here?

Kind regards

Finn

Dr Finn Romanes  
Public Health Commander  
Novel Coronavirus Public Health Emergency  
REDACTED

Department of Health and Human Services  
State Government of Victoria

---

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# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

15 April 2020 Version 1

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

DRAFT

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

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Available at [insert web site or web page name and make this the live link <web page address>](#)

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# Purpose

This purpose of this document is to:

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

## Processes may be subject to change

It is acknowledged that the covid-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.

To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.

This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

## Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

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

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

## AO Operational contacts

For URGENT operational advice contact the on call (as per the roster) DHHS Compliance management.

| DHHS Compliance lead | Title  | Contact details |
|----------------------|--|-----------------|
| Anthony Kolmus       | AO Operational Lead<br>COVID-19 Compliance Cell<br>Regulation, Health Protection and<br>Emergency Management<br>Department of Health and Human<br>Services   | REDACTED        |
| REDACTED             | AO Team Leader<br>COVID-19 Compliance cell<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health & Human<br>Services   | REDACTED        |
| Noel Cleaves         | AO Team Leader Regulation,<br>Health Protection & Emergency<br>Management Division<br>Department of Health and Human<br>Services                             | REDACTED        |
| REDACTED             | AO Team leader<br>COVID-19 Compliance Cell<br>Regulation, Health Protection &<br>Emergency Management Division<br>Department of Health and Human<br>Services | REDACTED        |

## At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

**Table 1 Roles and responsibilities of staff at hotels**

| Role   | Responsibility   | Authority  |
|--|--|--|
| <b>Authorised Officers under the <i>Public Health and Wellbeing Act 2008</i> at airport and hotels</b> | <p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention).</li> </ul> <p>AOs are required to keep records (written or electronic) of compliance and other issues they become aware of.</p>  | <p><i>Public Health and Wellbeing Act 2008</i> s199</p> <p>Direction and Detention Notices (No 1 and No 2)</p> |
| <b>Hotel site lead</b>   | <ul style="list-style-type: none"> <li>Supports the health and well-being of staff,</li> <li>Liaises with airport command and staff from other departments and agencies represented at the hotel</li> <li>Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations</li> <li>Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required</li> <li>Ensures appropriate records management processes are in place.</li> </ul> |  |
| <b>Medical staff</b>   | <ul style="list-style-type: none"> <li>Provide 24 hour on-call medical support subject to demand</li> <li>Provide welfare to detainees through a daily welfare check — welfare officers email <a href="mailto:\COVIDQuarantine@dhhs.vic.gov.au">\COVIDQuarantine@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues</li> <li>Provide a satisfaction survey for residents to complete each week.</li> </ul>   | Contracted by DHHS.  |

|                                   |   |  |
|-----------------------------------|---|--|
| <b>Department and hotel staff</b> | <ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs</li> <li>• Deliver hyper-care (concierge) services onsite</li> <li>• Manage contracts with accommodation providers</li> <li>• Manage transport arrangements from the airport and other locations detainees may be permitted to go</li> <li>• Manage material needs including food and drink.</li> </ul> |  |
| <b>Security</b>                   | <ul style="list-style-type: none"> <li>• To assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, movement of detainees where they have permission to leave rooms, assisting with release</li> </ul>   |  |

**AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and mediation skills to help persons settle into the new environment.**

# Background

## Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See <https://www.dhhs.vic.gov.au/state-emergency>

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

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Covid-19 Compliance Executive Lead under the Covid-19 Public Health Incident Management Team 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.

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

## Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

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

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

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

## Authorisation under section 200 for the purposes of the emergency order

Only public servants who have been authorised as AOs under the PHWA and **also** authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

**AOs are encouraged to read Part 9 and seek advice from AO Operations Lead if they are unsure in the administration of their powers**

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

# Charter of Human Rights obligations

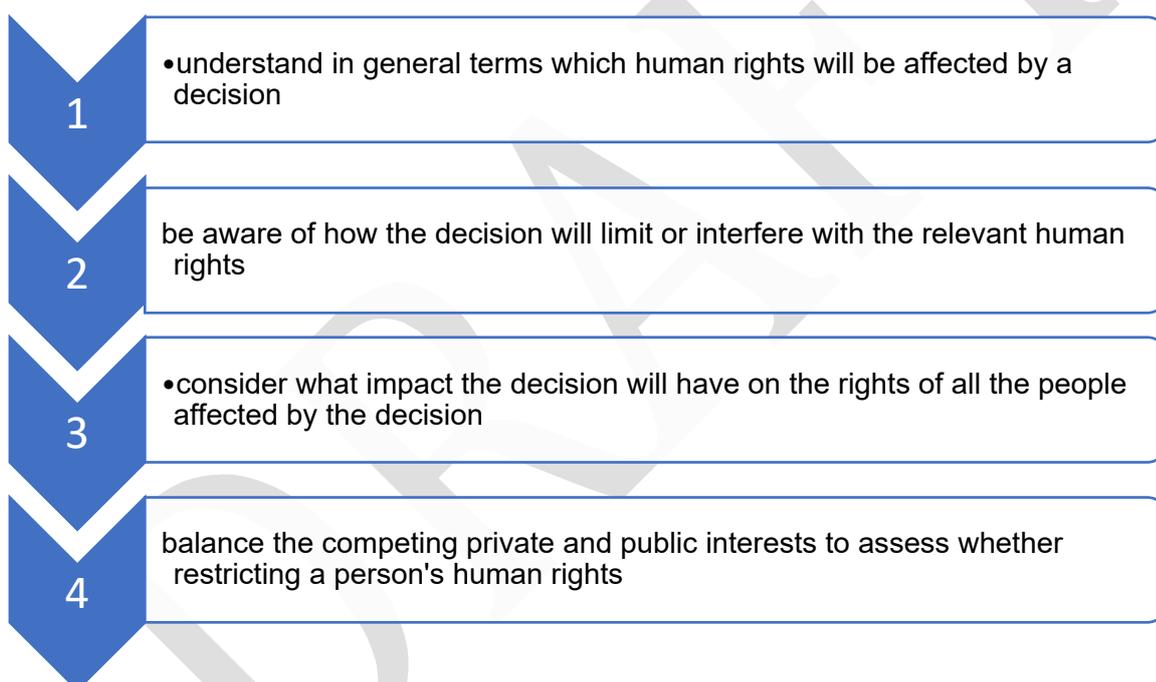
## Key points

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

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

| Charter Right   | Obligation  |
|---|---|
| <b>Right to life</b>  | <ul style="list-style-type: none"> <li>• 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</li> </ul> |
| <b>Right to protection from torture and cruel, inhuman or degrading treatment</b> | <ul style="list-style-type: none"> <li>• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>   |
| <b>Right to freedom of movement</b>   | <ul style="list-style-type: none"> <li>• while detention limits this right, it is done to</li> </ul>  |

| Charter Right  | Obligation   |
|--|--|
|  | <p>minimise the serious risk to public health as a result of people travelling to Victoria from overseas</p>   |
| <b>Right to privacy and reputation</b>                     | <ul style="list-style-type: none"> <li>• this includes protecting the personal information of persons in detention and storing it securely</li> </ul>  |
| <b>Right to protection of families and children</b>        | <ul style="list-style-type: none"> <li>• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>               |
| Property Rights  | <ul style="list-style-type: none"> <li>• this includes ensuring the property of a person in detention is protected</li> </ul>  |
| <b>Right to liberty and security of person</b>             | <ul style="list-style-type: none"> <li>• 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</li> </ul> |
| <b>Rights to humane treatment when deprived of liberty</b> | <ul style="list-style-type: none"> <li>• this includes treating persons in detention humanely.</li> </ul>  |

# Airport

## Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

| Authorised Officers* Responsibility   | Mandatory obligation   | Section (PHWA)   |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>   | Yes<br><br>Section 166   |
|  | <ul style="list-style-type: none"> <li>• 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"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>remind the person they must keep their detention notice.</b></li> </ul> </li> <li>• 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.</li> </ul> | Yes.<br><br>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.<br><br>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)]<br><b>(mandatory AO obligation).</b> |

|   |  |     |                |
|---|--|-----|----------------|
|    | <ul style="list-style-type: none"> <li>ensure each Direction and Detention Notice: <ul style="list-style-type: none"> <li>states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>contains signature of person being detained or their guardian as receipt of the notice</li> <li>states the name of AO</li> <li>contains signature of AO</li> <li>contains the hotel name at which the person will be detained</li> <li>contains the date of detention</li> </ul> </li> </ul> |     |                |
|    | <ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application<sup>1</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>  |     |                |
|   | <ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is REDAC)</li> </ul>  | Yes | Section 200(5) |
|  | <ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>   |     |                |
|  | <ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival.</li> <li>This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>   |     |                |

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

<sup>1</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Supplementary roles

Transport is the responsibility of [the Department of Transport] and should be managed in accordance with physical distancing and hygiene guidelines.

## Other airport issues

### People who are unwell at the airport

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

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport.

After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should
  - log the person as requiring mandatory quarantine at a specified hotel and issue the detention notice
  - , provide a permission to enable the person to be transported to the hospital and, following medical release, be transported back to the hotel
  - Provide an information sheet to travel with the person to provide to the hospital advising it that the person is being detained and with a phone number for the hospital to call when the person is ready to be returned. so the hotel team leader can arrange a transfer (patient transfer/ambulance/ maxi taxi etc) to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the AO lead informed
- If the person is well enough to be discharged they should return to the hotel \ and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19. The AO must ensure the room number is included on the detention notice.

### Transfer of uncooperative person to be detained to secure accommodation

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation. Contact Compliance Lead to discuss the situation with EOC.

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

# At the hotel

## Key points

- AO reiterates detention requirements and the penalties that apply for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, other staff and medical staff.

## Key responsibilities at check-in

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO reiterates detention requirements and ensure room number is documented on the notice. The notice must be returned to the detainee.
- The AO at the hotel must ensure the room details are recorded in the COVID-19 Compliance Application along with other information not captured at the airport.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next day

AOs to make themselves known to on-site security.

## Possible changes to hotel-check in process

As of 14 April 2020, DHHS is exploring using data entry staff at each hotel to input scanned copies of the direction and detention notice and data into the Compliance Application. This would mean that the AO at the hotel is primarily responsible for compliance related issues and associated notes.

## Monitoring compliance related issues at the hotel

- AOs should check that security are doing some floor walks to encourage compliance and deter non-compliance.
- AO will oversee and provide advice on compliance-related issues such as requests for temporary leave (see Temporary leave from the place of detention process), a person refusing to comply and a person demanding to be removed from detention. AOs may be called upon by security, hotel staff, or nursing staff to remind a person the reason for the detention and the penalties if they do not comply. There may be a need, in consultation with a nurse or medical practitioner, to refer a person for a welfare check or further assistance. Help of this nature may support compliance and a person's wellbeing. **This information must be captured on the COVID-19 Compliance Application.**

- AOs may need to answer questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.
- AOs must facilitate any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is **REDACTED**
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO must provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

## Non-compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

## The AO Operations Lead to undertake review each day

- The AO Operations Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**)
- The AO Operations Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to ‘Charter of Human Rights’ obligations
  - any other issues that have arisen.
- The AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance executive lead and approval by the Chief Health Officer prior to submitting to the Minister for Health.

To inform the review, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person’s health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues

- being cleared of COVID-19 results while in detention
- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application**. This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

### **Mandatory reporting (mandatory AO obligation)**

As part of the review the AO Operations Lead must prepare a brief for the Minister for Health on the review for endorsement by the Compliance Executive Lead and approval by the Chief Health Officer (or their delegate) prior to submitting to the Minister for Health. The brief will serve as a written notice 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 AO operations lead could identify that detention may no longer be required (with the approval of the Compliance Executive Lead and Public Health Commander). These matters will be referred to the Permissions and Exemptions team within the Covid Compliance cell to facilitate Public Health Command review and decision.

# Grant of leave from detention

## Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

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

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

## COVID-19 Escalation procedure for requests for leave from people in quarantine

### Persons emailing [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au)

People in detention should email their request, with as much detail as possible, to [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed temporary leave from detention (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will immediately forward the request on to the COVIDQUARANTINE email address.
  - NB All requests from people in quarantine that do not relate specifically to requesting an exemption or permission from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward any permissioning requests to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex permissioning may require escalation to the relevant AO team leader and then the AO operations Lead
- Any matter related to changing the place of detention or early release will be managed through the Permissions and exemptions team for approval through the CHO/DCHO. Each matter is to be considered on a case by case basis. However, a number of circumstances have been identified as likely to warrant consideration of early release or change of detention location. These are:
  - 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 require 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 .
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs EOC and the AO Compliance Lead who delegates implementation of the decision

### **Recommendation for leave by on-site nurse, medical practitioner of welfare staff**

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
  - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under “Persons emailing covidquarantine@dhhs.vic.gov.au’ above.

### **Urgent medical attention**

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

### **Other requests**

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance. The Compliance Executive leave should be immediately advised is an exemption is being sought through an MP.

### **Physical health (exercise) – see procedure at end of this chapter**

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:

- willingness and availability of security to facilitate exercise
- site layout and capability to ensure persons are in a cordoned off area
- maintaining infection control.
- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

## Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- must complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, and
- enter in Compliance Application if available.

## Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

## Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any issues raised
- confirm appropriate infection control measures are in place
- advise on physical distancing requirements.

## Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.

- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room.

### **Guidance for security escort**

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home
- Exercise should be undertaken in a cordoned off area with no public access or interaction.

### **Other considerations**

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits 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.

## 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.

DRAFT

## Hospital transfer plan

The following outlines the role of the AO in hospital transfers

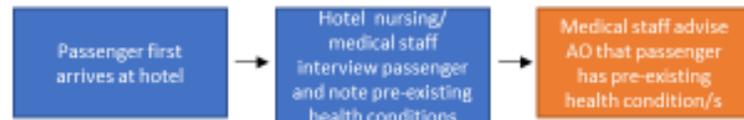
- Nurse/doctor assess that patient requires hospital care
- **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the COVID-19 Compliance Application or register. The detainee should also be provided with an information sheet to be provided to the hospital to quarantine and contact arrangements.**
- **All relevant staff including AO must be notified prior to the transfer.**
- Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19. This takes priority over any AO requirements.
- 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).
- 

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)

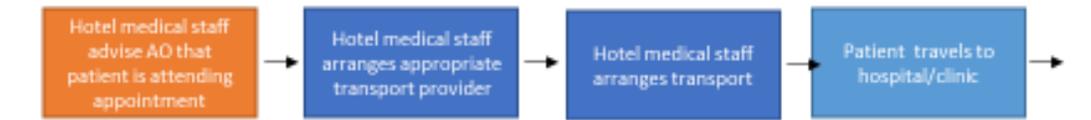
## WHEN PASSENGER ARRIVES AT HOTEL



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

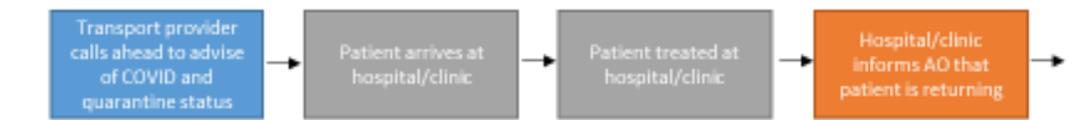
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

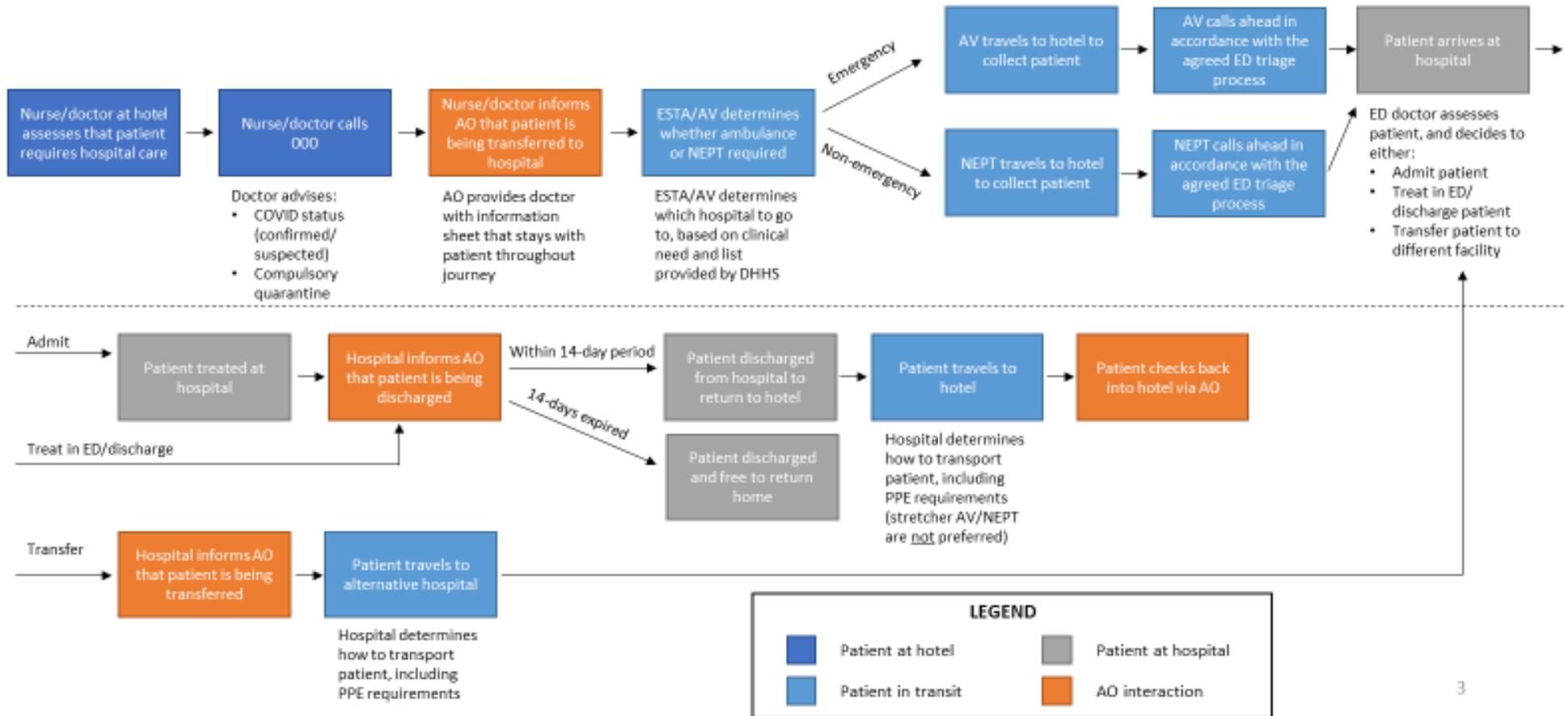


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)



# Compliance

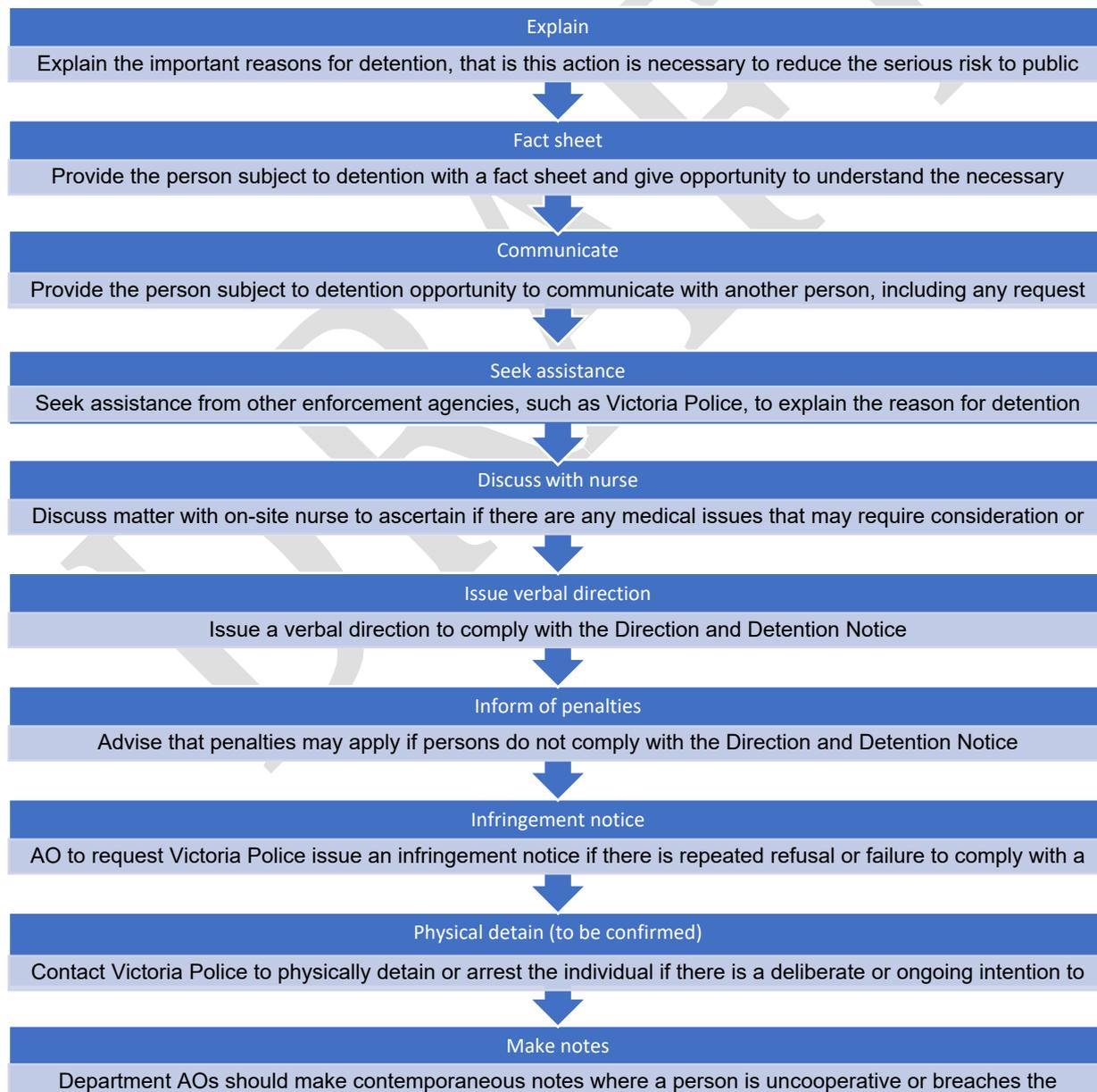
## Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on arrests, including moving people into a 'forced' detention or physical contact with a person must be managed by Victoria Police.**

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

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

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

If the person is located, the AO should:

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

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

| Section (PHWA) | Description  | Amount                                     |
|----------------|--|--|
| s.183          | Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).   | 5 penalty units (PU)                       |
| s.188(2)       | Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.  | 10 PU natural person, 30 PU body corporate |
| s.193(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |
| s.203(1)       | Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate). | 10 PU natural person, 30 PU body corporate |

# Policy and procedure on unaccompanied minors

## Key points

- unaccompanied minors will be dealt with on a case by case basis.
- If an unaccompanied minor is detained in a hotel without parents, specific processes must apply.

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

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

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

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

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

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

## When an unaccompanied minor is normally resident in Victoria

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

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

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3**.

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in**

a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

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

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

## When an unaccompanied minor is detained in a hotel

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

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

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

## Escalation of issues

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

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

# Departure – release from mandatory detention

## Key points

- AOs are responsible for the compliance check out.

## Background

Prior to release of a person being detained, they will be provided with an End of Detention Notice, **Appendix 8** or an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9** that confirms release details and specifies requirements to follow. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

## Pre check-out

- Exit Notices and associated materials prepared and dropped to hotel.
- Early hours releases transport booked (DJPR).
- Early hours releases documentation actioned by AO evening prior.
- Notices for all persons subject to detention placed under doors (by Security).

The person in detention will be:

- notified they are due for release from detention in 48 hours
- notified that a health check to determine their status is recommended
- provided information for people exiting quarantine on transport and other logistical matters.

## Health check

- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

## Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location.

## Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- At check-out, the AO will:
  - request to see identification and the End of Detention notice
  - confirm the person's identification and room number on exit sheet

- confirm the period of detention and explain detention period has ceased, including highlighting other requirements
- site and sign the End of Detention notice and provide to the person
- mark the person off an exit list as being discharged and request that they sign the list confirming discharge
- provide cab charge
- update the Compliance Application (note this may be a data entry update after the process has been completed).

DRAFT

# Occupational health and safety (OHS) for Authorised Officers

## Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents.
- AOs must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible

## Purpose

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

## Health Emergency

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

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

## Compliance Activity

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

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

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED**

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

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

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

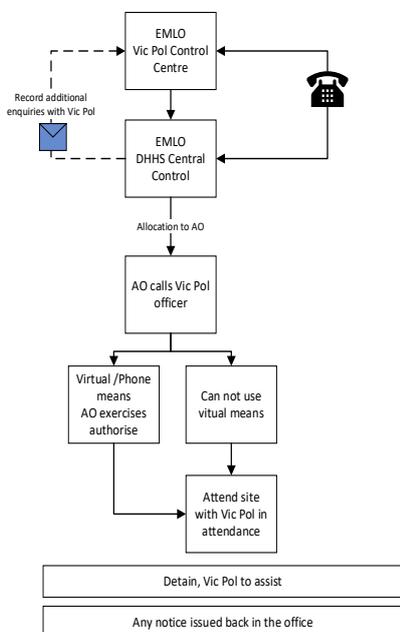
## Fatigue

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

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

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

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

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

## Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

### AOs going onto floor of hotel

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### Relocating covid-19 positive person

- This process is lead by the nurses/medical staff, who are trained and prepared for it.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Again, security are just there to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in PPE and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO WILL THEN LEAVE IN A SEAPARATE LIFT TO THE SECURITY/NURSING STAFF.
- The Team Leader can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

### Measures and guides to enhance occupational health and safety

| PPE/measure                                     | Guide  |
|---|--|
| Single-use face mask (surgical mask)            | When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained. |
| Gloves  | If contact with the person or blood or body fluids is anticipated.   |
| Hand hygiene / Hand Sanitizer<br>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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury         | Low / Medium                         | Only attend a site with Victoria Police or with security.   |
| Other infectious agents |                                      | Follow personal protective measures   |

# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

- (b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

- (c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

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

### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 3 Guidance: Exemptions under Commonwealth law

PLEASE NOTE THAT THIS IS SUBJECT TO VICTORIAN DIRECTIONS. PLEASE CHECK WITH COVID COMPLIANCE EXECUTIVE LEAD RE CURRENT POLICY



## 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](http://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](http://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.

DRAFT

# Appendix 5 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.

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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 [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

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

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

### Family violence (FV)

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

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

### Alcohol and other drugs

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

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

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## Appendix 7: 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.**

#### 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 <<EXIT END TIME>> 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

Your detention **does not end** until the time stated in paragraph 3(4) 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 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. **This is estimated to be within thirty minutes of your exit time.**

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.*

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

## 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.

**PLEASE BRING THIS NOTICE WITH YOU.  
THIS NOTICE IS NEEDED TO EXIT THE HOTEL**

\_\_\_\_\_ **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

# Appendix 10: Release Process 'Running Sheet'

## ***Evening prior to release***

- Exit Notices and associated materials prepared and dropped to hotel  
[Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist  
If issues or lack of exit time, contact: \_\_\_\_\_
- Notices for all other exiting detainees placed under doors (by Security)

## ***Day of release***

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

## ***Release process***

- AO to sight ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- AO to inform detainee of release (highlight conditions etc)
- Detainee signs exit sheet
- Welfare staff provide cab charge, facilitate transport etc

## Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

| Ref No. | Date | Name of detained person | Reason | Time-Out | Time-In |
|---------|------|-------------------------|--------|----------|---------|
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |
|         |      |                         |        |          |         |

## Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

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**From:** "Finn Romanes (DHHS)" <[REDACTED]>  
**To:** "Pam Williams (DHHS)" <[REDACTED]>  
**Cc:** "SCC-Vic (State Controller Health)" <[REDACTED]>, "Simon Crouch (DHHS)" <[REDACTED]>, "Meena Naidu (DHHS)" <[REDACTED]>, "Annaliese Van Diemen (DHHS)" <[REDACTED]>, "Brett Sutton (DHHS)" <[REDACTED]>, "Claire Harris (DHHS)" <[REDACTED]>, "Euan Wallace (DHHS)" <[REDACTED]>  
**Date:** Sat, 18 Apr 2020 22:54:17 +1000  
**Attachments:** Draft Mandatory Quarantine Health and Welfare Plan - 18 April 2020.docx (2.38 MB)

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Dear Pam and Chris / Deputy State Controller – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin, that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through Cameron/Jenny that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by Deputy State Controller Health – Operation Soteria for awareness and any comments and endorsement.

Can you / Chris take it from here?

Kind regards

Finn

Dr Finn Romanes  
 Public Health Commander  
 Novel Coronavirus Public Health Emergency

[REDACTED]  
 Department of Health and Human Services  
 State Government of Victoria

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# COVID-19 Mandatory Quarantine Health and Welfare Plan – Operation Soteria

17 April 2020

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## Introduction

Mandatory quarantine for all people arriving from overseas into Victoria was introduced on 28 March 2020.

### Purpose

This plan outlines the policy for welfare and, medical, nursing and mental healthcare to individuals detained in mandatory quarantine.

### Scope

This plan will outline healthcare and welfare arrangements for people in mandatory quarantine as part of Operation Soteria.

This should be read in conjunction with the *COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)* and the *Operation Soteria – Operational Plan*.

### Audience

This document is intended for use by DHHS staff, all departments and organisations involved in Operation Soteria and the governing bodies described below.

### Governance and oversight

#### Operation Soteria

A diagram indicating the governance of strategy / policy and operation of the mandatory quarantine program is described in **Appendix 1**.

#### Roles and responsibilities

The Public Health Commander (through the Deputy Public Health Commander / delegate) will take responsibility for approving this plan.

The State Controller Health (through the Deputy State Controller Health) operating through the Emergency Operations Centre (EOC) has operational accountability.

The DHHS Commander – Operation Soteria is responsible for:

- provision of welfare to individuals in mandatory quarantine (delegated to a Director Health Protection and Emergency Management);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff;
- ensuring a safe detention environment at all times.

The Deputy State Health Coordinator is responsible for:

- provision of healthcare to individuals in mandatory quarantine.

#### Co-ordination of medical care – Requirement for a DHHS Medical Lead

Due to the large number of individuals in mandatory quarantine, the high risk environment and length of time in detention, and the potentially complex needs of this cohort, a DHHS Medical Lead should be appointed to oversee medical care, including care through general practitioners and any nursing – including mental health nursing – care provided. The DHHS Medical Lead should have a healthcare background and have experience managing complex programmes for vulnerable populations. The DHHS

Medical Lead should oversee the staffing of the various sites, reassess medical workforce needs, provide advice to staff, and ensure the minimum standards of care are being met.

The DHHS Medical Lead should identify any risks or issues and refer these to the Compliance Lead and State Control Centre Emergency Operations Centre for urgent action. They should be a senior point of contact in relation to medical and nursing care for the Compliance Lead, the State Emergency Controller / DHHS Commander, and the Public Health Commander and Deputy Public Health Commander for Physical Distancing.

## Standards for healthcare and welfare provision

### Meeting the needs of people in detention

The health and welfare of persons in detention is the highest priority and the main purpose of this plan. Mandatory detention removes some safeguards for health and welfare (such as free access to medical care of choice) and requires the highest standard of medical care at all times. This is in addition to the elevated risk of COVID-19 infection in returned travellers.

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

### Physical examination and telemedicine

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

Sufficient and appropriate PPE should be provided. If this is not available, it should be flagged immediately to the team leader/site manager to arrange for urgent stock to be delivered from another site. It may be possible to contact a nearby quarantine hotel and arrange for urgent PPE stock to be brought over to that hotel. If appropriate PPE is worn and used correctly, there should be no additional risk to the health care provider, or the patient (quarantined individual).

Any request for medical review should be carefully considered before determining whether telemedicine or physical review is most appropriate in that scenario. Phone consults or telemedicine should not be used as a substitute for direct clinical review if it is clinically indicated. If healthcare providers are concerned for their own safety, the case should be escalated to the DHHS Team Leader.

### Clinical handover

All clinical interactions must be documented, and important/ongoing issues handed over to the team covering the next shift. Nurses should hand over to the nurses on the next shift, and also the team leader so they are aware of the outstanding issues. GPs who review patients (over the phone or in person) must handover the outcome of the assessment and ongoing management plan to the nurses, and to the GPs on the next shift (or the clinical lead) if relevant. GPs contracted by Medi7 also have a Clinical Lead who is a Medi7 doctor acting as the coordinating point for these doctors. It would be advisable for a daily morning meeting to occur between the team leader, nursing cohort, medical officer and AO for every hotel. During this meeting, current issues that require escalation may be flagged to the team leader and escalated as appropriate. Documentation of the morning meeting and allocation of special tasks should be recorded in the DHHS notes.

## Triage and waiting times

Requests for medical care must be actioned within a specific time frame, in keeping with the acuity of the issue and the availability of services. Where staffing allows, the doctor may see patients before the nurse, particularly if the request is deemed urgent.

- For emergency/life-threatening issues, the patient, family member, doctor, nurse, DHHS personnel or hotel staff should call 000 immediately
- For urgent physical health issues that do not require 000, the quarantined individual must be reviewed within 30 minutes by the hotel nurse (by contacting the hotel nurse direct line) who should review the patient in person and alert the on-call doctor to arrange urgent review if required. The GP should attend as soon as possible and within one hour.
- For urgent mental health issues, the patient should be reviewed by the nurse or doctor-on-call within one hour. Where a quarantined individual may pose a risk of harm to themselves or others, a full risk assessment must be conducted by the doctor-on-call and escalation as per current policy – see safety and mental health section.
- For non-urgent issues (require assessment and management), the quarantined individual must be reviewed by a nurse (within four hours) first, then the on-call doctor must be contacted to arrange review depending on the acuity of the issue but within a 12 hour period.
- For all other issues, review by the nurse should be within eight hours and the on-call doctor (if required) within 24 hours.
- For prescriptions of regular medications, these should be arranged within a 24-hour turnaround period.
- For urgent prescriptions required same day, these should be arranged within 8 hours.

**Commented [FR(1):** The Deputy State Health Coordinator should use this policy to build these expectations in, and communicate them to the medical providers. The DSHC presumably holds the contracts. If not met, escalate to Deputy State Controller and decide whether to choose a new provider (but obtain medical records on detainees first from Best Practice).

| Acuity of issue  | Time frame for response   |
|--|---|
| Emergency: serious health concern / life-threatening issue | Immediate – call 000 ASAP   |
| Urgent physical health concerns                            | Nurse review as soon as practicable (within 30 minutes)<br>GP review within 1 hour                                |
| Urgent mental health issue                                 | Doctor or nurse review within 1 hour  |
| Non-urgent issue requiring review and management           | Nurse review within 4 hours<br>GP review (if required) within 12 hours  |
| Minor health issue, non-urgent                             | Phone review as soon as practicable<br>Nurse assessment within 8 hours<br>GP review (if required) within 24 hours |

## Information and data management

There should be a minimum number of secure databases used for the storage and handling of confidential data on people in detention. This is to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this program:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software;
- Paper records (until transitioned to systems above).

The State Controller Health, DHHS Commander - Operation Soteria (or delegate) and Public Health Commander (or delegate) should be able to access any record within these systems to enable oversight of the health and welfare of people in detention.

The Department of Jobs Precincts and Regions (DJPR) will provide a list of people arriving internationally that populates PHESS and the Dynamic CRM Database. In turn, medical information is then stored in PHESS and Best Practice. Welfare and Compliance information is stored in the Dynamic CRM Database. Within 24 hours of arrival, both the Dynamic CRM Database and PHESS will contain a complete list of people in detention. PHESS will be the complete record for all medical and compliance records for a person who was in detention in Victoria as part of this program.

An Intelligence Cell will be introduced into the EOC to oversee reporting arrangements.

## Medical records

### Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record should capture the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

### Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. 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 – Operation Soteria or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

## Follow-up of results

It is the responsibility of the doctor who orders any test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they are not able to do so, they must handover this task to the next doctor on-call, inform the nurse, and record this in the medical record.

## Provision of healthcare

### Medical care

#### Access to regular general practitioners and specialists

A person in detention should be able to access care through their normal general practitioner and specialist through telehealth arrangements if they request it. If that is to occur, the person should indicate who their provider is and should provide the contact details of the general practitioner to the nursing lead / Team Leader for their time in detention, so that the general practitioner can act as an advocate for, and communicate with, the nursing team about the health of the person in detention.

If a detainee has been reviewed by their personal GP or has received a specialist consultation via telehealth whilst detained, a letter from the GP/specialist should be requested within four hours following the review and documentation of this consult, outcome and plan should be transcribed into the Best Practice medical record. The name of the external reviewing doctor, time and contact details must also be documented into the detainee's DHHS notes by the hotel general practitioner. There must be clear communication and documentation regarding who will follow up and review any plans made by external clinicians.

#### Provider of general practice services

General practitioners (GPs) are provided by Medi7 and Doctor Doctor. **[MORE DETAILS – point of contact, contact information, ABN]**

General practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24-hour medical support to individuals in mandatory quarantine. GPs should be engaged at a ratio proportionate to the burden of healthcare problems across the hotels. The directors of the contracting companies should teleconference with the Deputy State Health Coordinator twice weekly to review workload and vary this ratio if necessary.

GPs attend in person from 8.00am to 6.00pm daily and revert to telehealth arrangements at night.

GPs are contactable via the nurses at each location. From 6pm on a weeknight, the nurse may contact the on-call GP. The on-call GP can provide telehealth services as required or attend the relevant hotel. Over weekends and on public holidays, a group of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

Medi7 is currently implementing a Best Practice medical record system for record-keeping. This will be uploaded to the DHHS Dynamic CRM Database.

#### Clinical lead for general practice services

Medi7 has now appointed a clinical lead to oversee and coordinate the doctors working across all hotels participating in mandatory quarantine each day. The number of doctors per cluster of hotels is reviewed each morning before determining where each doctor is allocated. The Medi7 GPs can report issues to the clinical lead and seek advice and additional support. The Medi7 clinical lead should update and report concerns to the Deputy State Health Coordinator.

**Commented [FR(2):** Deputy State Health Coordinator (or role that organised medical services) should include this information, including where the contracts re held)

## Pathology and pharmacy services

### Pharmacy arrangements

Specific pharmacies in proximity to each hotel should be engaged to allow for prompt procurement of necessary medications and equipment for quarantined individuals. The address, contact details, and operational hours of the pharmacy for each hotel should be distributed to all staff working in that hotel and should be easily accessible. Each hotel should know which pharmacy can be used for urgent scripts out of hours, if their usual pharmacy cannot provide this service.

These pharmacies will accept prescriptions emailed by the resident's usual GP or made by the on-site GP and will have delivery arrangements in place to the relevant hotel.

These pharmacies have a billing arrangement in place with the department.

Should the existing complement of pharmacies prove incapable of meeting demand, extra pharmacies will be sought through engagement with the Pharmacy Guild.

See Appendix 8 - Hospital and pharmacy contacts for each hotel

### Prescriptions

Both prescribed and over-the-counter (OTC) medications can be ordered from the pharmacies described above. A record should be kept of all medications dispensed to quarantined individuals.

### Prescribing benzodiazepines

When prescribing benzodiazepines for anxiety in mandatory detention, GPs should exercise a high degree of caution. Care should be taken to ensure that benzodiazepines are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications. These medications should only be required after careful history taking and assessment, to individuals who are regularly prescribed them. If they are required to be prescribed, no more than four (5mg) tablets should be prescribed at any time. Repeat prescriptions for benzodiazepines should not be given unless there is clear justification.

All new medication prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics must be discussed with the medical clinical lead by the prescribing general practitioner. A risk assessment should be performed by the prescribing general practitioner and medication changes should be documented and followed up by the prescribing doctor or handed over to the shift doctor next on call. General practitioners will take full responsibility and indemnity for all new prescriptions or medication changes.

### Pathology arrangements

#### Swabs

Each site should have a twice-daily pathology courier pickup, transporting swabs taken from that site to VIDRL.

Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by

**REDACTED**

The marking requirements for each swab in order to ensure appropriate delivery of results and prioritisation of testing are as follows:

- The pathology request slip must be clearly marked as a hotel quarantine swab – this should include the clinical details section or at the top of the form (e.g. "Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234");
- There must be three identifiers on every swab and pathology request (name, DOB, address);

- The address must be listed as the hotel where the person is being quarantined, not their usual home address;
- A phone number must be provided for every patient being swabbed;
- The name and phone number of the testing clinician **and** the responsible authorised officer for the hotel should be included.

#### **Provision of swab information to public health**

Within each hotel there should be a spreadsheet, case list or other record of all quarantined individuals who have had COVID-19 testing carried out. This must record the following details as a minimum dataset for each swab taken:

- Testing doctor (and time)
- Name of quarantined individual tested (full name)
- Date of birth
- Usual address
- Contact number
- Email address
- Hotel address and room number
- Date of arrival
- Date of expiry of 14 days of detention

All COVID-19 swabs taken should be documented in this spreadsheet, even if the person has already had swabs taken while in quarantine.

#### **Following up 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 the result is positive, the requesting medical practitioner must notify the department on 1300 651 160.

#### **Negative swab results**

Quarantined individuals who are tested for COVID-19 may receive negative test results. This may lead to confusion and distress for the individual, as they may believe that they can now leave mandatory quarantine. In the event of a negative result, the nurse or doctor must explain to the person the implications of the result and reaffirm the public health need for the person to remain in mandatory quarantine until they reach 14 days from the start of their mandatory quarantine.

#### **Other pathology**

Other pathology requests (such as routine blood tests) should be deferred if possible until after the quarantine period. If other tests are required (as per the treating clinician – on-site doctor or person's own GP), this should be coordinated by the team leader in consultation with the GP/nurse. Equipment for taking bloods should be available at (or available to be transported to) the hotel. These specimens should be labelled as per the procedure for labelling COVID-19 swabs (same requirement for identifiers). The preferred provider for these types of pathology specimens is Melbourne Pathology.

## **Nursing care**

### **Minimum nursing requirement**

Nurses (including mental health nurses) are provided by Your Nursing Agency (YNA).

Nurses should be onsite at each hotel across the full 24 hour period. The required nursing complement should be continually reviewed and adapted according to need. This should be based on the number of

individuals in quarantine at that site, the current workload and burden of healthcare and mental health issues expected and reported at that site, and the skillset and experiences of the nurses rostered at that site.

There should be one emergency department (ED) trained nurse available 24 hours, two general registered nurses during the day, one general registered nurse on overnight, and one mental health nurse on during the day. Where nurses report that their workload is not safe and that additional nursing support is required, staffing should be reviewed and adapted as necessary.

There should be a nurse coordinator or nurse team leader each day at each site, who is rostered on a longer shift (e.g. 12 hours). This is to ensure the other nurses are adequately managed and supported, to ensure continuity of care and handover of outstanding tasks / concerns. In general, longer nursing shifts are preferable for this reason.

## Mental health care

### Mental health nurses

Mental health registered or enrolled nurses should be rostered to each hotel. The number and coverage should be increased at hotels where a growing mental health caseload is identified.

### Contacting a nurse at each site

A department-supplied mobile phone should be provided to all nurses at each site. Residents should be able to contact the nurse either directly by phone, or via the hotel concierge. The nurse phone numbers should be accessible on the hotel roster (accessible on Sharepoint). Where the nurse deems a quarantined person to have significant needs, significant requirement for medical care, or to be at risk of mental health issues, they may give the quarantined individual their mobile number so that they can contact them directly if needed. Nurses may instigate daily, twice daily, or more frequent phone-calls to check up on the individual. This is in addition to any required welfare phone call. This provides an additional safety net for the health and welfare of quarantined individuals. If a person who normally frequently calls the nurse stops calling, the nurse for that individual needs to contact the individual to check on their health and welfare.

### Summary of available mental health services

Mental health services are available to people in mandatory quarantine through the following sources:

1. Calling Lifeline or Beyond Blue;
2. Nurse or mental health nurse on site for initial assessment;
3. Doctor on-call for non-urgent or urgent review;
4. NorthWestern Mental Health triage service (phone 1300 TRIAGE);
5. Referral to CART (Complex Assessment and Referral Team) [Method for calling / contact];
6. Calling 000 for emergency care;
7. Quarantined individuals can also contact their usual mental health provider or be assisted to contact that provider. This includes a psychologist, counsellor, psychiatrist or other provider. Care can then be provided via telehealth.

### Phone support services

Individuals in mandatory quarantine can contact Beyond Blue (1300 22 4636) and Lifeline (13 11 14) whilst in detention but must also be reviewed by the on-call doctor and a risk assessment performed if there are mental health concerns. The department's Mental Health and Drugs Branch is exploring further proactive mental health resources with Beyond Blue. [Update]

Commented [FR(3):REDACTED] should provide numbers / method for contact

Commented [FR(4):REDACTED]

## Nurses and doctors

Nurses and doctors can review persons with mental health concerns upon request from the individual or from other sources for example if a concern is flagged by the welfare check, the authorised officer, security or by another resident. Mental state examination and risk assessment should be performed by the general practitioner allocated to the hotel.

The mental health nurse may assist with this process but the outcome of the risk assessment must be reviewed by the hotel general practitioner unless the detainee has received urgent CATT assessment or has required a transfer to a mental health unit or hospital. Psychiatric input regarding additions or changes to existing antipsychotic and anxiolytic medications may be required and should be sought by the hotel general practitioner as indicated.

Refer to the Nursing section above for further information on mental health nursing presence in the hotels.

## NorthWestern Mental Health triage service

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March 2020 to provide specialist mental health support through direct or secondary consultation for persons in quarantine. Nurses and residents can contact **1300 TRIAGE (1300 874 243)** for specialist mental health support. The person making the initial referral should request the specialist priority line.

## Complex Assessment and Referral Team

CART is a new service set up by DHHS which can provide advice and support for mental health issues, drug and alcohol problems, family violence and other concerns. This service is currently staffed by two clinicians, one working 8am-2pm, and the other 2pm-8pm. If a full assessment is required CART does not currently have the capacity to complete this, and if more than phone support/advice is required, they will have to refer back to the nurse to arrange for assessment and further management from another source (e.g. NorthWestern Mental Health triage).

## Mental health emergency

If there is concern about a mental health emergency in a quarantined individual (i.e. acute suicidal ideation, thoughts of self-harm, or psychosis), and there is a delay in contacting the psychiatric triage team (**1300 TRIAGE**), the quarantined individual should be reviewed by the general practitioner as a matter of urgency and have a risk assessment completed within an hour.

The general practitioner should then assess the quarantined individual to determine if transfer to hospital via ambulance is required for urgent psychiatric assessment or if psychiatric advice can be obtained over the phone. If the quarantined individual is deemed as needing urgent psychiatric review and is not willing to be transferred for assessment, the doctor on call will need to decide if enacting provisions within the *Mental Health Act 2014* is required.

As for other medical emergencies, the authorised officer, reception or other parties do not need to be contacted before 000 is called. First responders should not be denied access to people in mandatory quarantine who make a 000 call.

## Who can alert the welfare team to mental health concerns relating to a quarantined person?

A quarantined person, authorised officer, nurse or doctor, security, Vic Police, family members, or anyone else who has a concern about the mental health or wellbeing of a quarantined person can raise this concern to the welfare team. All concerns should be escalated as necessary and documented/recorded in the database.

## Escalating medical, nursing or mental health concerns

See section on Escalation for situations requiring escalation.

See Appendix 3- Clinical escalation/referral pathway

## Emergency services

In the case of an emergency, a nurse, doctor or DHHS staff member can call 000. As soon as is practicable the person should inform the operator that the call is from a mandatory quarantine hotel and the person may be at increased risk of infection with COVID-19, so that appropriate precautions can be taken. The current hotels in operation are in the catchment of three major hospitals:

- The Alfred;
- Royal Melbourne Hospital;
- Royal Children's Hospital.

As per other medical emergencies, the Authorised Officer, reception or other parties do not need to be contacted before 000 is called. First responders must not be denied access to people in mandatory quarantine who make a 000 call.

## Transport to/from hospital

### Transfer to hospital for people with suspected or confirmed COVID-19

- Adult 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
- Children should be transferred to the Royal Children's Hospital accompanied by a parent or guardian
- If the hospital transfer is non-urgent, the nurse, doctor or AO may assist in arranging the transfer.
- If the hospital transfer is urgent, call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Contact the Admitting Officer at RCH/RMH/The Alfred and inform the hospital of patient and details.
- Staff should don full PPE (droplet and contact precautions) and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer (but this should not delay the provision of urgent medical assistance or the request for an ambulance if needed).
- AO must view appropriate authorisation.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.

### Unplanned transfers to hospital

Unplanned transfers occur via a phone call to Ambulance (AV) via 000 from the nurse, doctor, other staff member or quarantined person. The nurse or doctor then notifies an Authorised Officer of the transport. The patient is then treated and transported by AV or Non-Emergency Patient Transport (NEPT) to hospital.

### Planned transfers to hospital

Planned transfers occur via clinical staff at each hotel notifying the Authorised Officer of the transport and arranging transport via the most appropriate transport provider (e.g. AV, NEPT, Clinic Transport Service, etc). The transport then occurs to the relevant location.

## Summary of hospital transfer

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, Authorised Officers (AOs), Ambulance Victoria (AV) and hospitals.

1. Nurse/doctor makes assessment that patient requires hospital care.
2. The AO grants permission for the individual to temporarily leave mandatory quarantine. Leave should be recorded on the business system or register.
3. All relevant staff including the AO must be notified prior to the transfer (however this should not delay the transfer if it is urgent/an emergency).
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
5. If the hospital transfer is urgent call 000 to request an ambulance and inform them that the passenger is in mandatory quarantine. Let them know if the person is a suspected (or confirmed) case of COVID-19.
6. Contact the Emergency Department Admitting Officer at RCH/RMH/the Alfred to inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. All residents who are in high risk groups, unwell, breathless or hypoxic (O<sub>2</sub> sats <95%) should be considered for hospital transfer.
9. Assessment and diagnosis are made by the treating team at the hospital. A plan is made for either admission to the hospital or discharge back to the hotel (possibly for more appropriate medical care to be arranged at the hotel).
10. Prior to any movement of the patient out of the ED, a new plan or detention approval must be sought for either return to the hotel or admission to a different location in consultation with the compliance team (receiving hospital and compliance team).
11. Hospitals will need to contact the AO at the relevant hotel, then the AO team lead will advise Lead Executive Compliance to obtain any necessary approvals.

See Appendix 7- Ambulance transfer flowcharts

## Discharge from hospital

Discharge from hospital should be at the behest of the treating team. Refer to the current 'Guidelines for health services and general practitioners (see <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>).'

Transfers from hospital back to the hotel are arranged by the hospital in liaison with the DHHS Team Leader.

## Anaphylaxis

Where individuals in mandatory quarantine have severe allergies and a history of anaphylaxis, this must be recorded and specifically flagged during the welfare survey completed on the way to or at the hotel at the beginning of the stay. All individuals who require medications including antihistamines, corticosteroids and EpiPens should have an adequate supply of these. If they require an additional prescription for these this should be facilitated by the healthcare providers at the hotel and the nominated pharmacy as a matter of urgency.

If a person reports that they are having an anaphylactic reaction, 000 should be called immediately. This does not need to be escalated to an AO (or any other member of staff, medical or non-medical), an ambulance should be called immediately by whoever is first aware of the situation. The health of the quarantined individual and the provision of urgent healthcare is the priority in any medical emergency. The Authorised Officer can be informed as soon as is practicable thereafter.

