

Operation Soteria
Op.Soteria-Minutes-2020-04-01-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	1 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1411hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC		VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH) REDACTED REDACTED		
DJPR	Claire Febey (CF) REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	29/3/2020	Clarification of booking hotels and their capacity (roles & responsibilities) with DJPR & DHHS. 1/4/20 – Still working on.	REDACTED	30/3/2020
2	29/3/2020	Check consistency of information supplied to passengers – (Plane, Airport and Hotel) 1/4/20 – BH updated fact sheets for Airport. Working on a daily newsletter.	REDACTED	30/3/2020
3	30/3/2020	Minibars not being removed from Crown Plaza to be followed up. 1/4/2020 – CF Alcohol has now been removed, in for 1 day only.	CF	31/3/2020 Complete
4	30/3/2020	Evacuation planning procedures to be followed up for hotels. 1/4/20 – AH VicPol have what they need.	DJPR / DHHS	31/3/2020

Item	Subject
1.	Situational Awareness Deputy State Controller - Health <ul style="list-style-type: none"> •

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- **RE** – Airport process running smoothly, people processed in a timely manner.
- **DA**
 - Overall the Promenade best set up with a business centre set up. Metropol set up is not ideal for Nurses, room at end of floor where you need to walk through occupied rooms. Working with hotel management. Crown Plaza also has some issues we are working through. DHHS staff are at each site, working with nurses and concierge.
 - If issues are critical re meeting dietary requirement then allowing deliveries.
 - Nurses over run with health and mental health needs, would like to refer people over support via telephone. Allowing nurses to focus on people that may be starting to develop symptoms around COVID.
- **CF** – DJPR staff on the ground have raised concerns re DHHS having enough staff on the ground to deal with demand issues.
- **BH** – Can have further discussion offline, the Newsletter under the door with contact number may divert the demand on the ground.
- **RE** – Need to consider if Red Cross, Beyond Blue or Lifeline could assist with Mental Health issues that are arising, will chat offline.
- **RE**
 - Security at Metropol advising people are smoking in rooms, they are letting it go at the moment. Security briefed daily and have strategy if people try and leave their room.
 - One passenger taken away for back treatment, when he returned staff just dropped him off. Will work on a process to deal with this type of thing moving forward.
 - Minor transported this morning and the process worked well.
- **CE** – Are start of shift briefings now in place re use of PPE.
- **RE** – Conducted at Crown Plaza and the Promenade this morning, just about to do one at Metropol.
- **RE** – Works proceeding well 3 points of data, providing directly to David Cullen at SCC.
- **CF** – Can distribute information now and establish a protocol.

DJPR

- Focussed on solving key issues driving people's satisfaction and comfort: smoking, recreation, policy around deliveries, food/dietary requirement.
- Working with DHHS regarding the operating model on the ground and understanding the model of care and how we interact with it (as an agency and through contracting staff).
- Trying to gain an understanding of expected demand for modelling work.

DOT

- Sufficient supply of buses to accommodate any flight schedule changes. AFP supporting well with challenges air side.

VicPol

- **RE** – Operation is going well, concerned if disgruntle passengers decide to leave hotel. Need to understand what response would be like.
- **RE** – Need to understand what staffing levels are stationed at each hotel and contact points.

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- **BH** – I can be central coordination point, we have Authorised Officers at each hotel 24/7. Can facilitate conversation with DJPR about security and control of staff.
- **ACTION** – Security escalation process to VicPol. VicPol response and requirements under detention order.
- **RE** – SCT discussions regarding detainee, isolation, quarantine. Need to be moving forward on proper reference.
- **BH** – Passengers for internal use with VicPol for this operation.