**Note: persons may call 000 themselves in the event of an emergency, they do not need to do this via an AO, a nurse or reception in an emergency.**

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## Provision of welfare

### Airport screening process

At the airport, DHHS nurses and Department of Agriculture, Water and the Environment (DAWE) biosecurity officers will screen all passengers arriving from overseas for symptoms of COVID-19. Nurses will perform a temperature check on each passenger.

### Management of an unwell person at the airport

Any passengers who screen positive on this health check will trigger the DAWE biosecurity officer to contact the Human Biosecurity Officer (HBO) on-call for the department 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 take place:

- The HBO should organise an ambulance transfer to the Royal Melbourne Hospital (or Royal Children's Hospital) for testing and assessment.
- The AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/maxi taxi etc.) can be organised to bring the person to the assigned hotel.
- If the person is unwell and requires admission to hospital, the Compliance Lead should be informed.
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the AO.
- If they are a confirmed case they should be placed on a COVID-19 floor. If they are not, they can be placed in a general part of the hotel.

### Transfer of uncooperative individuals

It is recommended that a separate mode of transport to the hotel is provided for a person who is uncooperative/non-compliant. Ensure appropriate safety measures are taken (e.g. child locks on doors, a safety briefing for drivers, etc.).

If a person refuses testing for COVID-19 at a hospital and they are well enough to return to the hotel, they should be transported back to the hotel and treated as if they are COVID-19 positive (i.e. they must be situated on the COVID floor of the hotel and the necessary precautions taken). Every effort should be made to encourage them to get tested before this happens. However, they cannot be forcibly tested.

If a person refuses testing and treatment at a hospital and is too unwell to be released from hospital, a Human Biosecurity Control Order (HBCO) may need to be considered.

### Assessment at the hotel

All quarantined individuals will be given a survey to complete on the way to or at the hotel. This will include questions about past medical history, mental health history, allergies, medications, next of kin/emergency contact, dietary requirements, and other important health and welfare needs. A doctor and nurse will be available on site to urgently review anyone who reports illness or an urgent medical need on arrival at the hotel. Nurses will review the surveys and contact all individuals who are identified as having significant health needs, as soon as practicable. After initial phone contact is made, further assessment/management can be organised as needed.

## Initial information on options for accommodation

### Policy on separation of people in travelling parties to promote effective quarantine

There are a number of options for people – such a couple or family – for rooms to promote effective quarantine. Because a person needs to commence a further 14 days of quarantine when a person within a party or group is identified as positive for COVID-19, there should be an option to separate people – if they consent – at various points in the quarantine journey.

#### Option 1 – Parties stay together

A couple or family stay together and share a suite or room. If a person becomes positive, an extension of quarantine will be required on a tailored basis for the other persons.

#### Option 2 – Parties separate from the outset

A couple or family are separated from the outset. If a person becomes positive, the other parties do not need to recommence 14 days of quarantine.

#### Option 3 – Parties are separated once one person becomes positive

A couple or family separate into different rooms (with no contact thereafter) after a person becomes positive for COVID-19. The non-infected persons then start a new 14 day quarantine period, which is served at home once they complete the mandatory 14 day period in the hotel.

#### Option 4 – Parties stay together after one person becomes positive

The parties stay together. At the end of the 14 day period, they both leave to home isolation, and the non-infected persons commence a further 14 day quarantine period, as long as they separate in the house to which they go.

### Communication of these options to people in mandatory quarantine

The DHHS Team Leader should communicate these options to people at booking, with the default option being that parties stay together unless they indicate a preference to separate from the outset.

## Assessment during detention

Medical care should be available 24 hours a day to individuals in mandatory quarantine.

The need for medical care can be identified through the following channels:

- Via the daily welfare check (See Appendix 6- Welfare Survey)
- By the person contacting the concierge or nurse directly
- Nurse phone call to the individual
- The 1800 government services number (DJPR), the physical distancing hotline, the COVID hotline, or any other DHHS phone line
- Family members directly contacting the hotel/team/COVID quarantine inbox

Individuals in mandatory quarantine should be supported to contact their regular health care provider by phone or telemedicine if appropriate. In these instances, the healthcare provider should be provided with the contact details of the hotel nurse or GP so that the outcome of the assessment or management plan can be communicated with the medical team on site.

## Tiers of risk for people in mandatory quarantine for welfare checks

Individuals in mandatory quarantine will be triaged into three tiers of risk. The type of welfare check will depend on the tier the person falls into.

The following table is an initial framework for triaging the type and frequency of welfare check required:

**Table 1: Risk Characterisation for Welfare Checks**

| Risk Tier | Risk factors   | Welfare check type          |
|-----------|--|-----------------------------|
| Tier 1    | Residents with suspected or confirmed COVID-19<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>Residents with underlying comorbidities (e.g. respiratory or cardiac conditions)<br>Residents with a history of mental illness | Daily phone call            |
| Tier 2    | Those who indicate they require a phone call but do not have any other risk factors.<br>Residents who are by themselves.   | Phone call every second day |
| Tier 3    | Low risk – everyone else.  | Tailored contact            |

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.

Individuals may be moved between risk tiers throughout their quarantine period as need dictates.

## Requirement for a welfare check

As part of the welfare check process, quarantined individuals should be provided with a satisfaction survey (available at **Appendix 6**) to complete each week. This satisfaction survey is more comprehensive than the regular daily welfare check. Any concerns raised on the survey should be escalated to the DHHS Team Leader for action.

Each individual in mandatory quarantine should receive a welfare check each day by a DHHS welfare officer (employee or contractor). A welfare check will allow people in detention to be assessed for medical and social issues. Concerns can be flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. Referrals to the nurse, social supports, mental health and other services can be made as a result.

Welfare checks are made from the DHHS welfare call centre by a DHHS welfare officer – the script for these checks is in **Appendix 6**)

## Smoking

Smoking is not permitted within the hotel rooms. The following actions should occur:

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smokers should be provided with the Quitline number to access telephone counselling - 13 78 48;
- People can also contact their regular general practitioner via telehealth for support;
- 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.

### Fresh air and exercise

Individuals in quarantine should have access to fresh air where feasible.

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

Exercise is important for physical and mental health, particularly in the mandatory quarantine environment. Requests for exercise equipment / yoga mats should be facilitated where possible, but equipment should be thoroughly cleaned and disinfected after use. Resources for exercise routines and yoga/meditation should ideally be provided to individuals in mandatory quarantine upon request.

### Alcohol and drugs

Alcohol is permitted within hotels. Excessive alcohol consumption should be discouraged and should not be facilitated.

If there are concerns about alcohol or other substance abuse or withdrawal:

- Request nurse or medical review.
- Provide numbers for support services.
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about acute alcohol withdrawal, confusion or mental state/mental illness, escalate for urgent medical review (consider calling 000).

**Note:** Alcohol should not be provided to persons who are under 18 years of age (including in the hotel room minibar).

### Nutrition and food safety (including allergies)

Individuals in quarantine should be provided with a well-balanced and plentiful diet, with options provided for those with specific dietary requirements.

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.
- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with hotel staff.
- Ensure access to additional food if required.
- Ensure that food allergies are recorded and communicated to the catering providers.

If there are substantial concerns that someone is not eating, this should be flagged with the medical team, and appropriate review/referral arranged (e.g. for mental health assessment).

### Food allergies

Individuals in mandatory quarantine should report all allergies in their initial health and welfare survey, and indicate if they are severe, have a history of anaphylaxis, or have been prescribed EpiPens. This must be filled out by every quarantined individual. If no allergies are reported, they should record "no known allergies". Dietary requirements should be carefully recorded and communicated to the catering providers. It is the responsibility of the welfare team to ensure that food safety arrangements are in place and that this information is communicated to the catering staff.

Some form of marking or sign on the door should be used to indicate a person in the room has a significant allergy as a safeguard.

### Food safety process

Food safety questionnaires (along with the welfare questionnaire) should be distributed to individuals at the airport. Individuals with specific dietary requirements (who are eligible for this process) should be contacted and advised of the process for self-organising suitable meals (through uber eats and by submitting a claim following their stay). Uber Eats Drivers should drop meals off at the hotel, and security staff should deliver the meals directly to the requestors' rooms. The Uber Eats Driver/Rider should not drop the delivery to the person's room directly.

Please refer to the following documents for further details:

- Process for people with food allergies (Appendix 9)
- Meal order information for people with allergies (Appendix 10)
- Food safety questionnaire (Appendix 11)

### Care packages

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in mandatory quarantine. The reason for quarantine is to prevent risk of COVID-19 transmission from people in detention to other parties and does not mean a person needs to be prevented from receiving packages.

The care package should be provided to the hotel reception or other party for conveyance to the person in mandatory quarantine and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in quarantine without misdirection or tampering is essential. There is no public health reason for inspection of any care package.

### Safety and family violence

If there are concerns about family violence / the safety of women and children the following must occur:

- Arrange for separate rooms for the person to be assessed and access phone support services (separate rooms may also be indicated for the remainder of the quarantine period)
- Refer to CART
- Refer to phone support services
- Engage case worker to contact person and make an assessment
- Ensure the affected person has access to contact Victoria Police to report family violence or other safety concerns, if they chose

### Social and communications

- All residents should have access to **free** wifi/internet.

- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.
- Toys and equipment should be provided for small children if possible.

### Requests for exemption from mandatory quarantine

The types of situations where an exemption from mandatory quarantine is generally granted 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 safely accommodated in a hotel environment (eg mental health or require 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

In the above circumstances the passenger will either a) be released from quarantine if they were already detained or b) will be required to complete quarantine in another location (at home or in another facility) and be subject to quarantine monitoring and penalties.

### Negative permission/exemption outcomes

When a person submits a request for release from detention (temporary or permanent) that is denied/declined, a CART team support worker should be present (on the phone) to provide support (if the person consents to this, and if CART are already working with the person).

- The CART team can support the person before and after the exemption discussion with the doctor which is a separate discussion, in anticipation of some emotional distress upon hearing the outcome.
- The CART worker can help the person gain insight into the public health risk, understand the information they are receiving, and provide insight into what they can and can't do whilst they remain a public health risk.
- This will also inform the doctor/nurse and CART team of further risk management and support required for the person going forth.

### Temporary leave from mandatory quarantine

Permission for temporary leave from mandatory quarantine in hotels may be granted in the following circumstances:

- Attendance at a funeral
- Medical treatment
- Seeing family members who are about to pass away
- Smoking breaks where people are suffering extreme anxiety and where it is safe to do so from a public health and infection control perspective- see 'Smoking' above
- Exercise breaks for those suffering extreme anxiety and where it is safe to do so

Where health and welfare issues exist in any of the above cases, particularly in the case of extreme anxiety, the on-site health staff will assess individual and assist in providing recommendations as to the most appropriate supports for the individual.

### Assessment in preparation for exit

All persons departing mandatory quarantine will be offered a health check with a nurse 24-48 hours prior to exiting. This health check is voluntary. This will consist of questions about symptoms of COVID-19 and a temperature screening.

If a person screens positive on the health check:

- They will not be detained longer than the 14 day mandatory quarantine period
- A swab will be sent and they will be informed that they need to self-isolate after exiting, until the result of the swab is known
- If they do not have appropriate accommodation to self-isolate after release, they will be assisted to find such accommodation

If a person screens negative on the health check, no further action will be taken.

## Infection control and hygiene

### COVID floors/hotels

Each hotel should have a COVID-19 positive floor or area (a "RED ZONE"). Any person who is a confirmed case should be relocated to this area of the hotel when the test result is known. Appropriate signage, PPE and other consumables should be available at the entrance to this area of the hotel. Where there are large numbers of confirmed cases arriving on a flight, a COVID hotel may be considered. Where the infrastructure allows, suspected cases may also be moved to an area of the hotel away from well individuals.

### Personal protective equipment

A supply of P2/N95 masks and gowns should be maintained, in addition to single-use face masks and gowns. PPE stocks should be checked regularly by the DHHS Team Leader/ manager, and urgently requested if needed. Regular stocktake should be undertaken to pre-empt additional orders.

PPE should be available at the hotel. Biohazard bags for waste disposal, and hand hygiene stations, should be available at the doffing section of the hotel.

PPE protocols should be available to all staff working in the hotels, so that there is clear instruction on what type of PPE to wear and in what circumstances, how to don and doff it, and how to dispose of it.

See Appendix 5- PPE advice for hotel-based healthcare workers

### Laundry

Staff may wear PPE when handling dirty laundry. Laundry should be washed on the highest possible setting and thoroughly dried before use. Staff should not overly handle the linen – it should be put straight into the washing machines. Staff should follow hand hygiene procedures after handling dirty linen.

## Cleaning

Though not directly medical care, all quarantined individuals have the right to a safe and comfortable room and environment. Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the quarantined individual with cleaning their room. In rare instances the quarantined individual may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the quarantined individual is not capable of doing so themselves. Any persons for whom there is a concern about room hygiene and safety should be flagged to the team leader.

Please refer to the department document 'Cleaning and disinfecting to reduce COVID-19 transmission'.

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room. Rooms that have been vacated will not be repurposed during the quarantine period.

## Room sharing

### Well persons

In instances where two or more well people who are not suspected or confirmed cases of COVID-19 wish to share a room in advance of check-in at the hotel, this can be facilitated. 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.

If a request to share a room is made after an initial period in separate rooms, they should be informed that this may increase their risk of infection with COVID-19 if the other person is incubating the infection, and that COVID-19 infection may result in serious illness and death in some cases. They should also be informed, as above, that such an arrangement may have implications for the amount of time they are required to quarantine for if their roommate goes on to develop infection. If the persons still insist, then it must be documented in the Dynamic CRM Database that the risks have been discussed with them (e.g. by a nurse), before facilitating this request.

### COVID discordant couples

In instances where one person in a room share situation is identified as a confirmed case and the other person is asymptomatic or has a negative COVID-19 test, the confirmed case should self-isolate in a separate room away from the person who does not have COVID-19. The 14-day quarantine period (but not the mandatory detention period) for the COVID-negative person starts from their last contact with the confirmed case during the confirmed case's infectious period. This may mean that they need to self-quarantine for an additional number of days after the mandatory detention period ends, but they may do this in their own home or in alternate accommodation, not in detention. The self-isolation arrangements for the confirmed case are outlined in the section below ("Exit arrangements for confirmed COVID-19 cases").

# COVID-19 in people in mandatory quarantine

## Actions for confirmed cases of COVID-19 in people in mandatory detention

### Overall actions

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE**.
- A designated COVID-19 hotel should be available when there are large numbers of cases coming off flights (e.g. high risk repatriation flights with a high burden of suspected or confirmed COVID-19).

### Personal protective equipment (PPE)

See Appendix 5- PPE advice for hotel-based healthcare workers

Staff who engage with monitoring or assisting persons in mandatory detention in person should:

1. Apply standard infection prevention and control precautions at all times:
  - a. maintain 1.5 metre distance
  - b. wash your hands or use anti-bacterial agents frequently
  - c. avoid touching your face.
2. Every situation requires a risk assessment that considers the context and client and actions required.
3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
  - a. fluid-resistant surgical mask (replace when moist or wet)
  - b. eye protection
  - c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

### Current infectious cases

- In the situation that an arriving passenger is a current infectious case of COVID-19, they will still be handed the detention notice and will be placed in mandatory quarantine.
- They will be given a single use face mask to wear and will be kept separate from the other passengers.
- At the hotel, they will be asked to provide confirmation of their diagnosis. If there is any doubt surrounding the certainty of the diagnosis of COVID-19, they may be tested again.

### Recovered cases

- In the situation that an individual states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.

- The onus on the individual to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- The department will decide on a case-by-case basis whether evidence from other sources (from testing done overseas) can be considered sufficient proof to inform clinical and public health decision-making.
- If they meet the criteria for release from isolation (see below) and the testing and medical reports provided are considered sufficient by the department, they may be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation.

## Release from isolation

### Criteria for release from isolation

Confirmed cases of COVID-19 will be considered for release from mandatory quarantine, once they meet the department's criteria for release from isolation of a confirmed case:

- the person has been afebrile for the previous 72 hours, and
- at least **ten days** have elapsed after the onset of the acute illness, and
- there has been a noted improvement in symptoms, and
- a risk assessment has been conducted by the department and deemed no further criteria are needed

Clearance testing is not required for release from isolation, either in the home or in mandatory quarantine.

### Process for release from isolation

As per the DHHS guidelines for health services and general practitioners (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 [COVID.quarantine@dhhs.vic.gov.au](mailto: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.

If a confirmed case is due for release from mandatory quarantine but does not yet meet the department's criteria for release from isolation, they will not be detained longer than the 14-day quarantine period. They will be released from detention at the agreed time, but will be subject to the Isolation (Diagnosis) Direction and 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.

## Exit planning for individuals with confirmed COVID-19

### Non-emergency ambulance transport

When a confirmed case of COVID-19 who is considered still infectious but is stable is assessed as appropriate for transition to isolation in their home, Ambulance Victoria will be requested by the DHHS Team Leader for mandatory quarantine to provide non-emergency patient transport for that person to a destination in Victoria that is the assessed appropriate home isolation location.

If there are multiple persons to be transitioned to home isolation on the same day, subject to compliance-related logistics being able to be handled and any privacy considerations being met, it is permissible for two or more potentially infectious confirmed cases of COVID-19 to be transported together in one NEPT, i.e. to cohort confirmed cases

### Exit arrangements

The following table documents the exit management plans for quarantined individuals in different scenarios.

| Scenario   | Exit plan   |
|--|---|
| Well person who has served 14 days of quarantine   | <ul style="list-style-type: none"> <li>Can leave – gets end of detention notice (universal version).</li> </ul>   |
| Confirmed case of COVID-19 who has met criteria for release from isolation (i.e. is declared no longer infectious)                                   | <ul style="list-style-type: none"> <li>Can leave – must not be prevented from leaving if the AO is aware they are cleared and the person demands to leave – they are non-infectious and therefore not a public health risk.</li> <li>Gets clearance from isolation letter from PHC (as per Isolation (Diagnosis) Direction).</li> </ul>   |
| Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days   | <ul style="list-style-type: none"> <li>Must stay in detention.</li> </ul>   |
| Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period                              | <ul style="list-style-type: none"> <li>Can leave detention but is now subject to the Isolation (Diagnosis) Direction.</li> <li>Safe travel should be arranged by the authorised officer at the hotel via the Operations Soteria EOC to place of home isolation in Victoria (mask, stay separate, go straight to home; but preferred travel by non-emergency patient transport with PPE'd ambulance officers)</li> <li>Not permitted to travel interstate or to fly domestically but no detention order is needed to prevent that (in keeping with all other confirmed cases)</li> <li>If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified</li> </ul> |
| Well close contact of a confirmed case of COVID-19 (i.e. roommate at hotel), where the roommate has reached the end of their 14 day detention period | <ul style="list-style-type: none"> <li>Case and Contact Sector to do assessment, assign a new 14 day period (from date of last contact with infectious case) and issue a requirement to quarantine until that 14 days ends – factsheet, lodge new date in PHESS, reverting person to effective close contact status</li> </ul>  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• No detention order required, and no legal order preventing flying, but must be advised by case and contact management sector not to fly and that they need to quarantine</li> <li>• If lives interstate, the authorised officer at the hotel can arrange via the Operations Soteria EOC a hotel if a person would otherwise be homeless.</li> </ul> |
| Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period. | <ul style="list-style-type: none"> <li>• Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation).</li> <li>• EOC should follow-up result to convey result (as DHHS oversaw this testing so is obliged to follow-through).</li> </ul>  |

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## Exit arrangements for 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 a safe 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.

## Reporting / escalating concerns

### Principles

- Decisions about medical care should be left to the nurses and doctors and should not be determined by any other staff.
- In any emergency situation, the priority is to call 000 before notifying any other managing or governing figure.
- If there is any doubt over whether an issue or concern should be escalated to senior management, escalate the concern.

### Clinical escalation

This is described in **Appendix 3- Clinical escalation/referral pathway.**

### Escalation for mental health concerns

#### Chain of escalation for mental health concerns and issues

The following table indicates the chain of escalation for concerns about the mental health of people in mandatory quarantine.

| Situation   | Responded to by  | Escalated to                              | Reported to  |
|---|--|---|--|
| Non-urgent mental health concern                              | Nurse or GP<br>Regular healthcare provider by telemedicine   | Mental health nurse<br>Psychiatric triage | Medical lead<br>General practitioner                           |
| Repeated mental health concerns / acute mental health concern | Mental health nurse or GP, urgent review<br>Psychiatric triage urgent review<br>Daily physical welfare review thereafter | Ongoing mental health nurse management    | Welfare lead<br>Medical lead<br>Compliance lead                |
| Risk of self-harm / serious mental health concerns            | Immediately phone 000 → Emergency Department<br>Call GP/nurse to attend urgently   | Emergency inpatient tertiary care         | Welfare lead<br>Team leader<br>Medical lead<br>Compliance lead |

|  |  |  |                                |
|--|--|--|--------------------------------|
|  |  |  | Deputy Public Health Commander |
|--|--|--|--------------------------------|

### Specific events to escalate

The following mental health-related events or situations should lead to an escalation to the Deputy Commander - Welfare at EOC who will also notify the Deputy Public Health Commander:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required.

### Escalation for medical reasons

An escalation flowchart is at **Appendix 3**.

### Nurse or doctor to escalate

In the following circumstances, the nurse / general practitioner should call the DHHS Team Leader:

- There is any practical issue arising from the medical consultation that needs the assistance of DHHS;
- A patient needs to access an alternative medical or welfare service such as mental health nursing, a medical specialist or acute hospital care;
- A patient needs to be admitted to hospital in an emergency;
- A patient has suffered any form of life-threatening injury or health event;
- A patient has died.

### DHHS Team Leader to escalate

The following concerns or events must be escalated by the DHHS Team Leader to the Deputy Commander - Welfare at EOC within one hour during business hours, or Operation Soteria Deputy Commander Reception after hours, who will also notify the Deputy Public Health Commander within two hours:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required;
- A serious act of non-compliance;
- An acute medical deterioration;
- Any hospital admission or emergency transfer to hospital;
- A serious risk to the health and safety of a person in mandatory quarantine (or a staff member);
- Serious illness/harm/injury (including assault) to a person in mandatory quarantine;
- A severe allergic reaction (anaphylaxis);
- A death.
- An unauthorised absence from mandatory detention (a missing person)
- A fire or other emergency in a hotel;
- A potential outbreak of COVID-19 or another infectious disease

See also Appendix 4- **Chain of command re detainee with physical/mental health issue**

## Daily health and welfare report to Public Health Commander

A daily health and welfare report should be provided to the Deputy Public Health Commander for Physical Distancing by the Deputy Commander Welfare. This is to ensure oversight and accountability for the mandatory quarantine process. This report should include but is not limited to the following:

- Total number of people in mandatory detention
- Total number of confirmed COVID-19 cases (cumulative and new)
- Total number requesting exemptions to leave mandatory quarantine (temporary and permanent)
- The number of persons in mandatory detention receiving:
  - A nurse review
  - A mental health assessment
  - A GP review
  - Referral to hospital
  - A 000 call
- The number of persons awaiting:
  - A mental health assessment
  - A GP review
- The number of persons in the following groups:
  - Significant psychiatric history - mild/moderate/severe mental health issues (as per the risk stratification)
  - Serious/life-threatening medical conditions (e.g. anaphylaxis, stage 4 cancer)
  - Age < 16 years or > 70 years
  - Pregnant women
- The number of calls from the hotels to:
  - 000
  - VicPol
  - Other DHHS phone lines
- The number of risk incidents logged in the database.
- Other major concerns flagged.

## Audit

### Healthcare audit

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. This should be reported to the EOC Commander and Deputy Public Health Commander. The audit process may consist of, but is not limited to, the following:

- Assessing waiting times for delivery of care;
- Record-keeping and review of medical records;
- Medical care satisfaction surveys;
- Number of repeat requests for medical care/escalation;
- Number of risks reported;
- Feedback from authorised officers and other organisations involved/staff.

### Welfare audit

Audit of welfare procedures should be performed by the Welfare Lead at the EOC on a regular basis. The audit process may consist of:

- Review of weekly satisfaction surveys;
- Feedback from staff;
- Audit of welfare check calls (review of a sample of recorded calls).

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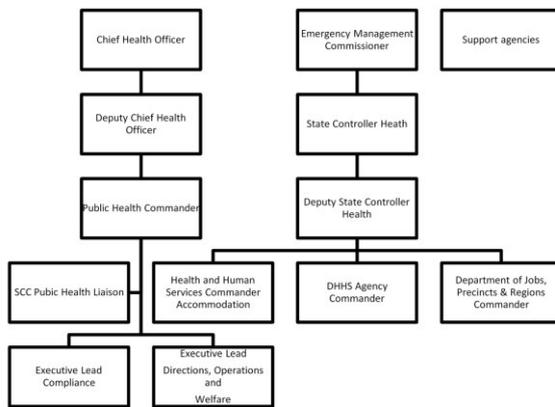
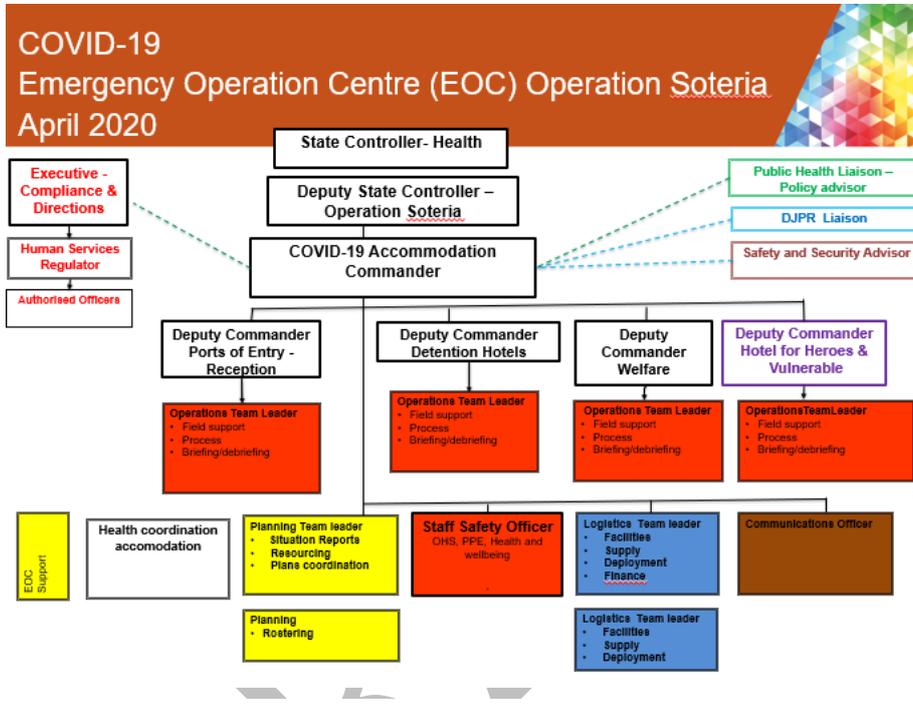
## Appendices

### List of appendices currently attached

1. EOC Operation Soteria governance flowchart
2. Operation Soteria on site teams
3. Clinical escalation/referral pathway
4. Chain of command re detainee with physical/mental health issue
5. PPE advice for healthcare workers in hotels
6. Welfare survey
7. Ambulance transfer flowcharts
8. Hospital and Pharmacy contacts for each hotel
9. Food safety factsheet- process for people with food allergies,
10. Meal order information for people with food allergies
11. Food Safety Questionnaire

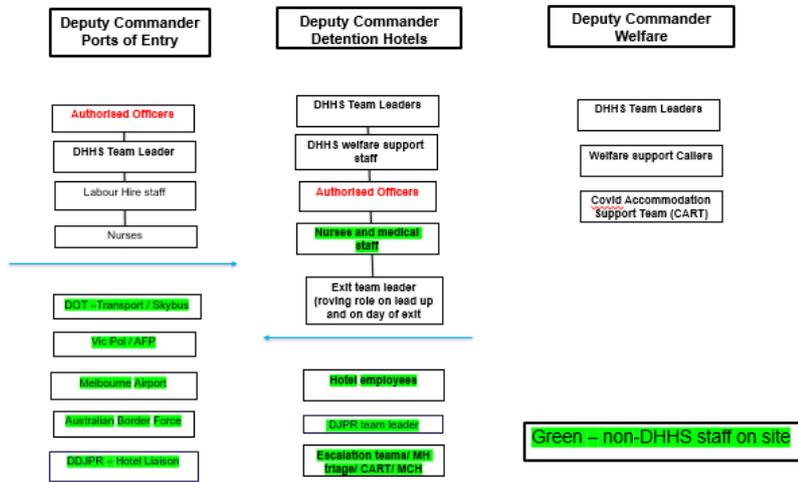
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Appendix 1 - Governance



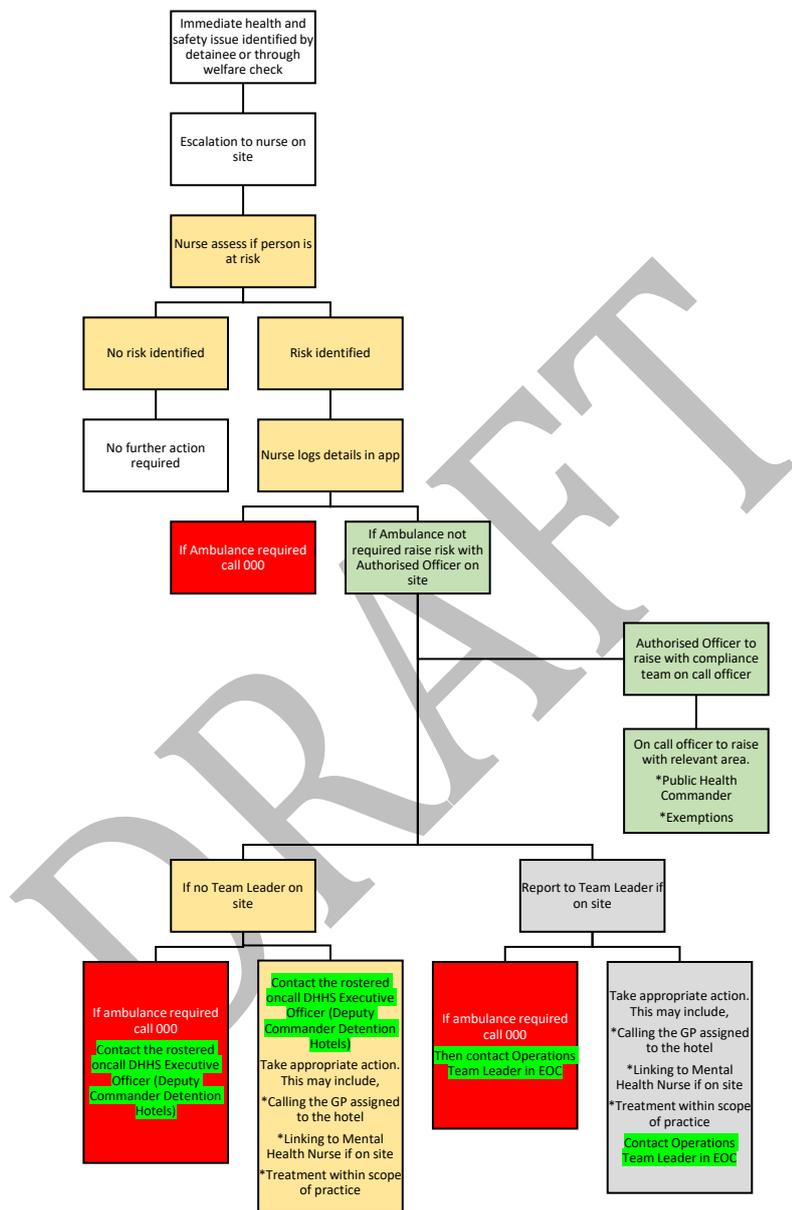
Appendix 2 – Operation Soteria on site teams

Operation Soteria – on site teams

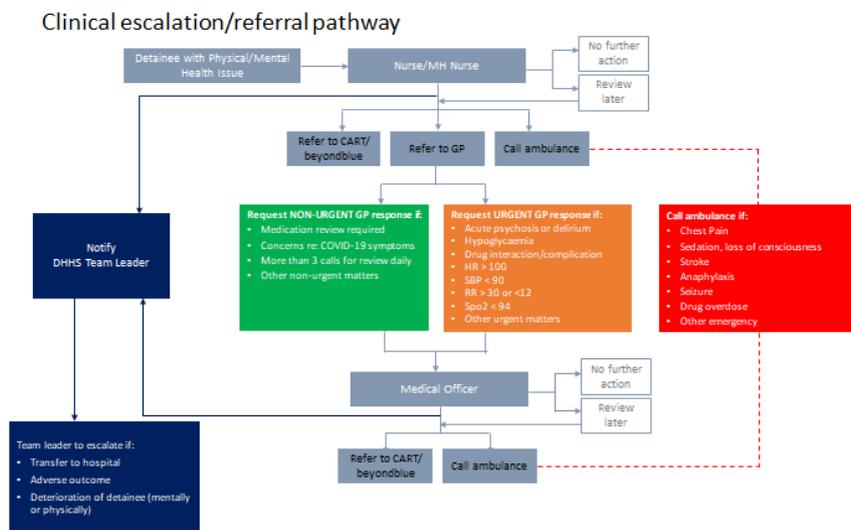


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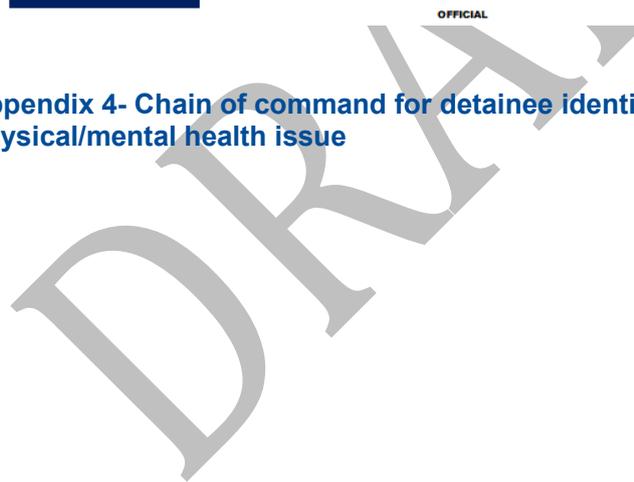
## Appendix 2 – Escalation Process



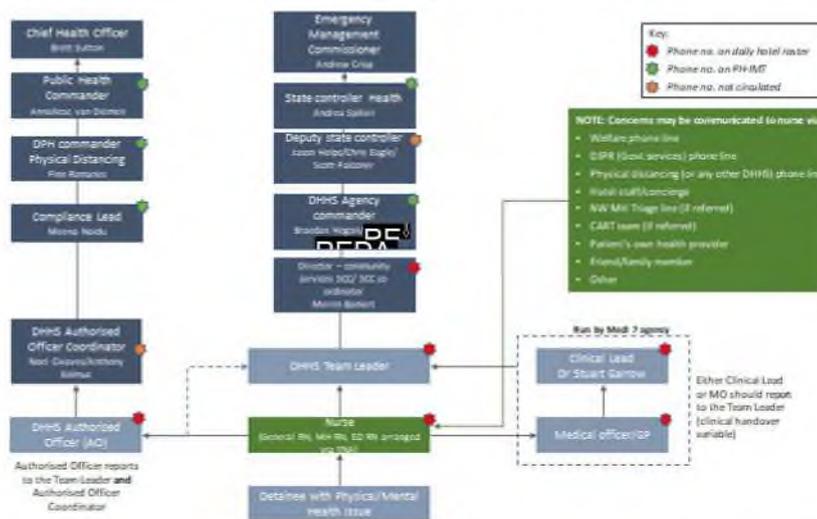
### Appendix 3- Clinical Escalation/Referral Pathway



### Appendix 4- Chain of command for detainee identified as having physical/mental health issue



Chain of command re: Detainee Physical/Mental Health Issues



Appendix 5- PPE advice for hotel-based healthcare workers

PPE advice for hotel-based healthcare worker (HCW) for contact with COVID-19 quarantine clients

Adapted from: Infection Prevention Australia

Note: P2 or N95 masks are only recommended for use when aerosol generating procedures are being undertaken or will occur. In all other instances don a surgical face mask for direct client contact.

Recommended HCW PPE use according to type of activity and client COVID-19 symptomology

| Setting  | Target personnel or patients or clients | Activity   | Type of PPE or procedure   |
|--|---|--|--|
| Hotel quarantine floor<br><br>Not entering the client/s room or having direct contact with client/s. | Health care worker                      | Telephone or online triage to check for recent change in condition or development of symptoms. No direct client contact. | No PPE   |
|  | Health care worker                      | Any visit  | Maintain physical distance of at least 1.5 meters. When physical distance is not feasible and yet no patient contact, use surgical face mask and eye protection. |

| Setting   | Target personnel or patients or clients   | Activity  | Type of PPE or procedure  |
|---|---|---|---|
| <b>Perform hand hygiene before and after every client contact</b>   | Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath) | Doorway indirect contact by HCW   | <u>Surgical face mask</u><br>Eye protection<br>Gown<br>Gloves<br>Request client/s to wear surgical face mask if tolerated and remind client to perform hand and respiratory hygiene   |
|   | Patients/clients <u>without symptoms</u> suggestive of COVID-19                               | Doorway indirect contact by HCW (e.g. taking electronic temperature)                              | <u>Surgical face mask</u><br>Eye protection<br>Perform hand hygiene and have the patient/client perform hand hygiene and wear a <u>surgical face mask</u>   |
| <b>Client/s room</b><br><b>Entering the client/s room</b>   | Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath) | Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures | Ask client/s to wear a surgical face mask if tolerated<br><u>Surgical face mask</u><br>Gown<br>Gloves<br>Eye protection (goggles or face shield)  |
| Examples of aerosol generating procedures include:<br>Collecting nasopharyngeal swabs<br>Cardiopulmonary resuscitation<br>Nebulisation of medication<br>Intubation<br>Suctioning airways<br><br><b>Perform hand hygiene before and after every client contact</b> | Patients/clients <u>without symptoms</u> suggestive of COVID-19                               | Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures | Ask client/s to wear a surgical face mask if tolerated<br><u>Surgical face mask</u><br>Gown<br>Gloves<br>Eye protection (goggles or face shield)  |
|   | Any client - confirmed or unconfirmed COVID-19 case   | Providing direct care to in the <u>presence</u> of aerosol generating procedures                  | <u>Respirator N95/P2 standard</u><br>Gown<br>Gloves<br>Eye protection<br>Maintain physical distance of at least 1.5 meters.<br>Ask client/s to wear a <u>surgical face mask</u> if tolerated<br>Immediately move the client to an separate room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1.5 meters from other household/room members.<br>Perform hand hygiene and have the patient perform hand hygiene |

**Isolation** is used to separate ill persons who have an infectious disease from those who are healthy (e.g. tuberculosis and confirmed COVID-19 cases).

**Quarantine** is used to separate and restrict the movement of well persons who may have been exposed to an infectious disease to see if they become ill (e.g. returned travelers, cruise line crew and passengers).

**Compliance & Welfare Management System (applies to Welfare Survey below)**

Release Notes: 17/04/2020

The following is a summary of key changes included this release:

|   | Area           | Change   | Application               |
|---|----------------|--|---------------------------|
| 1 | Welfare Survey | Change made to wording and flow of existing health question: <ul style="list-style-type: none"> <li>“Have you been seen by a nurse today?”<br/>– default: NO, if the answer is yes, then it pops up a box: “reason why”</li> <li>“Have you been seen by a nurse on another day?”<br/>– default: NO, if the answer is yes, then it pops up a box: “reason why”</li> </ul>                           | Welfare Management System |
| 2 | Welfare Survey | Change made to an existing health question: <ul style="list-style-type: none"> <li>“Are you a lone occupant in your hotel room?”</li> </ul> <p>Sibling and Other (eg. Friend) are now selectable options.</p>  | Welfare Management System |
| 3 | Welfare Survey | Change made to an existing health question: <ul style="list-style-type: none"> <li>“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?”</li> </ul> <p>A text field has been added to notes, in addition to the current selectable options.</p> | Welfare Management System |
| 4 | Welfare Survey | Change made to an existing final question: <ul style="list-style-type: none"> <li>Existing questions “Do you have any other needs that we may be able to help you with?”, “Do you have any other concerns” have been merged to one question.</li> </ul> <p>“Do you have any other needs or concerns that we may be able to help you with?”</p>   | Welfare Management System |
| 5 | Welfare Survey | Change made to wording of existing health questions: <ul style="list-style-type: none"> <li>“Do you, or anyone in your group (including children) have any immediate health concerns?”</li> <li>“What sort of things that help you to live well every day before COVID-19? For example, do you exercise every day, do you eat at the same time every day?”</li> </ul>                              | Welfare Management System |
| 6 | Welfare Survey | Change made to wording of an existing wellbeing question: <ul style="list-style-type: none"> <li>“What kind of things have you been doing to occupy yourself while you’re in quarantine, e.g. yoga, reading books, playing games, playing with toys?”</li> </ul>   | Welfare Management System |

## Appendix 6– Welfare Survey

### Survey questions – daily check-in

|                         |                        |
|-------------------------|------------------------|
| Date:                   |                        |
| Time:                   |                        |
| Call taker name:        |                        |
| Passenger location:     | Hotel:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>Language:    |

### Script

Good morning / afternoon, I'm XXX. Can I confirm who I'm speaking with?

|  |
|--|
|  |
|  |

I am working with the Department of Health and Human Services to support people in quarantine following their arrival in Australia, and I'm giving you a call to check on your welfare. We know that this may be a stressful time for you, and our aim is to make sure that you are as comfortable as you can be during this quarantine period.

I am a Victorian Public Servant and any information that you provide to me is subject to privacy legislation.

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

There are 23 questions in total, and it should take only a few minutes to go through these with you.

When you answer, we would like to know about you as well as any other occupants in your room.

If you have needs that require additional support, we will connect you with another team who can provide this support.

### Introductory questions

1. Are you still in Room XXX at the hotel? Circle YES / NO

|  |
|--|
|  |
|  |

2. Are you a lone occupant in your hotel room? Yes/No if No:

5. 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:*

1. You have identified safety concerns -would you like me to establish a safe word if you require additional support regarding your safety?

If yes...

2. The word I am providing is <xxx> (different word for each individual). You can use that word in a conversation with me and I will know that you need immediate support/distance from other occupants in the room or may be feeling a high level of distress.

*Where family violence, abuse or acute mental health is identified as an issue refer to specific guidance / escalate for specialist support.*

#### **Wellbeing questions**

15. How are you and any children or other people that you are with coping at the moment?

|  |
|--|
|  |
|  |

16. Do you have any immediate concerns for any children / dependents who are with you?

|  |
|--|
|  |
|  |

17. Do you have any additional support needs that are not currently being met, including any access or mobility support requirements?

|  |
|--|
|  |
|  |

18. Have you been able to make and maintain contact with your family and friends?

|  |
|--|
|  |
|  |

19. What kind of things have you been doing to occupy yourself while you're in isolation, e.g. yoga, reading books, playing games, playing with toys?

|  |
|--|
|  |
|  |

20. Have you been able to plan for any care responsibilities that you have in Australia? Can these arrangements be maintained until the end of the quarantine period?

|  |
|--|
|  |
|  |

**Final**

21. What has the hotel's responsiveness been like? Have you had any trouble getting food, having laundry done, room servicing etc.?

|  |
|--|
|  |
|  |

22. Do you have any other needs that we may be able to help you with?

|  |
|--|
|  |
|  |

23. Do you have any other concerns?

|  |
|--|
|  |
|  |

**End of survey**

Thank you for your time today. We will contact you again tomorrow.

**Office use only**

8. Referral details

|                           |  |
|---------------------------|--|
| Nurse                     |  |
| Authorised officer        |  |
| Complex Client Specialist |  |
| Other                     |  |

9. NOTES:

|  |
|--|
|  |
|  |
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|  |

**10. 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.

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**Appendix 7- Ambulance transfer flowcharts**

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## Transfer Medically Unwell Individuals Under CoVid19 Isolation to RCH/Alfred Hospitals

Nurse identifies patient requiring transfer to hospital.  
Patient has developed ANY CoVid19 symptom  
(Fever, Sore Throat, Cough, Fatigue, Shortness of Breath)  
and has become medically unwell or  
developed any other problem that may require hospitalisation

If non-urgent contact DHHS  
If URGENT to directly contact the Admitting Officer at  
**REDACTED**  
Inform hospital of patient and details  
000 Ambulance request warning of potential CoVid19 case

Ambulance Transfer to RCH/Alfred  
Staff PPE: Gown, Gloves, P2/N95 mask, eye protection  
Patient PPE: Surgical Mask

Patient Transfer from Ambulance to Hospital  
Transfer Requirements:  
- All relevant staff must be notified prior to transfer  
- Patient transferred on trolley or bed  
- Clear transfer pathway of patients, visitors, staff

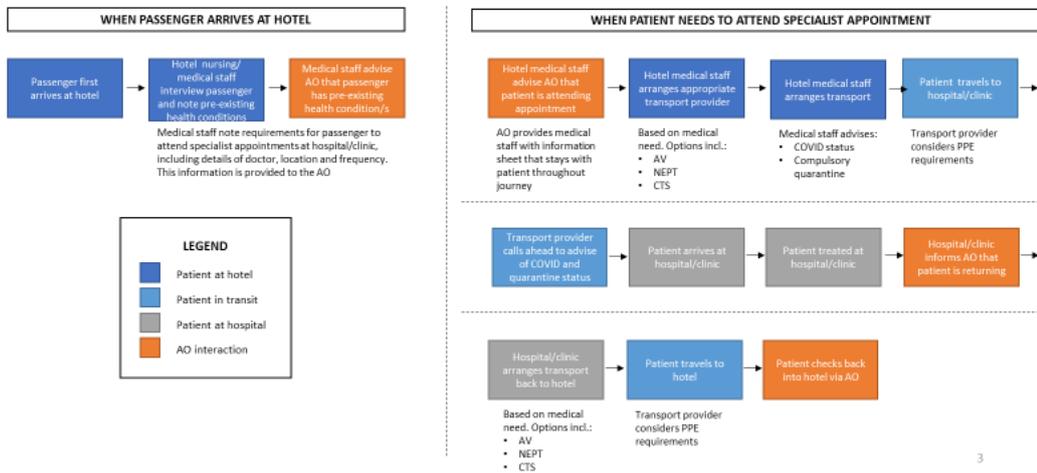
PPE  
**Staff:** Gown, Gloves, P2/N95 mask, eye protection  
**Patient:** surgical mask

Arrival at Hospital designated CoVid19 AV Reception area

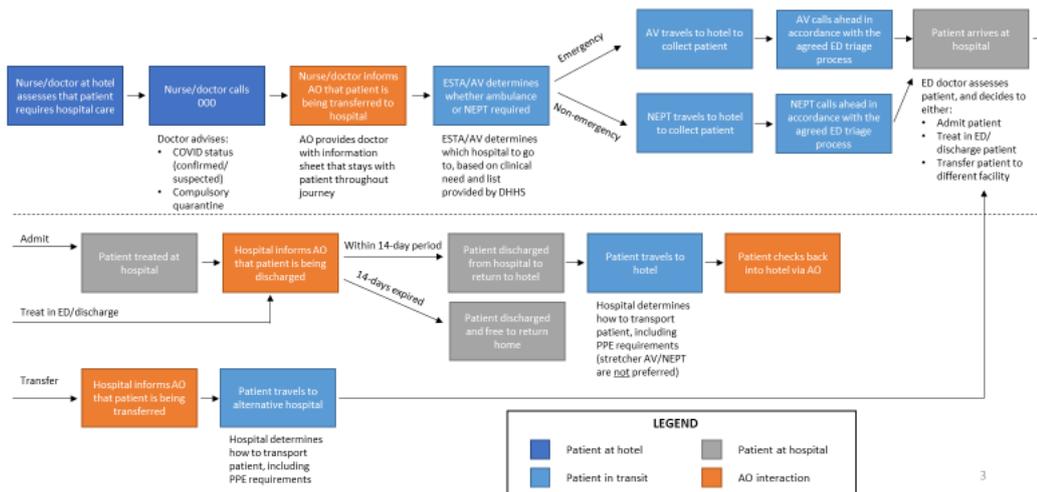
Patient managed under routine AIRBORNE & CONTACT  
transmission based precautions in a negative pressure room

Routine AIRBORNE & CONTACT transmission based precautions  
include: **PPE:** Gown Gloves, P2/N95 mask, eye protection  
(when entering isolation room or transporting patient)  
**Patient:** Surgical mask – if leaving isolation room

## Process to transfer passengers to hospital (planned)



## Process to transfer passengers to hospital (unplanned)



**Appendix 8- Hospital and Pharmacy contacts for each hotel**

| Hotel  | Pharmacy and contact person    | Pharmacy phone | Pharmacy email | Hospital   | Hospital ED phone | Hospital MH phone | Hospital liaison name and number        |
|--------|--------------------------------|----------------|----------------|------------|-------------------|-------------------|---|
| Crowne | Southgate pharmacy<br>REDACTED | REDACTED       | REDACTED       | The Alfred | REDACTED          | REDACTED          | REDACTED<br>ED unit manager<br>REDACTED |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |
|        |                                |                |                |            |                   |                   |   |

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## Appendix 9- Process for people with food allergies

COVID-19 – Hotel isolation:

Process for people with food allergies



Upon arrival at Melbourne Airport, passengers will be provided with two questionnaires that must be completed and handed in to DHHS staff at the hotel on arrival. These questionnaires are:

- Welfare questionnaire
- Food safety questionnaire

For airport staff

Please ensure that arriving passengers are provided with both forms and are instructed to complete one form for every passenger prior to arrival at their hotel.

For hotel staff

Passengers arriving at the hotel will be in possession of two completed questionnaires and these should be handed in to DHHS Team Leader at the hotel on arrival:

- a welfare questionnaire
- a food safety questionnaire

The DHHS Team Leader will liaise with the hotel and request 3 copies of each questionnaire for distribution to the following:

- o The ED Nurse at the hotel
- o The hotel
- o The Authorised Officer at the hotel
- o The original should be kept by the DHHS Concierge Team Leader

Food Safety Questionnaire - IMPORTANT

DHHS Team Leaders should check all Food Safety questionnaire forms and identify those where a person has answered 'Yes' to Question 1 or 4. In these cases the individual should be contacted and advised that we cannot guarantee the dietary needs can be met by the hotel and therefore the department asks that the guest

purchase food consistent with their dietary needs using the Uber Eats online service. The DHHS Team Leader will also advise the hotel Duty Manager regarding the arrangement so they can coordinate this with the hotel kitchen.

Individuals are permitted to purchase meals up to the value of:

- \$20 per meal for breakfast
- \$25 per meal for lunch
- \$40 per meal for dinner.

Guests who are advised to purchase meals through Uber Eats must be advised to purchase meals using their own funds but retain receipts for all purchases to enable reimbursement by the Victorian Government. They should be provided with the reimbursement form at Attachment A and advised to return this form to the Department of Health and Human Services within 60 days of the end of their isolation period at the hotel. Only people who answer 'Yes' to Question 1 or 4 on the Food Safety questionnaire are permitted to purchase food in this way, and have it paid for by the department.

Under individual arrangements at hotels, other individuals may be permitted to purchase meals through an outside service if the hotel kitchen is unable to fulfil their specific dietary needs. In these cases however, the guest will not be reimbursed for the cost of the meal.