Other

3.	<p>Planning</p> <p><i>Forward look at following day</i></p> <ul style="list-style-type: none"> • CE - 2 or 3 flights per day with 100 passengers today and around 150 passengers tomorrow. This links into forward planning for hotels.
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> • BH - Cleaning regime after buses have come through to wipe down areas of hotel. • CF – Seeking advice from DHHS on what the cleaning regime should be. • BH – Guidance online, frequency as often as possible. • CF – Would also need practice principals ie. After every intake, people being moved around etc. • RE – Wider issue coming in from other hotels we have contracted with, cleaning companies are saying they will charge more re possible COVID related. • CE – Yesterday we had a confirmed case of COVID that was reported. Yesterday afternoon an agreed process has been set up, DHHS is to advise the Deputy Controller Op Soteria, I will then advise agencies as needed/required. DHHS will follow the normal processes re close contact etc. The Authorised Officer on site will then take charge of actions to be undertaken on site. PPE should be used at all times like any person could be a potential case. Person will then be moved to an appropriate floor.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> •
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • CF – How will cases be reported and how will it be managed with others in the hotel. • BH – We do not release that level of information. • CF – Need to look at the assumption it gets into public domain. Prepare for how it would be handled, could create a spike in mental health issues. • BH – ACTION – Will liaise with CHO about how he would want it to handle it. • RE – DPC can help with communications for passenger information if needed. • BH – Daily newsletter being worked on with linkages to other services, we will go through usual approval processes. • CF – Would be good to include housekeeping arrangements etc.
8.	<p>Other Business</p> <ul style="list-style-type: none"> •

Operation Soteria

Op Soteria-Minutes-2020-04-01-1330hrs



9.	Next Scheduled Meeting – 1330hrs, 2 April 2020
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Actions			
No	Action	Assigned to	Due Date
1.	Security escalation process to VicPol. VicPol response and requirements under detention order.	BH / RED	3/4/2020
2.	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	BH	2/4/2020
3.	DJPR & DHHS to share data of key people on the ground and also provide details to agency command / SCC.	RE DM CF	2/4/2020

Operation Soteria
Op Soteria-Minutes-2020-04-02-1330hrs





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Operation Soteria

Meeting Details			
Meeting Date	2 April 2020	Start	1330hrs
Teleconference	REDACTED	End	13:57hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SE)	DOT	
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH) REDACTED (Hotel) REDACTED (Hotel)	EMV	REDACTED
DJPR	Claire Febey (CF)	DHHS	Michael Mefflin (Airport)

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
4	1/4/2020	Security escalation process to VicPol. VicPol response and requirements under detention order.	BH / 	On going Meeting later today to develop plan
5	1/4/2020	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	BH	Ongoing Daily newsletter being distributed to advise passengers on information. Measures taken at hotel to mitigate infection control
6	1/4/2020	DJPR & DHHS to share data of key people on the ground and also provide details to agency command / SCC.	 /CF	Data sharing has been landed.

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • Vic has 68 confirmed cases 1036 in total 5 deaths 442 people recovered • Further overview on media talking points for covid19

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- Work done with DJPR on service design. Meeting held yesterday on roles and responsibilities and how operating model works in hotels. Details on service design will be circulated for finalising, the aim is this will alleviate resources to do other programs
- Smoking policy being worked through – should be available shortly.
- Comms being worked through – ensuring standing items are worked on
- Exemptions are noted in a much clearer process. This can now be shared
- Transport directions around intent for supervised visits to funerals
- Also emerging medical needs and transport options, working with DoT for transport options
- Level of staffing at hospitals with some DHHS management
- Considerations still to be given around food
- Michael – Airport - No issues at Airport. 4 Flights today - 117 people will go to crown plaza, 2 flights this morning with 105 passengers no issues

- Smooth operations today at the Promenade and update on Crown, biggest activity was people understanding they knew they were in quarantine.
- Working through people with Anxiety and mental health issues
- **RED** – Pan Pacific ready so 4.55 tomorrow getting ready
- FEMO team deployed to support the hospitals and added a GP increased nursing presence and mental health information
- There is a bottle neck about mental health and anxiety issues

DJPR

- Discussion with DHHS over 24 hour service model and supports DJPR are providing at Hotels. – further information to clarify
- Activating Pan Pacific hotel – it will come online tomorrow for passengers arriving in tomorrow's groups
- Provision of basic support and that it is consistent across all hotels and that Agency needs are coordinated and met
- Strong focus on food high degrees of anxiety on dietary requirements and that they are being met , issue with food allergies and safety
- Good idea would be signage on the doors for people with allergies etc
- Will get further advice from DHHS
- Will discuss with hotel management and hotel contractors and staff re provision of food
- Travellers arriving today with kosher needs which is important during Passover
- Food provision will have to come from outside the hotel as very specific requirements re preparation etc
- This group arrive at 6pm this evening
- Focus on delivery of food to ensure that grocery orders and care packages to home is safely delivered
- Communication is now key so that appropriate channels can be met
- Needs to be approved by DHHS so seamless process which is seen as integral
- Follow up on worker health and safety issue on cleaning practices, DHHS staff looked at this, need info on type and frequency of cleaning
- Arrangements will take place once we have advice
- DJPR are working on arrangements regarding funeral funeral arrangements

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- { TIME \@
"HH:mm" *
MERGEFORMAT }**VicPol**

- orderly intake of passengers at hotel
- Enjoyed good communications with AFP colleagues
- Preparing ground personnel for Pan Pacific tomorrow
- Planning for other hotels over weekend period

3.	<p>Planning</p> <p><i>Forward look at following day – Air / Sea</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> •
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> • DHHS–undertaking sourcing an ongoing arrangement with PPE so that not at low supply. Need to replenish as a priority • Careful messaging needs to be conveyed around PPE
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • DHHS • Whilst Comms are continuing to be approved then there will be no hold ups • DJPR –have received anecdotal feedback around frequency of comms – information is that it could be a bit better. This issue has been escalated and improved comms is an ongoing priority

8.	<p>Other Business</p> <p>Evacuation Process</p> <p>Need to make sure that everyone is clear on plans</p> <p>DJPR and DHHS all have evacuation plans for each hotel all plans provided</p> <p>Meeting and email will be held with hotel staff for responsibility of evacuation</p> <p>VICPOL – requested daily updates on room allocation for each person under “detention” as constantly moving data. This information is critical in the event of an evacuation</p> <p>DJPR – will start providing this information directly to VicPol and to DHHS (where is only currently provided)</p> <p>VICPOL– Jamie Davis – question re responsibility around an incident of criminality and has that been worked through.</p> <p>Advice by Adrian Healy is that this is currently being managed and a flow chart will be provided as to how matters of criminality will be progressed and when VicPol need to become engaged. This will be circulated upon completion</p>
9.	Next Scheduled Meeting – 1330hrs, 3 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op Soteria-Agenda-2020-04-03-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	3 April 2020	Start	1330hrs
Teleconference	REDACTED	End	
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	Kim Schriener (KS)
EMC	Andrew Crisp (EMC)	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED	EMV	
DJPR	Claire Febey (CF) REDACTED	DHHS	REDACTED (Airport)

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
	1/4/2020	Security escalation process to VicPol. VicPol response and requirements under detention order.	ONGOING	Flow chart being developed around police response being developed – progressing, will report back next meeting..
	1/4/2020	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	CLOSED	Daily newsletter being developed to advise passengers on internal information including any confirmed cases. DJPR and DHHS have approved the newsletter and it is currently in the PPO and will be circulated electronically once approved.
	1/4/2020	DJPR & DHHS to share data of key people on the ground and also provide details to agency command/SCC.	CLOSED	Data sharing has been landed. Decision made yesterday that DJPR taking the lead and are working through how this will be managed operationally.