The Department of Justice, Precincts and Regions has put in place arrangements across all hotels to permit Uber Eats drivers to deliver food to the hotel and for security staff to assist in the delivery of meals to rooms.

Reconciliation of reimbursement forms will be made against the Food Safety questionnaire when receipts are received to ensure only those eligible for reimbursement will be reimbursed.

#### Questions

Why not pay direct to a DHHS set-up account?

- There is a risk that the account details will be released beyond those authorised to use it and significant purchases will be made using the department's account. There is no way to control purchases once this account number gets out and if the purchasing becomes excessive the only control would be to shut the account down.

Why not have the Concierge Team Leader make the purchases on behalf of people?

- There is no way of knowing the volume of people who may need to book through Uber Eats and therefore the logistical demands on Team Leaders may simply be too large to effectively manage.

- Concierge Team Leaders may be held unfairly responsible for any errors that may be made in purchases. Responsibility for correct purchasing should remain with the individual consumer.

## ATTACHMENT A

## COVID-19 – Victorian Hotel Isolation

## Reimbursement Form for meal purchases

|   |    |
|---|----|
| Name:                                   |    |
| Hotel:                                  |    |
| Room Number:                            |    |
| Date Checked-in:                        |    |
| Date Checked-out:                       |    |
| <b>Breakfast</b>                        |    |
| Total number of breakfasts to reimburse |    |
| Total value of breakfasts to reimburse  | \$ |
| <b>Lunch</b>                            |    |
| Total number of lunches to reimburse    |    |
| Total value of lunches to reimburse     | \$ |
| <b>Dinner</b>                           |    |
| Total number of dinners to reimburse    |    |
| Total value of dinners to reimburse     | \$ |
| <b>TOTAL</b>                            |    |
| Total Claim Amount                      | \$ |

Bank Account details (for reimbursement purposes):

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts. The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:



Emergency Management Branch

Department of Health and Human Services

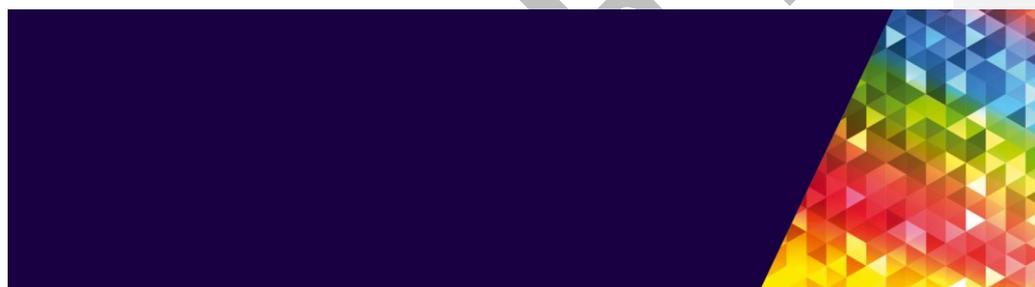
Level 16, 50 Lonsdale Street

Melbourne, 3000

## Appendix 10- Meal order information for people with food allergies

### COVID-19 – Hotel isolation:

#### Meal order information for people with food allergies



Thank you for completing the Food Safety questionnaire form and advising the department of your food allergy.

The hotel and government cannot guarantee that your dietary needs can be met by the hotel. Those with food allergies will need to purchase food consistent with their dietary needs using the UberEats online service, as suitable hotel catering will not be available.

This information sheet will provide you with information about how to order meals through UberEats, the amounts reimbursable for meals and the process for reimbursement. **Please note that you will be responsible for purchasing meals that meet your dietary requirement and the hotel and government accept no liability if the meals do not meet those requirements.**

The DHHS Team Leader will advise the hotel Duty Manager regarding this arrangement so they and the hotel kitchen are aware you will be sourcing your own meals.

To make an order through UberEats, download the application on the Apple store (for iPhone) or Google Play store (for Android). Create your account and place your order as appropriate. Issues with the app can be supported through UberEats customer support line - 1300 091 272.

Guests are permitted to purchase meals up to the value of:

- \$20 per meal for breakfast
- \$25 per meal for lunch
- \$40 per meal for dinner.

Guests who will be purchasing meals through Uber Eats must purchase meals using their own funds but **retain receipts** for all purchases to enable reimbursement by the Victorian Government. A reimbursement form is attached at Attachment A. You should return this form and all original receipts to the Department of Health and Human Services within 60 days of the end of your isolation period at the hotel.

Please note only those individuals who have declared a food allergy at the beginning of their stay and have been approved to use this process will be permitted to purchase food through UberEats and have it reimbursed by the department.

The Department of Jobs, Precincts and Regions has put in place arrangements across all hotels to permit UberEats drivers to deliver food to the hotel. Security staff will receive meals from UberEats drivers and deliver directly to your room.

Thank you for your understanding. If you have any questions about this process, please direct to the DHHS Team Leader located at your hotel.

#### ATTACHMENT A

COVID-19 – Victorian Hotel Isolation

Reimbursement Form for meal purchases

|   |    |
|---|----|
| Name:                                   |    |
| Hotel:                                  |    |
| Room Number:                            |    |
| Date Checked-in:                        |    |
| Date Checked-out:                       |    |
| Breakfast                               |    |
| Total number of breakfasts to reimburse |    |
| Total value of breakfasts to reimburse  | \$ |
| Lunch                                   |    |
| Total number of lunches to reimburse    |    |
| Total value of lunches to reimburse     | \$ |
| Dinner                                  |    |
| Total number of dinners to reimburse    |    |
| Total value of dinners to reimburse     | \$ |
| TOTAL                                   |    |
| Total Claim Amount                      | \$ |

*Bank Account details (for reimbursement purposes):*

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts.

The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:

Emergency Management Branch  
Department of Health and Human Services  
Level 16, 50 Lonsdale Street  
Melbourne, 3000

DRAFT

## Appendix 11- Food Safety Questionnaire

### Food Safety Questionnaire

To be provided to DHHS Team Leader at hotel once completed



This form needs to be completed for each individual staying at a hotel under quarantine in Victoria (i.e. children staying with parents should have their own form). Completed forms should be provided to DHHS staff member.

Name: \_\_\_\_\_ Room number: \_\_\_\_\_

Contact number ph: \_\_\_\_\_

Q1. Do you have anaphylaxis?

- Yes (please indicate)  
 Single allergen  
 Multiple allergens  
 No, go to Q4

Q2 Do you have an EpiPen (in date) with you?  Yes  No

Q3. Is your anaphylaxis caused by food?  Yes (please specify)  no (please specify below)

- sulphites  
 cereals containing gluten (wheat, rye, barley, oats, spelt & their hybridised strains)  
 crustacea  
 egg  
 fish  
 milk  
 peanuts  
 soybeans  
 sesame seeds  
 lupin  
 tree nuts (please indicate)  almonds  
 brazil nuts  
 cashews  
 chestnuts  
 hazelnuts  
 macadamia nuts  
 pecans  
 pine nuts  
 pistachios  
 shea nuts  
 walnuts  
 Other food/cause (please specify): \_\_\_\_\_

Q4. Have you ever experienced a reaction after eating food and needed to take medication, like Ventolin or antihistamines?

- Yes (please specify food/s): \_\_\_\_\_  No

**If you answered yes to any of the above these details, hotel catering may not be able to meet your requirements and we will provide further information.**

Q5. Do you have a medically prescribed modified diet (please specify diet required)?

- No  
 Coeliac disease \_\_\_\_\_  
 Crohn's disease \_\_\_\_\_  
 Diabetic \_\_\_\_\_  
 Other condition (please specify): \_\_\_\_\_

Q6. Do you have a medically diagnosed food intolerance?

- No  
 Lactose  
 Fructose  
 Other food (please specify): \_\_\_\_\_

Q7. Do you have a non-diagnosed food intolerance? (e.g. never good after eating onions)

- No  
 Food/s (please specify): \_\_\_\_\_

Q8. Do you have any dietary preferences?

- No  
 vegetarian  
 vegan  
 gluten free by preference  
 low fodmap diet  
 halal  
 kosher  
 other (please specify): \_\_\_\_\_

Please note this information may be provided to the hotel, catering services, on-site nurses and Authorised Officers.

## FW: CIC-PROTECTED: Papers for 4:30 meeting

**From:** "Annaliese Van Diemen (DHHS)" [REDACTED]  
**To:** "Brett Sutton (DHHS)" [REDACTED]  
**Date:** Tue, 19 May 2020 16:39:17 +1000  
**Attachments:** HP Master 190520.xlsx (197.24 kB); NEW - CCC submission - Maintaining the COVID-19 Response 2020-21 190520 - MC.docx (146.16 kB)

**Dr Annaliese van Diemen** MBBS BMedSc MPH FRACGP FAFPHM  
**Public Health Commander- COVID-19 Department Incident Management Team**  
**Deputy Chief Health Officer (Communicable Disease)**  
 Regulation, Health Protection & Emergency Management  
 Department of Health & Human Services | 14 / 50 Lonsdale St  
 [REDACTED]  
[health.vic.gov.au/public-health](http://health.vic.gov.au/public-health)

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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.

### PROTECTED//Cabinet-In-Confidence

**From:** Michael Coppola (DHHS) [REDACTED]  
**Sent:** Tuesday, 19 May 2020 3:38 PM  
**To:** Melissa Skilbeck (DHHS) [REDACTED]; Annaliese Van Diemen (DHHS) [REDACTED]  
 [REDACTED]  
 Jacinda de Witts (DHHS) [REDACTED]  
**Cc:** [REDACTED]  
 [REDACTED]  
 [REDACTED] Mat Williams (DHHS) [REDACTED] ACT  
 [REDACTED] Nick Chiam (DHHS) [REDACTED]  
 [REDACTED] John Spasevski (DHHS) [REDACTED];  
 Annalise Bamford (DHHS) [REDACTED]  
**Subject:** CIC-PROTECTED: Papers for 4:30 meeting

(saved in calendar-LL)

Good afternoon

Updated draft submission for discussion at 4:30 today.

Supporting workbook also attached – highlighted items in workbook are ones we would like to test assumptions.

Thanks  
 Michael

**From:** [REDACTED]  
**Sent:** Tuesday, 19 May 2020 2:43 PM  
**To:** [REDACTED] (DHHS)

REDACTED; Michael Coppola  
(DHHS) REDACTED John Spasevski (DHHS)  
REDACTED

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi all

Thanks for your patience. Attached is the revised sub and costing sheet. Can I ask that 30 minutes or so be given to Michael and RED to review and make any necessary changes before this is finalised for circulation ahead of the 4:30 meeting.

I will check in around 3:30.

**PROTECTED//Cabinet-In-Confidence**

**From:** REDACTED  
**Sent:** Tuesday, 19 May 2020 10:25 AM  
**To:** REDACTED (DHHS) Michael Coppola  
REDACTED; John Spasevski (DHHS)  
REDACTED

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Really appreciated it – thank you

Kind regards

REDACTED

**Manager Office of the Deputy Secretary  
Public Health Emergency Operations and Coordination**

Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000



Please note I work Sunday - Wednesday. REDACTED can be contacted Thursday – Saturday.

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**PROTECTED//Cabinet-In-Confidence**

**From:** REDACTED  
**Sent:** Tuesday, 19 May 2020 10:24 AM  
**To:** REDACTED (DHHS) Michael Coppola  
RED; John Spasevski (DHHS)  
(DHHS) REDACTED  
REDACTED

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi REDACTED

Yes, draft will be circulated in the next few hours ahead of the 4:30 meeting. I need a few hours to recast a few elements and work on the body of the text.

Will aim to get something out before 2pm.

**PROTECTED//Cabinet-In-Confidence****From:** REDACTED**Sent:** Tuesday, 19 May 2020 10:22 AM**To:** REDACTED

REDACTED

(DHHS)

Michael Coppola

John Spasevski (DHHS)

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Thanks REDACTED

Aware this is, and that it will continue to evolve over the next few days.

Is it possible to have a draft (in whatever format it may be) this afternoon?

Jacinda has specifically requested this in preparation for this afternoon's meeting so anything that could be provided would be appreciated.

Kind regards

REDACTED

**Manager Office of the Deputy Secretary  
Public Health Emergency Operations and Coordination**

REDACTED

Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000

*Please note I work Sunday - Wednesday. REDACTED can be contacted Thursday – Saturday.*

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**PROTECTED//Cabinet-In-Confidence****From:** REDACTED**Sent:** Tuesday, 19 May 2020 10:19 AM**To:** REDACTED

REDACTED

Michael

Coppola (DHHS) REDACTED

John Spasevski (DHHS)

REDACTED

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi REDACTED

The HP sub is being recast and won't be ready for a few hours.

**PROTECTED//Cabinet-In-Confidence****From:** REDACTED**Sent:** Tuesday, 19 May 2020 10:14 AM**To:** REDACTED

REDACTED

Michael Coppola (DHHS) REDACTED

John Spasevski (DHHS)

REDACTED

**Subject:** RE: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi REDACTED

There are 3 submissions being prepared.

REDACTED or Michael/John – have the updated submissions been sent to Jacinda/Annaliese?

Regards

REDACTED

Manager, Office of Deputy Secretary  
Regulation, Health Protection & Emergency Management Division  
Department of Health & Human Services  
Level 16, 50 Lonsdale Street, Melbourne, Victoria 3000

REDACTED

w. www.dhhs.vic.gov.au

**PROTECTED//Cabinet-In-Confidence**

From: REDACTED

Sent: Tuesday, 19 May 2020 10:08 AM

To: REDACTED

Subject: FW: CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi REDACTED

Not sure who the right person is – apologies if not you but hoping you can assist –

There is a 4pm meeting this afternoon to discuss this submission – is there a draft version that can be reviewed by Jacinda?

Many thanks

Kind regards

REDACTED

**Manager Office of the Deputy Secretary  
Public Health Emergency Operations and Coordination**

REDACTED

Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000



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**PROTECTED//Cabinet-In-Confidence**

From: Nick Chiam (DHHS) <REDACTED>

Sent: Saturday, 16 May 2020 11:45 AM

To: Jacinda de Witts (DHHS) <REDACTED>; Annalise Bamford (DHHS)

REDACTED <REDACTED> Melissa Skilbeck (DHHS)

REDACTED

Cc: Brett Sutton (DHHS) <REDACTED> Angie Bone (DHHS)

REDACTED <REDACTED>; Annaliese Van Diemen (DHHS)

REDACTED

REDACTED

Michael Coppola (DHHS)

REDACTED

John Spasevski (DHHS) REDACTED

Mat Williams (DHHS) &lt;REDACTED&gt; Andrea Spiteri (DHHS)

REDACTED

**Subject:** CIC-PROTECTED: FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Jacinda/AB, Melissa, RED and Public Health execs,

Please see the feedback from central agencies on the 3 CCC submissions you and you teams have contributed to. I've included the lot for visibility, but only some will relate to the elements you are interested in.

I have forwarded on to the relevant authors/EOs in your teams where I understand they are best placed to try to respond by early next week.

Jacinda, Melissa, RED, some of the central agency comments go to critical assumptions about staffing costs, which as I flagged on Friday I suggest are important for you to be taken through to validate or agree variations. I have spelt out some key assumptions I think need particular agreement (below in YELLOW). I asked Melissa's office to try to find a time. I personally think the more, the merrier for this so everyone is on the same page – so please forward the invite to anyone else you would like to come.

Nick

**PROTECTED//Cabinet-In-Confidence****From:** Nick Chiam (DHHS)**Sent:** Saturday, 16 May 2020 11:30 AM**To:** REDACTED

REDACTED

Michael Coppola (DHHS)

REDACTED

John

Spasevski (DHHS)

REDACTED

**Cc:** Mat Williams (DHHS) REDACTED

REDACTED

Melissa Skilbeck

**Subject:** FW: OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

(Virtual) CCC drafting team,

Please see central agency feedback and some requests and suggestions from me on how we respond. There's something here for everyone!

Timing is not locked in – noting centrals suggesting HP funding bid come after May Health EM spend update and that quarantine options come with DJPR update on accom spend.

We are expecting MO feedback on Monday and would like to pull together best next draft of all three addressing these comments and any from MO on Monday. Lead authors are:

- \* John S for Quarantine
- \* Michael/REDACTED for HP /PH bid
- \* REDACTED for VCDC

Tanya/Mat, it's not place to task you with anything, but there's some info requested which I think your best placed to get.

Can you please let them know if addressing the comments will not be possible Monday so they can be clear in next draft for Melissa/Jacinda.

I will separately email Melissa/Jacinda cc HP exec with a copy of this and reiterating my suggestion that there's meeting on Monday (or asap next before the next draft moves up the line).

Nick

**PROTECTED//Cabinet-In-Confidence**

From: REDACTED

Sent: Friday, 15 May 2020 8:13 PM

To: Nick Chiam (DHHS) REDACTED

REDACTED

REDACTED Melissa Skilbeck (DHHS) REDACTED

REDACTED

Cc: John Spasevski (DHHS) REDACTED

REDACTED

**Subject:** OFFICIAL-SENSITIVE: RE: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Hi Nick, Melissa and team

Thank you for sending through the draft submissions for our review and for the meeting today.

Please see consolidated questions/comments below from DTF and DPC. It is a long list but hopefully helps with the framing of the submissions and clarifying the relationship between them. Happy to continue discussions and talk through anything that is unclear.

thanks

REDACTED

**General questions/comments**

**Timing**

- \* DPC/DTF note a report back to CCC is expected in May outlining the COVID health expenditure to date. We think it would be beneficial for this submission to come first to enable consideration of any potential underspends that could be redirected to new initiatives. REDACTED: will you be coordinating this? JOHN S: can you please check with CabParl/Sec office if this is scheduled?
- \* We consider the submissions should prioritise funding that is needed prior to the October budget process. It would be helpful if the submissions could more clearly articulate the rationale for why the longer term components (i.e. the Public Health Public Trust bid and related system enhancements) should be considered now, including any dependencies/ links with the immediate COVID response. REDACTED for drafting as discussed
- \* We note there are likely to be a number of COVID-related inquiries in the next year or so (VAGO, CCYP, OPA, Ombudsman etc). Are there some longer term decisions that may benefit from waiting until those inquiries have been undertaken? REDACTED Suggest we add line after HP bid elements eg pandemic preparedness, that this will help the department to demonstrate it is already creating capacity to learn from this pandemic to be able to anticipate and scale more effectively in future, in anticipation of reviews by oversight bodies of the government response.

**Alignment between submissions and components of submissions**

- \* If there is an appetite for CCC to consider the Centre for Public Health submission, we recommend highlighting alignment/ linkages between initiatives and across submissions. For example:
  - \* initiatives in the public health protection system submission would likely fall under the proposed responsibilities and functions of a Centre for Public Health. How will functions and initiatives be coordinated/ transferred? JOHN S/REDA: suggest Cab sub should clarify this proposal is about fostering collaboration across the sector partners, alignment in effort and better targeted research not departmental regulatory/operational preparedness as set out in HP proposal. Any actual overlaps you can see?
  - \* What are the differences in roles and functions between the proposed emergency preparedness team and the work of the central health protection function as

proposed in the public health protection system submission? **JOHN S: As above**

- \* We understand DHHS is considering a separate proposal for a centre for disease control. How will a CPH complement and align with a centre for disease control?  
**JOHN S/REDA: I'm not across this. Can you please follow up.**
- \* If a separate submission is brought to CCC on quarantine arrangement considerations, suggest the submissions should reference the linkages (e.g. permanent facility referenced in the health protection sub). **REDACT: as discussed please outline relationship in HP bid sub ie hotel not suitable for non compliant/complex clients.**

### Submission specific questions/comments

**Sustainable Quarantine Arrangements – JOHN S - AND FYI ANNALISE VD: Please consider – there are some policy and modelling questions which we may or may not be able to answer at this stage – suggest either clarify in sub or prepare notes for centrals if we aren't yet in a position and confirming that these can be done pending direction from CCC on preferred direction for this program**

- \* As discussed, if possible it would be helpful if this submission could include/ be combined with the report back from DJPR on actual accommodation costs to date including unused purchased rooms
- \* The interim model seems likely to be the most contentious. It would be useful to understand how risks would be managed (including diplomatic risks that come from rating countries of origin).
- \* More information on the proposed timeframe or marker of when the transition between phases should occur would be helpful for decision making.
- \* Would DHHS consider advocating for special eased considerations for international students in line with the new quarantine rules for returning citizens
- \* What is the projected demand for hotel rooms and other services under each model – (for quarantine, perhaps, a low/high scenario based on latest projections of people still abroad)?
- \* Could DHHS please provide a full breakdown of estimated costs underpinning each model?

**Note also, JOHN S: I understand there may be information on a Commonwealth contribution to these costs you are following up with Nat Cab team and Finance.**

### **Strengthening Victoria's Health Protection**

- \* Could DHHS please provide updated costings for all components **REDACTED** as discussed – I have also proposed that you offer briefing to Jacinda/Melissa with Pub Health leads on Monday
- \* The Laboratory Costs and Contact Tracing components were not included in the original \$120 million agreed in principle by CCC for preconditions. Could you please provide further information on these costs? We understand contact tracing has largely been undertaken using private hospital staff under the terms of our contracts with them, how do these costs reconcile to this approach? **REDACT: MAT are you best placed to coordinate?**
- \* To our general point above, is it necessary to seek the whole budget submission now (particularly given there are components that don't commence until 2021-22)? **REDACT: as discussed suggest link decision now on future HP elements (eg regional teams, pandemic preparedness) to providing the ability to workforce plan and seek to retain the best, specially trained capability rather than losing this sunk cost.**
- \* Do any other jurisdictions (in Australia) have a quarantine facility as proposed? How many patients are quarantined annually (pre-COVID-19)? Given the timeframes we are talking about it seems unlikely that these will be required for COVID patients. Why is utilising existing hospitals for this purpose not appropriate? **REDACT: you may need to check with HP. Have cc'ed ANGIE**
- \* Commonwealth funding/offsets appears low – will these be updated? **REDACTE** can you please confirm
- \* Victoria's population is much more concentrated in one location than QLD or NSW – how has this been factored in when requesting a more regional presence? **REDACT: suggest clarify that the 4 regional teams would cover the DHHS divisions which spans metro and regional communities and as with other emergency management functions act as surge capacity for other. MAYBE also check if there's any info on comparable NSW per population ratio at regional level (but only if we have it in previous bid)**

- \* Can DHHS provide an estimation on how long staff are likely to be redirected to this work:
  - \* Could DHHS also identify how this interacts with funding approved through other CCC submissions provided for duties such as contact tracing, outbreak control squads, testing units and community public health interventions and support?

MELISSA/JACINDA/REDA – I think this is a key conversation for us to have at the briefing on costing assumptions, including sub point below. Key assumptions in the bid elements are:

- \* when do we assume backfilling is required for BAU RHPEM (1 July).
  - \* when do we start new expanded functions (eg regional from 1 Jan 2020 ie while outbreak teams and increased general contact tracing capacity still in place, I assume).
  - \* how many non RHPEM DHHS staff do we expect to be able to keep or put into the surge Pub Health effort and for how long. I think currently the assumption is 1/3 of total FTE for 20-21 will be DHHS staff funded by other cost centres/outputs. SCOTT/ROB can you please confirm as part of briefing.
- \* Could DHHS give a breakdown of the disease notifications backlog and how many new notifications have been received during quarantine? Given most restaurants are currently closed and have been since early March, food safety concerns should have decreased as well as new influenza cases. JOHN S/REDACT are you best placed to draft a sentence on this eg at least indicating the types of notifications that have still be coming in, even of some types have reduced.

**Victorian Centre for Public Health – REDACT** please consider: suggest clarify responsibilities and discuss with Melissa and HP EOs

- \* How does this align with Government policy through the base review which sought to minimise external bodies and retain expertise within departments?
- \* What are the governance structures proposed for this body? Why would a new body be established rather than holding capability within DHHS?
- \* What interaction would this have with VicHealth, given that there may be an overlap of proposed responsibilities? How does the department propose to ensure that Government does not encounter the same difficulties with this body's priorities as it has with VicHealth?
- \* What advantages are there to beginning to scope this now, when the COVID-19 pandemic is still underway and there may still be further lessons to learn from the experience?
- \* Given the significant investment proposed in the Strengthening Victoria's Health Protection submission, what does the department propose DHHS will retain responsibility for and what will transition out to the new agency?
- \* How does the facility fund crisis scale surge capacity for ICU, clinical and diagnostic services? Does the facility, including the ICU capacity, lay dormant when there is no pandemic or need for isolation for infectious/contaminated patients?

REDACTED | Director | Health and Human Services Branch  
Department of Premier and Cabinet | Level 14, 35 Collins St, Melbourne Victoria 3000

REDACTED

Executive Assistant: REDACTED

We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future.

**PROTECTED: CABINET-IN-CONFIDENCE**

OFFICIAL-SENSITIVE

**From:** Nick Chiam (DHHS) REDACTED

**Sent:** Friday, 15 May 2020 5:58 PM

**To:** REDACTED

Melissa A Skillbeck (DHHS)

REDACTED

**Cc:** John Spasevski (DHHS) REDACTED

REDACTED

**Subject:** Re: PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

REDACTED

Our MO confirmed to Melissa that they believe the Minister is supportive of the subs progressing but wanted to review them in detail over the weekend. So don't have Ok for you to share with your offices yet.

Works out well though for us to make edits as discussed today, address any further questions you have and finalise 20-21 response costing - hopefully by Monday.

So please send through any questions you have.

Nick

Get [Outlook for iOS](#)

**From:** REDACTED

**Sent:** Thursday, May 14, 2020 5:38 pm

**To:** Melissa Skilbeck (DHHS); REDACTED (DPC)

**Cc:** John Spasevski (DHHS); Nick Chiam (DHHS)

**Subject:** PROTECTED: CIC: RE: CIC - CCC submissions for comment Public health COVID

Thanks very much for the opportunity to comment on these Melissa, it is much appreciated.

We have some comments to send through, but will wait until after we get a chance to talk through these together at the meeting tomorrow.

REDACTED

REDACTED | A/Director

Portfolio Analysis | Budget and Finance Division

Department of Treasury and Finance | Level 4, 1 Treasury Place, Melbourne, 3002

REDACTED

**PROTECTED: CABINET-IN-CONFIDENCE**

**From:** Melissa Skilbeck (DHHS) REDACTED

**Sent:** Monday, 11 May 2020 9:33 PM

**To:** REDACTED

REDACTED

**Cc:** John Spasevski (DHHS) REDACTED Nick C Chiam (DHHS)

REDACTED

**Subject:** CIC - CCC submissions for comment Public health COVID

REDACTED and REDACTED

Please find attached the full set of 3 CCC submissions we're developing for COVID public health response

There have been different discussions around these over recent weeks – but I am concerned that our possible window is closing – and we have commenced recruitment to ensure we can continue the COVID accommodation and compliance functions beyond 30 June for example

You'll note below that I've discussed and now provided these drafts to Min Mikakos' office – although they too have discussed them prior

I'd appreciate any comment and direction you can provide on the subs and on the CCC agenda setting – cob Thursday this week would be very helpful – to John and I

Regards,

Melissa

**Melissa Skilbeck**

Deputy Secretary | Regulation, Health Protection and Emergency Management

Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

t. (03) 909 62234 | m: 0402 060 067 | e. [melissa.skilbeck@dhhs.vic.gov.au](mailto:melissa.skilbeck@dhhs.vic.gov.au) | w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

**From:** Melissa Skilbeck (DHHS)

**Sent:** Monday, 11 May 2020 9:16 PM

**To:** REDACTED

**Cc:** John Spasevski (DHHS) REDACTED

**Subject:** CIC - CCC submission - COVID-19 Strengthening Victoria's health protection\_110520 FOR MO COMMENT.docx

REDACTED

As discussed on Friday – please find attached our three draft CC subs for early comments

1. Vic Centre for Public Health – is in response to the Minister's request to REDACTED for a sub on an

Australian CDC – I discussed the scoping of this one briefly with Jacob

2. 2. Sustainable quarantine arrangements – this one is to start the discussion around future shape of mandatory COVID quarantine given its inherent risk trade-off and its resourcing needs that will be difficult to maintain once restrictions ease and impact on other parts of government needing to reinstitute their functions (from which we have taken resources)
3. 3. Strengthening health protection – is an addition to the January budget submission that adds the functions/activities that it is now clear we are missing, and seeks funding beyond current TAs for the COVID public health ‘pre-conditions’ outbreak response etc, and may need to add funding for COVID quarantine and emergency relief accommodation (currently funded by TA with DJPR)

All have been discussed by the department’s board, the CDC one has been shared with DJPR due to a related submission they are drafting and we will share drafts with central agencies in an informal coordination comment round this week while we finalise the scope and costings of drafts – but we do not yet have scheduled CCC times.

Appreciate any comments on drafts and any insight into CCC agenda this week

Regards

Melissa

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[Postmaster@dhhs.vic.gov.au](mailto:Postmaster@dhhs.vic.gov.au)

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|                |     |
|----------------|-----|
| Submission No. | TBA |
| Copy No.       |     |

Submission to: Crisis Council of Cabinet

Submission Title: Maintaining the COVID-19 Response for 2020-21

Submission Type: Matter for Decision

Portfolio/s: Health

Mission/s: Health Emergency

**SUBMISSION PROPOSAL**

**Recommendation(s):**

That Crisis Council of Cabinet (CCC):

1. Approve funding of \$181.75 million in 2020-21 to maintain critical COVID-19 public health response activities from 1 July 2020, as outlined in the Submission to the CCC 'Funding to Commence Establishing the Public Health Preconditions (Sub No: CCC060)' of 7 May 2020. This includes providing job security to VPS staff who have been with the COVID-19 Public Health Command since March 2020 and community assurance that there is adequate oversight of the pandemic response in 2020-21. This net funding is in addition to an assumed Commonwealth contribution of \$167.08 million under the COVID-19 National Partnership Agreement; and
2. Agree that as part of the 2020-21 State Budget process, a Submission be brought forward which outlines critical shortfalls across Victoria's Public Health Services which have been exposed during the COVID-19 response; and the associated investment required to modernise core public health services, the pandemic response and regulatory functions over the medium to long term for the new normal.

**Objectives:**

- To seek agreement from the CCC for the investment needed to:
  - continue the delivery of preconditions to ease restrictions for COVID-19 pandemic for a further 12 months, as outlined in CCC Submission 'Funding to Commence Establishing the Public Health Preconditions' of 7 May 2020; and
  - to highlight critical funding and service capacity shortfalls across Health Protection Services which will seek funding through the 2020-21 State Budget process.

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**Key Issues:**

1. Stage 3 restrictions on social and economic activity and the State-wide preparedness and response effort of the health system has avoided thousands of COVID-19 related deaths and our healthcare system being overwhelmed.
2. Victoria has now commenced a range of initiatives to provide the preconditions for easing restrictions. This includes increased community testing and surveillance for COVID-19, scaling up contact tracing capacity and quarantine operations.
3. The State's health protection function, expanded through a Public Health Command, has played a key role in investigations, planning and responding to COVID-19, and has guided Victorians, health practitioners and hospitals throughout the pandemic.
4. Critical response activities, like contact tracing, have highlighted the lack of baseline public health safeguarding capacity and meant the Department of Health and Human Services (DHHS) needed to urgently surge using less specialist experience from outside the department such as recent university graduates and generalist labour hire.
5. While the COVID-19 response has demonstrated the nation leading capability of our core health protection leaders and staff, the base level of our capacity and future supply of specialist epidemiologists and communicable diseases experts remains an unacceptable risk to the whole community.
6. Further, environmental health compliance staff, who respond to food risks such as Salmonellosis, have been redeployed to provide hotel quarantine and directions compliance support for Victoria Police, leaving environmental risks unmonitored for the foreseeable future, unless additional resources are funded.
7. Led by the Chief Health Officer, health protection aims to keep Victorians healthy and safe by reducing avoidable harm from communicable disease, food, water, radiation and other environmental hazards. It plays a key role in the response to, and recovery from, emergencies like the recent bushfires and COVID-19 pandemic, and increasingly common environmental health concerns from climate change, such as reduced water quality, and superbugs.
8. The effectiveness of Victoria's baseline health protection services is severely compromised due to increasing risks and complexity of the COVID-19 response, coupled with a lack of investment in the supply of specialist staff to monitor and respond to disease risks, new technologies, regional operations, research and preparedness.
9. We need to plan for the active management of COVID-19, and potential health protection surge activity from a 'second wave', until a vaccine has been developed and distributed to Australians – assumed to be within the next two financial years. We also risk losing the clinical staff, epidemiologists and other specialists that have been seconded and specially trained in health protection safeguarding if we cannot offer longer term contracts and career opportunities.
10. Given this, we need to both secure the Public Health Command to continue the surge in 2020-21 and adequately resource our continuing core health protection services, giving them the ability to manage non-COVID 19 risks and take additional steps to be better ready for future public health emergencies.
11. Funding requested for 2020-21 will provide job security for 12 months to retain the highest performing specialists that have been recruited for the response. These specialists would then be available to transition into roles in an expanded health

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**Deleted:** <#>NSW has double the per capita health protect capacity of Victoria – with one communicable disease prevention and control staff member for every 114,300 people, compared every 231,000 people for Victoria; ¶

<#>Which costs Victorians – for example, between 2017 and 2019 the NSW Hepatitis A outbreak consisted of 47 notifications in a single population sub-group and lasted six months; Victoria's Hepatitis A response was delayed due to staff focusing on other threats and the disease spread to more complex groups – prisoners and now homeless people and those who inject drugs – resulting in an outbreak that has lasted over 2.5 years, with 257 notifications, avoidable hospitalisation costs of over \$800,000 and direct costs of some \$2.6 million. ¶

<#>A key operational issue is our centralised health protection functionsystem and metro-based specialists – compared to the (...)

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protection workforce, across both metro and regional Victoria, that is better able to protect Victorians. A further funding submission will be developed to outline a longer term, sustainable investment path and proportionate uplift in Health Protection Services that is required to manage public health risks to Victorians (Recommendation 2).

12. This is consistent with the Health Emergency Mission which states that as part of the stand down and recovery phase a priority will be to 'sustain and strengthen public health, diagnostic research and routine testing capability.'

*Continuation of preconditions for easing COVID-19 restrictions throughout 2020-21*

13. The Submission 'COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy' of 20 April 2020 addressed the scale of managing the virus' transmission through testing, contact tracing, and response to outbreaks, such as that recently seen in a meat processing facility and fast food outlets in Melbourne's North and North West suburbs.

14. As part of the follow-up CCC Submission 'Funding to Commence Establishing the Public Health Preconditions' of 7 May 2020, funding was sought to 30 June 2020, noting that a follow up Submission was being prepared in late May 2020 that would seek a longer-term approach to managing preconditions and sustainable public health investment.

15. This Submission seeks \$181.75 million (Recommendation 1) to continue COVID-19 preconditions by sustaining the existing Public Health Command functions, such as State-wide testing – including 12 months of Testing Blitz, GP 'hubs' and mobile testing, contact tracing resources, community public health interventions and support.

16. There are various arrangements currently in place to support the Public Health response to COVID-19 including seconded staff from other departments, health services and agencies, local government and reassigned DHHS staff.

17. Staff recruited to work on the COVID-19 response that have been trained and upskilled in public health have started being recalled from the Public Health Command to other areas of the healthcare system due to a lack of job certainty and security beyond 30 June 2020. This Submission seeks to provide a further 12 months of surety for fixed term COVID-19 response staff, and career opportunities to transition to expanded public health service roles over the longer term.

18. State costs attributed to COVID-19 will be offset by 50 per cent under a new National Partnership Agreement (NPA) with the Commonwealth and jurisdictions. The NPA is effective from 2019-20 and will continue to offset half of eligible COVID-19 costs for 2020-21.

*Restarting services stopped or reduced due to redirection of resources to COVID-19*

19. Around 93 of 175 health protection staff are temporarily reassigned to work on the COVID-19 response: in the public health team and in hotel quarantine and other compliance teams. Of the 93 reassigned staff, very few have been backfilled because other suitable candidates are also being prioritised for the COVID-19 response.

20. Due to the sheer effort required for COVID-19, this means there has been only a minimal response for all other public health risks during this time. The backlog in other disease notifications – now thousands of unprocessed notifications – is an observable

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indicator of the incidents not responded to, but many public health risks cannot be known without health protection staff's monitoring, investigation and inspection.

21. Urgent incidents since late January 2020 include: a multi-jurisdictional outbreak of Salmonellosis affecting 1050 people nationally, recent increase in Legionellosis across Melbourne, an outbreak of Hepatitis A amongst homeless people and those who inject drugs; and several imported cases of Typhoid and Paratyphoid. In addition, with the progressive re-opening of fast food and takeaway based businesses in response to easing of restrictions, the health protection services will see this work increase.

22. Despite some risks such as influenza reducing for now, continuing a minimalist response on all non-COVID 19 public health issues is not an option and exposes the Victorian community and health services to an unacceptable level of risk, on top of the current COVID-19 emergency.

23. As such, total investment sought for 2020-21 includes approximately \$14.23 million in funding for backfill to allow critical non-COVID-19 health protection services that have been suspended or reduced to return to pre-COVID-19 service levels. This would be enabled by either health protection staff with specialist skills who have been working on the COVID-19 response to return to their substantive roles or finding suitable resources to backfill their roles over the next 12 months, or mostly likely a mix of both.

24. This Submission seeks funding for 2020-21 continuation of preconditions, but it is likely that further funding will be required into 2021-22, as a vaccine is unlikely to be developed and fully distributed to the population for 24 months.

#### Emergency Preparedness Functions

25. A new centrally based, in-house public health 'emergency preparedness' team, is required to establish emergency response capabilities. This team would lead disaster preparedness pre-events, systemically developing processes to mitigate the causes of a risk or event, monitor, model and evaluate responses during event and incorporate lessons from events into future pandemic and other public health emergency planning. This initiative will provide immediate capacity to learn from this pandemic, and to be able to anticipate and scale more effectively in future. It will also be able to collect and catalogue evidence and insights to inform internal and external reviews and audits which examine the Government's response. Initial funding for 2020-21 has been sought to establish this function, with further funding to be sought as part of a future follow up Submission for Public Health in 2020-21.

#### Continuation of the Testing Blitz initiative

26. The testing blitz announced by the Government in the past month has already exceeded the target of 100,000 tests. The drive through and pop-up testing facilities need to remain in the short to medium term, particularly given the need to identify and suppress community transmission as restrictions are eased. The testing Blitz has been successful in providing the necessary data and evidence in how the virus is spreading in Victoria.

27. The Testing Blitz will continue to be carried out through a combination of drive-through and walk-up clinics, complementing the four mobile screening clinics to visit homes and workplaces, particularly in our regional areas.

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28. Funding of \$16.63 million (as part of Recommendation 1) is sought to cover the costs associated with this Testing Blitz over a 12 month period, allowing for a review and possible cessation of this initiative, based on the pandemic situation at 30 June 2021.

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*Development of a business case for a secure quarantine facility for Victoria:*

29. Under the Public Health and Wellbeing Act 2008, the Chief Health Officer may issue Public Health Orders to detain individuals with communicable diseases such as HIV and Tuberculosis (TB) with behaviours that mean they present a significant risk to public health. Despite recurrent need, a readily available facility to securely isolate people under orders has not been available to the Chief Health Officer since 2007, when facilities were re-gazetted.

**Moved up [1]:** <#>Services stopped or reduced due to protection resources to COVID-19¶  
 Critical health protection services, such as monitoring of safe drinking water, tracking and regulating exposure to radioactive material, testing environmental sources for harmful organisms (such as legionnaires disease in air-conditioning cooling towers) and responding to communicable disease notifications have been suspended or reduced, as more than half (93) of health protection staff, including the Chief Health Officer and his deputies, have been redirected to the COVID-19 response.¶  
 While this has been necessary, it has left the State exposed to significant risks such as outbreaks of communicable diseases; undetected water catchment contamination due to bushfires, blue-green algae or chemical spills; and inadvertent radiation exposures due to mishandling of radioactive materials. ¶  
 Urgent incidents since late January 2020 include: a multi-jurisdictional outbreak of Salmonellosis affecting 1050 people nationally, recent increase in Legionellosis across Melbourne, an outbreak of Hepatitis A amongst homeless people and those who inject drugs; and several imported cases of Typhoid and Paratyphoid. ¶  
 Continuing a minimalist response on all non-COVID 19 public health issues over the next two years is not an option and exposes the Victorian community and health services to an unacceptable level of risk, on top of the current Pandemic emergency.¶  
 ¶

30. Current quarantine options include using security guards at public hospitals, serviced apartments, rental properties, and in the case of COVID-19 – hotels, all of which are inadequate for containing individuals with communicable diseases whose behaviours or circumstances mean they manage their conditions and cannot be treated effectively and so present a risk to others. These risks include transmission of blood borne viruses such as HIV and infectious hepatitis through behaviours such as sharing of needles and syringes and knowingly spreading disease; and transmission of airborne diseases such as tuberculosis through non-compliance with prescribed treatment regimes.

**Investment overview**¶  
 <#>This Submission seeks new funding across three main priority areas that have not been addressed in previous Submissions to CCC or earlier ERC decisions and Treasurer’s Advances, including Health Protection initiatives announced under the ‘Extra Funding Boost for Health System COVID-19 Response’ package; or the TA for ‘COVID-19 Emergency Accommodation Program’, ¶  
 <#>The CCC Submissions on preconditions: ‘COVID-19: Health preconditions for easing of restrictions on the Victorian community and economy’ of 20 April, and ‘Funding to Commence Establishing the Public Health Preconditions’ of 7 May 2020, flagged that a

31. Further, the long-term isolation in hospital wards or hotel accommodation may contravene human rights and regulations, while negatively impacting on the individual.

32. While the number of such cases varies, at any one time across the State, there can be upwards of three individuals detained under Public Health Orders due to non-compliance with treatment orders and intentional spreading of communicable disease. Without an adequate quarantine facility in Victoria, individuals will need to be placed in inadequate settings, for the individuals and the staff seeking to treat them or keep them safe. The facility will also provide for any non-compliant COVID-19 positive individuals even after current quarantine arrangements cease.

**Moved up [2]:** <#>This Submission seeks new funding across areas that have not been addressed in previous Submissions to CCC or earlier ERC decisions and Treasurer’s Advances, including

33. Funding to scope a six-bed quarantine facility is sought to inform the development of a business case for a future Budget Submission.

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 <#>Services stopped or reduced due to redirection of health protection resources to COVID-19¶

*Addressing public health risks caused by weaknesses in Victoria’s health protection system and preparing for the ‘new normal’.*

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34. Even before the recent bushfires and COVID-19 emergency, Victoria’s health protection services were struggling to meet demand—at the beginning of the emergency the full team included only 11 FTE of public health physicians.

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35. As described, there is clear evidence that the State’s comparable level of resourcing puts Victorians at greater risk. Highly specialised health protection services, such as regulation of hazards and threats such as drinking water and radiation, are unable to keep up with growth in demand and complexity. As a result, there are now many public health risks that we are not addressing but should be. This means that many adverse events are going unnoticed until they reach a severe state, resulting in significant avoidable costs to individuals, health services, government and industry.

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 <#>The Victorian health protection workforce lags other jurisdictions eg. Victoria has one communicable disease

36. The health protection system in Victoria is centralised, with a single team of frontline professional workers in the central office and a small contingent of environmental

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health officers across the four operational divisions. In contrast New South Wales has 15 public health units and Queensland has 13 public health units spread across their states. In those states they have demonstrated that they have regional capacity to respond to regional outbreaks – in Victoria we do not.

37. There is also no capacity at present to staff both regional and State level responses to any public health emergency. Regional and local engagement and empowerment are crucial to the success of the core functions of health protection services. To build effective local engagement and response when managing health threats, the Chief Health Officer needs to establish local intelligence networks and develop locally relevant solutions to ensure safety, resilience and trust of communities.

38. In addition to addressing the weaknesses in Victoria’s centralised and relatively modest health protection services, the recent bushfires and the need to create COVID-19 outbreak squads have highlighted the imperative to establish regional health protection teams which would at least bring Victoria closer to – but not on par with – other jurisdictions.

**Next steps**

39. A comprehensive investment strategy will be developed as part of the 2020-21 Budget process which incorporates lessons from COVID-19 and the complexity of public health service need across the State (Recommendation 2).

**Risks:**

1. Preconditions for easing restrictions are unfunded beyond 30 June 2020, creating uncertainty and/or disruption for the pandemic response, when continuity of care and effort is critical and essential to managing the transmission of COVID-19.
2. Current cost pressures across the health portfolio mean that reprioritising further funding for health protection is not sustainable and will likely result in the cessation of vital health programs and services at a time of great need.

**Support/Criticism:**

1. This Submission has been informed, and is fully supported, by the Chief Health Officer.
2. DTF and DPC have been consulted and have indicated support for the Submission and the approach – including deferring consideration of initiatives not requiring immediate funding until the October State Budget process.
3. The Victorian community is likely to be supportive of sustaining the State’s COVID-19 response and strengthening health protection services, particularly given their lived experience of COVID-19 and desire that the health, social and economic impact of future public health emergencies, including pandemics, on them and their families and friends is minimised.

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 <#>For example, between 2017 and 2019 both Victoria and New South Wales experienced an outbreak of Hepatitis A. The NSW outbreak consisted of 47 notifications in a single population sub-group and lasted six months. In contrast, Victoria’s response was delayed and slow and the disease spread beyond the sub-group to more complex groups—prisoners and now homeless people and those who inject drugs. The result was an outbreak that has lasted over 2.5 years, with 257 notifications and avoidable hospitalisa...

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**FUNDING**

**Table 1: Output/operating funding (\$ million)**

| Financial impact outputs  | 2019-20      | 2020-21        | 2021-22      | 2022-23      | 2023-24      | 5-year total   | Ongoing      |
|---|--------------|----------------|--------------|--------------|--------------|----------------|--------------|
| <b>RECOMMENDATIONS:</b>   |              |                |              |              |              |                |              |
| <b>Continuation of COVID-19 preconditions for 2020-21</b>   |              |                |              |              |              |                |              |
| Testing Blitz   | 0.000        | 16.626         | 0.000        | 0.000        | 0.000        | 16.626         | 0.000        |
| COVID-19 Public Health Command workforce & contact tracing  | 0.000        | 236.742        | 0.000        | 0.000        | 0.000        | 236.742        | 0.000        |
| COVID-19 testing laboratory costs   | 0.000        | 19.313         | 0.000        | 0.000        | 0.000        | 19.313         | 0.000        |
| Mobile Testing Units  | 0.000        | 7.347          | 0.000        | 0.000        | 0.000        | 7.347          | 0.000        |
| Testing 'hubs' in GPs   | 0.000        | 12.000         | 0.000        | 0.000        | 0.000        | 12.000         | 0.000        |
| Waste-water surveillance  | 0.000        | 2.590          | 0.000        | 0.000        | 0.000        | 2.590          | 0.000        |
| Pathology capacity and innovative testing   | 0.000        | 21.500         | 0.000        | 0.000        | 0.000        | 21.500         | 0.000        |
| Outbreak Control Squads   | 0.000        | 23.363         | 0.000        | 0.000        | 0.000        | 23.363         | 0.000        |
| COVID-19 Research Long Term Impacts   | 0.000        | 4.660          | 0.000        | 0.000        | 0.000        | 4.660          | 0.000        |
| Intelligence Capability   | 0.000        | 2.000          | 0.000        | 0.000        | 0.000        | 2.000          | 0.000        |
| Emergency quarantine accommodation (local outbreaks)  | 0.000        | 1.120          | 0.000        | 0.000        | 0.000        | 1.120          | 0.000        |
| Victorian Quarantine Facility^  | 0.000        | 0.674          | 0.000        | 0.000        | 0.000        | 0.674          | 0.000        |
| Pandemic and disaster preparedness  | 0.000        | 0.896          | 0.000        | 0.000        | 0.000        | 0.896          | 0.000        |
| <b>Subtotal gross output</b>  | <b>0.000</b> | <b>348.831</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>348.831</b> | <b>0.000</b> |
| Offset from internal reprioritisation   | 0.000        | 0.000          | 0.000        | 0.000        | 0.000        | 0.000          | 0.000        |
| *Offset from other sources (e.g. new revenue, trust fund, Commonwealth funding) – please insert rows to specify each separately if possible | 0.000        | 167.079        | 0.000        | 0.000        | 0.000        | 167.079        | 0.000        |
| <b>Subtotal offsets</b>   | <b>0.000</b> | <b>167.079</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>167.079</b> | <b>0.000</b> |
| <b>Net impact output</b>  | <b>0.000</b> | <b>181.753</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>181.753</b> | <b>0.000</b> |

\*Offset 50 per cent for eligible initiatives under COVID-19 National Partnership Agreement with the Commonwealth for 2019-20 and 2020-21

**Table 2: Asset/capital funding (\$ million)**

| Financial impact (capital)  | 2019-20      | 2020-21      | 2021-22      | 2022-23      | 2023-24      | 5-year total | 2024-25      | 2025-26      |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Asset   | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        |
| <b>Subtotal gross capital</b>   | <b>0.000</b> |
| Offset from other sources* (e.g. proceeds from asset sales, trust accounts, Commonwealth funding) – please insert rows to specify each separately if possible | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        | 0.000        |
| <b>Net impact capital</b>   | <b>0.000</b> |

Relevant DTF Relationship Manager(s) and the Department have agreed to the costings in this Submission:

Yes  No

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## PROTECTED: FOR COMMENT: Public Health Command and RHPem resourcing project - scan and next steps

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From: "Nick Chiam (DHHS)" <REDACTED>  
 To: "Brett Sutton (DHHS)" <REDACTED>, "Annaliese Van Diemen (DHHS)" <REDACTED>, "Angie Bone (DHHS)" <REDACTED>, "Meena Naidu (DHHS)" <REDACTED>, "Andrea Spiteri (DHHS)" <REDACTED>, "Pam Williams (DHHS)" <REDACTED>  
 Cc: "Marg Burge (DHHS)" <REDACTED>, "Gordon Caris (DHHS)" <REDACTED>, "Mat Williams (DHHS)" <REDACTED>  
 Date: Thu, 21 May 2020 15:48:39 +1000  
 Attachments: DRAFT - Environmental scan.pptx (2.39 MB); FINAL - Pub Health & RHPem Resourcing Project scope May 20.pptx (1.33 MB)

**KD – Tent booked for Wed 27 May - 9.30 – 10.15am**

Dear Meena, Brett, Annaliese, Angie, Andrea and Pam

Thank you to you and your teams for contributing to the initial environmental scan for the Public Health, Enforcement and Compliance and Emergency Operations Command functions over the last week or so.

### Project Scope

As you know this is the first product for a resourcing project that Melissa Skilbeck and Jacinda de Witts have agreed to be joint sponsors for. As set out in the attached project scope endorsed by the sponsors, the project will develop the design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the re-establishment of business as usual RHPem functions.

### Feedback on draft environmental scan

The first stage of the project is the delivery of the environmental scan that seeks to understand structures in place across Public Health Command, Enforcement and Compliance and Emergency Operations, identify critical roles within these structures and provide some preliminary analysis on workforce supply and demand pressures.

The first draft of the scan is attached **for your review and comment by 9am Monday, 25 May – is it accurate and complete**. Please feel free to test your sections with relevant leaders in your teams but I'd ask you not to share widely, as this is still a draft.

### Reference group

Under the project scope, you or your nominee are invited to join a reference group to provide endorsement for products to be presented to the project sponsors, discuss key issues and recommend any solutions. For example, the initial scan identifies that there are corporate support functions across the structures that have been stood up and asks the question whether some of these should be managed more consistently (eg using same rostering system).