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 560 1251 629" style="list-style-type: none"><li data-bbox="360 560 954 587">• 3 Flights due in today with estimated 131 pax.<li data-bbox="360 592 1251 629">• Since 28 March, 28 flights have been received with a total of 1273 pax.

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- 2 flights have arrived so far today, with all passengers going to the Pan Pacific Hotel.
- 1 Passenger at the Crown Plaza was taken to Royal Melbourne Hospital after presenting with a minor anaphylactic issue.
- Compliance processes are continuing to be bedded down, especially with the operational policy around smoking and exercising.
- Continuing to plan for future needs including PPE and staffing at hotels.

DJPR

- As of 1400 yesterday DJPR data showed – (collecting and managing from hotels and sharing with DHHS and VicPOL) 1119 listed as total passenger arrivals, urgently asking to work with DHHS to reconcile names on manifests to be able to work through the possible gaps and where people have been released to other arrangements or missed.
- **RE** has sent through 8 names that did not present to the hotel to **RED** who is following up with DHHS. Waiting to hear back and will escalate once a response is received.
- Continued discussions occurring with DHHS regarding food safety, which both covers food preparations and allergies. Working to connect relevant DHHS food safety experts to discuss that the right processes are in place and managed with in the hotels. Noting that a passenger had developed a mild allergy to a food while in the hotel and was taken to hospital. Work is being done to identify whether this was flagged at checked in or whether it was allergic reaction that was an unknown – noting that 32% of passengers are changing their dietary requirements daily rather than just once on check-in which substantially higher than usual.
- A lot of work being done to prepare for the possibility that NSW overflow might be redirected to Melbourne.
 DPC – report just in from National Cabinet – Premier NSW advised that they did not have a capacity issue.
 CF – DJPR will continue to work for the possibility that more passengers may be directed to Melbourne as there are still a substantial number overseas.
 EMC - Is there national coordinated approach that captures the predictions of capacity from all jurisdictions?
RE – No large evacuation scale flights being arranged by DFAT at this time however DFAT are in contact with other national governments to understand the number of Australians coming home or not coming home. Early trigger points for possible overflow needs to be followed up and identified.

DOT

- -

VicPol

- **RE** and **R** to discuss mental health planning and people from ports offline.

DPC

- For action there is a need to start to gather understanding from agencies the indicative costs of the operation so far. Please send costings directly to **RE** cc **RE** by 1630 this afternoon. A simple table has been collated to separate the stages of the operation and list the costs

3.	<p>Planning</p> <p><i>Forward look at following day – Air / Sea</i></p> <ul style="list-style-type: none"> DPC forwarded a repatriation tracker dataset to the SCC Intel team. Intel to report back whether this information is more or less than they current receive and is useful in which case this can be forwarded to the Intel team twice daily.
4.	<p>Health and Safety</p> <ul style="list-style-type: none">
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none">
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> Pam Williams coming on board at 50 Lonsdale Street to work on the future mapping for Operation Soteria. <p>DHHS</p> <ul style="list-style-type: none">
7.	<p>Communication</p>
8.	<p>Other Business</p> <ul style="list-style-type: none"> Reminder that everyone in all agencies stays connected through this committee and through the arrangements.
9.	<p>Next Scheduled Meeting – 1330hrs, 5 April 2020</p>

Actions

No	Action	Assigned to	Due Date
1.	Follow up on the passengers that are not on the reconciled DHHS/DJPR hotel quarantine list.	DJPR/DHHS	5/04/2020

Actions			
No	Action	Assigned to	Due Date
2.	RE and R to discuss mental health planning and people from ports offline	REDA	5/04/2020
3.	All agencies to send indicative costs for the four stages of the operation so far directly to RE cc RE by 1630 4/04/2020.	All	4/04/2020
4.	DPC and EMC to look to identify contacts that may be able to assist in gaining information on the numbers of Australian s returning home and capacity trigger points for all jurisdictions. (to discuss offline)	EMC/RE	5/04/2020
5.	Intel to report back whether repatriation data from DFAT in is more or less than they current receive and is useful.	Intel Team	5/04/2020