Mindful of your precious time, the project sponsors support a *virtual reference group* based largely out of session work with you with targeted meetings only as needed by the project team to progress the work. We are testing sending you a product at end of day Thurs for feedback by Monday. If this works, we would use a similar rhythm for future papers.

That said, given that part of the project is to get everyone on the same page about what we expect will involve competing priorities and challenges, I propose to hold a kick off meeting of the reference group. We are aiming for early next week depending on schedules. The focus is

proposed to be: any general questions you have on the project scope; key interdependencies you want the project team to be aware of; and your feedback on the proposed key issues and next steps on slide 11. We will send you an agenda ahead of the meeting.

You will see that the proposed next steps require continued work with you and Corporate Services partners. We have met with Marg and Gordon in particular and agreed to coordinate how we support the next steps with your logistics leads. Be assured, as set out in the project scope there are urgent sourcing and funding bid next steps already happening in parallel. I am also checking with Euan regarding a Health Coordinator representative/input regarding clinical workforce matters.

I will ask my office to speak to yours to see what might work best for a meeting time. Assuming not all of you will be able to attend a particular time, you are welcome to consider a suitable executive nominee/rostered alternate.

Feel free to call me or **REDACTED** who is Project Director for this work if you have any questions in the meantime.

Cheers

**Nick Chiam**  
Deputy Secretary  
Organisational Transformation  
Department of Health & Human Services  
5, 2 Lonsdale Street, Melbourne Victoria 3000

**REDACTED**

**PROTECTED**

# COVID-19 Public Health Emergency Response

ENVIRONMENTAL SCAN – DRAFT

Prepared by Organisational Transformation - for discussion

19 May 2020

Project Director: REDACTED

Project team: REDACTED

**PROTECTED**

# Contents

## Section 1

Introduction, summary covering:

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

## Section 2, 3 and 4

For each of the three functions in scope, the following format is followed:

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

# Section 1

## Introduction

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

# Environmental scan: Scope and summary text

## *Overview and purpose of this pack*

- In April 2020, the Australian National Cabinet indicated intention to pursue necessary public health action to minimise the impact of COVID-19. The Victorian Department of Health and Human Services is the lead for this COVID-19 health emergency response.
- An environmental scan has explored the structural and workforce arrangements in place across three of the department's core emergency response functions, namely, Public Health Command, Operations Soteria and Enforcement and Compliance. It the underpinning analysis for a *public health resourcing plan* sponsored by the Dep Secs, RHPEM and Public Health Emergency Coordination and Operations.
- This report is broken up into specific sections for each of these core functions, including current 'as is' structures, design considerations and threshold sustainability issues to work through. The introductory section collates these issues into themes and proposes an establishment of a reference group to work through these matters.

## *Project scope*

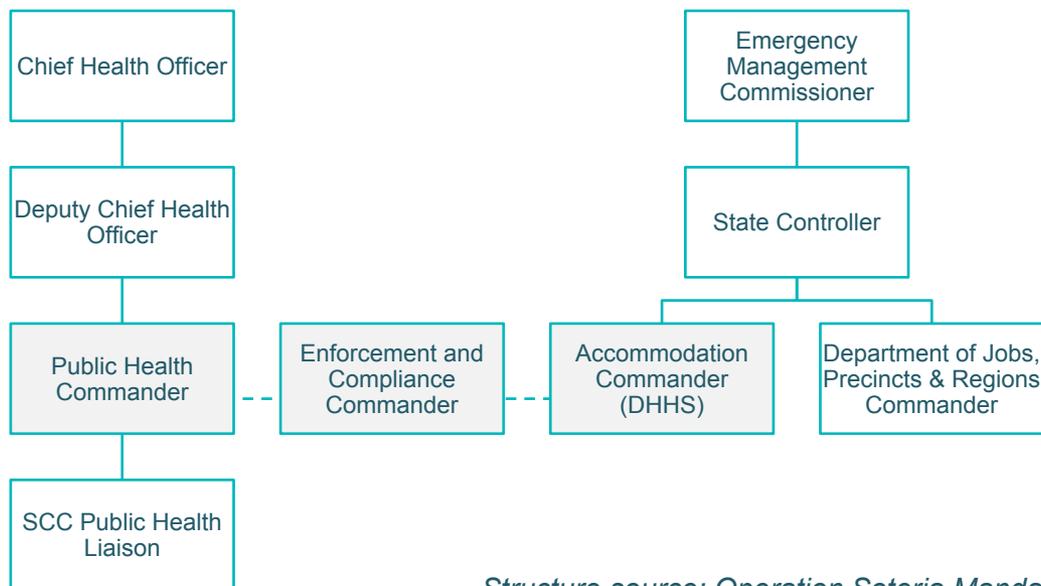
1. To design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the reestablishment of business as usual RHPEM functions.
2. To identify critical roles and key staff who need to return to business as usual roles (within or outside DHHS) and work with corporate partners to ensure workforce planning (i.e. plan for supply and address immediate workforce gaps).

In planning how to transition to a "COVID-19 normal world", consideration must be given to the existing Clause 10 proposal and relevant funding submissions put to CCC in May 2020.

# Operation Soteria high level governance structure

Three specific functions from within this governance structure are covered in this *environmental scan*, including:

1. Enforcement and Compliance
2. Emergency Operations
3. Public health command



Structure source: Operation Soteria Mandatory Quarantine for all Victorian Arrivals Plan

# Key findings by theme

|                              |   |
|------------------------------|---|
| Design / structures          | Structural design is evolving across all three structures, making it difficult for corporate and logistics to support business needs, including an inability to formalise roles and structures, report, monitor, and source workforce.  |
| Operational policy           | Policy and operational demands are evolving, presenting challenge for operational policy development, consistency and implementation. Planning will need to consider operational resourcing, particularly for “second wave scenario”.   |
| Governance                   | Some structures, operating models, reporting lines and some functional relationships/accountabilities amongst senior leads are unclear; and matrix arrangements in operational areas may be better managed through clear hierarchy  |
| Business support duplication | Several functions across the three structures are providing program support that could be consolidated or at the least, managed consistently using the same systems and processes (e.g. rostering, logistics, public channels).   |
| BAU impact                   | BAU functions that have temporarily deployed expertise to the COVID-19 response (e.g. RHPEM) are increasingly under pressure, including some corporate / communications functions that have been embedded in new structures.  |
| Workforce                    | An overarching workforce / pipeline plan is required to address supply and demand pressures that are emerging in BAU and external pipelines due to continued demand for similar capability across different functions, capabilities that do not exist en masse in the VPS, executive oversight and up to 24/7 rosters that require significant volume of staff. |
| Corporate sequencing         | There is important corporate sequencing to work through to support the response, including industrial matters (i.e. standing up new teams and alignment with the existing RHPEM clause 10 proposal), budget positions (the availability and/or success of budget submission).   |

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# Workforce

## Overview

- In the absence of formal reporting (e.g. many staff "report" to the BAU manager), and the high volume of agency hire and deliberate policies that encourage rotation and flexible sourcing, workforce numbers should be viewed as indicative and subject to fluctuation.
- The scan found that as at 15 May approximately 1000 staff are rotating through various teams and structures across emergency accommodation, enforcement and compliance and public health. The high volume of rostered positions and teams contributes to this number – the actual number of *positions* is considerably fewer (but not yet confirmed).
- Indicatively, almost 60% of all functions are staffed from within DHHS or the Victorian Government, with the remaining 40% coming in from external, namely, local government and various agency hire spanning health services.
- Overall, RHPEM accounts for almost 30% of workforce across these functions, with over 200 staff formally deployed to the response.
- In April, these functions were estimated to need to grow to 1,400+ FTE to sustain the emergency response in 20-21. It is expected that this analysis should provide a basis for the Commanders leading these functions to validate their growth needs.

| Function                              | Staff       |
|---------------------------------------|-------------|
| <b>Public Health Command</b>          | <b>494</b>  |
| Public Health Emerg. Op. Coordination | 70          |
| Case, Contact and Outbreak            | 188         |
| Intelligence                          | 134         |
| Pathology                             | 13          |
| Physical Distancing                   | 5           |
| Public Health Coordination            | 65          |
| Public Information                    | 19          |
| <b>Enforcement and Compliance</b>     | <b>175</b>  |
| Leadership and oversight              | 2           |
| Operations                            | 135         |
| Policy and exemption                  | 38          |
| <b>Emergency accommodation</b>        | <b>400</b>  |
| Leadership and oversight              | 10          |
| Welfare Cell                          | 90          |
| Airport, Hotels and Clinical          | 300         |
| <b>Total</b>                          | <b>1070</b> |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Supply and demand challenges

- Until now, of the ~1000 staff rotating through roles, ~40% have been sourced within DHHS and its portfolio agencies, mainly RHPEM.
- A significant proportion – 42% – have been sourced externally, including health service and general agency hire, other VPS agencies and local councils.
- The high supply of external appointments, particularly those from local councils and other VPS agencies, is anticipated by a number of functional leads to shrink as restrictions begin to ease. External staff most at risk include, but are not limited to, **AOs and exemption case managers** from Enforcement and Compliance Command and **case contact and tracing officers** from Public Health Command.
- The uncertain nature of the public health event and dynamic policy and social settings and requirements will mean that these functions will not be able to managed in a "stable state" during the remainder of the COVID-19 response. A dedicated organisational design and workforce supply function may be required to support these functions may need to continue.

| Function                       | Staff |
|--------------------------------|-------|
| DHHS                           | 41%   |
| Children and Families          | 0%    |
| Corporate                      | 3%    |
| CSOD                           | 5%    |
| Health and Wellbeing           | 1%    |
| Housing and Infrastructure     | 0.2%  |
| RHPEM                          | 30%   |
| Strategy and Planning          | 1%    |
| Administrative Offices         | 1%    |
| External                       | 42%   |
| Casual Staff                   | 0%    |
| External (Councils and VicGov) | 14%   |
| External agency                | 28%   |
| VicGov                         | 17%   |
| Various (VicGov Mobility)      | 17%   |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Critical roles

All roles are important in the COVID-19 response. This slide lists *critical* roles identified by functional leads as 'roles in the structure they cannot do without, or easily replace' if the employee became unwell, run down or unavailable. These critical roles can be categorised as 1) leadership (i.e. executives or managers overseeing key functions) and 2) technical (i.e. technical roles where capability is limited or not readily available. Several roles already have people appointed to them, but require rostering/twinning support.

*Note: All structures in this report outline critical roles in red and high level role descriptions are in the appendices.*

### 1. Enforcement and compliance

*Commander; Deputy Commander AO Operations; Senior Authorised Officers; Manager Policy and Protocols; Exemption Case Managers*

### 2. Emergency Operations

*Deputy Commander; Deputy Commander Hotels; Deputy Commander Ports of Entry; Deputy Commander Welfare; Clinical Governance Lead; Welfare Operations Manager; CART practitioners; Hotel Site Lead*

### 3. Public Health Command

*Chief Health officer; Deputy Chief Health Officer; Deputy Commander Strategy & Planning; Deputy Commander Intelligence; Manager Intelligence Operations; Manager Surveillance & Response; Manager Strategy, Systems & Reporting Intelligence; Deputy Commander, Pathology and Infection Prevention and Control; Manager, Pathology Operations; Manager, Infection Prevention and Control Operations; Deputy Commander Case, Contact and Outbreak Management; Operations Lead, CCOM; Strategy and Policy Lead, CCOM; Team Leader Triage and Notification; Deputy Public Health Commander Physical Distance; SMA CD, Deputy Commander, Public Information; Public Information Officer; Deputy Public Information Officer; Director, Outbreak; Executive Lead, COVID Directions; Lead, Risk and Escalations, COVID Directions*

# Ongoing impact on BAU

## Health protection branch

Based in RHPEM, the role of the Health Protection Branch is to protect and manage public health risk through regulating, monitoring, ensuring compliance, incident response and health promotion and education (e.g. communicable diseases, environmental health hazards (other than pollution and waste) and food and drinking water safety).

Usually, the branch consists of ~150 staff, although, the establishment of public health incident management and regulatory functions to respond to COVID-19 means the Communicable Diseases and Environmental components have been diverted and considerably depleted. A paper submitted to Board in May 2020 outlines the risk to RHPEM responses more broadly and this slide highlights specific issues for Health Protection.

As we enter a 'new normal', a strategic decision will need to be made on how best to mitigate these risks, including considerations for reintegration of the COVID-19 response into BAU health protection.

### BAU risk impact

Regulatory prevention activities estimated to be 50% less (e.g. inspections for radiology, cooling towers, other communicable diseases, educate and inform); reduced/slower auditing responses (e.g. food / water safety); routine follow ups (e.g. congenital syphilis investigations).

### BAU workforce impact

OHS issues relating to fatigue, stress and uncertainty as staff perform different roles to manage BAU activity; reduced innovation; inability to manage new and existing performance management or misconduct

### Legislative

Complexity emerging with dual Chief Health Officer legislative responsibilities (i.e. not all powers can be delegated to deputy or acting (e.g. use of emergency powers); financial and people delegations

### Governance

Core branch executive split across different priorities; some reporting arrangements are complex under current shadow function arrangements

# Key issues to be addressed and next steps

## Key issues to be addressed based on this scan

- The *"as is" structures* in this scan should provide the basis to validate costings for sustaining these functions and for corporate services to work through corporate issues e.g. reporting lines. At this stage, all numbers in this pack should be treated as indicative and subject to further review.
- The *design considerations* indicate several teams where new or changed roles and responsibilities or reporting lines are needed.
- The *workforce analysis* shows where RHPEM staff are located and combined with critical role analysis should support strategies to mitigate risk in the return to BAU.
- The *workforce analysis* highlights functions that are vulnerable to external workforce departures, including AOs and case and contact tracing that require alternate sourcing strategies.
- The *critical roles* identified indicate immediate recruitment priorities (some of which are underway).

|   | Next steps and actions   | Lead                                      |
|---|--|---|
| 1 | Validate 20-21 resource costings.  | RHPEM<br>Coord / PH<br>Op Coord / Finance |
| 2 | Agree with Corporate Services how to progress key elements of this work, including a coordinated approach to IR, role and structural design, workforce reporting and project management. | OT / P&C /<br>Customer Support            |
| 3 | Agree and implement design changes, including Pub Health Command expansion.  | OT / P&C /<br>Customer Support            |
| 4 | Critical role recruitment in May and June.   | P&C / OT                                  |
| 5 | Alternate sourcing strategies.   | OT / P&C                                  |
| 6 | MCC submission to secure VPS supply  | RHPEM Coord                               |
| 7 | CCC submission to secure funding.  | RHPEM Coord                               |
| 8 | Develop, implement BAU restoration plan for RHPEM,   | OT / P&C /<br>Customer Support            |

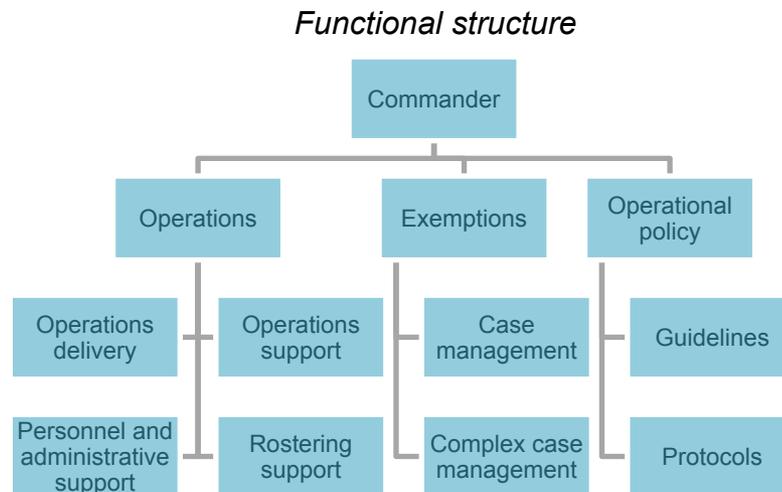
## Section 2

### Enforcement and Compliance

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

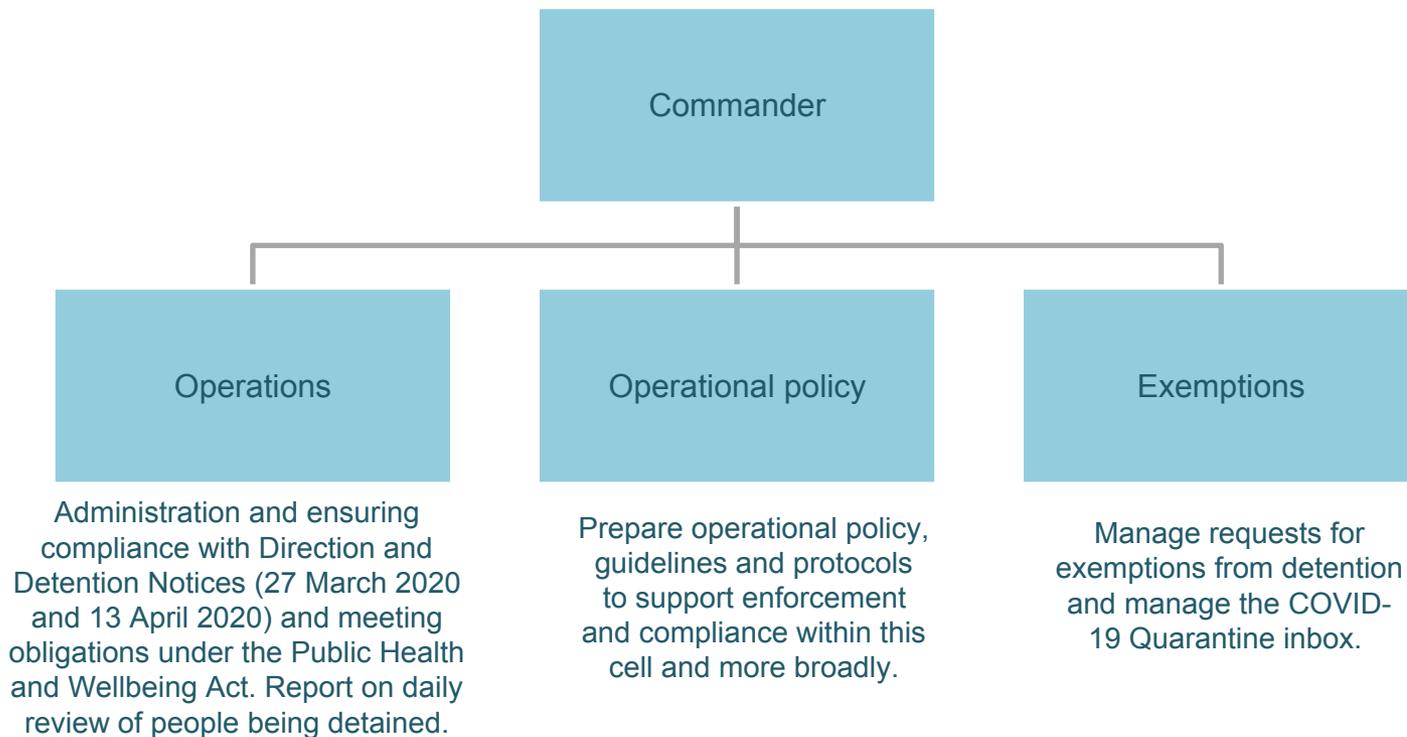
# Enforcement and Compliance: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID 19
- 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 and were made by the Deputy Chief Health Officer or Chief Health Officer.
- Beyond community wide directions, a mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government through a policy that a detention order would be used for all people arriving from overseas into Victoria.
- A Compliance and Enforcement Command has been stood up to provide advice and input into complex compliance matters and to execute enforcement and compliance on behalf of Chief Health Officer and their delegate.



# Enforcement and Compliance

## High level functional structure



# Enforcement and Compliance

## Operating model components

- Skype is the predominant communication software being used to accommodate external stakeholders.
- The Compliance and Welfare Management System (CWMS) has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System. Smart form for exemptions rolled out W/C 20/5 to allow direct applications to CWMS and reduce email traffic.
- Policy and Protocols team do not have access to the software.
- Microsoft Teams is used and there are several channels.

### Technology

- Emails allow several external channels used for requests for exemptions (e.g. people who will be detained, the MO, other departments, DFAT, consulates, shipping companies etc.)
- DJPR provides data and information to AOs about detainees and those in quarantine through daily Situational Reports.
- While the CWMS provides data on detainees, there are issues with this (e.g. timeliness) and a team is being set up to address this.

### Channels

- Pre arrival: request to be exempt from quarantine
- Airport: quarantine exemptions; issue detention notice cards and capture a picture of card in CWMS, and update CWMS; escort persons in quarantine to transport
- Hotel: Update detention notice card with room details; update CWMS
- During Quarantine: manage process flows and update CWMS for matters relating to requests for early exits; daily compliance checks; welfare checks; room, hotel or hospital transfers and transportation; hotel exits; security escalation; request to be exempt from quarantine.

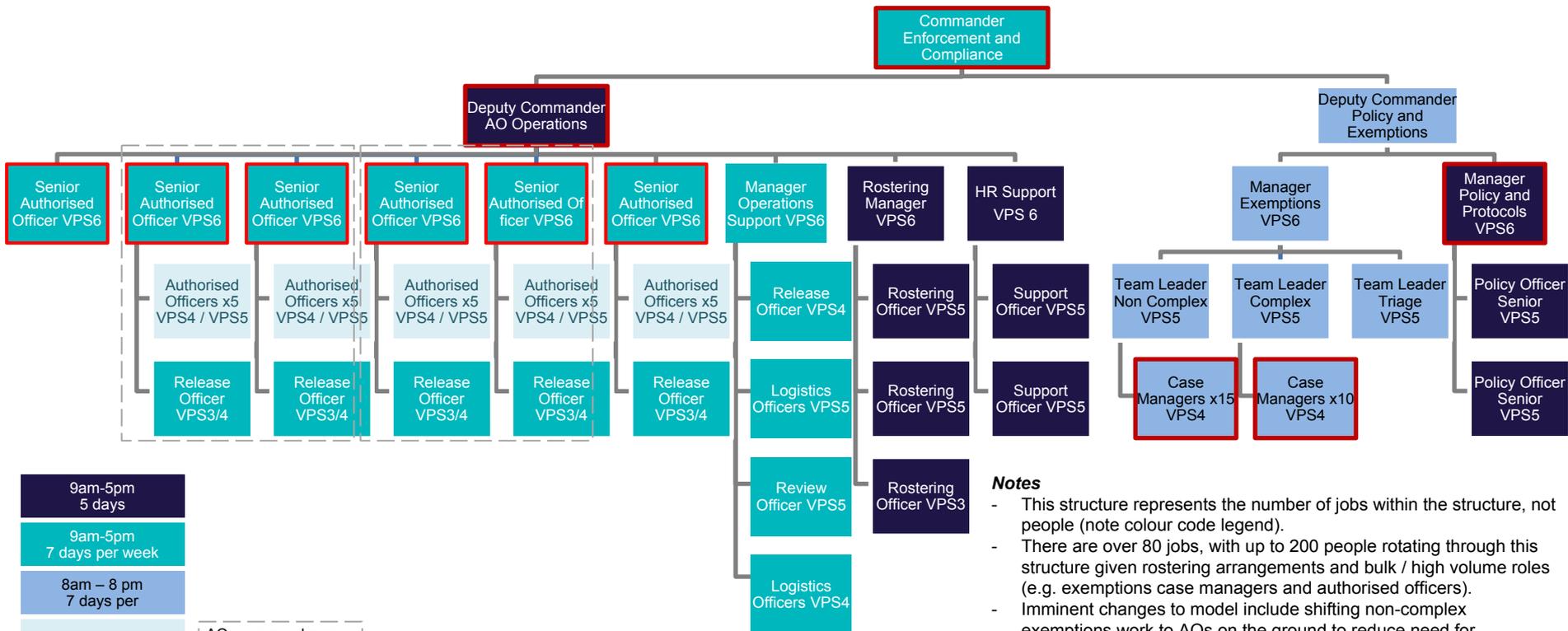
### Process

### Legislation

- Public Health and Wellbeing Act 2008 (PHWA)
- Sections 200(1) and 200(2) – (8) set out emergency powers and obligations
- Part 9 outlines general powers of Authorised Officers.
- s.183, s.188(2), s.193(1), s.203(1) set out infringements

# Enforcement and Compliance

## Detailed structure



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |

AOs managed across 8 hotels each

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- Notes**
- This structure represents the number of jobs within the structure, not people (note colour code legend).
  - There are over 80 jobs, with up to 200 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. exemptions case managers and authorised officers).
  - Imminent changes to model include shifting non-complex exemptions work to AOs on the ground to reduce need for exemptions case managements; and rostering may move to EOC.

# Enforcement and Compliance

## Workforce considerations

### Profile and high level issues

Structure includes a combination of bulk roles (Authorised Officers), generalist (administrative and corporate support) and specialist roles (exemptions and release officers).

Several rosters and up to 24/7 operations require high volume of FTE and associated issues (i.e. turnover, training etc.).

Predominant source of operational staff is existing RHPEM staff (i.e. Human Services Regulator; Regulation and Reform; Health Protection) external (i.e. AOs from councils and government agencies) and other divisions (i.e. CSO; SCV).

Predominant source of program staff is existing agencies (i.e. case managers from Hays).

### Bulk versus individual roles

Executive roles overseeing operational and policy roles:

1. Commander (Meena / Murray)
2. Deputy Commander x2 (Anthony Kolmus Kolmus and **REDACTED** and Anna Peatt contract expiring)

Bulk roles performing both operational and operational policy roles:

1. AOs (team leaders, release officers, general support), sourced internally and externally
2. Exemption case managers sourced externally from Hays.

Generalist roles performing rostering, administration and corporate support:

1. Op policy roles from various sources
2. Rostering roles from Reg & Reform
3. HR and administrative support roles from RHPEM (Standards and Regs)

### Sourcing challenges

Commander and deputy commander roles are executives from RHPEM who are performing a dual role.

Case managers are not readily available and therefore sourced externally via Hays, noting there may be less need for them as non-complex exemption work moves to AOs on the ground.

AOs are sourced from various places and subject to fluctuating demand (e.g. people in hotels regularly changing).

Rostering approach duplicated across multiple functions.

Shadow corporate support functions established - should consider if these should be consolidated with others.

### Forecasted supply and demand

Internal EOs and AOs required to return to substantive positions in RHPEM, coupled with anticipated shortages of external availability (e.g. as local councils resume their own regulatory functions, AOs will need to return).

# Enforcement and Compliance

## Key features of the structure and design considerations

### Function features

- Three executives overseeing the function.
- Heavy operational structure with focus on legislation.
- Embedded administrative support (i.e. HR rostering support).
- High level of redeployment of staff (i.e. AOs) across other emergency response functions.

### Design considerations

1. The Deputy Commander AO Operations has a large span of control and may not require some direct reports (e.g. rostering team could report to Manager Operational Support).
2. Potential for rostering function / capacity to be fully absorbed/provided elsewhere for scale to reduce temporary rostering roles in structure.
3. Rostering Team Leader is currently VPS6 given complexities and could transition to a VPS5.
4. While policy capability exists and is readily available, there is a gap in capability availability for operational policy design and development (i.e. guidelines, protocols etc.).
5. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles.
6. Require an enduring structure to retain staff, reduce re-training for and increase consistency of specialised regulatory decisions and responses.

# Enforcement and Compliance

## Key issues to resolve

### Focus

Several design, workforce supply and demand and transition issues need to be addressed.

### Issues to be worked through...

1. The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance function (i.e. there is some confusion about reporting lines and relationships to other emergency functions such as public health command, emergency management or RHPEM).
2. No regulatory capability framework that articulates the skills required and emerging gaps (e.g. there is arguably a lack of available operational regulatory policy capability i.e. strong policy exists but not required moving forward).
3. Need for consistent and dedicated corporate support (beyond access to mobility pool) to assist source/recruit, onboard and roster technical staff to eliminate shadow functions and focus on core business.
4. High volume of staff sourced from Regulation and Reform branch in RHPEM.
5. Fluctuating nature of demand for AOs and associated sourcing and retention challenges (i.e. reliance on external supply that will dry up as restrictions are lifted, short term nature of contracts, turnover and training impacts).

# Enforcement and Compliance

## Regulatory capability considerations (IPAA framework, 2015)



### Make

- identification of a need to modify behaviours to achieve a policy goal that is best addressed by regulation
- the selection and application of the regulatory instrument(s), bearing in mind the compliance burden that is being imposed

### Operate

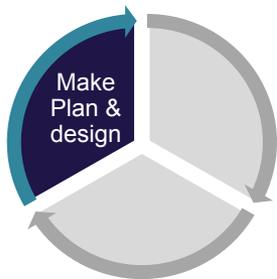
- information and education to raise awareness of the regulatory program and support regulated entities to comply with regulations
- the setting of standards
- application and/ or assessment processes
- stakeholder engagement in design and implementation
- monitoring of compliance
- enforcement of the law to address non-compliance

### Review

- evaluation of the regulatory program and its governance.
- following evaluation, implementation of any required changes to the regulatory framework or how it is administered
- periodic reassessment of whether the regulation is still appropriate to contemporary needs or if some alternative government intervention might be preferable

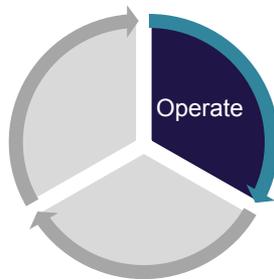
# Enforcement and Compliance

## Core capabilities for specific roles against IPAA regulatory framework



Roles: Lead Commander; deputy commanders; operational policy

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Roles: Team Leaders; Supervisors; Authorised Officers

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Roles: Lead Commander; deputy commanders; operational policy

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review (with Public Health Command)

# Section 3

## Emergency Operations

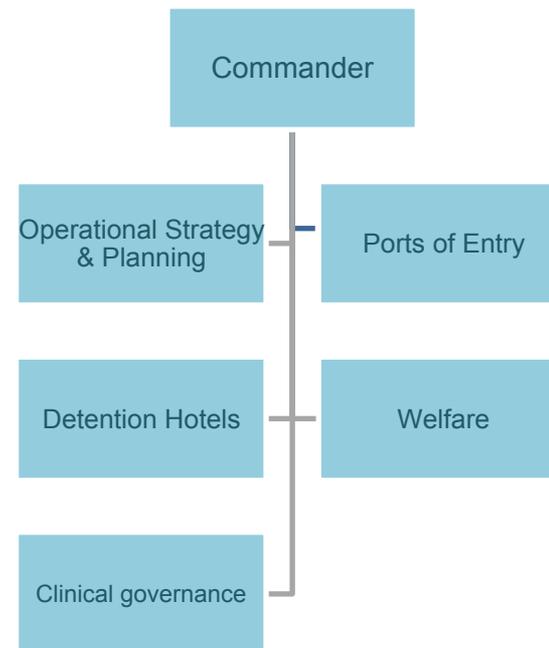
1. Background
2. Operating model insights
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# Emergency operations

## Background

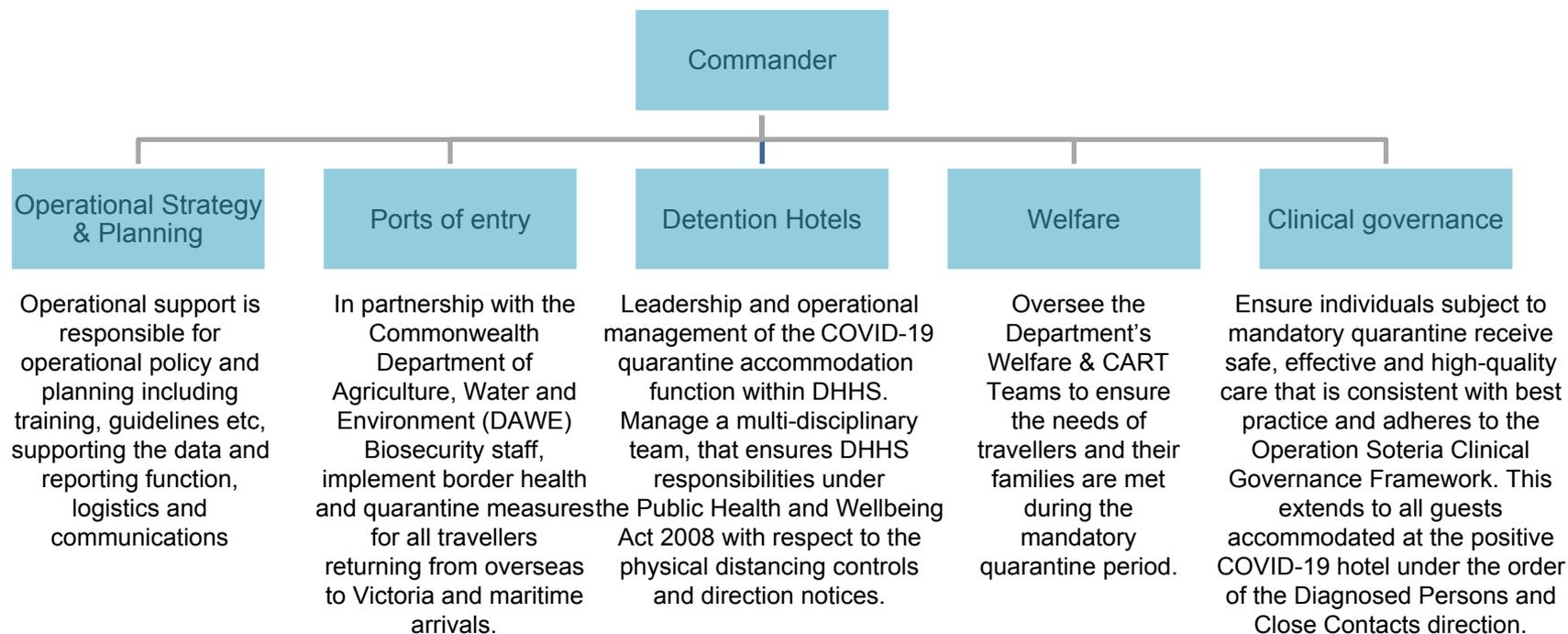
- Following the Australian National Cabinet direction that from 28 March 2020, all passengers returning from international destinations undergo 14 days enforced quarantine in hotels to curb the spread of COVID-19, Operation Soteria was established by the Victorian Government to achieve safe, authorised mandatory detention upon arrival into Victoria.
- The Emergency Operations Cell (EOC) led by the DHHS Commander COVID-19 Accommodation is responsible for:
  - Delivering secure quarantine accommodation to all overseas travellers and others assigned accommodation, in collaboration with DJPR, VicPol, DoT, DET, DPC, ABF, AFP
  - provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
  - ensuring the safety, health 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.
- An emergency accommodation structure has been stood up to support detention accommodation and ports of entry.

### *Functional structure*



# Emergency operations

## Functional structure and description



# Emergency operations

## Operating model components

- Teams is the predominant internal communication software being used to accommodate external stakeholders.
- Telephony and other conventional communication channels are used.
- The Compliance and Welfare Management System has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System.
- Data team to manage and oversee performance reporting data, data flows, audits and improvements

Technology

Channels

- Airport: Work with Biosecurity officer to ensure health check is performed; coordinate transport to hospital (as required); Issue airport arrival survey (to be filled in the bus
- Hotel at entry: Organise hotel check-in; collect airport arrival survey (and file); manage basic safety check.
- Hotel During Quarantine: daily health check (onsite nurse or via call); long welfare survey (within day 3); short welfare survey (day 9/10); referral to nurse or CART for escalation; complex assessment; development plan for complex cases); facilitate COVID-19 testing (Day 3 and 11); organise required medical services, e.g. medical practitioners, ambulance; respond to guest requirements and incidents
- Coordinate DJPR, VicPol, DoT, ABF, AFP to achieve program outcomes

Process

Legislation

- ABF (Border force) re plane arrivals
- AFP and DoT and Vic Pol re transport and security
  - DJPR re hotels, security and transport
  - CWMS for health and welfare reporting
    - Covid Directions email
    - Welfare Call Centre
- Covid Quarantine email

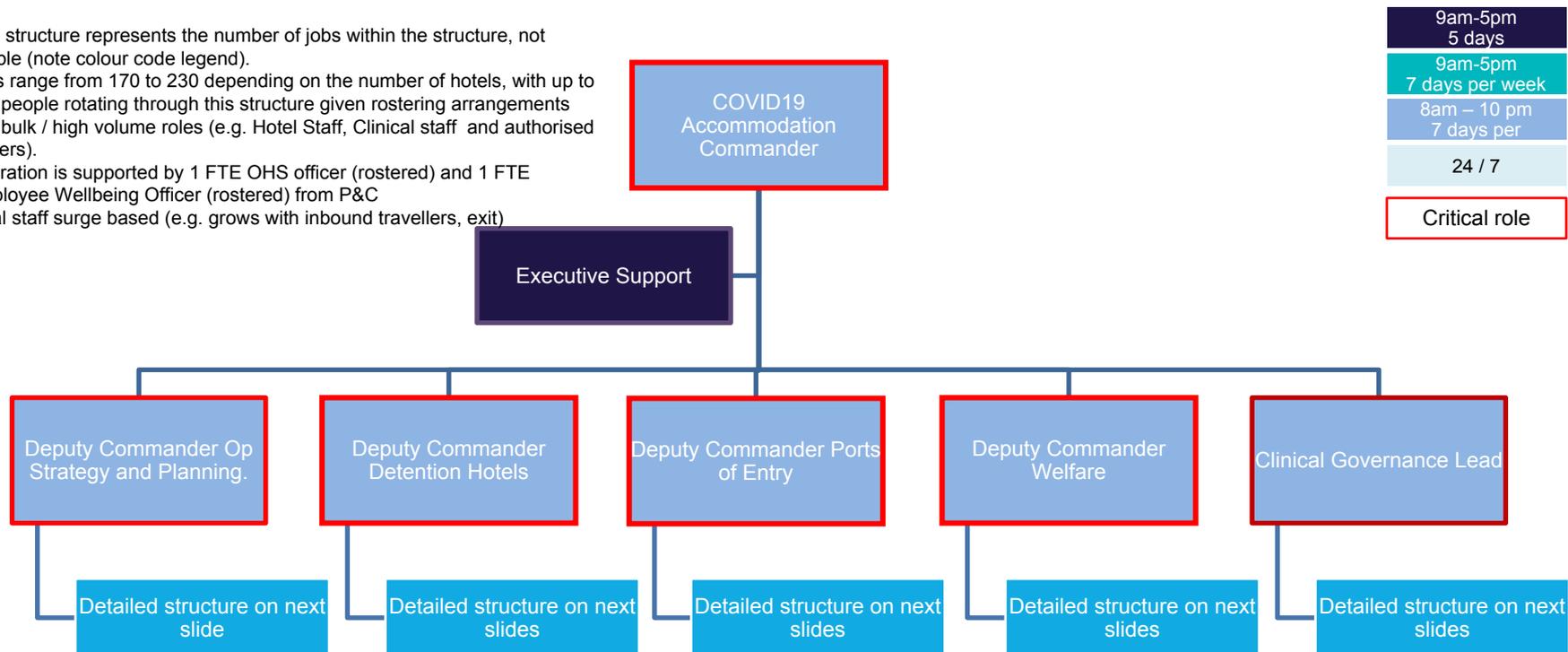
- Public Health and Wellbeing Act 2008 (PHWA)
  - Charter of Human Rights

# Emergency operations

## Overall structure

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Jobs range from 170 to 230 depending on the number of hotels, with up to 400 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. Hotel Staff, Clinical staff and authorised officers).
- Operation is supported by 1 FTE OHS officer (rostered) and 1 FTE Employee Wellbeing Officer (rostered) from P&C
- Total staff surge based (e.g. grows with inbound travellers, exit)



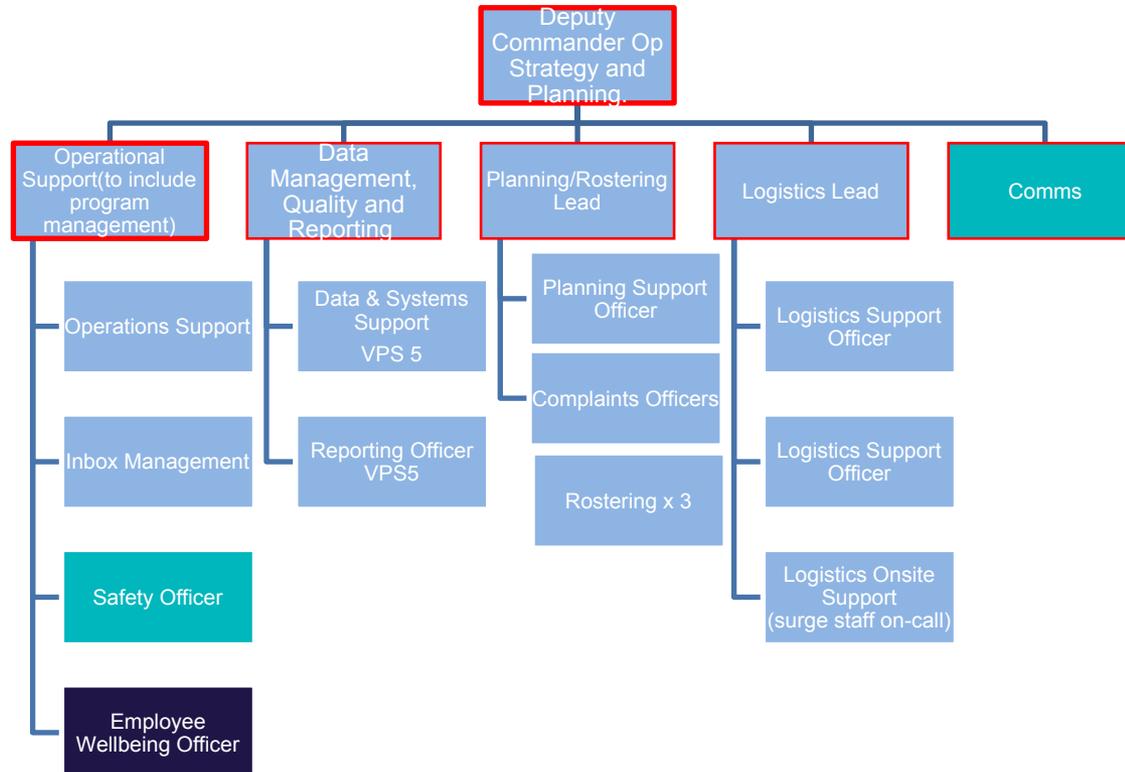
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# Emergency operations

## Operational Strategy and Planning detailed structure

### Notes

- Program management function currently in Welfare Cell will be transferred to this function.



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 10 pm<br>7 days per  |
| 24 / 7                     |
| Critical role              |

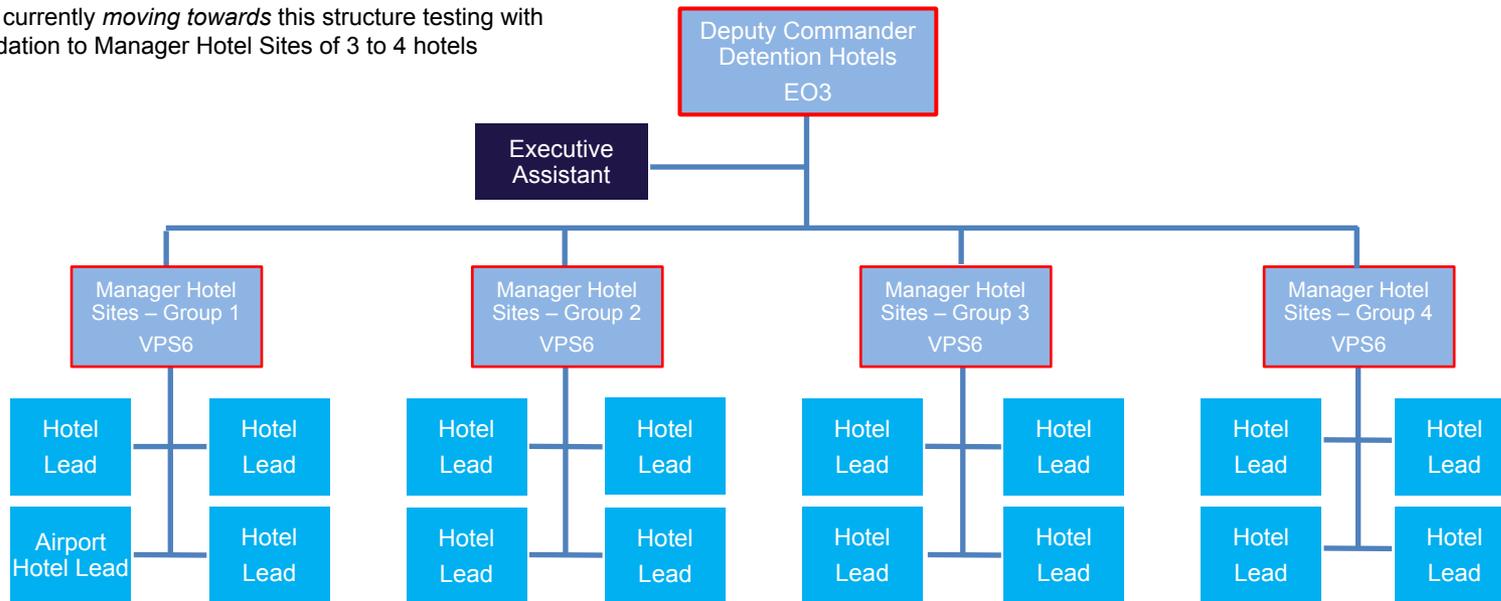
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# Emergency operations

## Detention hotels model

### Notes

- This structure shows site lead level only, - detailed matrix structure available on next slide.
- EOC is currently *moving towards* this structure testing with consolidation to Manager Hotel Sites of 3 to 4 hotels



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 24 / 7                     |
| 7 day per week<br>7am-10pm |
| Critical role              |

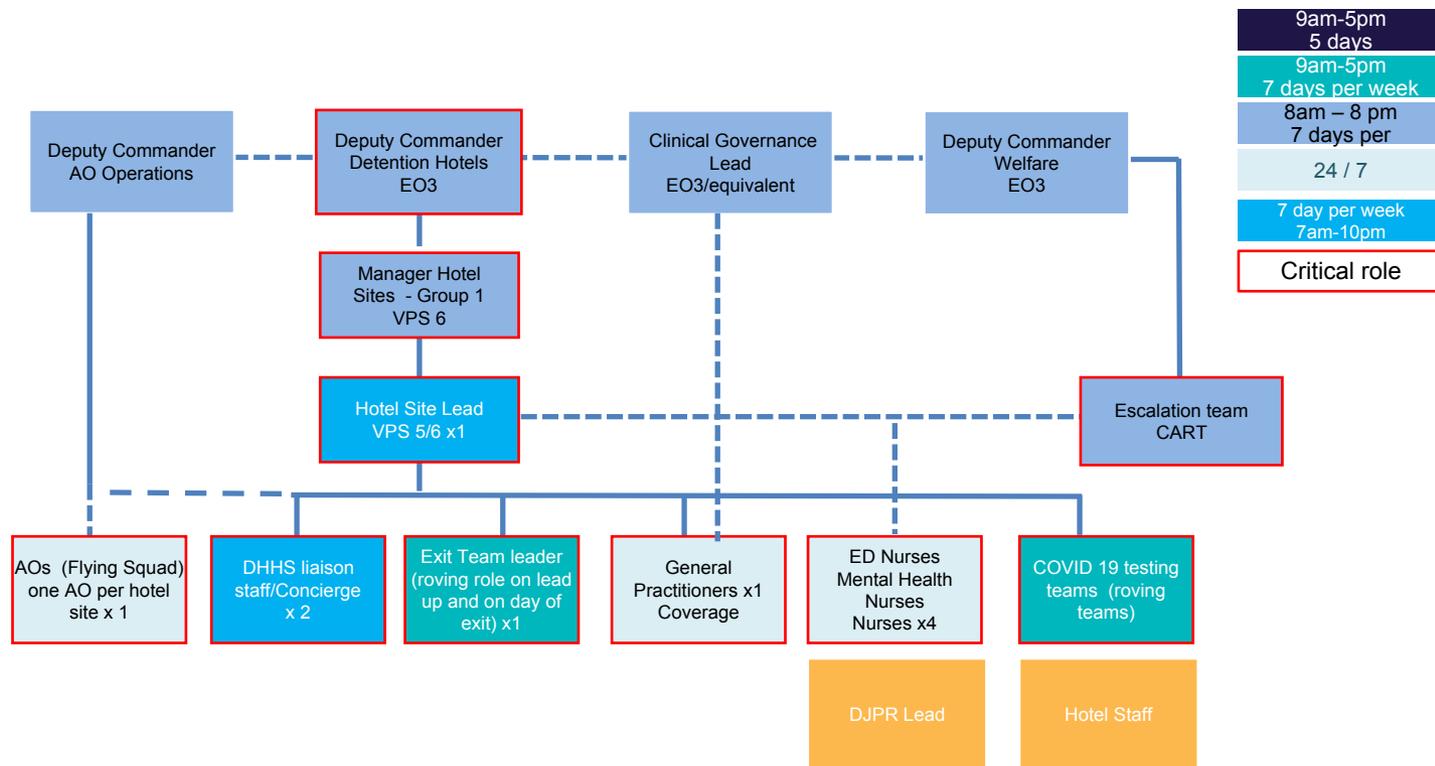
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# Emergency operations

## Example of detailed matrix structure at hotel sites

### Notes

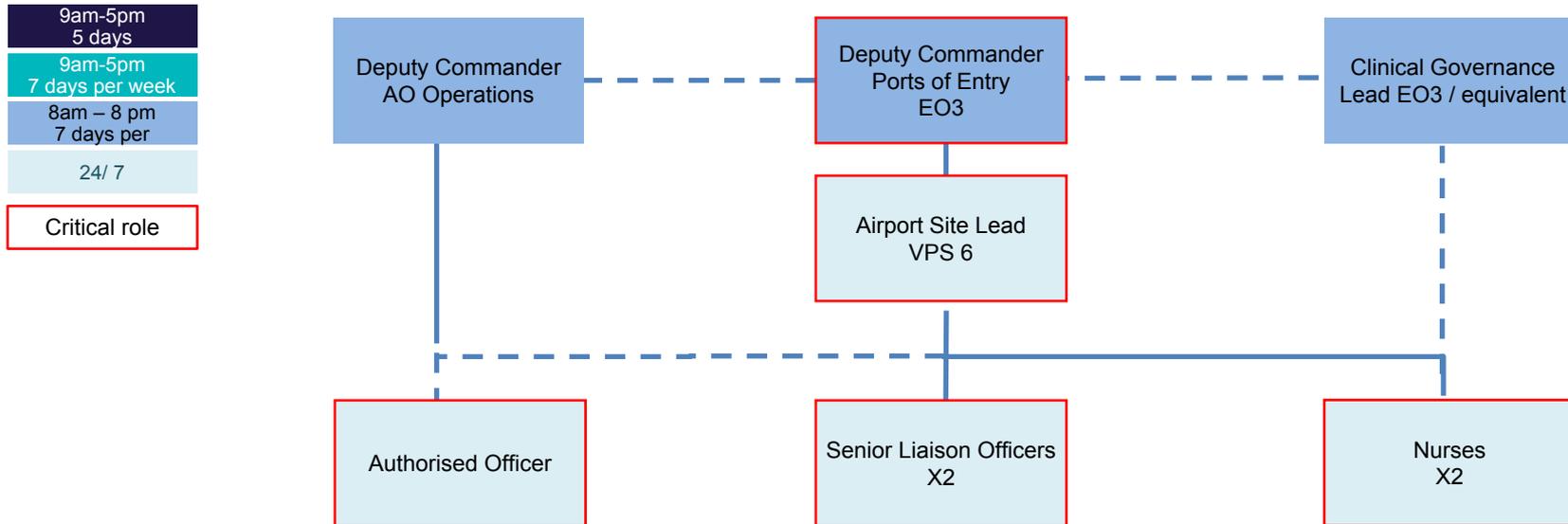
- This structure represents the number of jobs within the structure, not people (note colour code legend).
- 10 – 16 Hotel sites (this surges or contracts as required) sit under the Dep Commander Hotels 10 roles per site range between 100 to 160 staff
- Hotel Site Lead manages matrix team and is point for day to day issues, and escalations.
- Representatives have clear roles, responsibilities and obligations under the Act or protocol.
- Exit Team Leader involves a roving role on lead up and on day of exit)
- The following is the average number of medical staff at a hotel site, noting this changes depending on the need:
  - 1 ED nurse per shift 7days a week
  - 2 general nurses
  - 1 Mental health nurse
  - 1 GP 8am to 6pm 7 days a week
  - 1 clinical lead (GP) telephone consultation
- Testing occurs at 3 to 4 hotels per day with a compliment 1 DHHS support officer per hotel and up to 12 testing team of 2 nurse and one personal care attendant .



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# Emergency operations

## Airport site detailed structure

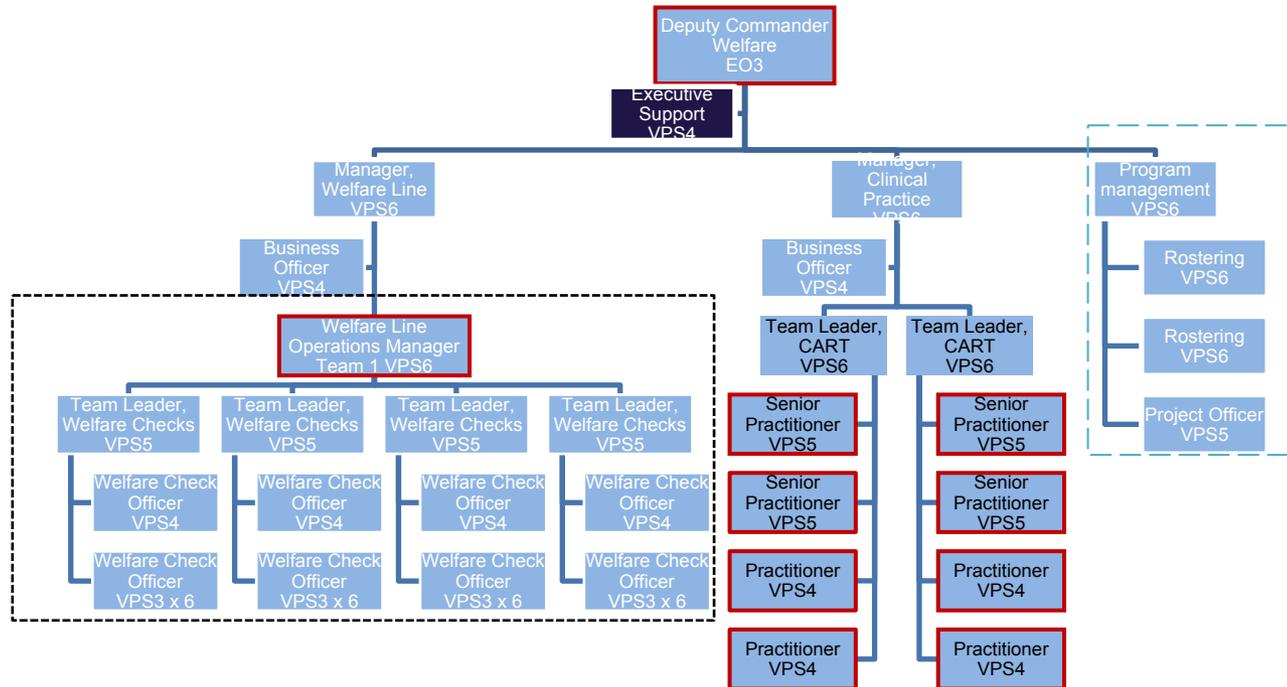


### Notes:

1. Moving towards this structure (i.e. Clinical Governance role is yet to be filled)
2. This structure surges demand including large flights, multiples flights arriving and transiting passengers. Same roles, increase people
3. Airport Site Lead manages matrix team of AOs, Medical Staff and DHHS staff on day to day issues ,escalates issues and provides support to on site team and reports to Deputy Commander Ports of Entry
4. Deputy Commander Ports of Entry manages day to day issues of the on site team including rostering in consultation with Deputy Commander AO Operations and Clinical Governance Lead
5. Deputy Commander AO Operations provides daily briefings to all AOs

# Emergency operations

## Welfare detailed structure



|   |
|---|
| 9am-5pm<br>5 days                         |
| 9am-5pm<br>7 days per week                |
| 8am – 8 pm<br>7 days per                  |
| 24 / 7                                    |
| <b>Critical role</b>                      |
| Team duplicated (i.e. two teams, not one) |
| Temporary team, expiring May 2020         |

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 100 staff rotate through this structure.
- Program management team to be picked up by Deputy Commander Op Strategy and Planning.

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# Emergency operations

## Workforce considerations

| Profile and high level issues  | Bulk v individual roles  | Sourcing challenges  | Forecasted supply and demand  |
|--|--|--|---|
| <p>Dynamic environment influences operational structures and models.</p> <p>Workforce includes a combination of bulk roles, generalist and specialist roles (clinical).</p> <p>There are different levels of rostered roles ranging from BAU to 24/7 operations that require high volume of FTE and associated issues (i.e. turnover, training etc.).</p> <p>Predominant source of Welfare Cell (i.e. phone line and CART function) are internal staff (i.e. mobility pool and critical skills register), but also external / volunteers (i.e. agency and causals). Airports are predominantly Operational Division and Hotels include internal (i.e. mobility pool) and VPS departments (e.g. DET and DJPR).</p> <p>Program management support staff are from CSOD, due to return in May.</p> | <p>Executives overseeing operational roles:</p> <ol style="list-style-type: none"> <li>1. Commander (Pam / Merrin)</li> <li>2. Deputy Commander x 3 (Michael MefflinEO3, Colleen Clark/Anita Morris, Sandy Austin/Melody Bush)</li> </ol> <p>Bulk roles performing operational roles:</p> <ol style="list-style-type: none"> <li>1. CART practitioners</li> <li>2. Welfare calls to hotels (outbound only)</li> <li>3. DHHS support at hotels (e.g. site lead)</li> </ol> <p>Generalist roles performing rostering, administration and corporate support:</p> <ol style="list-style-type: none"> <li>1. Program support, including rostering (from CSO)</li> </ol> <p>Specialist roles performing clinical support and complex assessments:</p> <ol style="list-style-type: none"> <li>1. Senior practitioners and clinical roles in both CART and site operations.</li> </ol> | <p>The EOC is staffed predominantly by Ops EM and Operations EM surge staff. All Ops EM Directors are working in EOC and covering their own BAU.</p> <p>Practitioners are at risk of depleting critical resources in OPP and CSO more broadly. Program support that is typically based in CSOD is in high demand, but at risk of depleting CSO functions.</p> <p>Rostering approach duplicated across multiple functions</p> | <p>Supporting rostering and consolidating program support functions important to reduce reliance on CSO functions in medium term.</p> |

# Emergency operations

## Key features and design considerations

### Function features

- There are several (TBC) executive positions overseeing the function, although, multiple executives rotate through given operational requirements.
- Regularly accommodate surge and contraction with very tight time frames.
- Work with integrated teams to support on the ground operations.
- Responsible for end to end welfare from airport to hotel, to ongoing social supports.

### Design considerations

1. Span of control for a medium term response needs to be considered in the structure (current structure represents an immediate emergency response need to rethink the structure and governance that considers the response will be longer but still time limited – therefore integrated response).
2. Clinical Governance role needs refinement (i.e. incorporate clear oversight and secondary consultation and escalation role for clinical staff).
3. Need for communications capacity to work closely with other emergency response functions (e.g. enforcement and compliance BAU) and assist inter-agency operations.
4. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles. Alternatively, the rostering function could be supported by, or consolidated with Public Health Command).
5. Call centre and communications outbound and inbound need to be reconsidered (greater integration of broader info lines)
6. Data management and quality and reporting needs to be improved across the program

# Emergency operations

## Key tensions to resolve

| Focus  | Items to be worked through...  |
|--|--|
| <p>Several design, workforce supply and demand and transition issues need to be addressed.</p> <p>There is a particular focus on decision making processes and governance need to accommodate an interim, complex response</p> | <ul style="list-style-type: none"> <li>• Complexity working in a matrix model in an operational emergency response 'on the ground' (i.e. this is not an ideal model for an emergency); and developing an interim response that is a hybrid of emergency and BAU</li> <li>• High volume of staff sourced from BAU functions, including emergency management staff from all Operations Divisions and central, program management, clinical and practitioner staff from CSO, balanced with an operation that faces frequent surge/contraction.</li> <li>• Clarity of roles, relationships, governance and indirect impact of existing functions (e.g. the State Health Coordinator) and new functions such as 'hotel for hero'.</li> <li>• Impact of policy and regulatory decisions that change client volume and operating models as we transition from response to recovery (i.e. impact of state of emergency, second wave responses etc.).</li> <li>• Potential to maximise value of call centre function by grouping some on site and strengthen relationship with DJPR (note this would require different capability); and exploring opportunities for integration and interaction with other DHHS call centre functions.</li> <li>• Resolve issues relating to the spread of data accountability and custodianship across emergency response functions and resource accordingly (currently, EOC are managing welfare issues and E&amp;C are managing their regulatory issues).</li> </ul> |

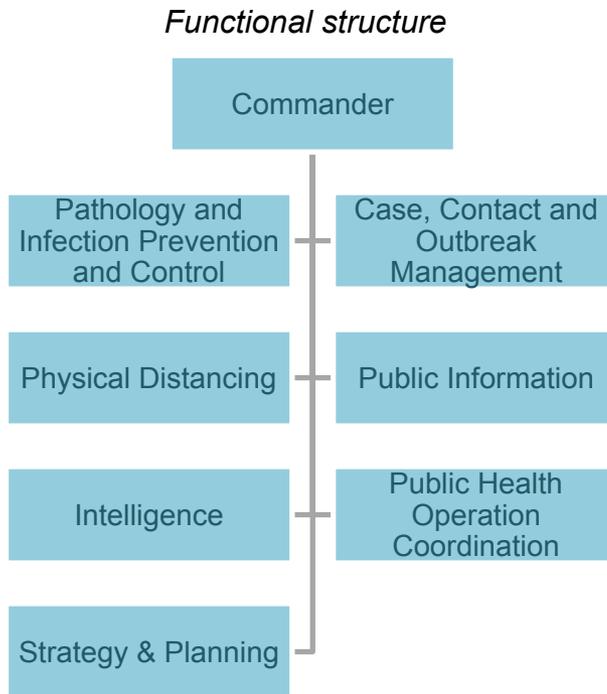
# Section 4

## Public Health Command

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and tensions to resolve
6. Capability considerations

# Public Health Command: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID-19.
- The establishment of the Public health Command Structure sets policy, operational policy and manages public health operations to effectively:
  - Reduce introduction of new cases from overseas
  - Find every case of COVID-19 through contact tracing
  - Ensure suspected and confirmed cases are rapidly isolated
  - Effectively manage outbreaks of COVID-19
  - Reduce community transmission
  - Protect population groups who are most vulnerable to complications of COVID-19 by:
    - Safeguard the provision of healthcare within the health system
    - Mitigate societal and economic harms from interventions to prevent COVID-19
  - Prepare to vaccinate the population against COVID-19 (when available)



# Public Health Command

## Operating model components

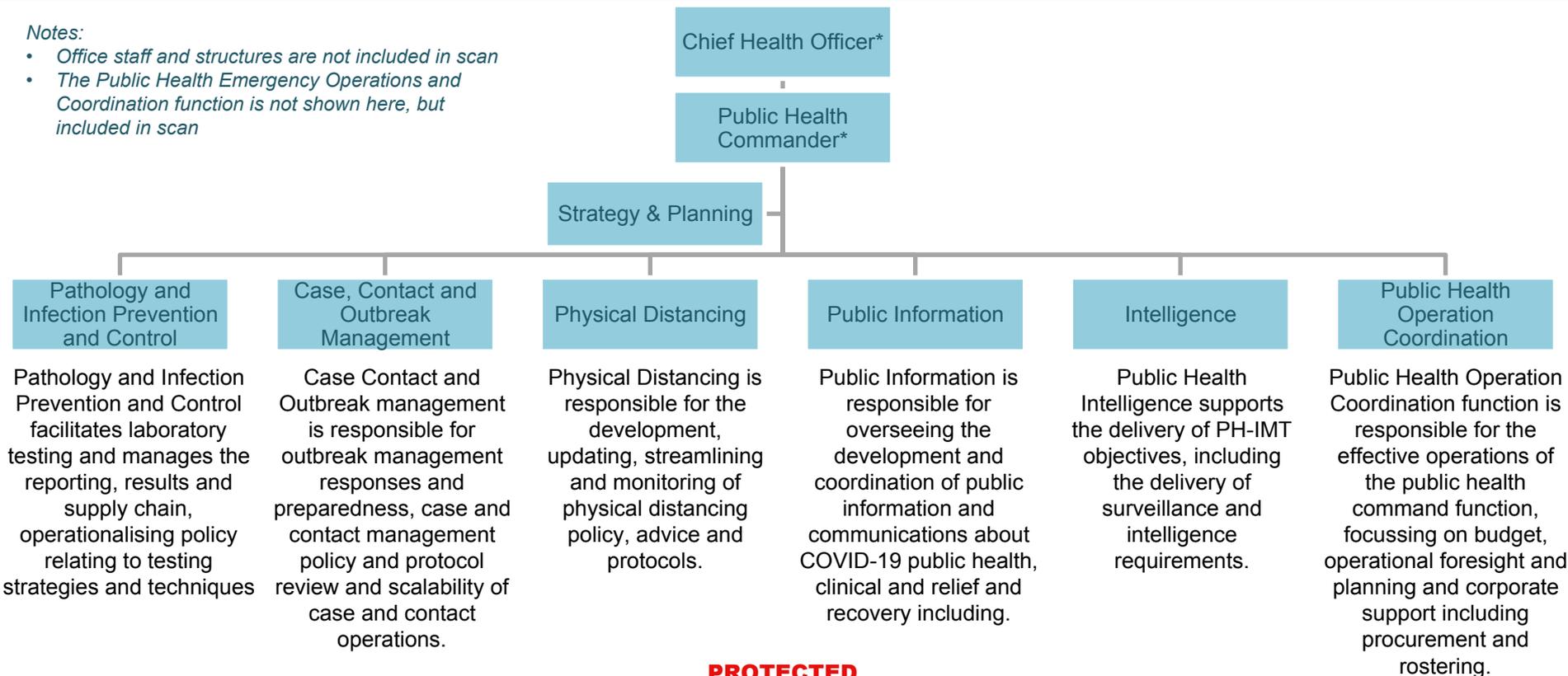
|  |                   |                    |   |
|--|-------------------|--------------------|---|
| <ul style="list-style-type: none"> <li>• [PIPC] Microsoft Teams and SharePoint.</li> <li>• [CCOM] PHESS; 365 and Teams; Whisper (cloud based comms platform from Telstra for mass messaging); Soprano (text message services); TRIM; Pure Cloud external</li> <li>• [PI] Teams; SharePoint database; web and social media platforms.</li> <li>• [PD] Need to explore using 'Compliance and Welfare Management System' when communicating test results to mitigate privacy issues, or PHESS.</li> <li>• [I] Compliance and Welfare Management System</li> </ul> | <b>Technology</b> | <b>Channels</b>    | <ul style="list-style-type: none"> <li>• [PHOC] COVID-19 Directions (various)</li> <li>• [PIPC] Emails / telephony to health services (i.e. labs) [I] <ul style="list-style-type: none"> <li>• [CCOM] labs access and input directly into PHESS;</li> </ul> </li> <li>• 1300 (case notification, general advice to GPs, doctors etc <ul style="list-style-type: none"> <li>• [PI] Various shared inboxes.</li> <li>• Joint shared team mailbox (whole of Victorian Government).</li> <li>• [PI] Hotline stood up internally and externally.</li> </ul> </li> <li>• [PD] VicGov Corona Virus (physical distance option)</li> </ul> |
| <ul style="list-style-type: none"> <li>• [CCOM] Case and contact tracing process and procedures</li> <li>• [PI] Adhere to Unit manual.</li> <li>• [PI] Intelligence gathering communications process through to multiple recipients.</li> <li>• [PD] Typical policy development processes</li> <li>• [PD] Communicating COVID results to people in quarantine (interim) (to be moved to Clinical Lead in Soteria.</li> <li>• [I] data gathering across airport and hotel sites (needs improvement)</li> </ul>  | <b>Process</b>    | <b>Legislation</b> | <ul style="list-style-type: none"> <li>• [PIPC; PI; PD; I] Public Health and Wellbeing Act 2008 (CHO Alerts).</li> <li>• [PIPC] Occupational Health &amp; Safety Act 2004 (Cth) <ul style="list-style-type: none"> <li>• [PIPC] Therapeutic Goods Act 1989 (Cth)</li> <li>• [PI; PD] Emergency Management Act 2012.</li> </ul> </li> <li>• [PI, PD] Emergency Management Manual (EMV) <ul style="list-style-type: none"> <li>• [PI, PD] Victorian Warning Protocol</li> </ul> </li> <li>• [PI, PD] 4.01 Standard Operating Procedures</li> </ul>  |

# Public Health Command

## Functional structure and description

### Notes:

- Office staff and structures are not included in scan
- The Public Health Emergency Operations and Coordination function is not shown here, but included in scan

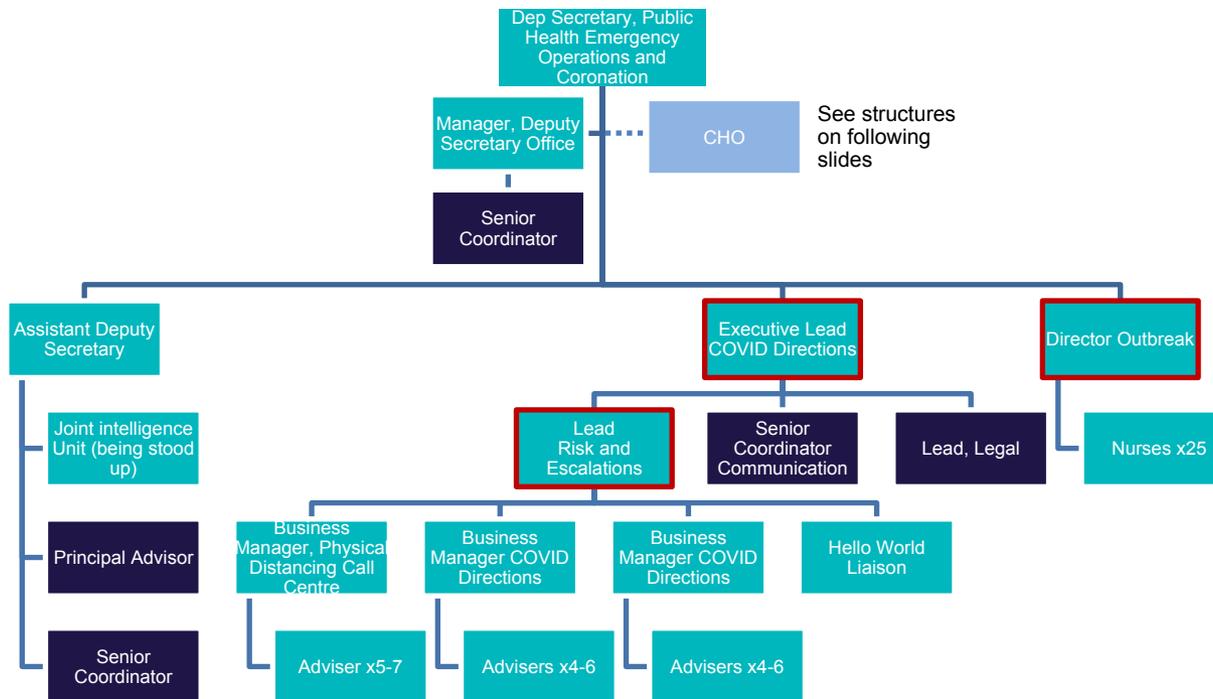


# Public Health Command

## Public Health Emergency Operations and Coordination

### Notes

- Excluding structures below the CHO, there are approximately 30 jobs, plus nurses, excluding new intelligence function. Up to 70 staff rotate through this structure
- Outbreak team currently being stood up.
- Joint intelligence unit is currently being stood up and will draw on existing intelligence unit.
- Up to 25 nurses are sourced from various places.
- Critical need for resources under COVID Directions as Hello World contract continues to be reviewed.
- Additional capacity to support whole go government work is being considered under COVID Directions.



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

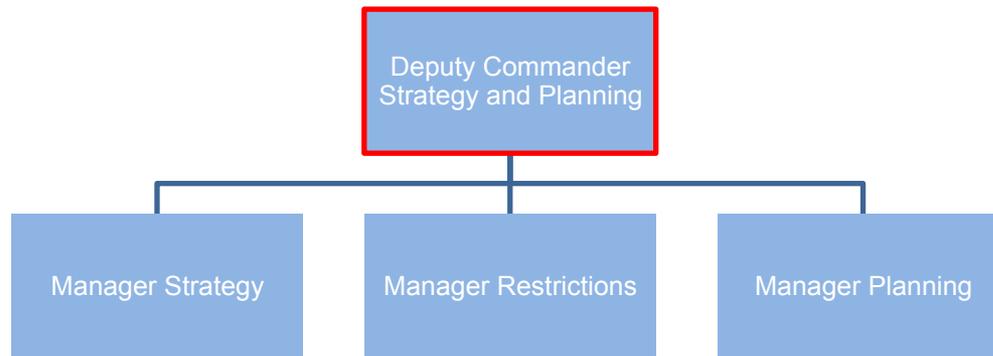
**PROTECTED**

# Public Health Command

## Strategy & Planning – Proposed structure

### Notes:

- Deputy Commander has three staff (i.e. one public health manager with departmental experience and 2 medical practitioners on short term contracts).
- Function requires urgent review of capacity, including level of resourcing for this function.



9am-5pm  
5 days

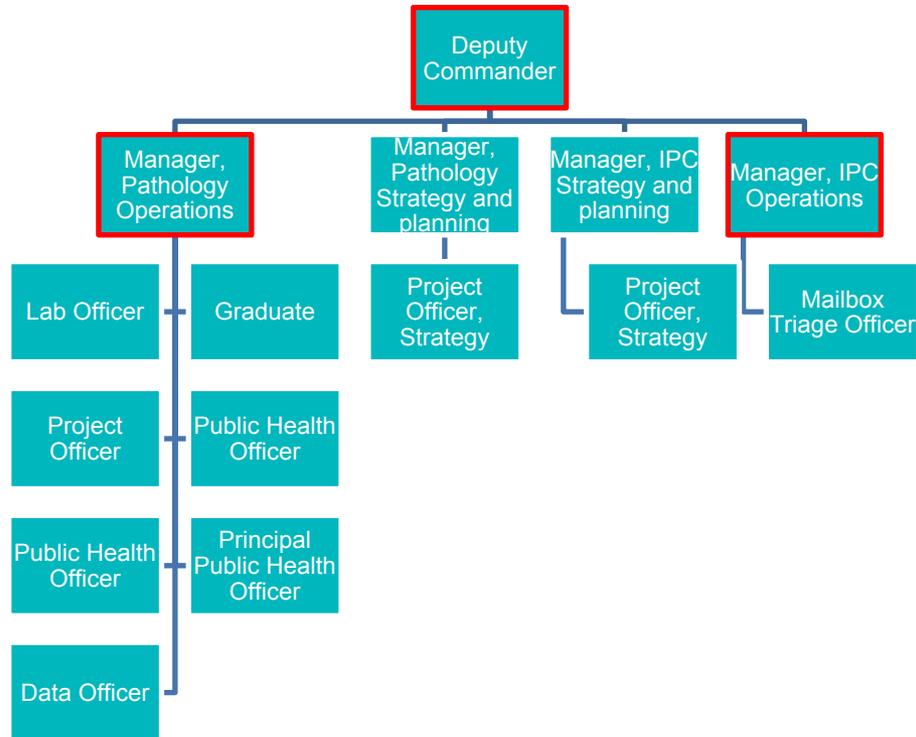
9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

# Public Health Command

## Pathology and Infection Prevention and Control



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 17 people rotate through this structure.
- Outreach team previously here now reporting to Jacinda.
- IPC operations rely on SCV, and infection control consultants VICNISS.

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

**PROTECTED**

# Public Health Command

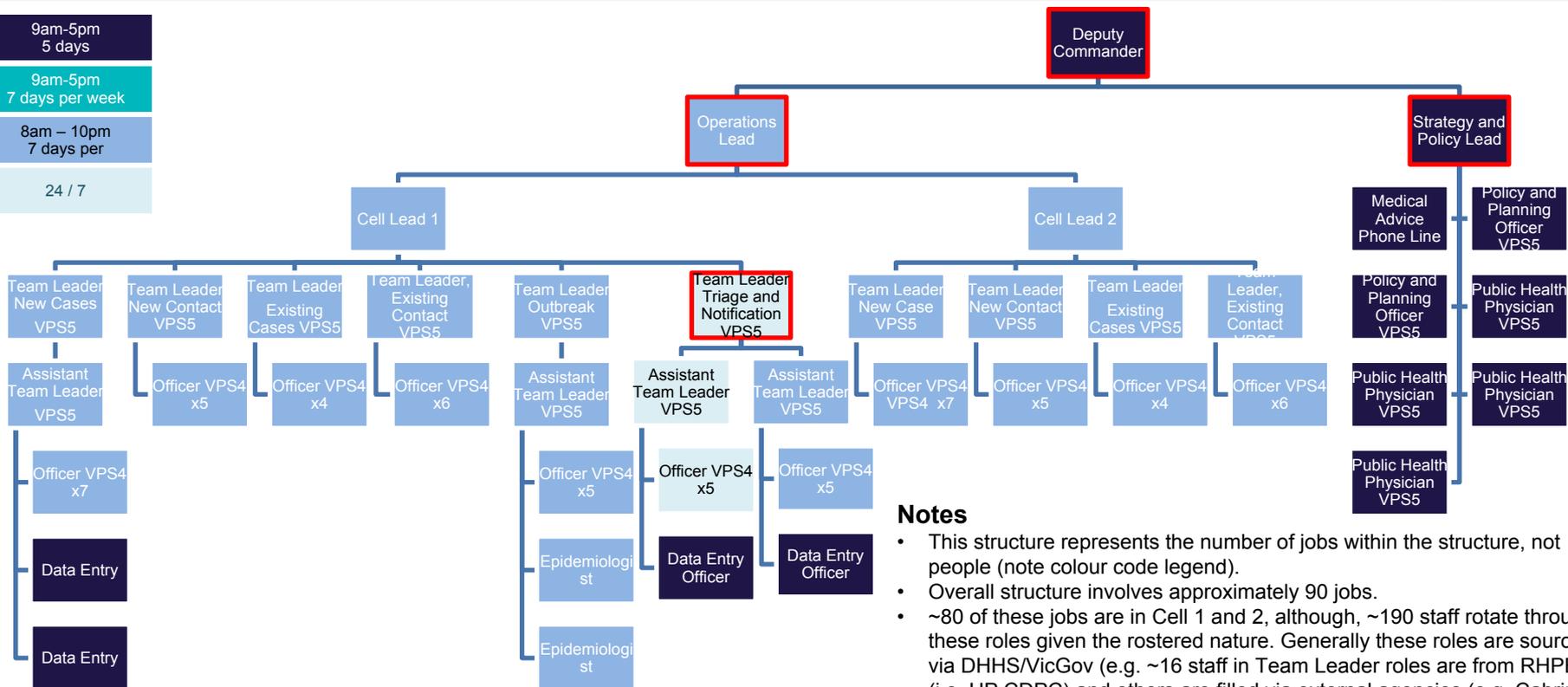
## Case, Contact and Outbreak Management

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 10pm  
7 days per

24 / 7



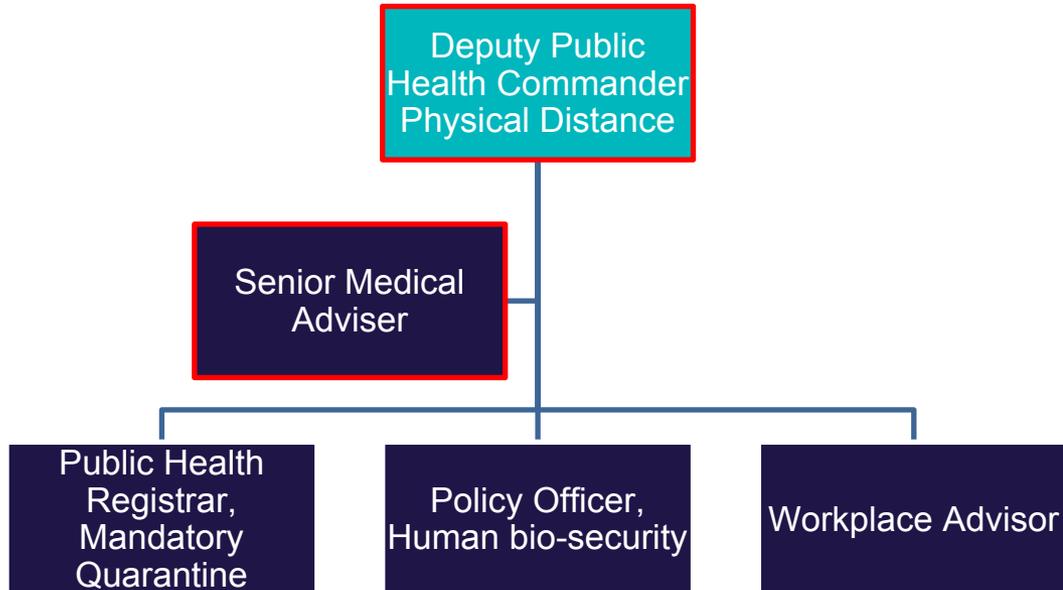
### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Overall structure involves approximately 90 jobs.
- ~80 of these jobs are in Cell 1 and 2, although, ~190 staff rotate through these roles given the rostered nature. Generally these roles are sourced via DHHS/VicGov (e.g. ~16 staff in Team Leader roles are from RHPem) (i.e. HP CDPC) and others are filled via external agencies (e.g. Cabrini).
- Medical advice line is shared 1 day per person from Strategy team.

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# Public Health Command

## Physical Distancing



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

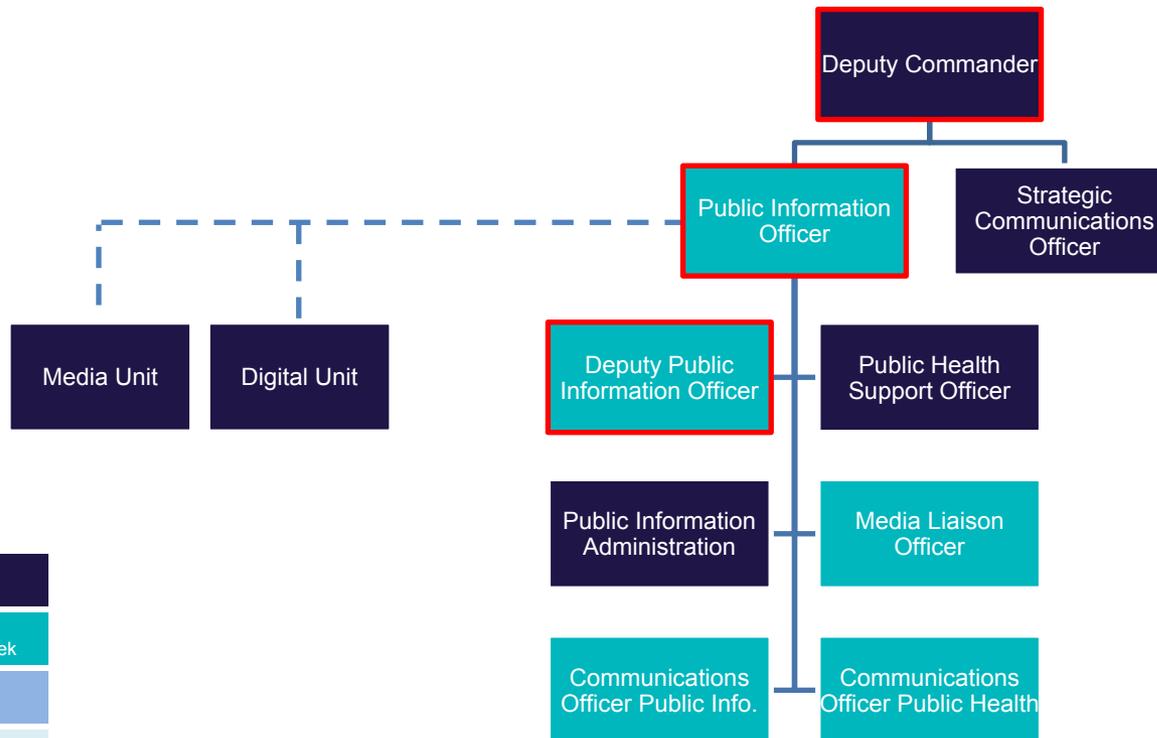
27 / 7

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Workplace adviser function currently being developed

# Public Health Command

## Public Information



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 20 staff rotating through this structure, plus dotted line relationship to media and digital teams within Strategy and Planning
- Team has an operational focus, with majority of staff on rosters (e.g. 4 days on, 4 off), reflected here as 9-5 7 days a week.

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# Public Health Command Intelligence

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

Deputy Public Health  
Commander: Intelligence

Intelligence  
Operations

Strategy, Surveillance  
Systems, Integrated  
Reporting

Surveillance  
and  
Response

Lead,  
Intelligence  
Coordination

Lead,  
Disease  
Surveillance

Lead,  
Informatics

COVID  
Surveillance  
Systems

Expanded  
Testing

Water  
Surveillance

Lead, Situational  
Awareness and  
Research Coord

Lead, Outbreak  
Management  
Team

Modelling &  
Forecasting

Lead, Flu  
Management

Lead, Data  
and Reporting  
Team

Lead Development  
Team

Informatics  
team x 30  
(i.e. staff 57)

Epi/Data  
Analytics

Epi/Data  
Analytics

Project Coord.

Deputy Team  
Leader

Team TBC

Deputy Team  
Leader

Team TBC

Analyst

Analyst

Analyst

Analyst

Officers x8

Data Liaison

Officers x8

Epidemiologis  
t Cell

## Notes

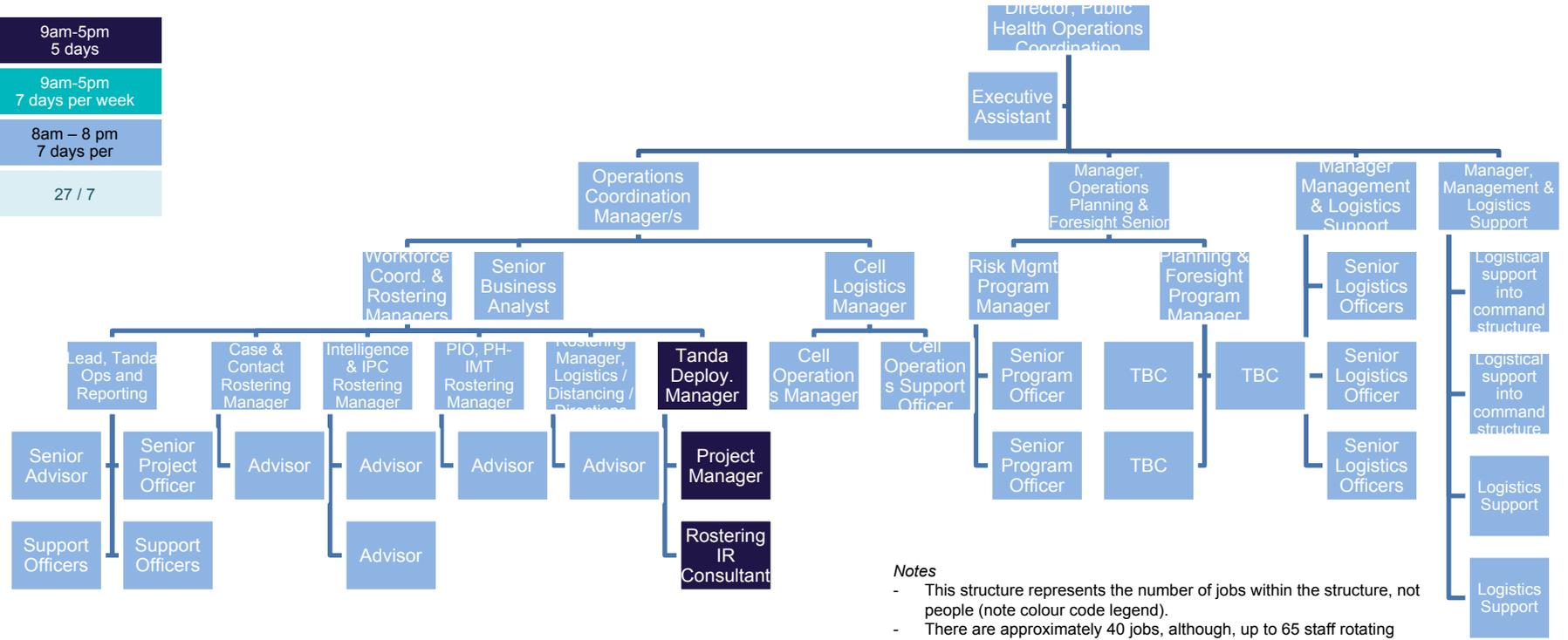
- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 130 people rotating through this structure
- Two volume bulk / high volume workforces including informatics and disease surveillance (further design work required for this area).
- Intelligence coord forecasted growth from ~90 to ~140 people
- Note other team members include MAEs and students

**PROTECTED**

# Public Health Command

## Public Health Operation Coordination Function

|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |



**Notes**

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- There are approximately 40 jobs, although, up to 65 staff rotating through this structure

# Public Health Command

## Workforce considerations

| Profile and high level issues   | Bulk v individual roles   | Sourcing challenges  | Forecasted supply and demand  |
|---|---|--|---|
| <p>Structure includes a combination of bulk roles (epidemiologist, intelligence surveillance, informatics, investigations), generalist (coordination and logistics) and specialist roles (medical practitioners on information lines).</p> <p>Up to 24/7 operations require high volume of staff and creates complex workforce arrangement (i.e. rostering, turnover, training etc.).</p> <p>Predominant source of operational staff is from Health Protection (epidemiologist, environmental health officers from communicable diseases and other areas) and Prevention and Population Health.</p> <p>There is considerable agency hire and from hospitals (e.g. nursing staff) and VISA appointments.</p> | <p>Executive roles overseeing operational and policy roles:</p> <ol style="list-style-type: none"> <li>1. Several executives (Simon, Kira, Bruce, Fin, Nicole, Katherine and AvD).</li> </ol> <p>Bulk roles performing both operational and operational policy roles:</p> <ol style="list-style-type: none"> <li>1. Epidemiologist</li> <li>2. Disease surveillance</li> <li>3. Case contact and tracing officers</li> <li>4. Data and informatics</li> <li>5. Physicians, nurses, GPs</li> </ol> | <p>Several executives who normally provide BAU leadership in RHPEM are 100% dedicated to the PHC.</p> <p>The supply line from other Victorian Government agencies, health services, universities, local councils (e.g. AOs') is likely to reduce as restrictions are lifted.</p> <p>BAU staff from RHPEM and across the department and VPS have been drawn on to support COVID-19, although, continue to have BAU commitments which create a gap and organisational risk.</p> <p>AOs are sourced from various channels and subject to fluctuating demand, as well as necessary onboarding delays (e.g. screening).</p> | <p>Even short term COVID-19 response is assumed to be months, therefore there are considerable BAU risks and sourcing challenges ahead (highlighted in sourcing challenges).</p> <p>A paper submitted to the Missions Coordination Committee (21 May 2020) outlines workforce pressures, highlighting how contact tracing, infection prevention and control and outbreak squads will grow considerably. It explains how there will be continued demand for data interpretation and reporting skills, project managers and officers, communications staff, and other logistics and business support.</p> |

# Public Health Command

## Key features and design considerations

| Focus   | Items to be worked through...   |
|---|---|
| <ul style="list-style-type: none"> <li>• Large and growing workforce with several rostering requirements to meet varying operational needs.</li> <li>• Workforce source is combination temporary 'lift and shift' of DHHS functions, individual secondments or assignments and external agency hire (health service and generalist).</li> </ul> | <ol style="list-style-type: none"> <li>1. Urgent role design and work value assessment to be undertaken to inform recruitment strategy and pipeline management. Risks exist where substantive roles are not being filled in many of the teams (e.g. staff in the Pathology and Infection Prevention and Control team) and also the placement of people in roles that they are not suited to.</li> <li>2. High operational workforce has lower level classified roles and staff. On balance, the volume and ratio of senior to junior roles is low (i.e. arguably not enough senior staff at VPS5, VPS6 and executive level, particularly given the profile of the work and ministerial interaction).</li> <li>3. There is limited support for executive, ministerial, budget management and coordination support for each public health commander (particularly the 2-3 areas with high volumes of staff).</li> <li>4. Confirmation of placement of outreach function (was being established in the Pathology and Infection Prevention and Control team).</li> <li>5. Profile and future focus on Outbreak Response in Case, Contact and Outbreak Management may need to be elevated to the report to the deputy commander role.</li> <li>6. Reporting lines for management in the Physical Distancing Hotline need to be clarified and embedded, with consideration to the public health significance of this pandemic.</li> </ol> |

# Public Health Command

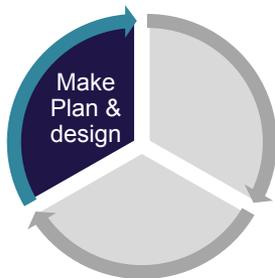
## Key tensions to resolve

| Focus   | Items to be worked through...   |
|---|---|
| <p>Several design, workforce supply and demand and transition issues need to be addressed</p> | <ul style="list-style-type: none"><li>• The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance, operations and public health response, including some confusion about accountabilities and reporting lines</li><li>• Timing and tenure of individual roles and appointments remains unclear for individuals, creating business risk (e.g. retention) and personal risk (e.g. uncertainty).</li><li>• Decision to resource and/or expand rostering support / teams to other emergency response teams.</li><li>• Urgency for a dedicated workforce plan that considers supply management, noting the concern that availability of workforce from agency hire, hospital, students and other external sources (including AOs) will reduce as restrictions are lifted (i.e. people go back to their day jobs). This will also create risks associated with turnover (e.g. retraining, business continuity etc.)</li><li>• High volume of staff from Health Protection in RHPem creating a BAU risk.</li><li>• Technical nature of some roles not readily available through existing supply lines (e.g. Critical Skills Register leading to reliance on external agency hire). This includes epidemiologist, lab staff etc.</li><li>• Some capability / skill / content gaps in policy development (e.g. in the Physical Distancing team).</li></ul> |

# Public Health Command

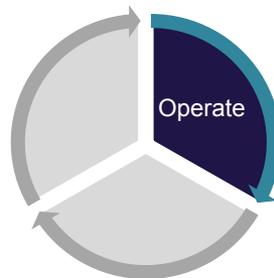
## Core capabilities in regulatory cycle

Description of roles and functions that fit within each part of the regulatory cycle TBC by PHC.



Functions/roles: TBC

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Functions/roles: TBC

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Functions/roles: TBC

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review

# Appendices

## Supporting information

1. Job cards
2. Stakeholders engaged

# Job Cards

## Enforcement and Compliance

# Job card - Commander Enforcement and Compliance

## Accountabilities

- Overall leadership and management of the COVID-19 enforcement and compliance function within DHHS, including oversight of compliance matters under all public health directions, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 enforcement and compliance legislation, protocols and data pertaining to enforcement and compliance matters.
- Provide authoritative advice and input into complex compliance matters, including support to the Chief Health Officers and delegates on compliance and enforcement related matters.
- Conduct daily review of those subject to detention and provide advice and guidance on necessary actions to be taken.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Deputy Commander AO Operations

## Accountabilities

- Overall leadership and delivery of regulatory operational function as it relates to the departments COVID-19 enforcement and compliance response.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Job card – Senior Authorised Officer (e.g. Team Leader)

### **Accountabilities**

- Lead a multi-disciplinary team, that ensures DHHS responsibilities under the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions are delivered effectively, efficiently and that any issues are escalated appropriately.
- Hotel cell: Ensure passengers/guests/client are compliant with detention notices and physical distancing policies; Detention notices are updated as required; Manage transfers requests to leave, and exit process and protocols; Escalate issues.
- Airport cell: Ensure passengers are served detention notices lawfully; compliant with detention notices and physical distancing policies; and triaged and transported appropriately.
- Release AOs: Carry out the release process for releasing people from quarantine.

### **Capabilities**

- Team supervision
- People management skills

### **Specialist expertise**

- Working knowledge of the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions

# Job card – Manager Policy and Protocols (VPS6)

## Accountabilities

- Provide high quality business intelligence, authoritative advice and sound policy recommendations to senior management and government based on comprehensive research.
- Oversee the development of policy and initiatives that meet government and departmental objectives within resourcing, timeline and budget parameters.
- Review and report on high priority issues, risks and trends and prepare and present comprehensive reports, ministerial briefs and cabinet and agency submissions on complex issues.
- Pro-actively build and maintain effective working relationships and facilitate the flow of information across the department and with key external stakeholders.
- Maintain an understanding of Commonwealth and State legislative and policy reform directions to influence policy development.
- Represent the department on key stakeholder committees and groups concerned with achieving government and departmental objectives, lead relevant committee and governance processes.
- **Keep accurate and complete records of your work activities in accordance with legislative requirements and the department's records, information security and privacy policies and requirements.**
- **Take reasonable care for your own health and safety and for that of others in the workplace by working in accordance with legislative requirements and the department's occupational health and safety (OHS) policies and procedures.**
- **Demonstrate how the actions and outcomes of this role and work unit impact clients and the department's ability to deliver, or facilitate the delivery of, effective support and services.**

## Capabilities

- Team supervision
- People management skills

## Specialist expertise

- A tertiary qualification in fields related to emergency management, community services, health administration or business management would be desirable.

# Job card – Exemptions

## ***Team Leader Complex***

- Oversee the day to day work of the Case Managers (Category 2): provide direction and guidance to case managers, review evidence, ensure quality of advice and briefs to support senior executive decision making.
- Manage complex and sensitive liaison with multiple parties.
- Alert Manager, Exemptions to any issues of risk, particularly relating to the welfare of people in quarantine, and including resource management and rostering issues.

## ***Team Leader Non Complex***

- Oversee the day to day work of the Case Managers (Category 1): provide direction and guidance to case managers, review evidence, ensure quality of exemption letters and advice and briefs to support senior executive decision making, escalate issues to Manager as appropriate, ensure consistency and timeliness of urgent matters.
- Alert Manager, Exemptions to any issues of risk, including resource management and rostering issues.

## ***Both***

- Work creatively and analytically in a problem-solving environment demonstrating teamwork, innovation and excellence.
- Provide leadership and motivate case managers to meet team goals, adhering to their responsibilities and milestones.
- Work collaboratively with other Team Leaders to support the shared objectives of the Exemptions team and broader Compliance Cell.

## **Capabilities**

- People management and/or team leader experience desirable
- Strong people skills in challenging, high volume and fast paced environments.
- Excellent attention to detail and time management skills with the ability to multi-task.
- Problem solving skills.
- Good written and verbal communication skills (experience in having difficult conversations and/or delivering difficult information would be desirable).

## **Qualifications**

- A tertiary qualification in policy, law or business, or in fields related to emergency management, community services, health administration or business management.

# Job Cards

## Emergency Accommodation

# Job Card – Commander, Operation Soteria

## Accountabilities

- Overall leadership and management of the COVID-19 detention accommodation & ports of entry functions within DHHS, including oversight of strategy, health & wellbeing of detained people, operational matters, recruitment, management and occupational health and safety.
- Coordination and approval of operational policy & standard operating procedures pertaining to Operation Soteria.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.
- Oversee data quality, management, quality assurance and reporting

## Capabilities

- Proven senior executive experience operating within a rapidly changing environment.
- Demonstrated experience in managing a multi disciplined workforce.
- Outstanding communication skills and the ability to foster relationships with partner stakeholders.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Hotels

## Accountabilities

- Leadership and operational management of the COVID-19 quarantine accommodation function within DHHS.
- Manage a multi-disciplinary team, that ensures DHHS responsibilities under the *Public Health and Wellbeing Act 2008* with respect to the physical distancing controls and direction notices are adhered.
- Provide oversight and quality assurance mechanisms to deliver high quality, safe and effective care to persons in mandatory quarantine.
- Active consultation with the Deputy Commander, Welfare and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate and represents best practice within the clinical governance framework.
- Promotes safety leadership to ensure the health and wellbeing of DHHS staff, and staff from other agencies contracted who are undertaking activity at the hotel.
- Lead the development of operational policy & standard operating procedures pertaining to Hotel Accommodation.
- Provides the Commander, Operation Soteria with situational awareness and intelligence to inform emerging issues and appropriate risk management.
- Provide authoritative advice and input into complex welfare and human service matters.
- Work collaboratively with all stakeholders to ensure all optimal outcomes for guests in mandatory quarantine.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- An ability to work in high emotion environment.
- Manage a multi-disciplined team.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Experience in working within a Clinical Governance Framework.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Ports of Entry

## Accountabilities

- In partnership with the Commonwealth Department of Agriculture, Water and Environment (DAWE) Biosecurity staff, implement border health measures for all travellers returning from overseas to Victoria.
- Oversee the adherence and enforcement functions and procedures for the direction and detention for Airport and Maritime Arrivals issued under *the Public Health and Wellbeing Act 2008*.
- Oversee the logistics of travellers that arrive at Victorian airports and maritime ports to their designated quarantine hotel.
- Oversee the implementation of Exemptions to the General Quarantine Policy for transitional passengers.
- Support the Commander, Operation Soteria participate in the *Managing Returns to Australia Working Group*.
- Lead the development of operational policy & standard operating procedures pertaining to Ports of Entry.
- Provide authoritative advice and input into complex matters to ensure the health and safety of travellers.
- Work collaboratively and liaise with external stakeholders at the Airport to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, AFP, DAWE, AV DFAT, DoT, Airport Chaplain and other jurisdictions as required.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.
- Demonstrated experience in leading Multi Disciplined Incident Management Teams.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Knowledge of Airport and Maritime operations, procedures and policies would be advantageous.

# Job Card - Deputy Commander, Welfare

## Accountabilities

- Oversee the Department's Welfare & CART Teams to ensure the needs of travellers and their families are met during the mandatory quarantine period.
- Ensure health and welfare screening take place soon after arrival so that existing and emerging health and welfare concerns can be risk assessed and addressed in a timely manner.
- Partnering with travellers, healthcare providers and other Victorian departments to facilitate effective engagement, coordinate support and timely effective care.
- Active consultation with the Deputy Commander, Hotels and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate within the context of mandatory quarantine.
- Manage the completion of psychological assessments required to support Detention Exemption applications and Financial Hardship bridging accommodation applications.
- Ensure continuous review of systems and practices to promote continuous learning.
- Provision of a daily welfare report to the Commander, Operation Soteria to ensure oversight and accountability for the mandatory quarantine process.
- Lead the development of operational policy & standard operating procedures pertaining to Welfare for travellers.