Operation Soteria
Op Soteria-Minutes-2020-04-05-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	5 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1354hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SE)	DOT	Kim Schriener (KS)
EMC	----	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED Pam Williams (PW)	EMV	----
DJPR	Claire Febey (CF)	DHHS	REDACTED (Airport) D
SCC Comms	----		

Op Soteria-Actions List-2020-04-05-1330hrs

No	Meeting Date	Action	Assigned to	Due Date
1.	1/4/2020	Security escalation process to VicPol. VicPol response and requirements under detention order.	VicPol/DHHS	COMPLETE.
2.	1/4/2020	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	DHHS/DJPR	COMPLETE.
3.	3/4/2020	Follow up on the passengers that are not on the reconciled DHHS/DJPR hotel quarantine list.	DHHS/DJPR	5/04/2020 – IN PROGRESS . DHHS required to support DJPR in reconciling outstanding gaps in passenger manifests/hotel quarantine lists.
4.	3/4/2020	All agencies to send indicative costs for the four stages of the operation so far directly to HS cc SF by 1630 4/04/2020.	All	COMPLETE.
5.	3/4/2020	DPC and EMC to look to identify contacts that may be able to assist in gaining information on the numbers of Australians returning home and capacity trigger points for all jurisdictions (to discuss offline).	EMC	TBC – IN PROGRESS . EMC to follow-up with EMA and set up a t/c meeting with the national group looking at this modelling.
6.	3/4/2020	Intel to report back whether repatriation data from DFAT in is more or less than they current receive and is useful.	Intel Team	5/04/2020 – IN PROGRESS .
7.	4/4/2020	Deputy Commissioner REDACT has requested (through SCT) that Operation Soteria gather some data from the impacts of those in isolation and what broader isolation might look like including key risks that might come out of that.	Deputy SC Health	COMPLETE.
8.	4/4/2020	Processes for Premier and Minister referrals from people in hotels reaching out to political officers and how they looped back into the system need to be considered. SF will follow-up and report back to DPC and the group. Referrals to be sent to D/SC.	SF	COMPLETE.
9.	5/4/2020	State Controller direction required for hotel allocation tomorrow.	SF	5/4/2020 – IN PROGRESS .
10.	5/4/2020	FAQs or scripts to be developed for exit process.	DHHS/DJPR	ASAP – IN PROGRESS .

Operation Soteria

Op Soteria-Minutes-2020-04-05-1330hrs



11.	5/4/2020	State Controller to confirm what type of staff DHHS are requesting via DoT Secretary.	JH	5/4/2020 – IN PROGRESS.
12.	5/4/2020	Share call centre trends document with Intelligence and (VicPol) directly. REDACTED	DJPR	6/4/2020 – IN PROGRESS.