## Capabilities

- Demonstrated experience in leading multi-disciplined teams.
- Proven ability in decision making in a complex environment.
- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Qualifications or extensive experience in working within a health related environment.
- Demonstrated experience in working within a Clinical Governance Framework and applying Public Health Standards and the Charter of Human Rights.

# Job Card - Clinical Lead (Mandatory Quarantine)

## Accountabilities

- Ensure that individuals in mandatory quarantine (Operation Soteria) receive safe, effective and high-quality care that is consistent with best practice
- Integrate public health and operational oversight of the nursing, medical and mental health care provided in mandatory quarantine
- Proactively identify and manage clinical risk in mandatory quarantine
- Reports to the Deputy Chief Health Officer and Deputy State Controller Operation Soteria
- Provides information to the Deputy Public Health Commanders, the Physical Distancing Compliance Lead, the Emergency Operations Centre (EOC) and other team members as required
- Provides up to date clinical, public health and operational information to clinical staff working across the hotels (nurses, doctors, mental health clinicians); including guidelines, factsheets, FAQs and other materials
- Ensure that the public health standards for the care of returned travellers in mandatory quarantine are upheld
- Advise, Liaise and develop policy with Public Health Command (Physical Distancing Cell) and the EOC and assist the EOC to operationalise this policy

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job Card – Welfare Line, Operations Manager

## Accountabilities

- Ensure the efficient and effective operations of shifts within the Welfare Check shift, including supervision and support to up to four team leaders and their staff.
- Perform all operational duties associated with the Welfare Line, including adequate rostering and resourcing, preparation of call list for next shift (as applicable), appropriate sign off on team member time sheets, beginning and end of shift briefing for all staff, OHS obligations are being met during shifts.
- Ensure Welfare Check Officers and team leaders are equipped with the relevant tools and aware of supports available to members of the community, including access the departments nominated interpreting service to ensure information is provided in a culturally responsive and equitable way.
- Ensure all team leaders and staff are briefed accordingly at the beginning of shifts and that regular work in progress standards are met during shifts.
- Ensure each team has an allocated Team Leader and allocate call list to Team Leaders
- Ensure that orientation of new team leaders and Welfare Line Officer, to ensure that all members of the team are able to perform their role.
- Ensure continuity and workflow across teams and shifts from day to day, including quality control over matters relating to email queries and outstanding tasks/ referrals as handed over from previous shift.
- Identify and respond to issues as they arise during the shift as they relate to service delivery, systems, staff and escalate issues to the Manager, Welfare Line as necessary

## Capabilities

- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Work confidently with individuals with a range of vulnerabilities
- Adaptable and uses initiative
- Emotionally regulated
- Resilient

## Specialist expertise

- A recognised tertiary qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent)

# Job Card – CART Practitioners

## Accountabilities

- Risk assessment and analysis - gathers information through a variety of sources and technologies in order to identify, plan and respond to the psychosocial risks relating to each situation. Applies a strong risk lens, professional judgement, and evidence informed frameworks to analyse the available evidence and inform decision making.
- Case Support – provides secondary consultation and manages complex cases. Draws insights from assessment and analysis to formulate a meaningful and effective case plan, including safety plans, and reviews case progress and outcomes with a strong focus on managing dynamic risk. Collaborates with others to ensure adequate risk management and robust referral pathways that are tailored to individual needs and circumstances.
- Critical enquiry - uses evidence based frameworks to investigate issues, and is able to understand the root cause of each issue as well as the potential implications.
- Standardised reporting - uses standardised tools and reporting frameworks when recording case data, and when documenting care solutions provided.
- Reflective practice - critically reflects on what they are doing in their role and uses this reflection to influence their practice. Supports other practitioners in individual and group reflective practice supervision.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent) and includes a practical component such as counselling or case work practice
- A current Working with Children Check (WWCC) card.

# Job Card – Hotel Site Lead

## Accountabilities

- Oversee the operations at the hotel within these functions to ensure care of travelers in mandatory quarantine:
- Ensure a safe environment for people returning from overseas who are required to enter a period of compulsory quarantine at the hotel.
- Provide leadership, direction and support for staff in a multidisciplinary environment.
- Contribute to the development and implementation of policies and processes to support running of hotel and wellbeing of guests
- Coordinate welfare and relief supports to those in quarantine.
- Manage and make complex decisions in time critical situations and escalate issues that cannot be resolved at the local level to the Emergency Operations Centre for resolution.
- Lead support staff duties and activities onsite at the hotel.
- Effectively build relationships and work collaboratively with hotel management and staff, authorised officer, medical staff, security, other government departments and Victoria Police onsite at the hotel.
- Oversee the check in/out process for guests returning to Australia.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Works in operational environment with multiple stakeholders

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- Emergency management and/or regulatory experience in an operational environment.

# Job Cards

## Public Health Command

# Job card – Chief Health Officer

## Accountabilities

- Victoria's Chief Health Officer is responsible for the provision of public health advice to the Minister, the Department of Health and Human Services and the Victorian community including the exercise of statutory powers under the Public Health and Wellbeing Act 2008.
- The Chief Health Officer is expected to provide high level leadership and vision for public health in Victoria and will have experience in public health programs at a State or National level.
- The role requires strong capability and engagement with technical experts and leaders across both government and the broader health sector. The Chief Health Officer is required to be proactive and systematic in the approach to dealing with complex problems and has an innate ability to understand and operate in a government environment.
- The Chief Health Officer is the government's spokesperson on matters relating to public health and must be a confident public persona with excellent judgement, communication skills, and an ability to be trusted.

## Capabilities

- Leadership
- Communication skills
- Influence and negotiation
- Problem solving
- Self-management

## Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency.

## Job card – Deputy Chief Health Officer

### Accountabilities

- The Deputy Chief Health Officer is a senior clinical leadership role providing authoritative advice and leadership in supporting the Chief Health Officer, Deputy Secretary and Secretary and staff in the Health Protection Branch. The role will act in place of the Chief Health Officer for periods of leave and rostered weekend relief. As the Deputy Chief Health Officer, you will participate in emergency management activities, contribute to the coordination of the prevention and response to public health incidents and represent the department on state and national committees as required.
- The position oversees five teams comprising approximately 80 staff: Immunisation, Communicable Disease Prevention & Control, Communicable Disease Epidemiology & Surveillance, Public Health Medical and Partner Notification & Support.

### Capabilities

- Leadership
- People management
- Communications skills
- Influence and negotiation
- Problem solving

### Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency
- Postgraduate qualification in Public Health and Fellowship of the Australasian Faculty of Public Health Medicine

# Job Card - Deputy Public Health Commander Intelligence

## Accountabilities

- Overall leadership and management of intelligence section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

Source Mary Benson:

## Capabilities

- An understanding of the Victorian health and human services system
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Specialist expertise

- ??.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Manager, Intelligence Operations

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Surveillance and Response

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Strategy, Systems & Reporting Intelligence

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

## Job card – Infomatics

### **Accountabilities**

- .

### **Capabilities**

### **Specialist expertise**

- .

# Job card – Deputy Commander, Pathology and Infection Prevention and Control

## Accountabilities

- Overall leadership and management of the Pathology and Infection Prevention and Control section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience
-

# Job card – Manager, Pathology Operations

## Accountabilities

- Overall leadership and management of the Pathology Operations section within DHHS, including facilitation of laboratory testing with multiple laboratories, reporting, results, and supply chain management.

## Capabilities

## Specialist expertise

- .

# Job card – Manager, Infection Prevention and Control Operations

## Accountabilities

- Overall leadership and management of the Infection Prevention and Control Operations section within DHHS. This includes responding to Infection Prevention and Control questions, developing policy, and Infection Prevention and Control recons (technical advice).

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Commander, Case, Contact and Outbreak Management

## Accountabilities

- Overall leadership and management of the Case Contact and Outbreak Management section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

- .

# Job card – Operations Lead, CCOM

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Strategy and Policy Lead, CCOM

## Accountabilities

- .

## Capabilities

## Specialist expertise

- .

# Job card – Team Leader, Triage and Notification

## Accountabilities

- Reports to Cell Public Health Lead.
- Provides management advice and support to team on public and community recommendations regarding COVID-19.
- Provides management advice and support to team on health sector queries regarding COVID-19.
- Develop and refine notification workflows to case and contact management team.
- Communicate situational awareness to sector lead

## Capabilities

## Specialist expertise

- .

# Job card – Deputy Public Health Commander, Physical Distance

## Accountabilities

- Overall leadership and management of the Physical Distance function within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job card – Senior Medical Adviser

## Accountabilities

- Respond to requests for specialist medical advice (SMA) in different and evolving categories of need (clinician hotline and internal requests).
- Contribute and develop rapid guidelines, factsheets and FAQs for immediate use by health sector and relevant community.
- Contribute to policy and strategy responding to issues in the various fields of activity to prevent COVID-10 transmission (including infection control)

## Capabilities

### Specialist expertise

- MD/MBBS or RN 1 (Clinical Nurse Specialist or Consultant) and/or MPH (VPS 6) Favourable: fellowship of specialty Australasian college/faculty (VPS 6.2 or SMA) and/or recent clinical experience and/or outbreak management

# Job card – Deputy Commander, Public Information

## Accountabilities

- Overall leadership and management of the Public Information section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Ensure that timely, tailored and relevant information is developed to support the Chief Health Officer, Public Health Commander and Deputy Commander –Intelligence & Public Information and Class 2 Controller.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

- .

# Job card – Public Information Officer

## Accountabilities

- Manage the DHHS Public Information Section.
- Approve all public and internal communications.
- Support Chief Health Officer, Public Health Commander and Deputy Commander – Intelligence & Public Information and Class 2 Controller by developing timely, tailored and relevant information to the community during an emergency.
- Liaise with other sections and departments to coordinate the development of key messages and communications products.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required).
- As a general guide, this is a VPS6 role

# Job card – Deputy Public Information Officer

## Accountabilities

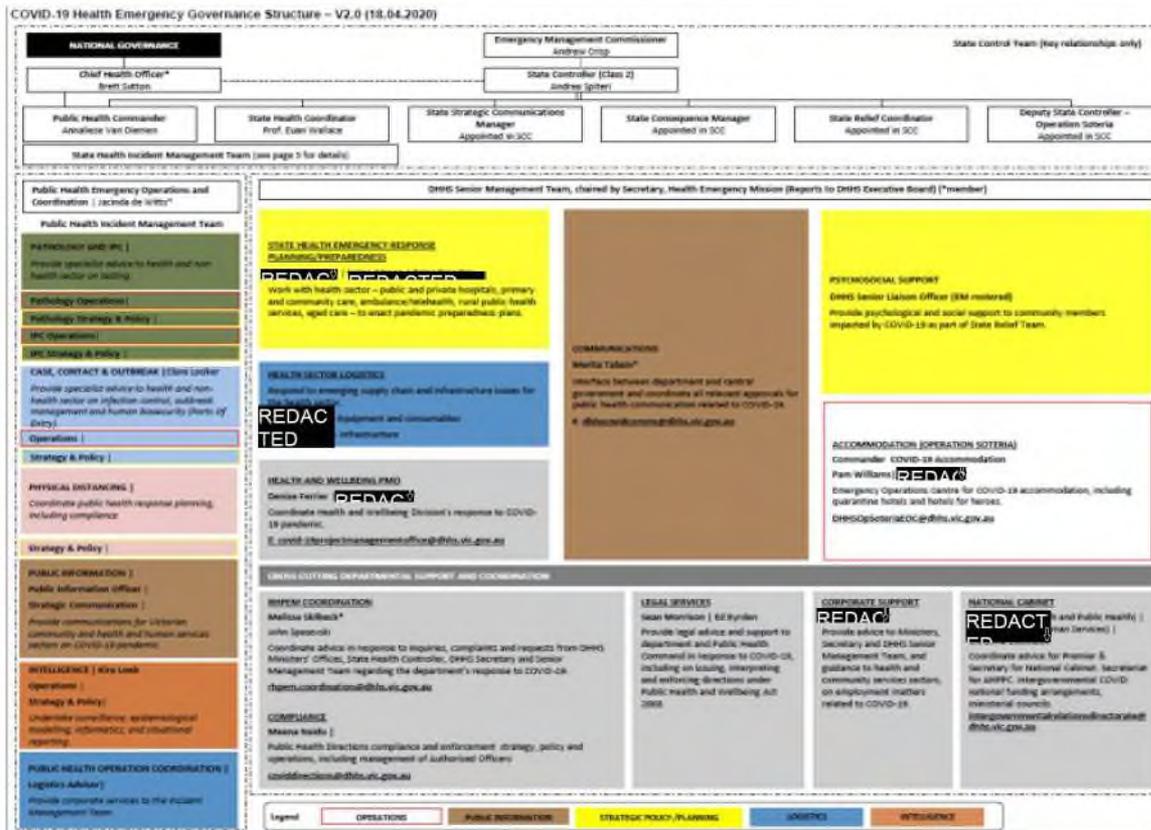
- Support the Public Information Officer (PIO) in managing the DHHS Public Information section.
- Provide quality assurance and monitoring of information produced at DHHS.
- Support the PIO by developing timely, tailored and relevant information to the community during an emergency.
- Liaison with other sections and departments to coordinate key messaging.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required)
- This is a VPS6 position

# Health emergency governance structure



# Key stakeholders engaged

The project team has engaged the following leaders to contribute to the report:

- **Operation Soteria**

- Pam Williams, Merrin Bambert, Michael Mefflin, REDACTED

- **Enforcement and Compliance**

- Meena Naidu, Anthony Kolmus, Anna Peatt, REDACTED

- **Public Health Command**

- Annaliese van Diemen, Kira Leeb, REDACTED Sarah McGuinness, Clare Looker, Mat Williams, Katherine Ong, Bruce Bolam, REDACTED Claire Harris, REDACTED

REDACTED

## RE: Monday's directions

---

**From:** "Annaliese Van Diemen (DHHS)" [REDACTED]  
**To:** "Jacinda de Witts (DHHS)" [REDACTED]  
**Cc:** "Sean Morrison (DHHS)" [REDACTED]; "Finn Romanes (DHHS)" [REDACTED]; "Jacqueline Goodall (DHHS)" [REDACTED]; "Brett Sutton (DHHS)" [REDACTED]  
**Date:** Sat, 04 Apr 2020 14:58:25 +1100  
**Attachments:** COVID-19 DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - Draft 4 March 2020.DOCX (321.12 kB)

---

Thanks Jacinda,

Happy with that – new plan attached for reference.

It is on my list to review/approve today.

Cheers

Annaliese

**Dr Annaliese van Diemen** MBBS BMedSc MPH FRACGP FAFPHM  
**Public Health Commander- COVID-19 Department Incident Management Team**  
**Deputy Chief Health Officer (Communicable Disease)**

Regulation, Health Protection & Emergency Management  
 Department of Health & Human Services | 14 / 50 Lonsdale St

[REDACTED]

[health.vic.gov.au/public-health](http://health.vic.gov.au/public-health)

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The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.

---

**From:** Jacinda de Witts (DHHS) [REDACTED]  
**Sent:** Saturday, 4 April 2020 2:54 PM  
**To:** Annaliese Van Diemen (DHHS) [REDACTED]  
**Cc:** Sean Morrison (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]; Jacqueline Goodall (DHHS) [REDACTED]; Brett Sutton (DHHS) [REDACTED]  
**Subject:** Monday's directions

Annaliese

There are three directions we continue to work on this weekend:

- \* restricted activities - greater retail bans and restricted health practices
- \* stay at home - mainly clarifications
- \* disability homes - expansion of the visitor limitations

I expect we will be asking you to read those and the accompanying brief tomorrow as the directions should be signed before Monday morning. Ahead of that Counsel has recommended that we set out in an attachment to the brief the reasons for the material changes needed. I think this was also something you were keen to have done.

Could I suggest I repurpose Finn's early physical distancing document and highlight the areas where I think some more focussed input is needed from a public health perspective? Perhaps I could send that back and either Finn or someone else from the team (or you...?) could progress? If no-one has capacity, I am happy to take your thoughts by phone and work it up.

I will have a draft to you in the next 2 hours.

Apologies for the extra work but I think it is a good idea to support the decision making process. Please let me know if anyone else should be copied.

Regards

**Jacinda de Witts**  
**Deputy Secretary and General Counsel | Legal and Executive Services**

REDACTED  
Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000

**We Care | We Connect | We Innovate**

Executive Assistant REDACTED  
REDACTED

# 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 4m<sup>2</sup> 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

## Peer influence, education and community awareness to guide approach

It is anticipated that there will be high levels of voluntary compliance by those impacted by the Directions. This is due to high levels of community awareness, strong community support for measures to prevent transmission of COVID-19.

## Exercising a Direction and considerations of enforcement

DHHS authorised officers are empowered to direct a person to comply with a D/CHO Direction (exercising the emergency powers). Victoria Police can assist an authorised officer to exercise a direction. Victoria Police are now undertaking a range of actions, including enforcement actions such as infringements.

Consideration of enforcement action, such as a prosecution under the PHWA, should generally only be pursued where there is a deliberate intention to not comply and/or repeated failure to comply with a direction.

## Victoria Police COVID 19 Taskforce Sentinel

A Victoria Police taskforce of 500 officers will promote and assess compliance with directions and perform spot-checks, such as visiting those who have recently returned from overseas. The taskforce is coordinated through the Police Operations Centre. Information for spot checks can be provided directly to through Victoria Police SPOC.

## Victoria Police support to DHHS compliance activity

Victoria Police (VicPol) will support DHHS to respond to allegations of non-compliance with the directions. This includes:

- receiving reports of non-compliance with directions through the Victoria Police Assistance Line (1800 675 398 – option 4);
- seeking to influence compliance and address non-compliance through spot checks, reiterating obligations, providing education and issuing infringements;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

## Contacting the Victoria Police Special Operations Centre

Victoria Police Special Operations Centre private number is REDACTED if a senior officer in DHHS needs to contact the SPOC directly for an urgent reason.

The DHHS EMLO to Victoria Police is available through a roster in the SEMC.

## Infringements

On 28 March 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](mailto: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](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.

The Authorised Officer should then notify the requestor in writing the outcome of the decision of the Public Health Commander.

Formal documentation placed into the TRIM folder by the Deputy Public Health Commander or a tasking officer.

An audit of requests to check responses will be undertaken in due course, including a review of how advice was communicated publicly, if at all.

## **Protocols for investigating and managing potential breaches of Directions**

Information is included here for reference, as Victoria Police have assumed a more independent role as to undertaking compliance and enforcement activity, with strategic direction as to highest risk groups.

### Action to achieve compliance and address non-compliance

Following advice that Victoria Police can enforce directions, from 30 March 2020 Victoria Police is the primary agency responsible for investigating allegations of non-compliance and undertaking enforcement action, including the issuing of infringement notices.

Prior to this advice, existing arrangements involved referring alleged breaches to Victoria Police for investigation. If needed, Victoria Police would request DHHS authorised officer action and assistance, such as for issuing a direction.

Victoria Police may contact the DHHS Emergency Management Liaison officer seeking advice or clarification of particular circumstances

## **Reporting and evaluation of compliance and enforcement**

The department proposes a range of checks or surveys of individuals who are directed to be in quarantine or isolation, including checks or surveys, and key metrics for evaluation. More detail will be developed in due course. Victoria Police provide a daily report on enforcement and compliance activity.

## Plan for people returning from overseas to Victoria

### Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by creation of a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at <https://www.dhhs.vic.gov.au/state-emergency>

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection;
- To ensure effective isolation of cases should illness occur in a returned traveller;
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days;
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required;
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database;
  - A requirement to undertake checks every 24 hours by an authorised officer during the period of detention;
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

### Governance and oversight of the mandatory quarantine (detention) intervention

#### Lead roles

The Chief Health Officer and Deputy Chief Health Officer have instituted a policy, in keeping with a conclusion from National Cabinet, that leads to issuance of detention orders for people returned from overseas.

The following lead roles are involved in the oversight of the mandatory detention intervention:

- Deputy Chief Health Officer – decision to issue a detention notice or not;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on requests where a decision is needed whether to grant leave (permission);
- Director Health Regulation and Reform – is the Compliance Lead, for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention orders (for example including moving a person from one room to another);
- Deputy State Health Coordinator – lead for healthcare provision to persons in detention;
- Director Health Protection and Emergency Management – lead for welfare and implementation of healthcare provision to persons in detention;
- Department of Health and Human Services Commander – lead for logistics for provision of mandatory detention involving transport and accommodation.

#### Information management for people in mandatory detention

A business system is being developed by BTIM to assist with the management of the healthcare and welfare for people included in this intervention.

That system articulates with the PHESS database through a common link key.

Critical information about people in mandatory detention will be uploaded to PHESS at two points in the day as a download from the business system to be used.

To be determined: the master source of who has exited the airport in mandatory detention.

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention.

The Enforcement and Compliance section will ensure identities and basic compliance information of all persons in detention are entered onto PHESS through the twice daily upload process from the completed business system.

As a parallel system, Isolation Declaration Card (IDCs) are collected at the airport and batched and sent to an Australia Post call centre. The data is entered into a spreadsheet and sent to DHHS for cross entry into PHESS. This process takes approximately 24 hours. This can then be reconciled with any passenger list or people in detention list.

## **Enforcement and Compliance Command for Mandatory Quarantine**

### **Deliverables of the enforcement and compliance function**

The Director of Health Regulation and Compliance role is responsible for:

- Overall public health control of the detention of people in mandatory quarantine;
- Oversight and control of authorised officers administering detention;
- Administration of decisions to detain and decision to grant leave from detention.

### **Authorised officer\* and Chief Health Officer obligations**

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

DHHS staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the CHO. This authorisation under s.199 has an applicable end date; relevant AOs must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the DHHS Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on DHHS authorised officers including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.*

## Required authorised officer actions at the airport

The lead for this situation is the Compliance Lead through a lead Authorised Officer.

DHHS Authorised Officers\*:

- declare they are an Authorised Officer and show AO card [s.166] **(mandatory AO obligation)**
- must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:
  - explain the reasons for detention [s. 200(2)] **(mandatory AO obligation)**
  - warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply [s. 200(4)] **(mandatory AO obligation)**
- ensure the Direction and Detention Notice:
  - contains the hotel name at which the person will be detained
  - states the name/s of the person being detained
- record issue and receipt of the notice through a scanned photograph and enter into business system
- if necessary, facilitate a translator to explain the reasons for detention
- facilitate any reasonable request for communication, such as a phone call or email [s. 200(5)] **(mandatory AO obligation)**
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.
- use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.
- check the vehicle transporting detainees is safe (in accordance with the review of transport arrangements procedure)

If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.

\*DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

## Authorised Officer review of transport arrangements

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and detainees?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then vehicle must be cleaned in accordance with DHHS advice (business sector tab).
- Ensure the driver required to wear PPE?
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each detainee to complete enroute or at the hotel?

## People who are unwell at the airport

The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a DHHS staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment;
- The authorised officer from DHHS at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel.
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (comments as above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

### Requirement for review each day

- DHHS AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- DHHS AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - any other issues that have arisen.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>1</sup> becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

### Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO going onto the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).

- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc.
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

### **Charter of Human Rights considerations in decision-making making process**

AO should consider the Charter of Humans Rights when exercising emergency powers and reviewing a person's detention every 24 hours, namely:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment** – This includes protecting detainees from humiliation and not subjecting detainees to medical treatments without their consent
- **Right to freedom of movement** – While detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – This includes protecting the personal information of detainees and storing it securely
- **Right to protection of families and children** – This includes taking steps to protect facility and children and providing supports services to parents, children and those with a disability
- **Property rights** – This includes ensuring a detainee's property is protected
- **Right to liberty and security of person** – this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** - This includes treating detainees with humanity

### **Mandatory reporting (mandatory AO obligation)**

A DHHS AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

### **Grant of leave from the place of detention**

This is a different legal test to that which applies after the notice is issued. It relates solely to the granting of leave (permission) and requires a different process and set of considerations.

The detention notice provides for a 24-hour review (which is required by legislation) to assess whether ongoing detention is needed, and, in addition, a person may be permitted to leave their hotel room on certain grounds, including compassionate grounds.

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is

made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

### **Potential mechanisms for grant of leave from detention**

Noting that there are broadly two mechanisms available to the authorised officer on behalf of the Compliance Lead / Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the authorised officer (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained.

The Public Health Commander could determine that detention should be served in an alternative location to a hotel, by writing a detention order to that effect.

### **Potential reasons for permission to grant leave from detention**

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be exceptional and always based on an individual review of circumstances.

In the following circumstances there could be consideration of permission grant after an application to the Deputy Chief Health Officer however this will require permission:

- A person who has a medical treatment in a hospital;
- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- An unaccompanied minor (in some circumstances – see below);
- Instances where a person has a reasonably necessary requirement for physical or mental health or compassionate grounds to leave the room, as per the detention notice.

Note that the last category is highly subjective. This means it is the expectation of the authorising environment that exemption applications on those grounds are made on exceptional circumstances.

### **Process for considering requests for permission to leave or not have detention applied**

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects their ability to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in **REDACTED** and Ed Byrden.

### **Considerations**

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function, and should always be funnelled through the COVID Directions inbox. That will allow that inbox to be a complete repository of all categories of requests for permission, exceptional circumstances requests and advice / exemption requests.

There should then be a presumption that these requests are forwarded immediately (within two hours) to [COVID-19.vicpol@dhhs.vic.gov.au](mailto: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](mailto: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<br>Families with children < 18 years<br>Passengers aged > 65 years<br>Aboriginal and Torres Strait Islander peoples<br>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.<br>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](mailto: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**

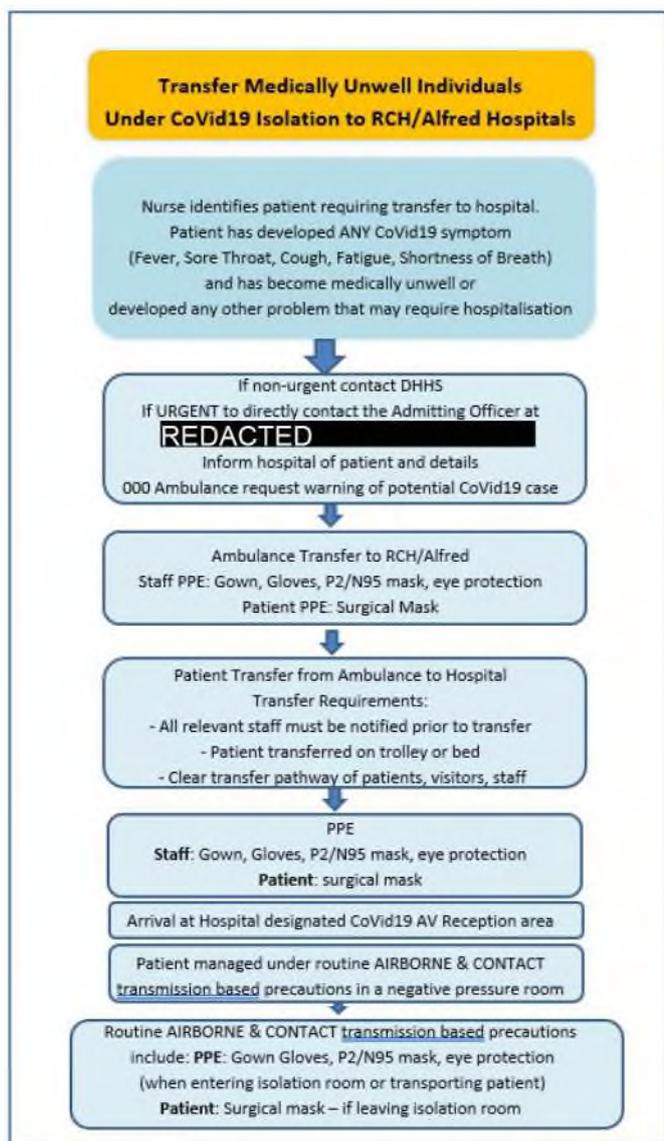
The following are the actions to enact this:

- 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](http://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](http://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](http://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](http://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 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 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<br>Disability Y/N<br>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<br>(nurse assessment) | Reason<br>(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:<br>Room number: |
| location (room number): |                        |
| Confirm passenger name: |                        |
| Passenger DOB:          |                        |
| Contact number:         | Mobile:<br>Room:       |
| Interpreter required:   | Yes/no<br>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<br>(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?

|  |
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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?

|  |
|--|
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|  |

### Safety questions

12. How is everything going with your family or the people you are sharing a room with?

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|  |

13. Is there anything that is making you feel unsafe?

|  |
|--|
|  |
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|  |

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?

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16. Do you have any immediate concerns for any children / dependents who are with you?

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17. Do you have any additional support needs that are not currently being met, including any access or mobility support requirements?

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18. Have you been able to make and maintain contact with your family and friends?

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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?

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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?

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### Final

21. What has the hotel's responsiveness been like? Have you had any trouble getting food, having laundry done, room servicing etc.?

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22. Do you have any other needs that we may be able to help you with?

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23. Do you have any other concerns?

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## **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**

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.

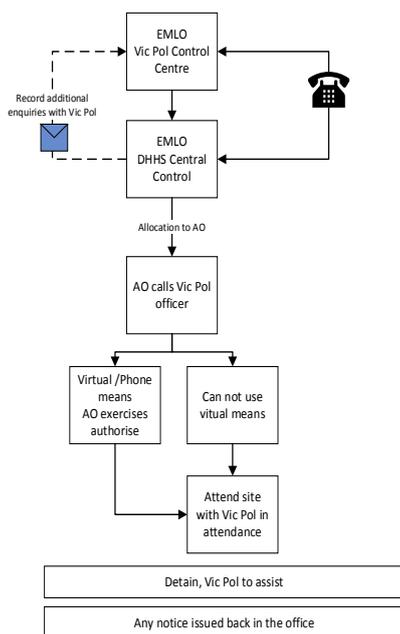
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

#### 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<br><br>Use fatigue calculator<br><a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a> |
| Physical Injury        | Low / Medium                         | Only attend a site with Victoria Police   |
| Other infectious agent |                                      | Follow personal protective measures   |

## PROTECTED: FOR COMMENT: Public Health Command and RHPem resourcing project - scan and next steps

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From: "Nick Chiam (DHHS)" [REDACTED]  
 To: "Brett Sutton (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Angie Bone (DHHS)" [REDACTED], "Meena Naidu (DHHS)" [REDACTED], "Andrea Spiteri (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED]  
 Cc: "Marg Burge (DHHS)" [REDACTED], "Gordon Caris (DHHS)" [REDACTED], "Mat Williams (DHHS)" [REDACTED]  
 Date: Thu, 21 May 2020 15:48:39 +1000  
 Attachments: DRAFT - Environmental scan.pptx (2.39 MB); FINAL - Pub Health & RHPem Resourcing Project scope May 20.pptx (1.33 MB)

**KD – Tent booked for Wed 27 May - 9.30am**

Dear Meena, Brett, Annaliese, Angie, Andrea and Pam

Thank you to you and your teams for contributing to the initial environmental scan for the Public Health, Enforcement and Compliance and Emergency Operations Command functions over the last week or so.

### Project Scope

As you know this is the first product for a resourcing project that Melissa Skilbeck and Jacinda de Witts have agreed to be joint sponsors for. As set out in the attached project scope endorsed by the sponsors, the project will develop the design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the re-establishment of business as usual RHPem functions.

### Feedback on draft environmental scan

The first stage of the project is the delivery of the environmental scan that seeks to understand structures in place across Public Health Command, Enforcement and Compliance and Emergency Operations, identify critical roles within these structures and provide some preliminary analysis on workforce supply and demand pressures.

The first draft of the scan is attached **for your review and comment by 9am Monday, 25 May – is it accurate and complete**. Please feel free to test your sections with relevant leaders in your teams but I'd ask you not to share widely, as this is still a draft.

### Reference group

Under the project scope, you or your nominee are invited to join a reference group to provide endorsement for products to be presented to the project sponsors, discuss key issues and recommend any solutions. For example, the initial scan identifies that there are corporate support functions across the structures that have been stood up and asks the question whether some of these should be managed more consistently (eg using same rostering system).

Mindful of your precious time, the project sponsors support a *virtual reference group* based largely out of session work with you with targeted meetings only as needed by the project team to progress the work. We are testing sending you a product at end of day Thurs for feedback by Monday. If this works, we would use a similar rhythm for future papers.

That said, given that part of the project is to get everyone on the same page about what we expect will involve competing priorities and challenges, I propose to hold a kick off meeting of the reference group. We are aiming for early next week depending on schedules. The focus is

proposed to be: any general questions you have on the project scope; key interdependencies you want the project team to be aware of; and your feedback on the proposed key issues and next steps on slide 11. We will send you an agenda ahead of the meeting.

You will see that the proposed next steps require continued work with you and Corporate Services partners. We have met with Marg and Gordon in particular and agreed to coordinate how we support the next steps with your logistics leads. Be assured, as set out in the project scope there are urgent sourcing and funding bid next steps already happening in parallel. I am also checking with Euan regarding a Health Coordinator representative/input regarding clinical workforce matters.

I will ask my office to speak to yours to see what might work best for a meeting time. Assuming not all of you will be able to attend a particular time, you are welcome to consider a suitable executive nominee/rostered alternate.

Feel free to call me or **REDACTED**, who is Project Director for this work if you have any questions in the meantime.

Cheers

**Nick Chiam**

Deputy Secretary

Organisational Transformation

Department of Health & Human Services

5, 2 Lonsdale Street, Melbourne Victoria 3000

**REDACTED**

**PROTECTED**

# COVID-19 Public Health Emergency Response

ENVIRONMENTAL SCAN – DRAFT

Prepared by Organisational Transformation - for discussion

19 May 2020

Project Director: REDACTED

Project team: REDACTED

**PROTECTED**

# Contents

## Section 1

Introduction, summary covering:

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

## Section 2, 3 and 4

For each of the three functions in scope, the following format is followed:

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

# Section 1

## Introduction

1. Scope
2. Key themes identified through environmental scan
3. Workforce overview, supply and demand and critical roles
4. Priority, sequencing and next steps

# Environmental scan: Scope and summary text

## *Overview and purpose of this pack*

- In April 2020, the Australian National Cabinet indicated intention to pursue necessary public health action to minimise the impact of COVID-19. The Victorian Department of Health and Human Services is the lead for this COVID-19 health emergency response.
- An environmental scan has explored the structural and workforce arrangements in place across three of the department's core emergency response functions, namely, Public Health Command, Operations Soteria and Enforcement and Compliance. It the underpinning analysis for a *public health resourcing plan* sponsored by the Dep Secs, RHPem and Public Health Emergency Coordination and Operations.
- This report is broken up into specific sections for each of these core functions, including current 'as is' structures, design considerations and threshold sustainability issues to work through. The introductory section collates these issues into themes and proposes an establishment of a reference group to work through these matters.

## *Project scope*

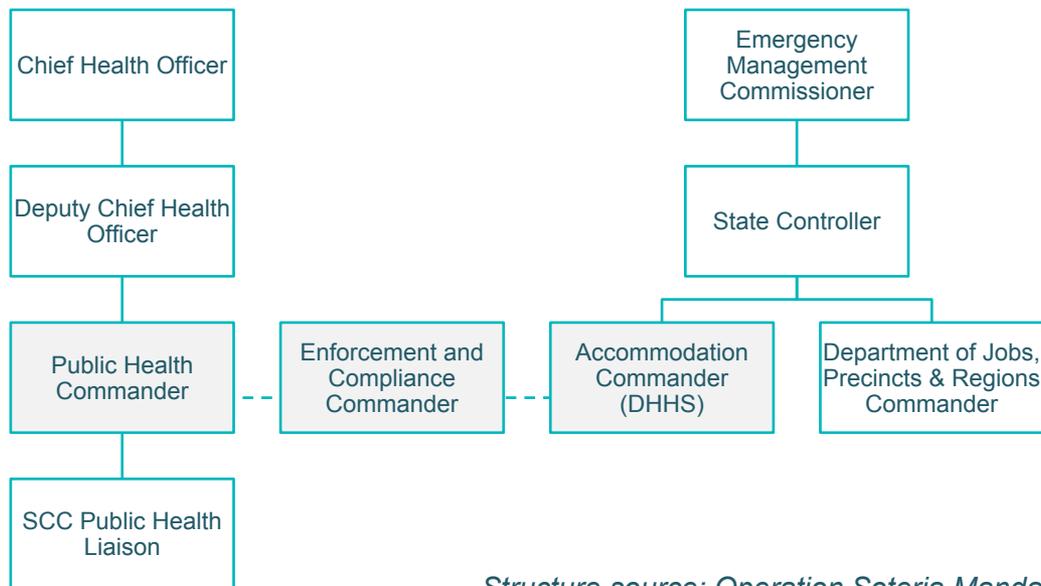
1. To design for the continuation of a dedicated COVID-19 public health response, including emergency accommodation and quarantine, alongside the reestablishment of business as usual RHPem functions.
2. To identify critical roles and key staff who need to return to business as usual roles (within or outside DHHS) and work with corporate partners to ensure workforce planning (i.e. plan for supply and address immediate workforce gaps).

In planning how to transition to a "COVID-19 normal world", consideration must be given to the existing Clause 10 proposal and relevant funding submissions put to CCC in May 2020.

# Operation Soteria high level governance structure

Three specific functions from within this governance structure are covered in this *environmental scan*, including:

1. Enforcement and Compliance
2. Emergency Operations
3. Public health command



Structure source: Operation Soteria Mandatory Quarantine for all Victorian Arrivals Plan

# Key findings by theme

|                              |   |
|------------------------------|---|
| Design / structures          | Structural design is evolving across all three structures, making it difficult for corporate and logistics to support business needs, including an inability to formalise roles and structures, report, monitor, and source workforce.  |
| Operational policy           | Policy and operational demands are evolving, presenting challenge for operational policy development, consistency and implementation. Planning will need to consider operational resourcing, particularly for “second wave scenario”.   |
| Governance                   | Some structures, operating models, reporting lines and some functional relationships/accountabilities amongst senior leads are unclear; and matrix arrangements in operational areas may be better managed through clear hierarchy  |
| Business support duplication | Several functions across the three structures are providing program support that could be consolidated or at the least, managed consistently using the same systems and processes (e.g. rostering, logistics, public channels).   |
| BAU impact                   | BAU functions that have temporarily deployed expertise to the COVID-19 response (e.g. RHPEM) are increasingly under pressure, including some corporate / communications functions that have been embedded in new structures.  |
| Workforce                    | An overarching workforce / pipeline plan is required to address supply and demand pressures that are emerging in BAU and external pipelines due to continued demand for similar capability across different functions, capabilities that do not exist en masse in the VPS, executive oversight and up to 24/7 rosters that require significant volume of staff. |
| Corporate sequencing         | There is important corporate sequencing to work through to support the response, including industrial matters (i.e. standing up new teams and alignment with the existing RHPEM clause 10 proposal), budget positions (the availability and/or success of budget submission).   |

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# Workforce

## Overview

- In the absence of formal reporting (e.g. many staff "report" to the BAU manager), and the high volume of agency hire and deliberate policies that encourage rotation and flexible sourcing, workforce numbers should be viewed as indicative and subject to fluctuation.
- The scan found that as at 15 May approximately 1000 staff are rotating through various teams and structures across emergency accommodation, enforcement and compliance and public health. The high volume of rostered positions and teams contributes to this number – the actual number of *positions* is considerably fewer (but not yet confirmed).
- Indicatively, almost 60% of all functions are staffed from within DHHS or the Victorian Government, with the remaining 40% coming in from external, namely, local government and various agency hire spanning health services.
- Overall, RHPEM accounts for almost 30% of workforce across these functions, with over 200 staff formally deployed to the response.
- In April, these functions were estimated to need to grow to 1,400+ FTE to sustain the emergency response in 20-21. It is expected that this analysis should provide a basis for the Commanders leading these functions to validate their growth needs.

| Function                              | Staff       |
|---------------------------------------|-------------|
| <b>Public Health Command</b>          | <b>494</b>  |
| Public Health Emerg. Op. Coordination | 70          |
| Case, Contact and Outbreak            | 188         |
| Intelligence                          | 134         |
| Pathology                             | 13          |
| Physical Distancing                   | 5           |
| Public Health Coordination            | 65          |
| Public Information                    | 19          |
| <b>Enforcement and Compliance</b>     | <b>175</b>  |
| Leadership and oversight              | 2           |
| Operations                            | 135         |
| Policy and exemption                  | 38          |
| <b>Emergency accommodation</b>        | <b>400</b>  |
| Leadership and oversight              | 10          |
| Welfare Cell                          | 90          |
| Airport, Hotels and Clinical          | 300         |
| <b>Total</b>                          | <b>1070</b> |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Supply and demand challenges

- Until now, of the ~1000 staff rotating through roles, ~40% have been sourced within DHHS and its portfolio agencies, mainly RHPEM.
- A significant proportion – 42% – have been sourced externally, including health service and general agency hire, other VPS agencies and local councils.
- The high supply of external appointments, particularly those from local councils and other VPS agencies, is anticipated by a number of functional leads to shrink as restrictions begin to ease. External staff most at risk include, but are not limited to, **AOs and exemption case managers** from Enforcement and Compliance Command and **case contact and tracing officers** from Public Health Command.
- The uncertain nature of the public health event and dynamic policy and social settings and requirements will mean that these functions will not be able to managed in a "stable state" during the remainder of the COVID-19 response. A dedicated organisational design and workforce supply function may be required to support these functions may need to continue.

| Function                       | Staff |
|--------------------------------|-------|
| DHHS                           | 41%   |
| Children and Families          | 0%    |
| Corporate                      | 3%    |
| CSOD                           | 5%    |
| Health and Wellbeing           | 1%    |
| Housing and Infrastructure     | 0.2%  |
| RHPEM                          | 30%   |
| Strategy and Planning          | 1%    |
| Administrative Offices         | 1%    |
| External                       | 42%   |
| Casual Staff                   | 0%    |
| External (Councils and VicGov) | 14%   |
| External agency                | 28%   |
| VicGov                         | 17%   |
| Various (VicGov Mobility)      | 17%   |

*All numbers are indicative and require further triangulation with corporate and programs.*

# Workforce

## Critical roles

All roles are important in the COVID-19 response. This slide lists *critical* roles identified by functional leads as 'roles in the structure they cannot do without, or easily replace' if the employee became unwell, run down or unavailable. These critical roles can be categorised as 1) leadership (i.e. executives or managers overseeing key functions) and 2) technical (i.e. technical roles where capability is limited or not readily available. Several roles already have people appointed to them, but require rostering/twinning support.

*Note: All structures in this report outline critical roles in red and high level role descriptions are in the appendices.*

### 1. Enforcement and compliance

*Commander; Deputy Commander AO Operations; Senior Authorised Officers; Manager Policy and Protocols; Exemption Case Managers*

### 2. Emergency Operations

*Deputy Commander; Deputy Commander Hotels; Deputy Commander Ports of Entry; Deputy Commander Welfare; Clinical Governance Lead; Welfare Operations Manager; CART practitioners; Hotel Site Lead*

### 3. Public Health Command

*Chief Health officer; Deputy Chief Health Officer; Deputy Commander Strategy & Planning; Deputy Commander Intelligence; Manager Intelligence Operations; Manager Surveillance & Response; Manager Strategy, Systems & Reporting Intelligence; Deputy Commander, Pathology and Infection Prevention and Control; Manager, Pathology Operations; Manager, Infection Prevention and Control Operations; Deputy Commander Case, Contact and Outbreak Management; Operations Lead, CCOM; Strategy and Policy Lead, CCOM; Team Leader Triage and Notification; Deputy Public Health Commander Physical Distance; SMA CD, Deputy Commander, Public Information; Public Information Officer; Deputy Public Information Officer; Director, Outbreak; Executive Lead, COVID Directions; Lead, Risk and Escalations, COVID Directions*

# Ongoing impact on BAU

## Health protection branch

Based in RHPEM, the role of the Health Protection Branch is to protect and manage public health risk through regulating, monitoring, ensuring compliance, incident response and health promotion and education (e.g. communicable diseases, environmental health hazards (other than pollution and waste) and food and drinking water safety).

Usually, the branch consists of ~150 staff, although, the establishment of public health incident management and regulatory functions to respond to COVID-19 means the Communicable Diseases and Environmental components have been diverted and considerably depleted. A paper submitted to Board in May 2020 outlines the risk to RHPEM responses more broadly and this slide highlights specific issues for Health Protection.

As we enter a 'new normal', a strategic decision will need to be made on how best to mitigate these risks, including considerations for reintegration of the COVID-19 response into BAU health protection.

### BAU risk impact

Regulatory prevention activities estimated to be 50% less (e.g. inspections for radiology, cooling towers, other communicable diseases, educate and inform); reduced/slower auditing responses (e.g. food / water safety); routine follow ups (e.g. congenital syphilis investigations).

### BAU workforce impact

OHS issues relating to fatigue, stress and uncertainty as staff perform different roles to manage BAU activity; reduced innovation; inability to manage new and existing performance management or misconduct

### Legislative

Complexity emerging with dual Chief Health Officer legislative responsibilities (i.e. not all powers can be delegated to deputy or acting (e.g. use of emergency powers); financial and people delegations

### Governance

Core branch executive split across different priorities; some reporting arrangements are complex under current shadow function arrangements

# Key issues to be addressed and next steps

## Key issues to be addressed based on this scan

- The *"as is" structures* in this scan should provide the basis to validate costings for sustaining these functions and for corporate services to work through corporate issues e.g. reporting lines. At this stage, all numbers in this pack should be treated as indicative and subject to further review.
- The *design considerations* indicate several teams where new or changed roles and responsibilities or reporting lines are needed.
- The *workforce analysis* shows where RHPEM staff are located and combined with critical role analysis should support strategies to mitigate risk in the return to BAU.
- The *workforce analysis* highlights functions that are vulnerable to external workforce departures, including AOs and case and contact tracing that require alternate sourcing strategies.
- The *critical roles* identified indicate immediate recruitment priorities (some of which are underway).

|   | Next steps and actions   | Lead                                      |
|---|--|---|
| 1 | Validate 20-21 resource costings.  | RHPEM<br>Coord / PH<br>Op Coord / Finance |
| 2 | Agree with Corporate Services how to progress key elements of this work, including a coordinated approach to IR, role and structural design, workforce reporting and project management. | OT / P&C /<br>Customer Support            |
| 3 | Agree and implement design changes, including Pub Health Command expansion.  | OT / P&C /<br>Customer Support            |
| 4 | Critical role recruitment in May and June.   | P&C / OT                                  |
| 5 | Alternate sourcing strategies.   | OT / P&C                                  |
| 6 | MCC submission to secure VPS supply  | RHPEM Coord                               |
| 7 | CCC submission to secure funding.  | RHPEM Coord                               |
| 8 | Develop, implement BAU restoration plan for RHPEM,   | OT / P&C /<br>Customer Support            |

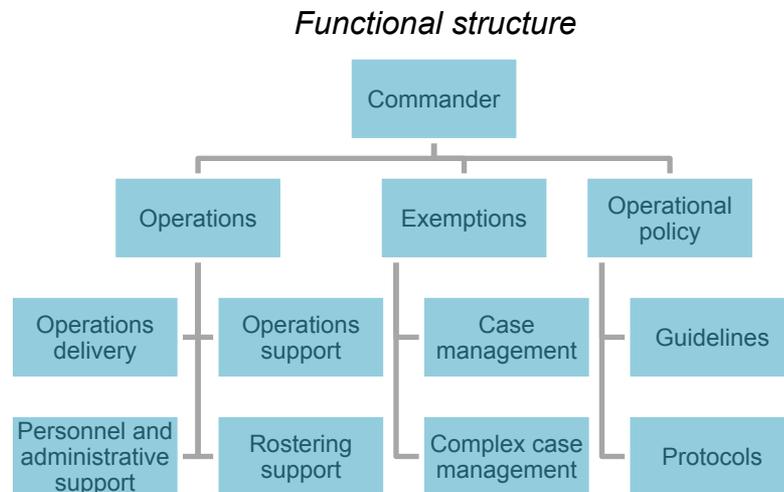
## Section 2

### Enforcement and Compliance

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and resourcing issues to resolve
6. Capability considerations

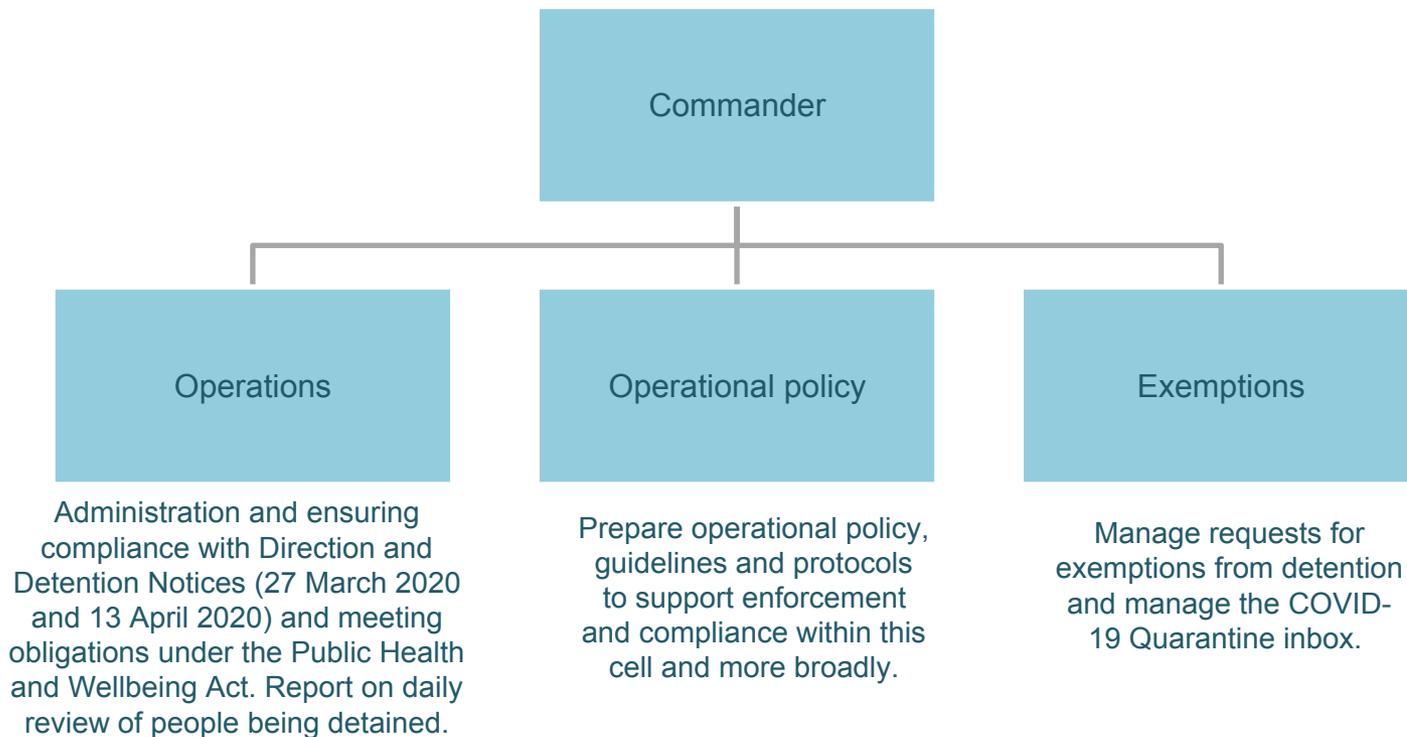
# Enforcement and Compliance: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID 19
- 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 and were made by the Deputy Chief Health Officer or Chief Health Officer.
- Beyond community wide directions, a mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government through a policy that a detention order would be used for all people arriving from overseas into Victoria.
- A Compliance and Enforcement Command has been stood up to provide advice and input into complex compliance matters and to execute enforcement and compliance on behalf of Chief Health Officer and their delegate.