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • Thank you for everyone's great efforts to date – it is much appreciated. • Victoria has 20 new cases, bringing the State's total to 1,135. • This includes eight Victorian fatalities and 573 people that have recovered. • Yesterday, 282 passengers arrived in Victoria on five flights, with the last flight arriving at 1830hrs. Experiencing only minor issues daily. • Today, 247 passengers are expected to arrive on four flights. The last flight is scheduled to arrive at 1730hrs. • Passengers will be transported to the Metropol or Mercure hotel. • Previous actions were discussed: <ul style="list-style-type: none"> ○ #2 – A daily newsletter is being distributed to keep passengers informed. Measures being taken at hotel to mitigate infection control. Action complete. ○ #3 – DJPR made progress yesterday to reconcile eight people. There are final gaps still urgently requiring DHHS support. This includes six people who were recorded on flights but not in hotels; and five people recorded in hotels who were not listed on the passenger manifest. DJPR are not able to resolve with the data they have access to. ○ #7 – Any Operation Soteria issues through to the Deputy State Controller – Health. Action complete. ○ #8 – Any referrals to Deputy State Controller – Health.
2.	<p>Operations</p> <p><i>Reports on mornings transfers, key issues, items for review</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • RE – Mercure Welcome hotel has been activated/ 'online' today, incoming passengers to arrive this afternoon. • No new risks or issues to report. • Continuing transparency of processes regarding hotel selection with DHHS over coming days. • REDACTED (DHHS) will be coming in to work in this space. • Across DHHS and DJPR, a lot of work underway to prepare for the 'exit process.' Preparing travellers to move on from hotels, anticipate complexities that may arise. • Transparency on exemption process. Implementing Federal update to exemptions. • REDA – Would appreciate if we could understand the reconciliation process at the airport – would be good to know. Link in. • Flights in today with no issues. • PW – Trying to improve the way we are working together. • Working through new accommodation offer for healthcare workers. <p>DJPR</p> <ul style="list-style-type: none"> • CF – Need to seek decision for allocation tomorrow – this will be an action for immediately after this meeting. • A number of Mercure rooms are too small to accommodate people for 14 days – our view is not to use these rooms to full capacity. • Continue with plan to activate Park Royal tomorrow. • For last minute flight fluctuations, suggest using 100 Mercure rooms. Decision required. • All current contracts with hotels have been provided to the State Controller for review. Shows which hotels have room capacity and also which have greatest room size. • Our government support service (call centre) across quarantine hotels has raised that 'exit' remains a big concern. FAQs or scripts on this matter will be required – detailing arrangements when people can leave to alleviate concerns. • To improve support to DHHS, DJPR are preparing a report from call centre data showing people calling >10 times. This will provide insight on where people are experiencing distress.

	<ul style="list-style-type: none"> Data reconciliation remains an urgent issue to be led by DHHS. Seeking intelligence via DPC with assessing future demand/planning. Forward planning, capacity in Sydney etc. Any future work that can be done around repatriation. Seeking advice on how decision making sits with this group for the broader accommodation project to include healthcare workers. SF will call following meeting. <p>DOT</p> <ul style="list-style-type: none"> No change, running same as yesterday. Query for DHHS – DoT Secretary received a request for staff to go into roster in lieu of authorised officers. Seeking clarity what type of staff you're seeking? JH to follow up offline. <p>VicPol</p> <ul style="list-style-type: none"> Tomorrow inspections at Novotel and Sheraton. Interested in the DJPR trends document. Agreed to share with usual Intelligence email and REDACTED directly. Managing VicPol resources moving forward. Want some resources dedicated to Operation Soteria – currently using those tasked to Operation Sentinel. SF – Anecdotal patterns from hotels were shared with REDACTED. Will speak to REDACTED if there's anything we can share. <p>DPC</p> <ul style="list-style-type: none"> Nil.
3.	<p>Planning</p> <p><i>Forward look at following day – Air / Sea</i></p>
4.	<p>Health and Safety</p>
5.	<p>Welfare and Wellbeing</p>
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> <p>DHHS</p> <ul style="list-style-type: none"> Addressed above.
7.	<p>Communication</p> <ul style="list-style-type: none">
8.	<p>Other Business</p> <ul style="list-style-type: none"> Confirm distribution list so that group is receiving minutes. Chris Eagle incoming D/SC for the next four days. Scott Falconer will return after this.