# Enforcement and Compliance

## High level functional structure



# Enforcement and Compliance

## Operating model components

- Skype is the predominant communication software being used to accommodate external stakeholders.
- The Compliance and Welfare Management System (CWMS) has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System. Smart form for exemptions rolled out W/C 20/5 to allow direct applications to CWMS and reduce email traffic.
- Policy and Protocols team do not have access to the software.
- Microsoft Teams is used and there are several channels.

### Technology

- Emails allow several external channels used for requests for exemptions (e.g. people who will be detained, the MO, other departments, DFAT, consulates, shipping companies etc.)
- DJPR provides data and information to AOs about detainees and those in quarantine through daily Situational Reports.
- While the CWMS provides data on detainees, there are issues with this (e.g. timeliness) and a team is being set up to address this.

### Channels

- Pre arrival: request to be exempt from quarantine
- Airport: quarantine exemptions; issue detention notice cards and capture a picture of card in CWMS, and update CWMS; escort persons in quarantine to transport
- Hotel: Update detention notice card with room details; update CWMS
- During Quarantine: manage process flows and update CWMS for matters relating to requests for early exits; daily compliance checks; welfare checks; room, hotel or hospital transfers and transportation; hotel exits; security escalation; request to be exempt from quarantine.

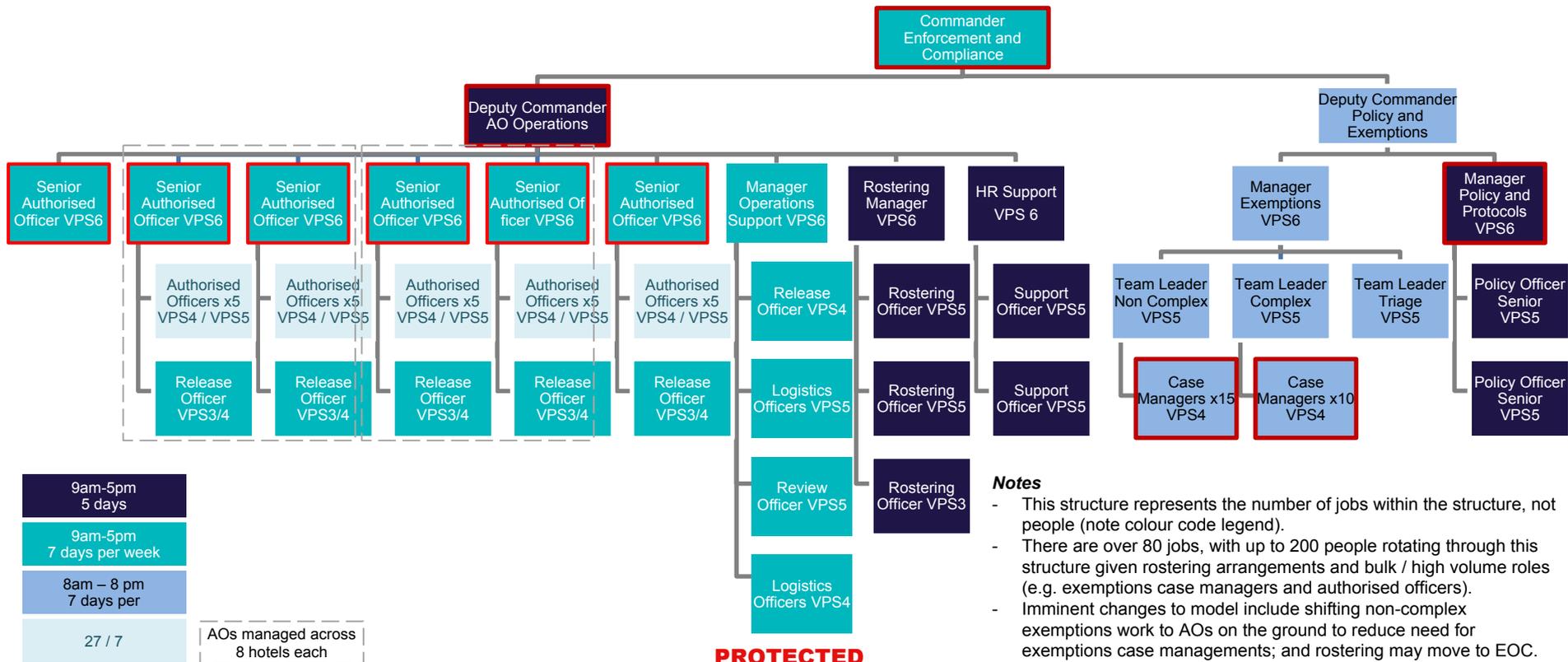
### Process

### Legislation

- Public Health and Wellbeing Act 2008 (PHWA)
- Sections 200(1) and 200(2) – (8) set out emergency powers and obligations
- Part 9 outlines general powers of Authorised Officers.
- s.183, s.188(2), s.193(1), s.203(1) set out infringements

# Enforcement and Compliance

## Detailed structure



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- There are over 80 jobs, with up to 200 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. exemptions case managers and authorised officers).
- Imminent changes to model include shifting non-complex exemptions work to AOs on the ground to reduce need for exemptions case managements; and rostering may move to EOC.

# Enforcement and Compliance

## Workforce considerations

### Profile and high level issues

Structure includes a combination of bulk roles (Authorised Officers), generalist (administrative and corporate support) and specialist roles (exemptions and release officers).

Several rosters and up to 24/7 operations require high volume of FTE and associated issues (i.e. turnover, training etc.).

Predominant source of operational staff is existing RHPem staff (i.e. Human Services Regulator; Regulation and Reform; Health Protection) external (i.e. AOs from councils and government agencies) and other divisions (i.e. CSO; SCV).

Predominant source of program staff is existing agencies (i.e. case managers from Hays).

### Bulk versus individual roles

Executive roles overseeing operational and policy roles:

1. Commander (Meena / Murray)
2. Deputy Commander x2 (Anthony Kolmus Kolmus and **REDACTED** and Anna Peatt contract expiring)

Bulk roles performing both operational and operational policy roles:

1. AOs (team leaders, release officers, general support), sourced internally and externally
2. Exemption case managers sourced externally from Hays.

Generalist roles performing rostering, administration and corporate support:

1. Op policy roles from various sources
2. Rostering roles from Reg & Reform
3. HR and administrative support roles from RHPem (Standards and Regs)

### Sourcing challenges

Commander and deputy commander roles are executives from RHPem who are performing a dual role.

Case managers are not readily available and therefore sourced externally via Hays, noting there may be less need for them as non-complex exemption work moves to AOs on the ground.

AOs are sourced from various places and subject to fluctuating demand (e.g. people in hotels regularly changing).

Rostering approach duplicated across multiple functions.

Shadow corporate support functions established - should consider if these should be consolidated with others.

### Forecasted supply and demand

Internal EOs and AOs required to return to substantive positions in RHPem, coupled with anticipated shortages of external availability (e.g. as local councils resume their own regulatory functions, AOs will need to return).

# Enforcement and Compliance

## Key features of the structure and design considerations

### Function features

- Three executives overseeing the function.
- Heavy operational structure with focus on legislation.
- Embedded administrative support (i.e. HR rostering support).
- High level of redeployment of staff (i.e. AOs) across other emergency response functions.

### Design considerations

1. The Deputy Commander AO Operations has a large span of control and may not require some direct reports (e.g. rostering team could report to Manager Operational Support).
2. Potential for rostering function / capacity to be fully absorbed/provided elsewhere for scale to reduce temporary rostering roles in structure.
3. Rostering Team Leader is currently VPS6 given complexities and could transition to a VPS5.
4. While policy capability exists and is readily available, there is a gap in capability availability for operational policy design and development (i.e. guidelines, protocols etc.).
5. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles.
6. Require an enduring structure to retain staff, reduce re-training for and increase consistency of specialised regulatory decisions and responses.

# Enforcement and Compliance

## Key issues to resolve

### Focus

Several design, workforce supply and demand and transition issues need to be addressed.

### Issues to be worked through...

1. The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance function (i.e. there is some confusion about reporting lines and relationships to other emergency functions such as public health command, emergency management or RHPEM).
2. No regulatory capability framework that articulates the skills required and emerging gaps (e.g. there is arguably a lack of available operational regulatory policy capability i.e. strong policy exists but not required moving forward).
3. Need for consistent and dedicated corporate support (beyond access to mobility pool) to assist source/recruit, onboard and roster technical staff to eliminate shadow functions and focus on core business.
4. High volume of staff sourced from Regulation and Reform branch in RHPEM.
5. Fluctuating nature of demand for AOs and associated sourcing and retention challenges (i.e. reliance on external supply that will dry up as restrictions are lifted, short term nature of contracts, turnover and training impacts).

# Enforcement and Compliance

## Regulatory capability considerations (IPAA framework, 2015)



Assessing whether regulatory instruments or processes are continuing to meet their specified objectives.

### Make

- identification of a need to modify behaviours to achieve a policy goal that is best addressed by regulation
- the selection and application of the regulatory instrument(s), bearing in mind the compliance burden that is being imposed

### Operate

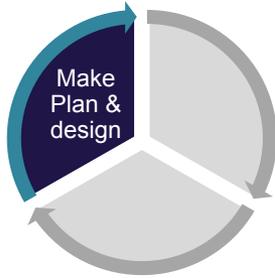
- information and education to raise awareness of the regulatory program and support regulated entities to comply with regulations
- the setting of standards
- application and/ or assessment processes
- stakeholder engagement in design and implementation
- monitoring of compliance
- enforcement of the law to address non-compliance

### Review

- evaluation of the regulatory program and its governance.
- following evaluation, implementation of any required changes to the regulatory framework or how it is administered
- periodic reassessment of whether the regulation is still appropriate to contemporary needs or if some alternative government intervention might be preferable

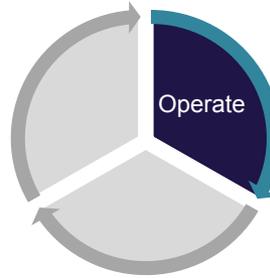
# Enforcement and Compliance

## Core capabilities for specific roles against IPAA regulatory framework



Roles: Lead Commander; deputy commanders; operational policy

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Roles: Team Leaders; Supervisors; Authorised Officers

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Roles: Lead Commander; deputy commanders; operational policy

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review (with Public Health Command)

# Section 3

## Emergency Operations

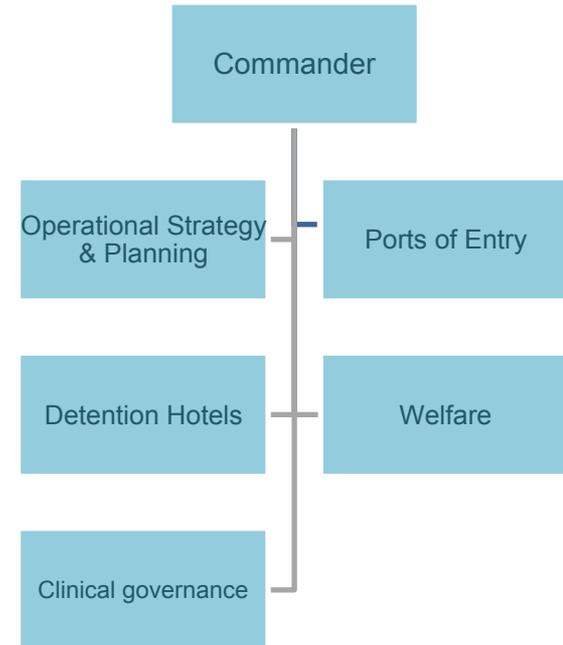
1. Background
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# Emergency operations

## Background

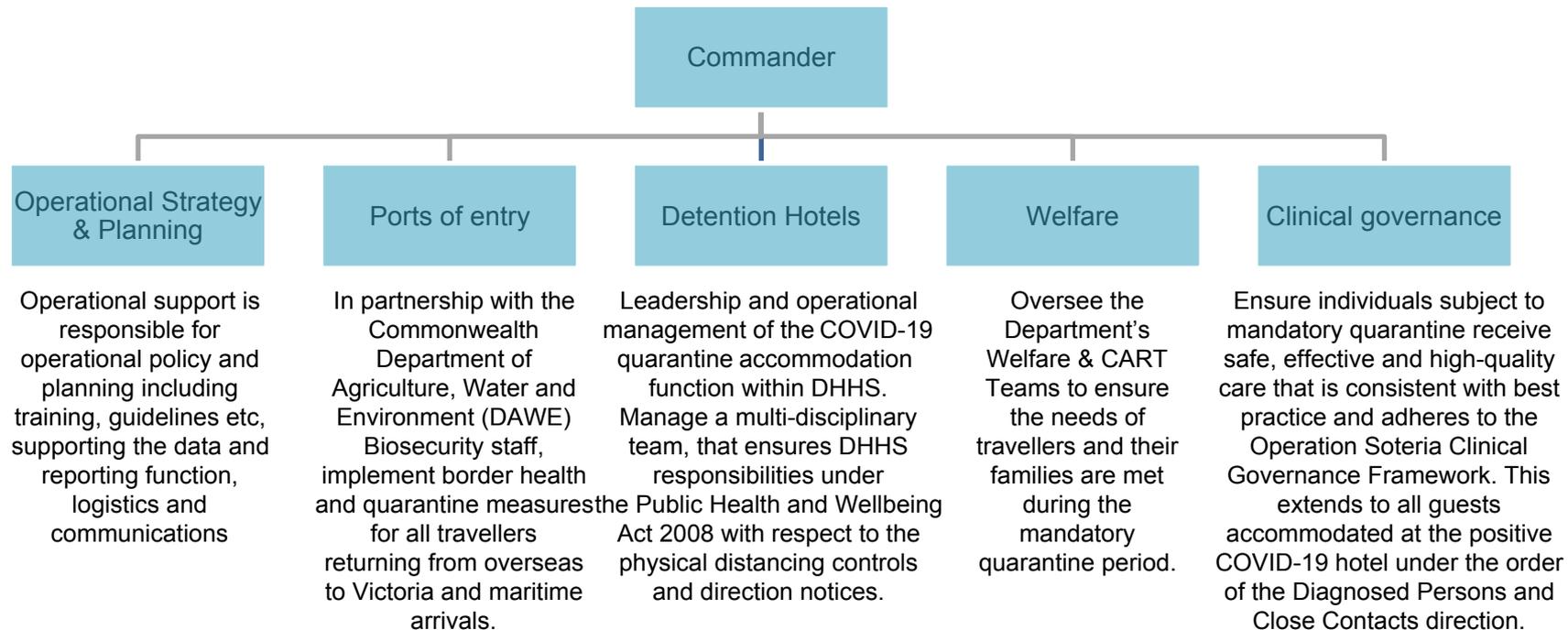
- Following the Australian National Cabinet direction that from 28 March 2020, all passengers returning from international destinations undergo 14 days enforced quarantine in hotels to curb the spread of COVID-19, Operation Soteria was established by the Victorian Government to achieve safe, authorised mandatory detention upon arrival into Victoria.
- The Emergency Operations Cell (EOC) led by the DHHS Commander COVID-19 Accommodation is responsible for:
  - Delivering secure quarantine accommodation to all overseas travellers and others assigned accommodation, in collaboration with DJPR, VicPol, DoT, DET, DPC, ABF, AFP
  - provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
  - ensuring the safety, health 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.
- An emergency accommodation structure has been stood up to support detention accommodation and ports of entry.

### *Functional structure*



# Emergency operations

## Functional structure and description



# Emergency operations

## Operating model components

- Teams is the predominant internal communication software being used to accommodate external stakeholders.
- Telephony and other conventional communication channels are used.
- The Compliance and Welfare Management System has three components – AOs use *Compliance Form*, Nurses use *Nurse Health Record* and Welfare staff use Welfare Management System.
- Data team to manage and oversee performance reporting data, data flows, audits and improvements

Technology

Channels

- ABF (Border force) re plane arrivals
- AFP and DoT and Vic Pol re transport and security
  - DJPR re hotels, security and transport
- CWMS for health and welfare reporting
  - Covid Directions email
  - Welfare Call Centre
- Covid Quarantine email

- Airport: Work with Biosecurity officer to ensure health check is performed; coordinate transport to hospital (as required); Issue airport arrival survey (to be filled in the bus
- Hotel at entry: Organise hotel check-in; collect airport arrival survey (and file); manage basic safety check.
- Hotel During Quarantine: daily health check (onsite nurse or via call); long welfare survey (within day 3); short welfare survey (day 9/10); referral to nurse or CART for escalation; complex assessment; development plan for complex cases); facilitate COVID-19 testing (Day 3 and 11); organise required medical services, e.g. medical practitioners, ambulance; respond to guest requirements and incidents
- Coordinate DJPR, VicPol, DoT, ABF, AFP to achieve program outcomes

Process

Legislation

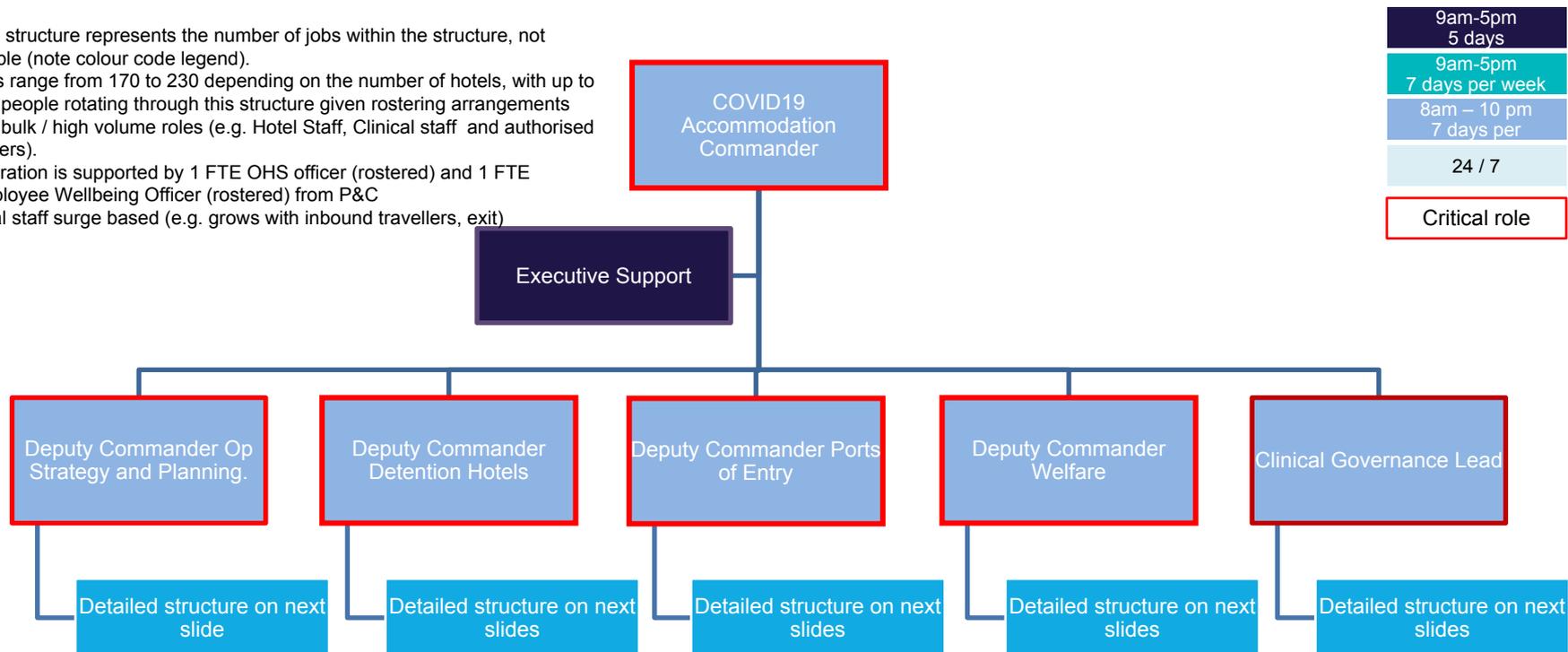
- Public Health and Wellbeing Act 2008 (PHWA)
  - Charter of Human Rights

# Emergency operations

## Overall structure

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Jobs range from 170 to 230 depending on the number of hotels, with up to 400 people rotating through this structure given rostering arrangements and bulk / high volume roles (e.g. Hotel Staff, Clinical staff and authorised officers).
- Operation is supported by 1 FTE OHS officer (rostered) and 1 FTE Employee Wellbeing Officer (rostered) from P&C
- Total staff surge based (e.g. grows with inbound travellers, exit)



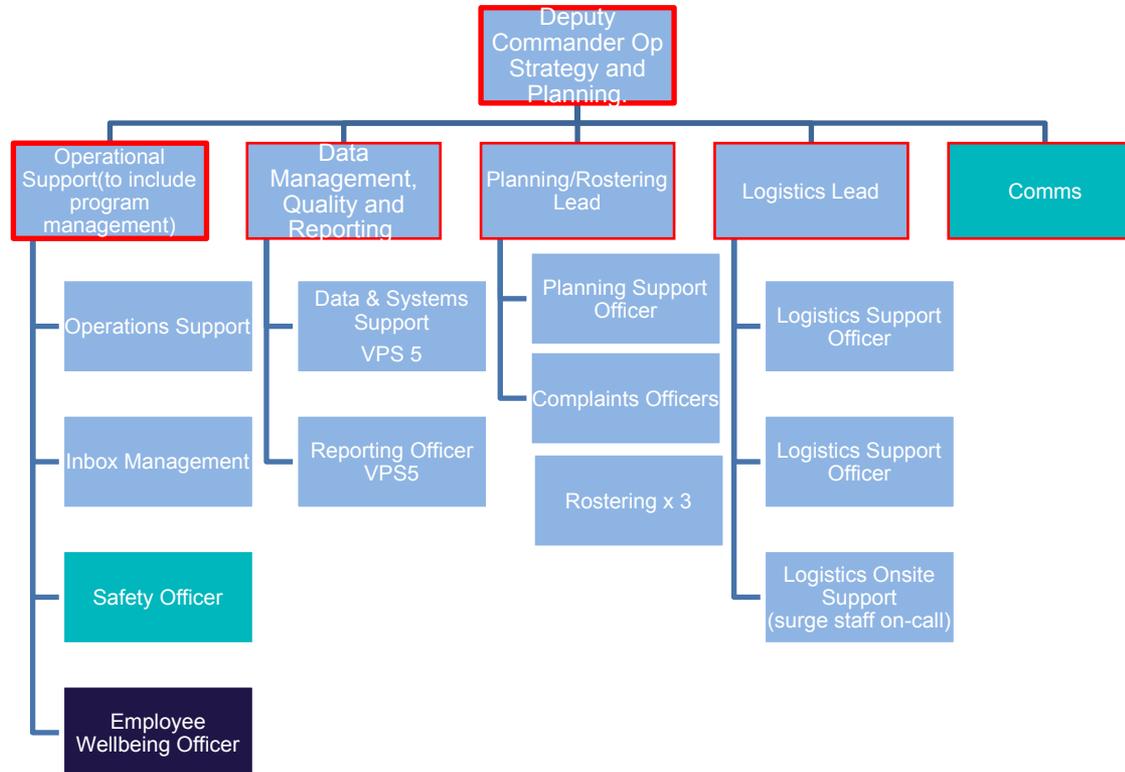
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# Emergency operations

## Operational Strategy and Planning detailed structure

### Notes

- Program management function currently in Welfare Cell will be transferred to this function.



|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 10 pm<br>7 days per  |
| 24 / 7                     |
| Critical role              |

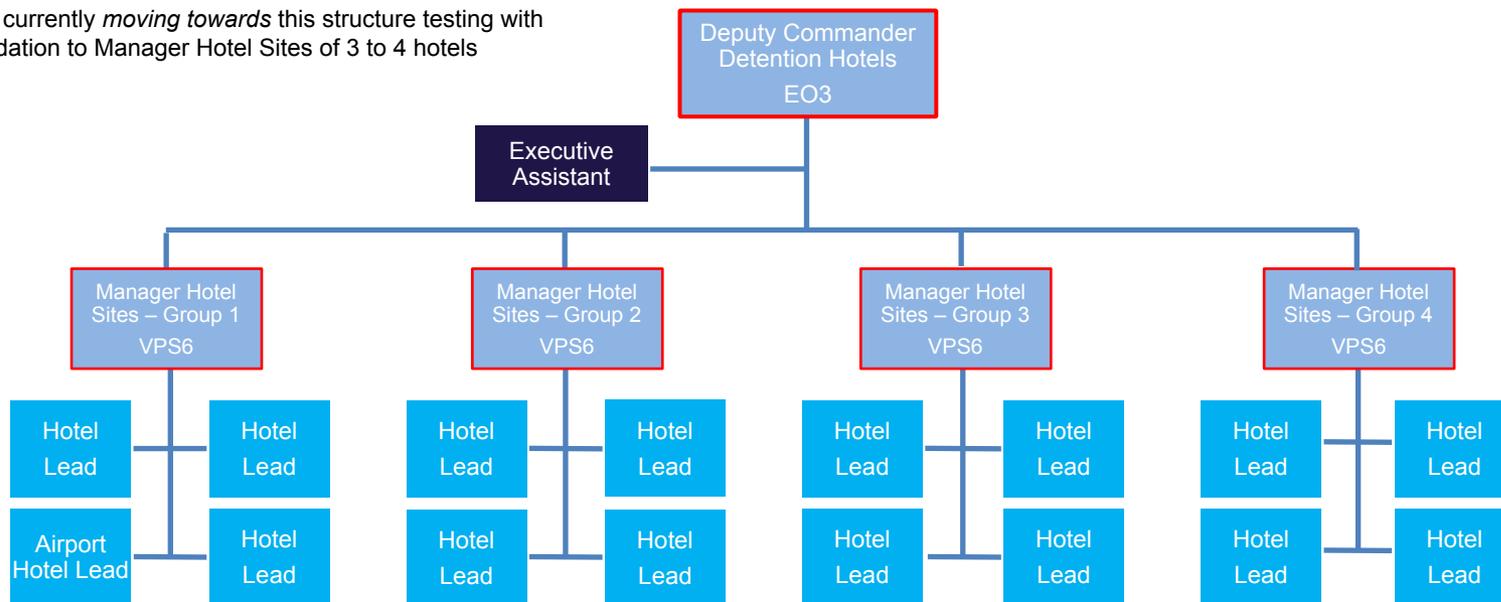
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# Emergency operations

## Detention hotels model

### Notes

- This structure shows site lead level only, - detailed matrix structure available on next slide.
- EOC is currently *moving towards* this structure testing with consolidation to Manager Hotel Sites of 3 to 4 hotels



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

7 day per week  
7am-10pm

Critical role

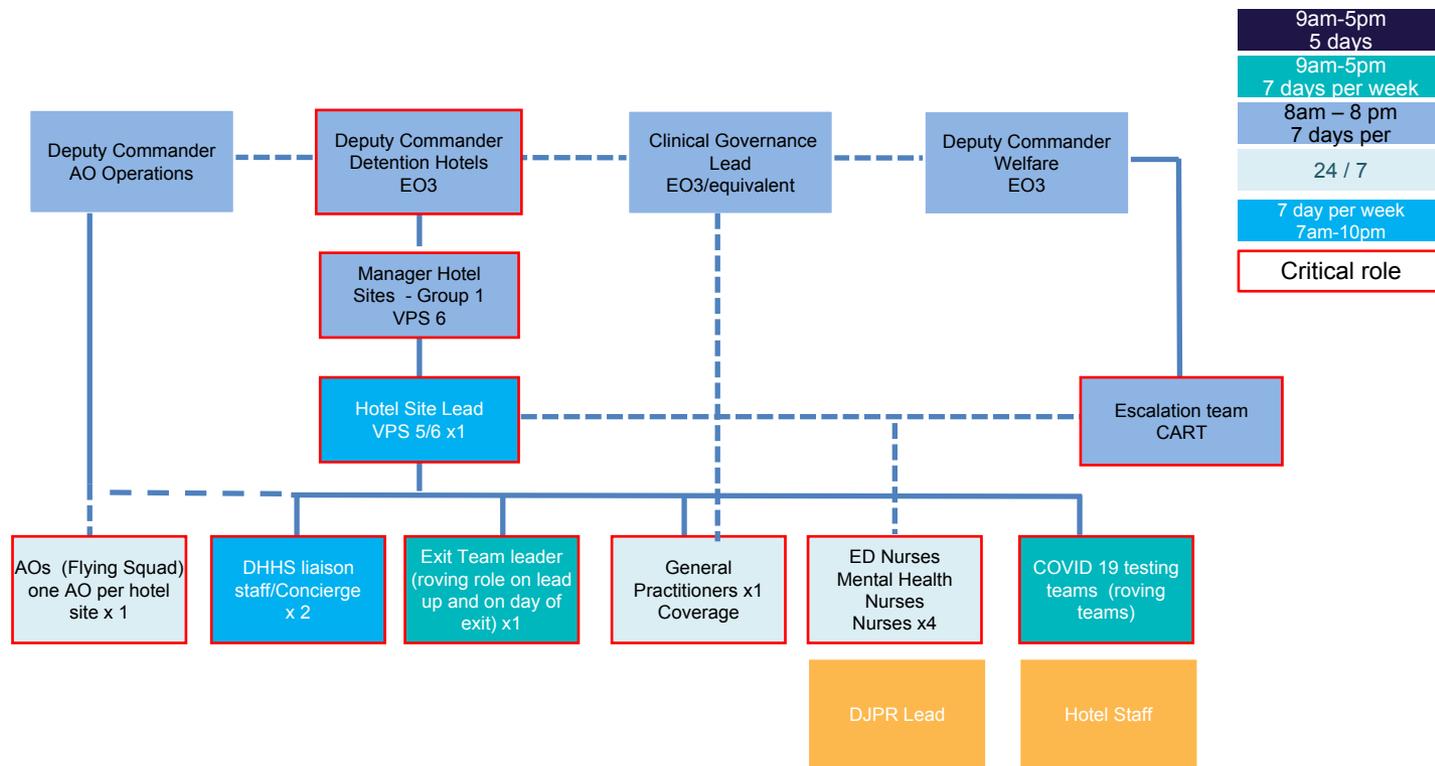
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# Emergency operations

## Example of detailed matrix structure at hotel sites

### Notes

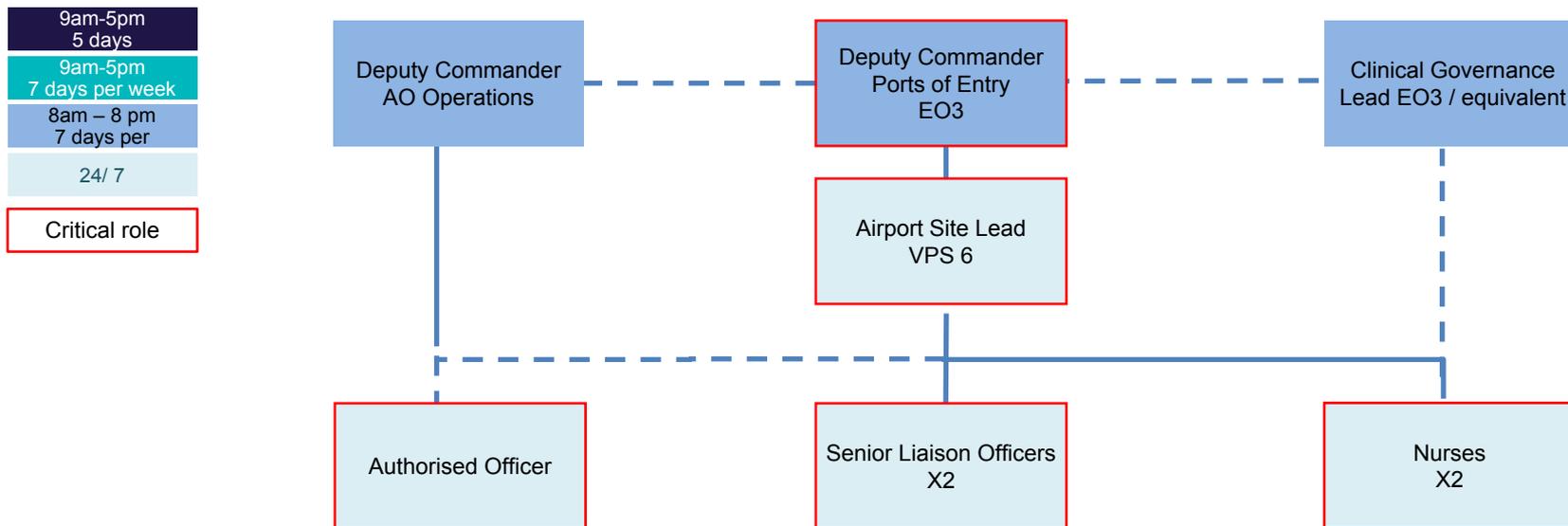
- This structure represents the number of jobs within the structure, not people (note colour code legend).
- 10 – 16 Hotel sites (this surges or contracts as required) sit under the Dep Commander Hotels 10 roles per site range between 100 to 160 staff
- Hotel Site Lead manages matrix team and is point for day to day issues, and escalations.
- Representatives have clear roles, responsibilities and obligations under the Act or protocol.
- Exit Team Leader involves a roving role on lead up and on day of exit)
- The following is the average number of medical staff at a hotel site, noting this changes depending on the need:
  - 1 ED nurse per shift 7days a week
  - 2 general nurses
  - 1 Mental health nurse
  - 1 GP 8am to 6pm 7 days a week
  - 1 clinical lead (GP) telephone consultation
- Testing occurs at 3 to 4 hotels per day with a compliment 1 DHHS support officer per hotel and up to 12 testing team of 2 nurse and one personal care attendant .



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# Emergency operations

## Airport site detailed structure

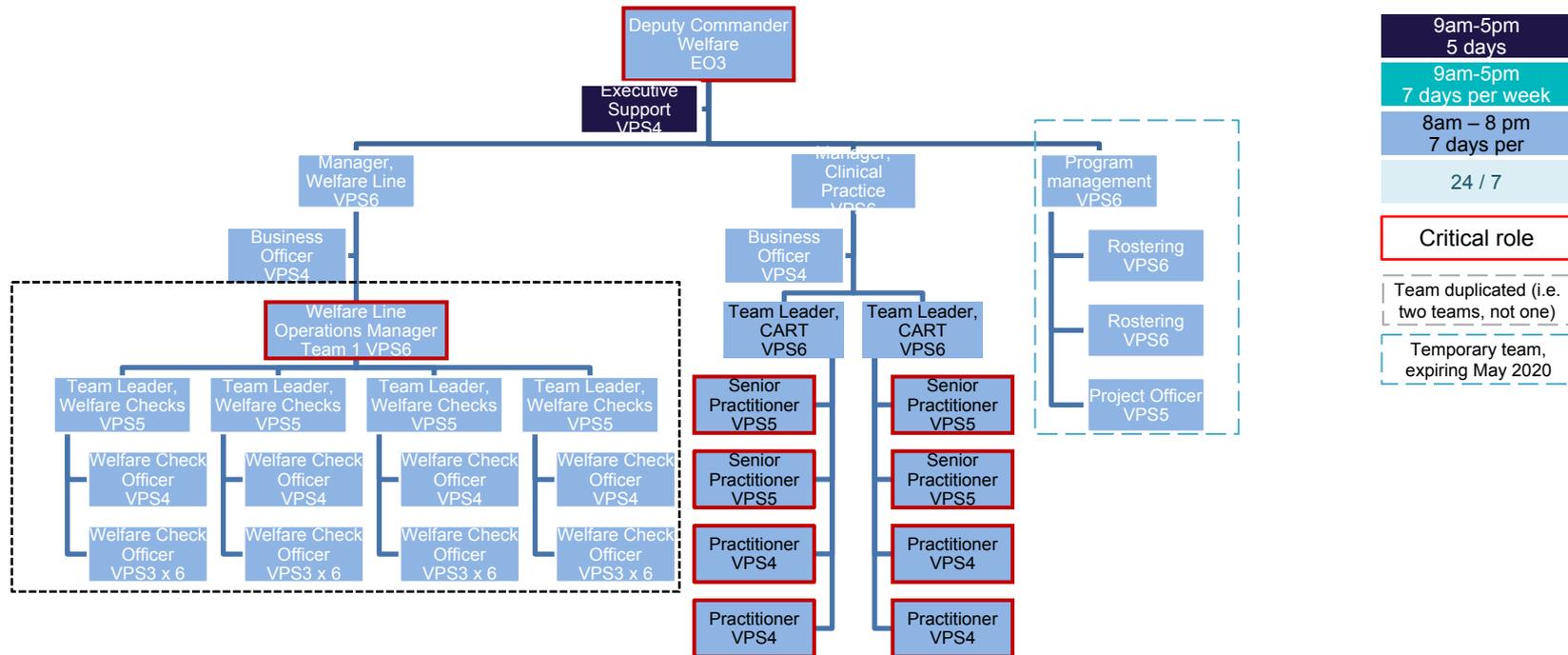


### Notes:

1. Moving towards this structure (i.e. Clinical Governance role is yet to be filled)
2. This structure surges demand including large flights, multiples flights arriving and transiting passengers. Same roles, increase people
3. Airport Site Lead manages matrix team of AOs, Medical Staff and DHHS staff on day to day issues ,escalates issues and provides support to on site team and reports to Deputy Commander Ports of Entry
4. Deputy Commander Ports of Entry manages day to day issues of the on site team including rostering in consultation with Deputy Commander AO Operations and Clinical Governance Lead
5. Deputy Commander AO Operations provides daily briefings to all AOs

# Emergency operations

## Welfare detailed structure



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 100 staff rotate through this structure.
- Program management team to be picked up by Deputy Commander Op Strategy and Planning.

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# Emergency operations

## Workforce considerations

| Profile and high level issues  | Bulk v individual roles  | Sourcing challenges  | Forecasted supply and demand  |
|--|--|--|---|
| <p>Dynamic environment influences operational structures and models.</p> <p>Workforce includes a combination of bulk roles, generalist and specialist roles (clinical).</p> <p>There are different levels of rostered roles ranging from BAU to 24/7 operations that require high volume of FTE and associated issues (i.e. turnover, training etc.).</p> <p>Predominant source of Welfare Cell (i.e. phone line and CART function) are internal staff (i.e. mobility pool and critical skills register), but also external / volunteers (i.e. agency and causals). Airports are predominantly Operational Division and Hotels include internal (i.e. mobility pool) and VPS departments (e.g. DET and DJPR).</p> <p>Program management support staff are from CSOD, due to return in May.</p> | <p>Executives overseeing operational roles:</p> <ol style="list-style-type: none"> <li>1. Commander (Pam / Merrin)</li> <li>2. Deputy Commander x 3 (Michael MefflinEO3, Colleen Clark/Anita Morris, Sandy Austin/Melody Bush)</li> </ol> <p>Bulk roles performing operational roles:</p> <ol style="list-style-type: none"> <li>1. CART practitioners</li> <li>2. Welfare calls to hotels (outbound only)</li> <li>3. DHHS support at hotels (e.g. site lead)</li> </ol> <p>Generalist roles performing rostering, administration and corporate support:</p> <ol style="list-style-type: none"> <li>1. Program support, including rostering (from CSO)</li> </ol> <p>Specialist roles performing clinical support and complex assessments:</p> <ol style="list-style-type: none"> <li>1. Senior practitioners and clinical roles in both CART and site operations.</li> </ol> | <p>The EOC is staffed predominantly by Ops EM and Operations EM surge staff. All Ops EM Directors are working in EOC and covering their own BAU.</p> <p>Practitioners are at risk of depleting critical resources in OPP and CSO more broadly. Program support that is typically based in CSOD is in high demand, but at risk of depleting CSO functions.</p> <p>Rostering approach duplicated across multiple functions</p> | <p>Supporting rostering and consolidating program support functions important to reduce reliance on CSO functions in medium term.</p> |

# Emergency operations

## Key features and design considerations

### Function features

- There are several (TBC) executive positions overseeing the function, although, multiple executives rotate through given operational requirements.
- Regularly accommodate surge and contraction with very tight time frames.
- Work with integrated teams to support on the ground operations.
- Responsible for end to end welfare from airport to hotel, to ongoing social supports.

### Design considerations

1. Span of control for a medium term response needs to be considered in the structure (current structure represents an immediate emergency response need to rethink the structure and governance that considers the response will be longer but still time limited – therefore integrated response).
2. Clinical Governance role needs refinement (i.e. incorporate clear oversight and secondary consultation and escalation role for clinical staff).
3. Need for communications capacity to work closely with other emergency response functions (e.g. enforcement and compliance BAU) and assist inter-agency operations.
4. Dedicated corporate or logistics support, either within or across other COVID-19 response functions, could reduce the need for embedded corporate support roles. Alternatively, the rostering function could be supported by, or consolidated with Public Health Command).
5. Call centre and communications outbound and inbound need to be reconsidered (greater integration of broader info lines)
6. Data management and quality and reporting needs to be improved across the program

# Emergency operations

## Key tensions to resolve

| Focus  | Items to be worked through...  |
|--|--|
| <p>Several design, workforce supply and demand and transition issues need to be addressed.</p> <p>There is a particular focus on decision making processes and governance need to accommodate an interim, complex response</p> | <ul style="list-style-type: none"> <li>• Complexity working in a matrix model in an operational emergency response 'on the ground' (i.e. this is not an ideal model for an emergency); and developing an interim response that is a hybrid of emergency and BAU</li> <li>• High volume of staff sourced from BAU functions, including emergency management staff from all Operations Divisions and central, program management, clinical and practitioner staff from CSO, balanced with an operation that faces frequent surge/contraction.</li> <li>• Clarity of roles, relationships, governance and indirect impact of existing functions (e.g. the State Health Coordinator) and new functions such as 'hotel for hero'.</li> <li>• Impact of policy and regulatory decisions that change client volume and operating models as we transition from response to recovery (i.e. impact of state of emergency, second wave responses etc.).</li> <li>• Potential to maximise value of call centre function by grouping some on site and strengthen relationship with DJPR (note this would require different capability); and exploring opportunities for integration and interaction with other DHHS call centre functions.</li> <li>• Resolve issues relating to the spread of data accountability and custodianship across emergency response functions and resource accordingly (currently, EOC are managing welfare issues and E&amp;C are managing their regulatory issues).</li> </ul> |

# Section 4

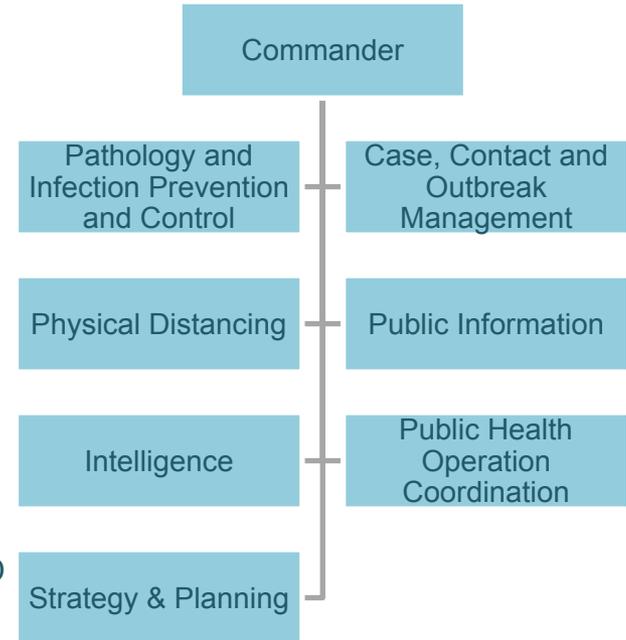
## Public Health Command

1. Background
2. Operating model insights
3. Structures
4. Workforce considerations
5. Design considerations and tensions to resolve
6. Capability considerations

# Public Health Command: Background

- As of 16 April 2020, National Cabinet has indicated an intention to pursue necessary public health action to minimise the impact of COVID-19.
- The establishment of the Public health Command Structure sets policy, operational policy and manages public health operations to effectively:
  - Reduce introduction of new cases from overseas
  - Find every case of COVID-19 through contact tracing
  - Ensure suspected and confirmed cases are rapidly isolated
  - Effectively manage outbreaks of COVID-19
  - Reduce community transmission
  - Protect population groups who are most vulnerable to complications of COVID-19 by:
    - Safeguard the provision of healthcare within the health system
    - Mitigate societal and economic harms from interventions to prevent COVID-19
  - Prepare to vaccinate the population against COVID-19 (when available)

## *Functional structure*



# Public Health Command

## Operating model components

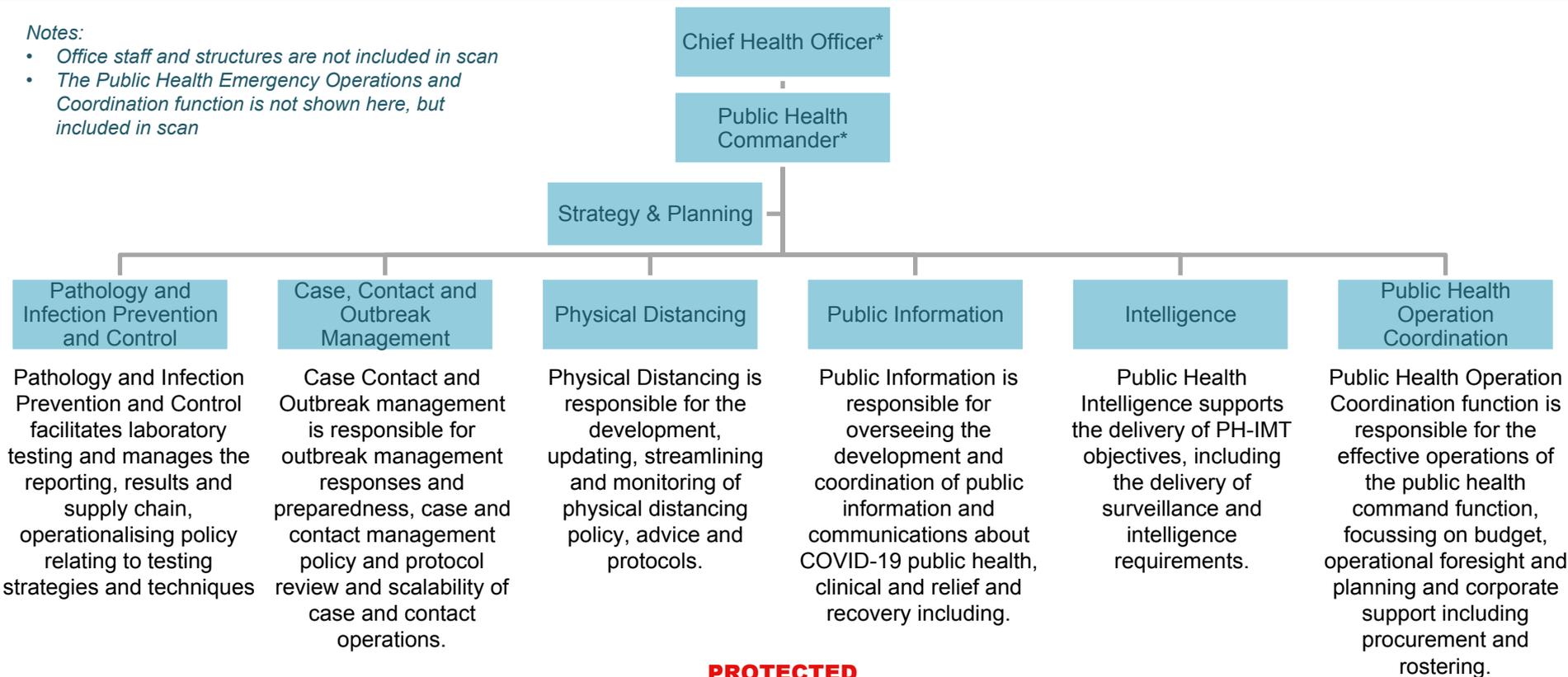
|  |                   |   |                    |
|--|-------------------|---|--------------------|
| <ul style="list-style-type: none"> <li>• [PIPC] Microsoft Teams and SharePoint.</li> <li>• [CCOM] PHESS; 365 and Teams; Whisper (cloud based comms platform from Telstra for mass messaging); Soprano (text message services); TRIM; Pure Cloud external</li> <li>• [PI] Teams; SharePoint database; web and social media platforms.</li> <li>• [PD] Need to explore using 'Compliance and Welfare Management System' when communicating test results to mitigate privacy issues, or PHESS.</li> <li>• [I] Compliance and Welfare Management System</li> </ul> | <b>Technology</b> | <ul style="list-style-type: none"> <li>• [PHOC] COVID-19 Directions (various)</li> <li>• [PIPC] Emails / telephony to health services (i.e. labs) [I] <ul style="list-style-type: none"> <li>• [CCOM] labs access and input directly into PHESS;</li> </ul> </li> <li>• 1300 (case notification, general advice to GPs, doctors etc <ul style="list-style-type: none"> <li>• [PI] Various shared inboxes.</li> <li>• Joint shared team mailbox (whole of Victorian Government).</li> <li>• [PI] Hotline stood up internally and externally.</li> </ul> </li> <li>• [PD] VicGov Corona Virus (physical distance option)</li> </ul> | <b>Channels</b>    |
| <ul style="list-style-type: none"> <li>• [CCOM] Case and contact tracing process and procedures</li> <li>• [PI] Adhere to Unit manual.</li> <li>• [PI] Intelligence gathering communications process through to multiple recipients.</li> <li>• [PD] Typical policy development processes</li> <li>• [PD] Communicating COVID results to people in quarantine (interim) (to be moved to Clinical Lead in Soteria.</li> <li>• [I] data gathering across airport and hotel sites (needs improvement)</li> </ul>  | <b>Process</b>    | <ul style="list-style-type: none"> <li>• [PIPC; PI; PD; I] Public Health and Wellbeing Act 2008 (CHO Alerts).</li> <li>• [PIPC] Occupational Health &amp; Safety Act 2004 (Cth) <ul style="list-style-type: none"> <li>• [PIPC] Therapeutic Goods Act 1989 (Cth)</li> <li>• [PI; PD] Emergency Management Act 2012.</li> </ul> </li> <li>• [PI, PD] Emergency Management Manual (EMV) <ul style="list-style-type: none"> <li>• [PI, PD] Victorian Warning Protocol</li> </ul> </li> <li>• [PI, PD] 4.01 Standard Operating Procedures</li> </ul>  | <b>Legislation</b> |

# Public Health Command

## Functional structure and description

### Notes:

- Office staff and structures are not included in scan
- The Public Health Emergency Operations and Coordination function is not shown here, but included in scan

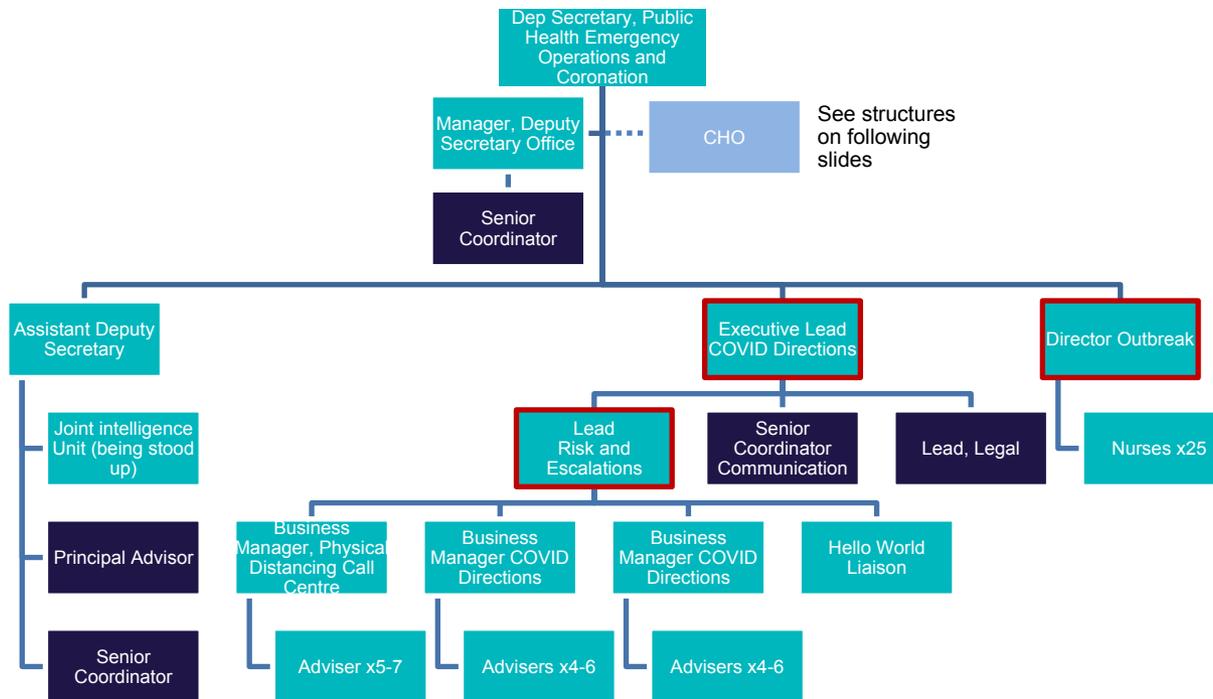


# Public Health Command

## Public Health Emergency Operations and Coordination

### Notes

- Excluding structures below the CHO, there are approximately 30 jobs, plus nurses, excluding new intelligence function. Up to 70 staff rotate through this structure
- Outbreak team currently being stood up.
- Joint intelligence unit is currently being stood up and will draw on existing intelligence unit.
- Up to 25 nurses are sourced from various places.
- Critical need for resources under COVID Directions as Hello World contract continues to be reviewed.
- Additional capacity to support whole go government work is being considered under COVID Directions.



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

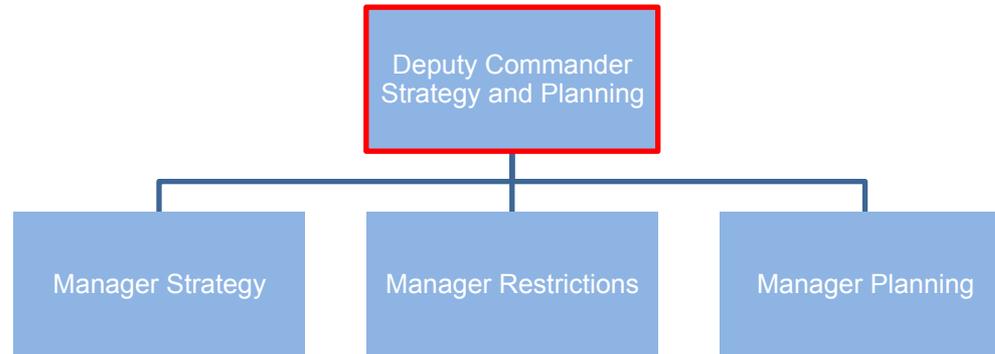
**PROTECTED**

# Public Health Command

## Strategy & Planning – Proposed structure

### Notes:

- Deputy Commander has three staff (i.e. one public health manager with departmental experience and 2 medical practitioners on short term contracts).
- Function requires urgent review of capacity, including level of resourcing for this function.



9am-5pm  
5 days

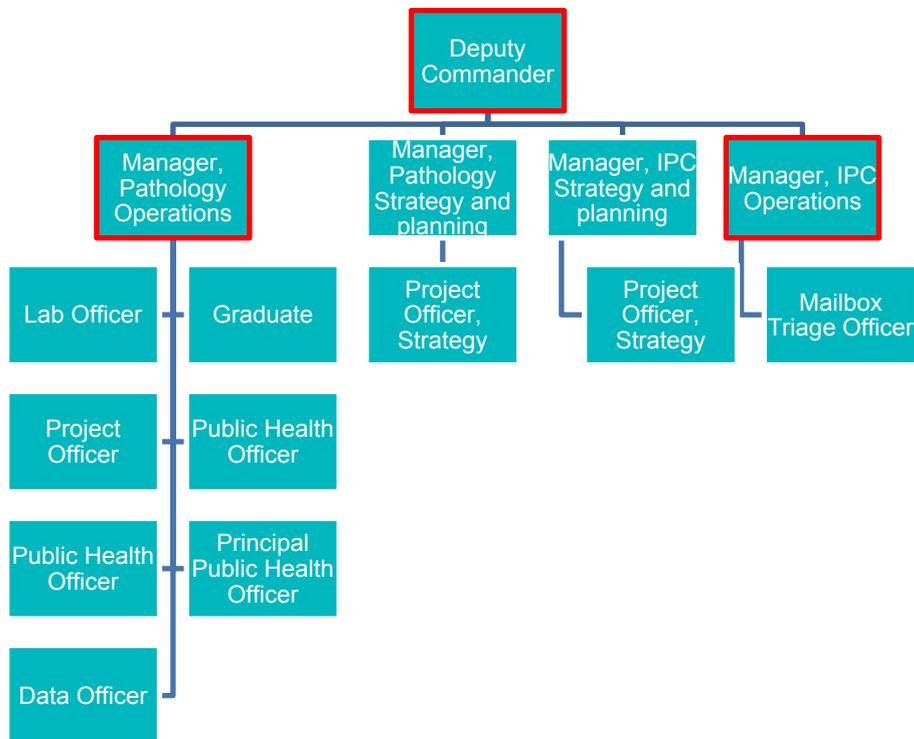
9am-5pm  
7 days per week

8am – 8 pm  
7 days per

24 / 7

# Public Health Command

## Pathology and Infection Prevention and Control



### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 17 people rotate through this structure.
- Outreach team previously here now reporting to Jacinda.
- IPC operations rely on SCV, and infection control consultants VICNISS.

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

**PROTECTED**

# Public Health Command

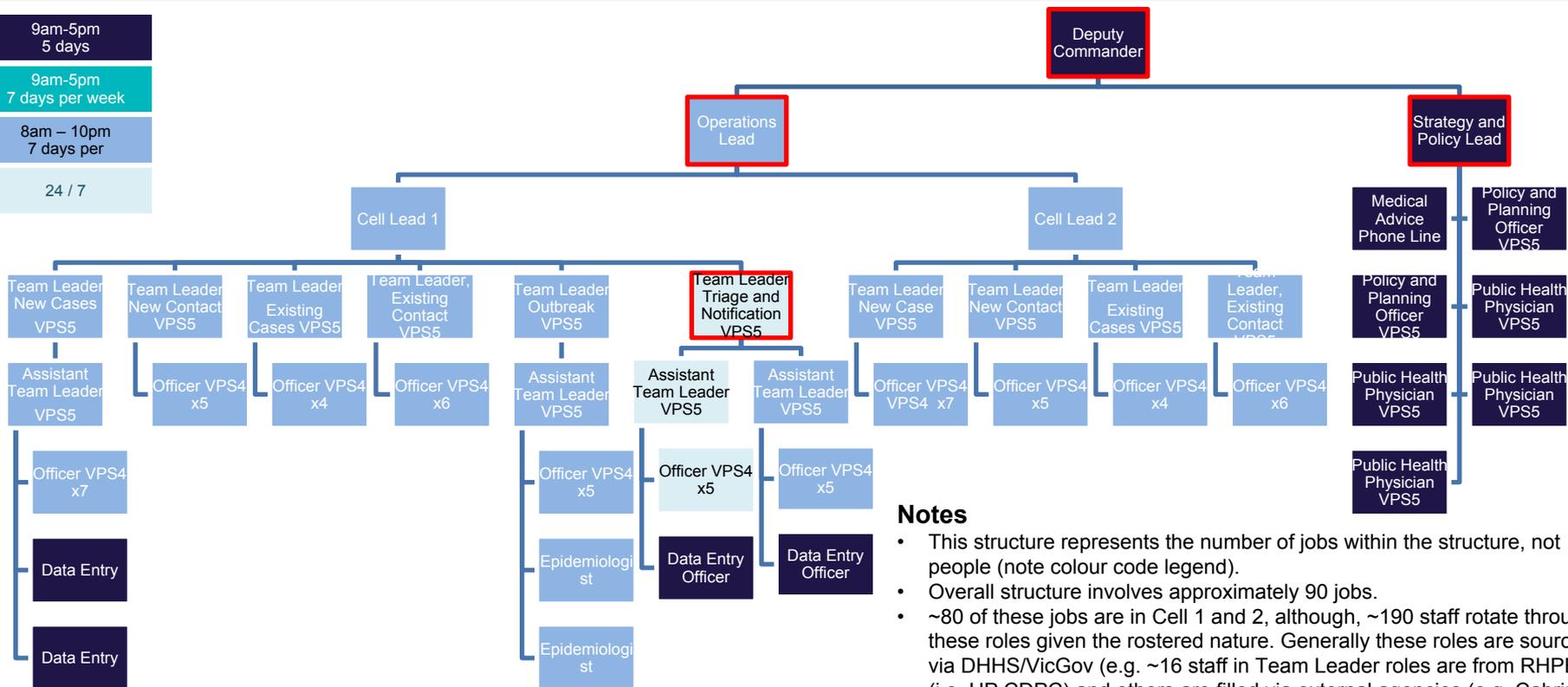
## Case, Contact and Outbreak Management

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 10pm  
7 days per

24 / 7



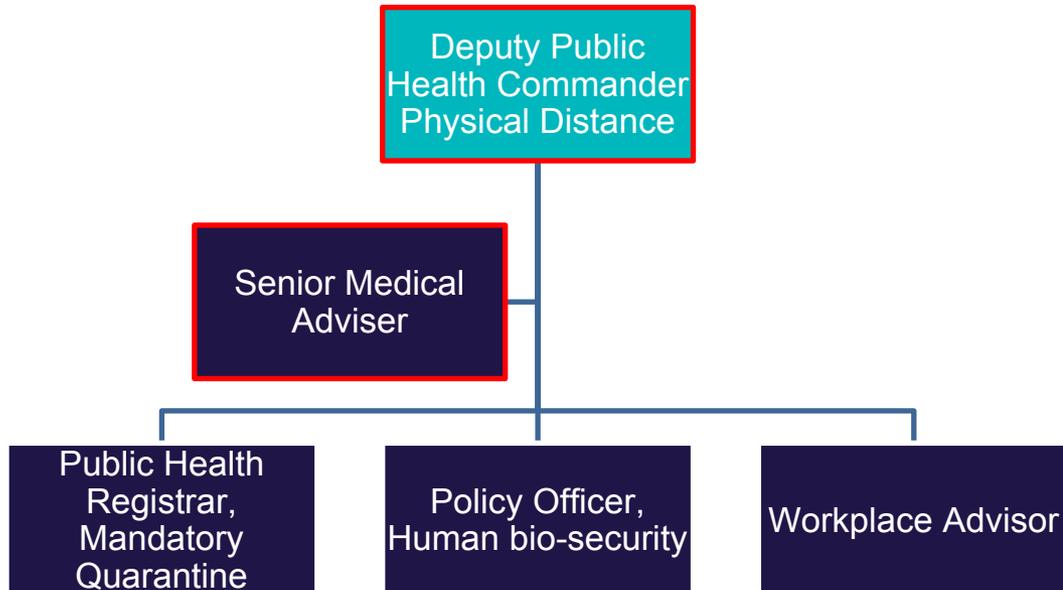
### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Overall structure involves approximately 90 jobs.
- ~80 of these jobs are in Cell 1 and 2, although, ~190 staff rotate through these roles given the rostered nature. Generally these roles are sourced via DHHS/VicGov (e.g. ~16 staff in Team Leader roles are from RHPem) (i.e. HP CDPC) and others are filled via external agencies (e.g. Cabrini).
- Medical advice line is shared 1 day per person from Strategy team.

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# Public Health Command

## Physical Distancing



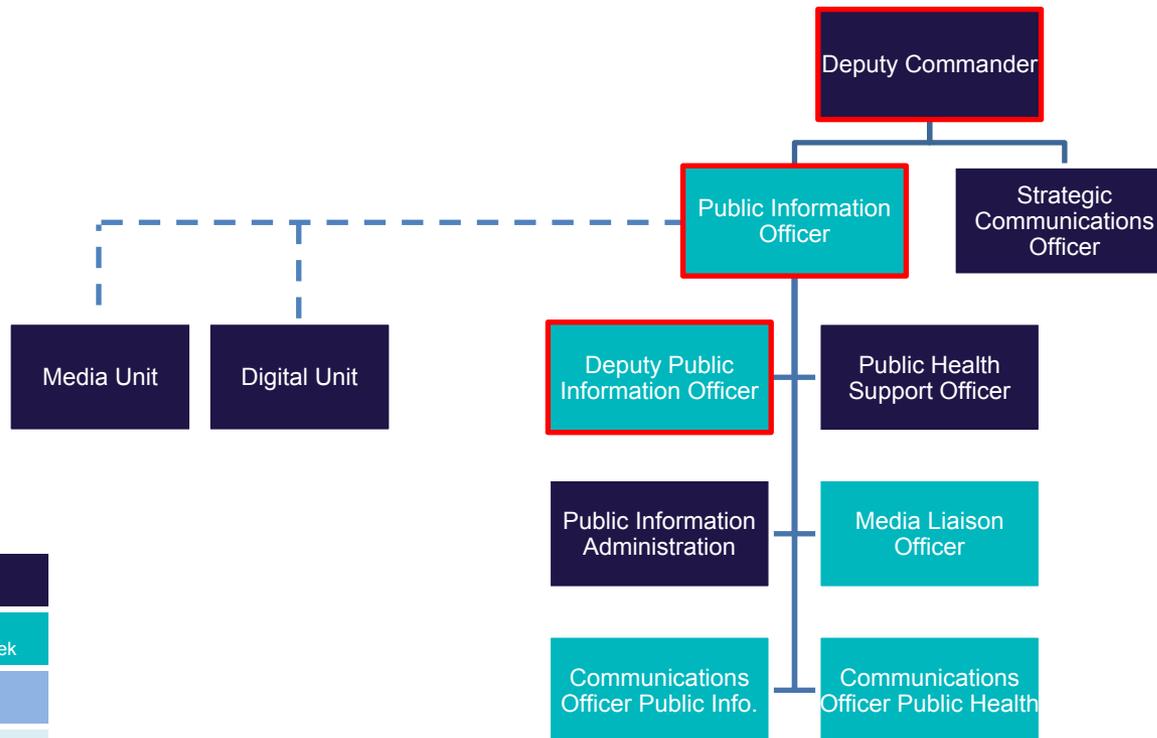
|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Workplace adviser function currently being developed

# Public Health Command

## Public Information



9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

### Notes

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Up to 20 staff rotating through this structure, plus dotted line relationship to media and digital teams within Strategy and Planning
- Team has an operational focus, with majority of staff on rosters (e.g. 4 days on, 4 off), reflected here as 9-5 7 days a week.

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# Public Health Command Intelligence

9am-5pm  
5 days

9am-5pm  
7 days per week

8am – 8 pm  
7 days per

27 / 7

Deputy Public Health  
Commander: Intelligence

Intelligence  
Operations

Strategy, Surveillance  
Systems, Integrated  
Reporting

Surveillance  
and  
Response

Lead,  
Intelligence  
Coordination

Lead,  
Disease  
Surveillance

Lead,  
Informatics

COVID  
Surveillance  
Systems

Expanded  
Testing

Water  
Surveillance

Lead, Situational  
Awareness and  
Research Coord

Lead, Outbreak  
Management  
Team

Modelling &  
Forecasting

Lead, Flu  
Management

Lead, Data  
and Reporting  
Team

Lead Development  
Team

Informatics  
team x 30  
(i.e. staff 57)

Epi/Data  
Analytics

Epi/Data  
Analytics

Project Coord.

Deputy Team  
Leader

Team TBC

Deputy Team  
Leader

Team TBC

Analyst

Analyst

Analyst

Analyst

Officers x8

Data Liaison

Officers x8

Epidemiologis  
t Cell

## Notes

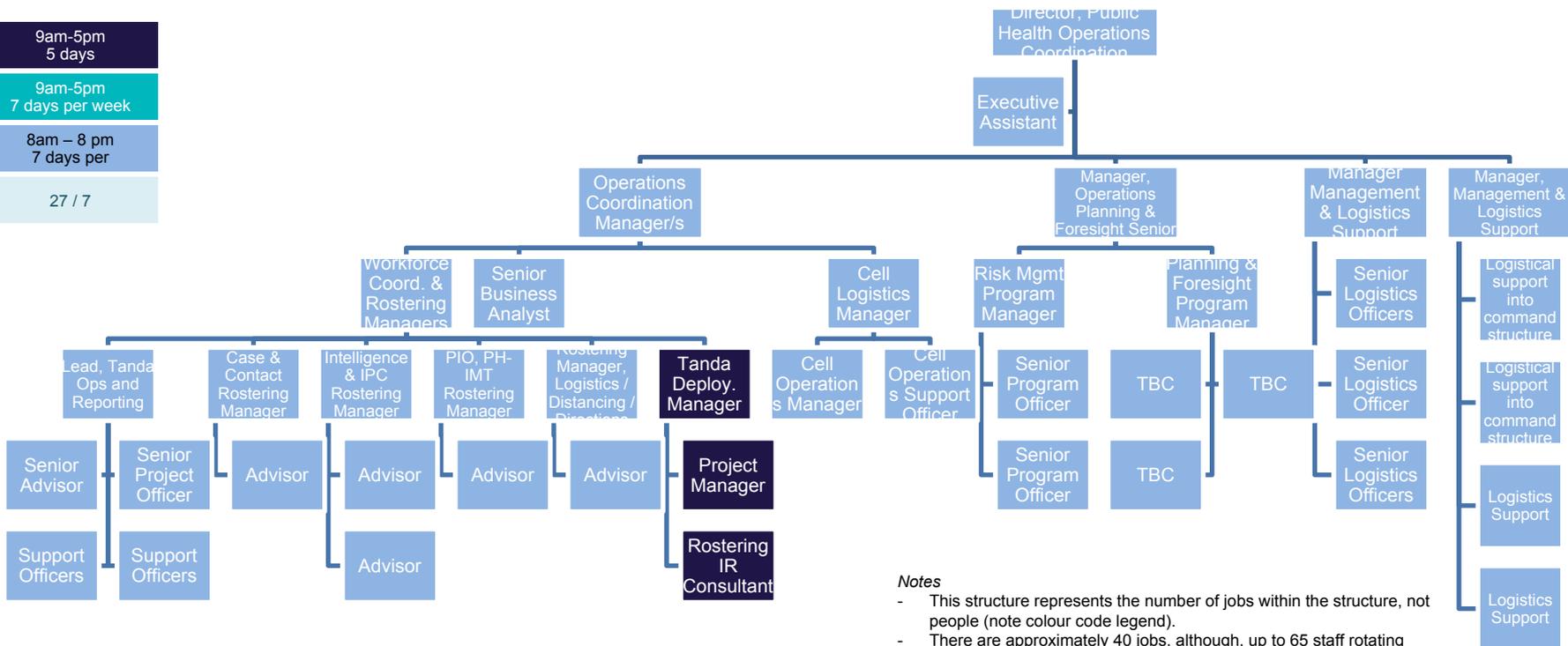
- This structure represents the number of jobs within the structure, not people (note colour code legend).
- Approximately 130 people rotating through this structure
- Two volume bulk / high volume workforces including informatics and disease surveillance (further design work required for this area).
- Intelligence coord forecasted growth from ~90 to ~140 people
- Note other team members include MAEs and students

**PROTECTED**

# Public Health Command

## Public Health Operation Coordination Function

|                            |
|----------------------------|
| 9am-5pm<br>5 days          |
| 9am-5pm<br>7 days per week |
| 8am – 8 pm<br>7 days per   |
| 27 / 7                     |



**Notes**

- This structure represents the number of jobs within the structure, not people (note colour code legend).
- There are approximately 40 jobs, although, up to 65 staff rotating through this structure

# Public Health Command

## Workforce considerations

| Profile and high level issues   | Bulk v individual roles   | Sourcing challenges  | Forecasted supply and demand  |
|---|---|--|---|
| <p>Structure includes a combination of bulk roles (epidemiologist, intelligence surveillance, informatics, investigations), generalist (coordination and logistics) and specialist roles (medical practitioners on information lines).</p> <p>Up to 24/7 operations require high volume of staff and creates complex workforce arrangement (i.e. rostering, turnover, training etc.).</p> <p>Predominant source of operational staff is from Health Protection (epidemiologist, environmental health officers from communicable diseases and other areas) and Prevention and Population Health.</p> <p>There is considerable agency hire and from hospitals (e.g. nursing staff) and VISA appointments.</p> | <p>Executive roles overseeing operational and policy roles:</p> <ol style="list-style-type: none"> <li>1. Several executives (Simon, Kira, Bruce, Fin, Nicole, Katherine and AvD).</li> </ol> <p>Bulk roles performing both operational and operational policy roles:</p> <ol style="list-style-type: none"> <li>1. Epidemiologist</li> <li>2. Disease surveillance</li> <li>3. Case contact and tracing officers</li> <li>4. Data and informatics</li> <li>5. Physicians, nurses, GPs</li> </ol> | <p>Several executives who normally provide BAU leadership in RHPEM are 100% dedicated to the PHC.</p> <p>The supply line from other Victorian Government agencies, health services, universities, local councils (e.g. AOs') is likely to reduce as restrictions are lifted.</p> <p>BAU staff from RHPEM and across the department and VPS have been drawn on to support COVID-19, although, continue to have BAU commitments which create a gap and organisational risk.</p> <p>AOs are sourced from various channels and subject to fluctuating demand, as well as necessary onboarding delays (e.g. screening).</p> | <p>Even short term COVID-19 response is assumed to be months, therefore there are considerable BAU risks and sourcing challenges ahead (highlighted in sourcing challenges).</p> <p>A paper submitted to the Missions Coordination Committee (21 May 2020) outlines workforce pressures, highlighting how contact tracing, infection prevention and control and outbreak squads will grow considerably. It explains how there will be continued demand for data interpretation and reporting skills, project managers and officers, communications staff, and other logistics and business support.</p> |

# Public Health Command

## Key features and design considerations

| Focus   | Items to be worked through...   |
|---|---|
| <ul style="list-style-type: none"> <li>• Large and growing workforce with several rostering requirements to meet varying operational needs.</li> <li>• Workforce source is combination temporary 'lift and shift' of DHHS functions, individual secondments or assignments and external agency hire (health service and generalist).</li> </ul> | <ol style="list-style-type: none"> <li>1. Urgent role design and work value assessment to be undertaken to inform recruitment strategy and pipeline management. Risks exist where substantive roles are not being filled in many of the teams (e.g. staff in the Pathology and Infection Prevention and Control team) and also the placement of people in roles that they are not suited to.</li> <li>2. High operational workforce has lower level classified roles and staff. On balance, the volume and ratio of senior to junior roles is low (i.e. arguably not enough senior staff at VPS5, VPS6 and executive level, particularly given the profile of the work and ministerial interaction).</li> <li>3. There is limited support for executive, ministerial, budget management and coordination support for each public health commander (particularly the 2-3 areas with high volumes of staff).</li> <li>4. Confirmation of placement of outreach function (was being established in the Pathology and Infection Prevention and Control team).</li> <li>5. Profile and future focus on Outbreak Response in Case, Contact and Outbreak Management may need to be elevated to the report to the deputy commander role.</li> <li>6. Reporting lines for management in the Physical Distancing Hotline need to be clarified and embedded, with consideration to the public health significance of this pandemic.</li> </ol> |

# Public Health Command

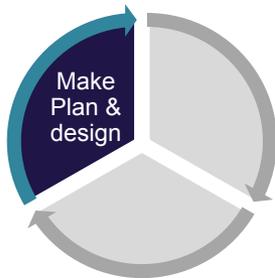
## Key tensions to resolve

| Focus   | Items to be worked through...   |
|---|---|
| <p>Several design, workforce supply and demand and transition issues need to be addressed</p> | <ul style="list-style-type: none"><li>• The tension between emergency management response and global public health crisis has created governance issues as they relate to the accountability for enforcement and compliance, operations and public health response, including some confusion about accountabilities and reporting lines</li><li>• Timing and tenure of individual roles and appointments remains unclear for individuals, creating business risk (e.g. retention) and personal risk (e.g. uncertainty).</li><li>• Decision to resource and/or expand rostering support / teams to other emergency response teams.</li><li>• Urgency for a dedicated workforce plan that considers supply management, noting the concern that availability of workforce from agency hire, hospital, students and other external sources (including AOs) will reduce as restrictions are lifted (i.e. people go back to their day jobs). This will also create risks associated with turnover (e.g. retraining, business continuity etc.)</li><li>• High volume of staff from Health Protection in RHPem creating a BAU risk.</li><li>• Technical nature of some roles not readily available through existing supply lines (e.g. Critical Skills Register leading to reliance on external agency hire). This includes epidemiologist, lab staff etc.</li><li>• Some capability / skill / content gaps in policy development (e.g. in the Physical Distancing team).</li></ul> |

# Public Health Command

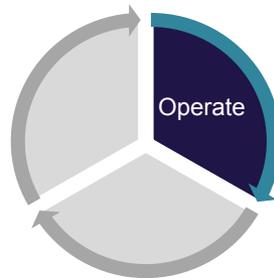
## Core capabilities in regulatory cycle

Description of roles and functions that fit within each part of the regulatory cycle TBC by PHC.



Functions/roles: TBC

- Identify the problem and options for an appropriate response
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance



Functions/roles: TBC

- Process and operational policy design
- Managing Probity
- Making evidence based regulatory decisions
- Regulatory Information, intelligence and data management
- Resource planning
- Stakeholder management and education
- Complaints management
- Monitor compliance
- Responding to non-compliance
- Significant breaches and adverse events



Functions/roles: TBC

- Monitor and assess regulatory performance
- Adjust and improve ongoing regulatory performance
- Regulatory reform and review

# Appendices

## Supporting information

1. Job cards
2. Stakeholders engaged

# Job Cards

## Enforcement and Compliance

# Job card - Commander Enforcement and Compliance

## Accountabilities

- Overall leadership and management of the COVID-19 enforcement and compliance function within DHHS, including oversight of compliance matters under all public health directions, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 enforcement and compliance legislation, protocols and data pertaining to enforcement and compliance matters.
- Provide authoritative advice and input into complex compliance matters, including support to the Chief Health Officers and delegates on compliance and enforcement related matters.
- Conduct daily review of those subject to detention and provide advice and guidance on necessary actions to be taken.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Deputy Commander AO Operations

## Accountabilities

- Overall leadership and delivery of regulatory operational function as it relates to the departments COVID-19 enforcement and compliance response.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, emergency operations, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational compliance policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance compliance, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact compliance policy and operations.

## Capabilities

- Identify regulatory problem and set out options for appropriate response.
- Regulatory design - application of regulatory theory to achieve a particular policy outcome
- Stakeholder engagement and relationship management
- Design strategies to support compliance and address non-compliance

## Specialist expertise

- Senior level experience in government regulatory policy development and implementation, contemporary regulatory practice and translation of legislative into operational effectiveness.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Job card – Senior Authorised Officer (e.g. Team Leader)

### **Accountabilities**

- Lead a multi-disciplinary team, that ensures DHHS responsibilities under the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions are delivered effectively, efficiently and that any issues are escalated appropriately.
- Hotel cell: Ensure passengers/guests/client are compliant with detention notices and physical distancing policies; Detention notices are updated as required; Manage transfers requests to leave, and exit process and protocols; Escalate issues.
- Airport cell: Ensure passengers are served detention notices lawfully; compliant with detention notices and physical distancing policies; and triaged and transported appropriately.
- Release AOs: Carry out the release process for releasing people from quarantine.

### **Capabilities**

- Team supervision
- People management skills

### **Specialist expertise**

- Working knowledge of the Public Health and Wellbeing Act 2008 with respect to the physical distancing controls and directions

# Job card – Manager Policy and Protocols (VPS6)

## Accountabilities

- Provide high quality business intelligence, authoritative advice and sound policy recommendations to senior management and government based on comprehensive research.
- Oversee the development of policy and initiatives that meet government and departmental objectives within resourcing, timeline and budget parameters.
- Review and report on high priority issues, risks and trends and prepare and present comprehensive reports, ministerial briefs and cabinet and agency submissions on complex issues.
- Pro-actively build and maintain effective working relationships and facilitate the flow of information across the department and with key external stakeholders.
- Maintain an understanding of Commonwealth and State legislative and policy reform directions to influence policy development.
- Represent the department on key stakeholder committees and groups concerned with achieving government and departmental objectives, lead relevant committee and governance processes.
- **Keep accurate and complete records of your work activities in accordance with legislative requirements and the department's records, information security and privacy policies and requirements.**
- **Take reasonable care for your own health and safety and for that of others in the workplace by working in accordance with legislative requirements and the department's occupational health and safety (OHS) policies and procedures.**
- **Demonstrate how the actions and outcomes of this role and work unit impact clients and the department's ability to deliver, or facilitate the delivery of, effective support and services.**

## Capabilities

- Team supervision
- People management skills

## Specialist expertise

- A tertiary qualification in fields related to emergency management, community services, health administration or business management would be desirable.

# Job card – Exemptions

## ***Team Leader Complex***

- Oversee the day to day work of the Case Managers (Category 2): provide direction and guidance to case managers, review evidence, ensure quality of advice and briefs to support senior executive decision making.
- Manage complex and sensitive liaison with multiple parties.
- Alert Manager, Exemptions to any issues of risk, particularly relating to the welfare of people in quarantine, and including resource management and rostering issues.

## ***Team Leader Non Complex***

- Oversee the day to day work of the Case Managers (Category 1): provide direction and guidance to case managers, review evidence, ensure quality of exemption letters and advice and briefs to support senior executive decision making, escalate issues to Manager as appropriate, ensure consistency and timeliness of urgent matters.
- Alert Manager, Exemptions to any issues of risk, including resource management and rostering issues.

## ***Both***

- Work creatively and analytically in a problem-solving environment demonstrating teamwork, innovation and excellence.
- Provide leadership and motivate case managers to meet team goals, adhering to their responsibilities and milestones.
- Work collaboratively with other Team Leaders to support the shared objectives of the Exemptions team and broader Compliance Cell.

## **Capabilities**

- People management and/or team leader experience desirable
- Strong people skills in challenging, high volume and fast paced environments.
- Excellent attention to detail and time management skills with the ability to multi-task.
- Problem solving skills.
- Good written and verbal communication skills (experience in having difficult conversations and/or delivering difficult information would be desirable).

## **Qualifications**

- A tertiary qualification in policy, law or business, or in fields related to emergency management, community services, health administration or business management.

# Job Cards

## Emergency Accommodation

# Job Card – Commander, Operation Soteria

## Accountabilities

- Overall leadership and management of the COVID-19 detention accommodation & ports of entry functions within DHHS, including oversight of strategy, health & wellbeing of detained people, operational matters, recruitment, management and occupational health and safety.
- Coordination and approval of operational policy & standard operating procedures pertaining to Operation Soteria.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.
- Oversee data quality, management, quality assurance and reporting

## Capabilities

- Proven senior executive experience operating within a rapidly changing environment.
- Demonstrated experience in managing a multi disciplined workforce.
- Outstanding communication skills and the ability to foster relationships with partner stakeholders.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Hotels

## Accountabilities

- Leadership and operational management of the COVID-19 quarantine accommodation function within DHHS.
- Manage a multi-disciplinary team, that ensures DHHS responsibilities under the *Public Health and Wellbeing Act 2008* with respect to the physical distancing controls and direction notices are adhered.
- Provide oversight and quality assurance mechanisms to deliver high quality, safe and effective care to persons in mandatory quarantine.
- Active consultation with the Deputy Commander, Welfare and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate and represents best practice within the clinical governance framework.
- Promotes safety leadership to ensure the health and wellbeing of DHHS staff, and staff from other agencies contracted who are undertaking activity at the hotel.
- Lead the development of operational policy & standard operating procedures pertaining to Hotel Accommodation.
- Provides the Commander, Operation Soteria with situational awareness and intelligence to inform emerging issues and appropriate risk management.
- Provide authoritative advice and input into complex welfare and human service matters.
- Work collaboratively with all stakeholders to ensure all optimal outcomes for guests in mandatory quarantine.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- An ability to work in high emotion environment.
- Manage a multi-disciplined team.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Experience in working within a Clinical Governance Framework.
- Government Services delivery and leadership experience.

# Job Card - Deputy Commander, Ports of Entry

## Accountabilities

- In partnership with the Commonwealth Department of Agriculture, Water and Environment (DAWE) Biosecurity staff, implement border health measures for all travellers returning from overseas to Victoria.
- Oversee the adherence and enforcement functions and procedures for the direction and detention for Airport and Maritime Arrivals issued under *the Public Health and Wellbeing Act 2008*.
- Oversee the logistics of travellers that arrive at Victorian airports and maritime ports to their designated quarantine hotel.
- Oversee the implementation of Exemptions to the General Quarantine Policy for transitional passengers.
- Support the Commander, Operation Soteria participate in the *Managing Returns to Australia Working Group*.
- Lead the development of operational policy & standard operating procedures pertaining to Ports of Entry.
- Provide authoritative advice and input into complex matters to ensure the health and safety of travellers.
- Work collaboratively and liaise with external stakeholders at the Airport to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, AFP, DAWE, AV DFAT, DoT, Airport Chaplain and other jurisdictions as required.

## Capabilities

- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.
- Demonstrated experience in leading Multi Disciplined Incident Management Teams.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Demonstrated experience in working in an Emergency Operations Centre or supporting an emergency event.
- Knowledge of Airport and Maritime operations, procedures and policies would be advantageous.

# Job Card - Deputy Commander, Welfare

## Accountabilities

- Oversee the Department's Welfare & CART Teams to ensure the needs of travellers and their families are met during the mandatory quarantine period.
- Ensure health and welfare screening take place soon after arrival so that existing and emerging health and welfare concerns can be risk assessed and addressed in a timely manner.
- Partnering with travellers, healthcare providers and other Victorian departments to facilitate effective engagement, coordinate support and timely effective care.
- Active consultation with the Deputy Commander, Hotels and Clinical Governance Commander to ensure care provided to passengers is safe, appropriate within the context of mandatory quarantine.
- Manage the completion of psychological assessments required to support Detention Exemption applications and Financial Hardship bridging accommodation applications.
- Ensure continuous review of systems and practices to promote continuous learning.
- Provision of a daily welfare report to the Commander, Operation Soteria to ensure oversight and accountability for the mandatory quarantine process.
- Lead the development of operational policy & standard operating procedures pertaining to Welfare for travellers.

## Capabilities

- Demonstrated experience in leading multi-disciplined teams.
- Proven ability in decision making in a complex environment.
- Proven experience operating within a rapidly changing environment.
- Ability to work in a high emotion environment.

## Specialist expertise

- An understanding of the Victorian health and human services system, legislation, policies and associated regulation.
- Qualifications or extensive experience in working within a health related environment.
- Demonstrated experience in working within a Clinical Governance Framework and applying Public Health Standards and the Charter of Human Rights.

# Job Card - Clinical Lead (Mandatory Quarantine)

## Accountabilities

- Ensure that individuals in mandatory quarantine (Operation Soteria) receive safe, effective and high-quality care that is consistent with best practice
- Integrate public health and operational oversight of the nursing, medical and mental health care provided in mandatory quarantine
- Proactively identify and manage clinical risk in mandatory quarantine
- Reports to the Deputy Chief Health Officer and Deputy State Controller Operation Soteria
- Provides information to the Deputy Public Health Commanders, the Physical Distancing Compliance Lead, the Emergency Operations Centre (EOC) and other team members as required
- Provides up to date clinical, public health and operational information to clinical staff working across the hotels (nurses, doctors, mental health clinicians); including guidelines, factsheets, FAQs and other materials
- Ensure that the public health standards for the care of returned travellers in mandatory quarantine are upheld
- Advise, Liaise and develop policy with Public Health Command (Physical Distancing Cell) and the EOC and assist the EOC to operationalise this policy

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job Card – Welfare Line, Operations Manager

## Accountabilities

- Ensure the efficient and effective operations of shifts within the Welfare Check shift, including supervision and support to up to four team leaders and their staff.
- Perform all operational duties associated with the Welfare Line, including adequate rostering and resourcing, preparation of call list for next shift (as applicable), appropriate sign off on team member time sheets, beginning and end of shift briefing for all staff, OHS obligations are being met during shifts.
- Ensure Welfare Check Officers and team leaders are equipped with the relevant tools and aware of supports available to members of the community, including access the departments nominated interpreting service to ensure information is provided in a culturally responsive and equitable way.
- Ensure all team leaders and staff are briefed accordingly at the beginning of shifts and that regular work in progress standards are met during shifts.
- Ensure each team has an allocated Team Leader and allocate call list to Team Leaders
- Ensure that orientation of new team leaders and Welfare Line Officer, to ensure that all members of the team are able to perform their role.
- Ensure continuity and workflow across teams and shifts from day to day, including quality control over matters relating to email queries and outstanding tasks/ referrals as handed over from previous shift.
- Identify and respond to issues as they arise during the shift as they relate to service delivery, systems, staff and escalate issues to the Manager, Welfare Line as necessary

## Capabilities

- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Work confidently with individuals with a range of vulnerabilities
- Adaptable and uses initiative
- Emotionally regulated
- Resilient

## Specialist expertise

- A recognised tertiary qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent)

# Job Card – CART Practitioners

## Accountabilities

- Risk assessment and analysis - gathers information through a variety of sources and technologies in order to identify, plan and respond to the psychosocial risks relating to each situation. Applies a strong risk lens, professional judgement, and evidence informed frameworks to analyse the available evidence and inform decision making.
- Case Support – provides secondary consultation and manages complex cases. Draws insights from assessment and analysis to formulate a meaningful and effective case plan, including safety plans, and reviews case progress and outcomes with a strong focus on managing dynamic risk. Collaborates with others to ensure adequate risk management and robust referral pathways that are tailored to individual needs and circumstances.
- Critical enquiry - uses evidence based frameworks to investigate issues, and is able to understand the root cause of each issue as well as the potential implications.
- Standardised reporting - uses standardised tools and reporting frameworks when recording case data, and when documenting care solutions provided.
- Reflective practice - critically reflects on what they are doing in their role and uses this reflection to influence their practice. Supports other practitioners in individual and group reflective practice supervision.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- A recognised Diploma of Community Services Work, or similar qualification which is studied over a minimum of two academic years of full-time study (or part time equivalent) and includes a practical component such as counselling or case work practice
- A current Working with Children Check (WWCC) card.

# Job Card – Hotel Site Lead

## Accountabilities

- Oversee the operations at the hotel within these functions to ensure care of travelers in mandatory quarantine:
- Ensure a safe environment for people returning from overseas who are required to enter a period of compulsory quarantine at the hotel.
- Provide leadership, direction and support for staff in a multidisciplinary environment.
- Contribute to the development and implementation of policies and processes to support running of hotel and wellbeing of guests
- Coordinate welfare and relief supports to those in quarantine.
- Manage and make complex decisions in time critical situations and escalate issues that cannot be resolved at the local level to the Emergency Operations Centre for resolution.
- Lead support staff duties and activities onsite at the hotel.
- Effectively build relationships and work collaboratively with hotel management and staff, authorised officer, medical staff, security, other government departments and Victoria Police onsite at the hotel.
- Oversee the check in/out process for guests returning to Australia.

## Capabilities

- Identifies risks to individuals
- Understands the relevant legislative and statutory frameworks
- Operates effectively in a fast-paced and changing environment
- Communicates risk and risk-related concepts verbally
- Works in operational environment with multiple stakeholders

## Specialist expertise

- A recognised qualification in social work, community services or a similar welfare or behavioural related qualification; or
- Emergency management and/or regulatory experience in an operational environment.

# Job Cards

## Public Health Command

# Job card – Chief Health Officer

## Accountabilities

- Victoria's Chief Health Officer is responsible for the provision of public health advice to the Minister, the Department of Health and Human Services and the Victorian community including the exercise of statutory powers under the Public Health and Wellbeing Act 2008.
- The Chief Health Officer is expected to provide high level leadership and vision for public health in Victoria and will have experience in public health programs at a State or National level.
- The role requires strong capability and engagement with technical experts and leaders across both government and the broader health sector. The Chief Health Officer is required to be proactive and systematic in the approach to dealing with complex problems and has an innate ability to understand and operate in a government environment.
- The Chief Health Officer is the government's spokesperson on matters relating to public health and must be a confident public persona with excellent judgement, communication skills, and an ability to be trusted.

## Capabilities

- Leadership
- Communication skills
- Influence and negotiation
- Problem solving
- Self-management

## Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency.

## Job card – Deputy Chief Health Officer

### Accountabilities

- The Deputy Chief Health Officer is a senior clinical leadership role providing authoritative advice and leadership in supporting the Chief Health Officer, Deputy Secretary and Secretary and staff in the Health Protection Branch. The role will act in place of the Chief Health Officer for periods of leave and rostered weekend relief. As the Deputy Chief Health Officer, you will participate in emergency management activities, contribute to the coordination of the prevention and response to public health incidents and represent the department on state and national committees as required.
- The position oversees five teams comprising approximately 80 staff: Immunisation, Communicable Disease Prevention & Control, Communicable Disease Epidemiology & Surveillance, Public Health Medical and Partner Notification & Support.

### Capabilities

- Leadership
- People management
- Communications skills
- Influence and negotiation
- Problem solving

### Specialist expertise

- Current registration as a medical practitioner with the Australian Health Practitioner Regulation Agency
- Postgraduate qualification in Public Health and Fellowship of the Australasian Faculty of Public Health Medicine

# Job Card - Deputy Public Health Commander Intelligence

## Accountabilities

- Overall leadership and management of intelligence section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

Source Mary Benson:

## Capabilities

- An understanding of the Victorian health and human services system
- Proven experience operating within a rapidly changing environment, so we need to marry.

## Specialist expertise

- ??.
- An understanding of the Victorian health and human services system and associated regulation.
- Proven experience operating within a rapidly changing environment, so we need to marry.

# Job card – Manager, Intelligence Operations

## Accountabilities

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## Capabilities

## Specialist expertise

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# Job card – Manager, Surveillance and Response

## **Accountabilities**

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## **Capabilities**

## **Specialist expertise**

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# Job card – Manager, Strategy, Systems & Reporting Intelligence

## Accountabilities

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## Capabilities

## Specialist expertise

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## Job card – Infomatics

### **Accountabilities**

- .

### **Capabilities**

### **Specialist expertise**

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# Job card – Deputy Commander, Pathology and Infection Prevention and Control

## Accountabilities

- Overall leadership and management of the Pathology and Infection Prevention and Control section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience
-

# Job card – Manager, Pathology Operations

## Accountabilities

- Overall leadership and management of the Pathology Operations section within DHHS, including facilitation of laboratory testing with multiple laboratories, reporting, results, and supply chain management.

## Capabilities

## Specialist expertise

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# Job card – Manager, Infection Prevention and Control Operations

## Accountabilities

- Overall leadership and management of the Infection Prevention and Control Operations section within DHHS. This includes responding to Infection Prevention and Control questions, developing policy, and Infection Prevention and Control recons (technical advice).

## Capabilities

## Specialist expertise

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# Job card – Deputy Commander, Case, Contact and Outbreak Management

## Accountabilities

- Overall leadership and management of the Case Contact and Outbreak Management section within DHHS, including oversight of operational matters, recruitment, management and occupational health and safety.
- Overall stewardship for COVID-19 emergency operations, protocols and data pertaining to the emergency operations.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

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# Job card – Operations Lead, CCOM

## Accountabilities

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## Capabilities

## Specialist expertise

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# Job card – Strategy and Policy Lead, CCOM

## Accountabilities

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## Capabilities

## Specialist expertise

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# Job card – Team Leader, Triage and Notification

## Accountabilities

- Reports to Cell Public Health Lead.
- Provides management advice and support to team on public and community recommendations regarding COVID-19.
- Provides management advice and support to team on health sector queries regarding COVID-19.
- Develop and refine notification workflows to case and contact management team.
- Communicate situational awareness to sector lead

## Capabilities

## Specialist expertise

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# Job card – Deputy Public Health Commander, Physical Distance

## Accountabilities

- Overall leadership and management of the Physical Distance function within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

### Specialist expertise

- MD/MBBS or RN1 (Clinical Nurse Specialist or Consultant) VPS6
- Favourable fellowship of speciality Australasian college/faculty (e.g RACGP or FACEM preferred) (VPS6.2 or SMA) and/or recent clinical experience and/or clinical governance experience

# Job card – Senior Medical Adviser

## Accountabilities

- Respond to requests for specialist medical advice (SMA) in different and evolving categories of need (clinician hotline and internal requests).
- Contribute and develop rapid guidelines, factsheets and FAQs for immediate use by health sector and relevant community.
- Contribute to policy and strategy responding to issues in the various fields of activity to prevent COVID-10 transmission (including infection control)

## Capabilities

### Specialist expertise

- MD/MBBS or RN 1 (Clinical Nurse Specialist or Consultant) and/or MPH (VPS 6) Favourable: fellowship of specialty Australasian college/faculty (VPS 6.2 or SMA) and/or recent clinical experience and/or outbreak management

# Job card – Deputy Commander, Public Information

## Accountabilities

- Overall leadership and management of the Public Information section within DHHS.
- Oversight of operational matters, recruitment, management and occupational health and safety.
- Ensure that timely, tailored and relevant information is developed to support the Chief Health Officer, Public Health Commander and Deputy Commander –Intelligence & Public Information and Class 2 Controller.
- Provide authoritative advice and input into complex emergency operations matters.
- Work collaboratively with all internal stakeholders, including public health, legal, welfare, health and wellbeing, enforcement and compliance, logistics, housing and communications.
- Work collaboratively and liaise with external stakeholders to ensure multi-agency preparedness and responses, including DJPR, VicPol, ABF, DFAT, other jurisdictions as required.
- Develop, set, review and approve operational policy to ensure operational effectiveness.
- Provide strategic thinking and future planning and oversee change management initiatives to enhance the emergency operation, while maintaining situational awareness of wider policy and operational changes in the short to long term that may impact operations.

## Capabilities

## Specialist expertise

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# Job card – Public Information Officer

## Accountabilities

- Manage the DHHS Public Information Section.
- Approve all public and internal communications.
- Support Chief Health Officer, Public Health Commander and Deputy Commander – Intelligence & Public Information and Class 2 Controller by developing timely, tailored and relevant information to the community during an emergency.
- Liaise with other sections and departments to coordinate the development of key messages and communications products.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required).
- As a general guide, this is a VPS6 role

# Job card – Deputy Public Information Officer

## Accountabilities

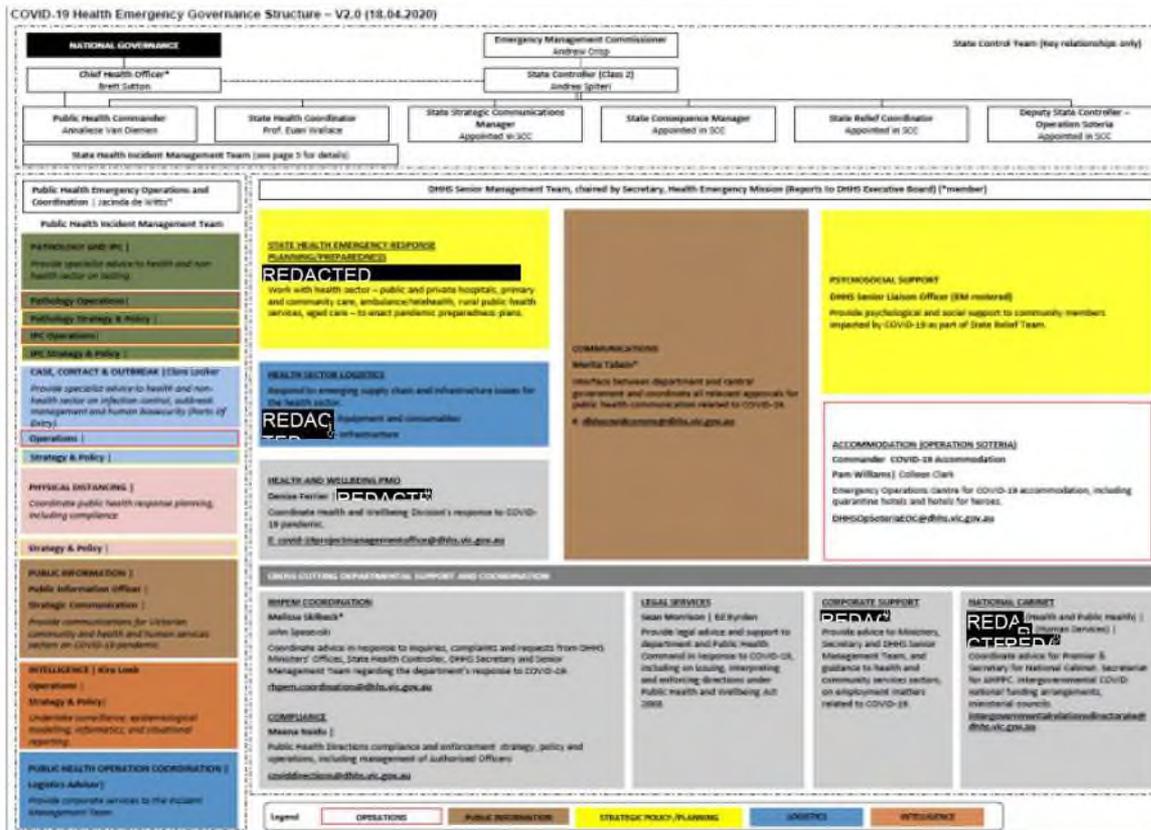
- Support the Public Information Officer (PIO) in managing the DHHS Public Information section.
- Provide quality assurance and monitoring of information produced at DHHS.
- Support the PIO by developing timely, tailored and relevant information to the community during an emergency.
- Liaison with other sections and departments to coordinate key messaging.

## Capabilities

### Specialist expertise

- Tertiary qualification. Communication experience within Government. Emergency management experience (preferred, not required)
- This is a VPS6 position

# Health emergency governance structure



# Key stakeholders engaged

The project team has engaged the following leaders to contribute to the report:

- **Operation Soteria**

- Pam Williams, Merrin Bambert, Michael Mefflin,

REDACTED

- **Enforcement and Compliance**

- Meena Naidu, Anthony Kolmus, Anna Peatt,

REDACTED

- **Public Health Command**

- Annaliese van Diemen, Kira Leeb, Cailleen Michael, Sarah McGuinness, Clare Looker, Mat Williams, Katherine Ong, Bruce Bolam,

REDACTED

Claire Harris

REDACTED

REDACTED