Operation Soteria

Op Soteria-Minutes-2020-04-05-1330hrs



9.	Next Scheduled Meeting – 1330hrs, 6 April 2020
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Operation Soteria
Op Soteria-Minutes-2020-04-06-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	Monday 6 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1351hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED	EMV	REDACTED
DJPR	Claire Febey (CF)	DHHS (Airport)	REDACTED REDACTED
SCC Comms	REDACTED	ADF	

Actions from Previous Meetings				
No	Meeting Date	Action	Assigned to	Due Date
1.	3/4/2020	<p>Follow up on the passengers that are not on the reconciled DHHS/DJPR hotel quarantine list.</p> <p>6/04/2020 - Continues as a work in progress, ongoing and no longer required as an action.</p>	DHHS/DJPR	5/04/2020 – ONGOING . DHHS required to support DJPR in reconciling outstanding gaps in passenger manifests/hotel quarantine lists.
2.	3/4/2020	<p>DPC and EMC to look to identify contacts that may be able to assist in gaining information on the numbers of Australians returning home and capacity trigger points for all jurisdictions (to discuss offline).</p> <p>6/04/2020 - EMC followed up with EMA. Raised by DPC as part of national coordination mechanism, which occurred this morning. Agreement for a national approach is key for those passengers travelling home this weekend as to whether they face home quarantine when travelling on to other states. Home Affairs will pursue with ADF better intelligence on flight arrivals.</p>	EMC	TBC – IN PROGRESS . EMC to follow-up with EMA and set up a t/c meeting with the national group looking at this modelling.
3.	3/4/2020	<p>Intel to report whether repatriation data from DFAT is more or less than they current receive and is useful.</p> <p>6/4/2020 - Chris Eagle to follow up</p>	Intel Team	5/04/2020 – IN PROGRESS .
4.	5/4/2020	<p>State Controller direction required for hotel allocation tomorrow.</p> <p>6/04/2020 - Completed for today, further decision today, mark as complete.</p>	SF	5/4/2020 – COMPLETED .

5.	5/4/2020	FAQs or scripts to be developed for exit process. 6/04/2020 - More than FAQs/Scripts to be developed, the whole process. Multiple agencies are working on that space and will be connecting on that.	DHHS/DJPR	ASAP – IN PROGRESS.
6.	5/4/2020	State Controller to confirm what type of staff DHHS are requesting via DoT Secretary. 6/04/2020 - Request out to support authorised officers, will confirm offline	JH	5/4/2020 – IN PROGRESS.
7.	5/4/2020	Share call centre trends document with Intelligence and REDACTED (VicPol) directly. 6/04/2020 – Will complete after TC	DJPR	5/4/2020 – IN PROGRESS.

Item	Subject
1.	<p>Operations</p> <p><i>Reports on mornings transfers, key issues, items for review</i></p> <p>DHHS</p> <ul style="list-style-type: none"> 63 passengers in today over two flights, a further 39 on another flight today. All incoming passengers today are being received into Park Royal at the airport, this was the additional hotel stood up today. Continuing to work with DJPR on the resourcing and setup of a growing number of hotels, an additional 3 of the coming days. With increased numbers we are seeing pressures around the exemptions requests and processes at the airport and hotel end. Dietary requirements are a continued discussion. Exit planning is occurring. Increased demand for nursing support at the hotels, additional resources overnight at each hotel, increased mental health resources during the day. CHo: Around issues of transiting passengers. Would be a lot easier operationally on

	<p>the ground if we could get some clarity about where that sits. Flagging this as an emerging issue and consideration for the group now to be worked through.</p> <p>DJPR</p> <ul style="list-style-type: none"> • Focus today is settling into new rhythm with Park Royal. Preparation of the next 3 sites that we would go to as a priority. Seeing a continued fluctuation in passenger arrival numbers. Repatriation flight from San Fran tomorrow redirected from Sydney to Melbourne, seeing a further 200 passengers. • Fluctuations continue at very short notice. Move to immediately stand up 2-3 hotels that are next in our pipeline so that we have appropriate accommodation in place for those fluctuations we expect will continue. • Additional intelligence and data to properly plan for that, will do modelling work in the background to think about what sort of stock we need, rolling use of stock and turning over hotels rather than standing up new ones. • Request urgent direction around State Controller around standing up hotels, in order for other agencies to properly mobilise their staff. • Need to give hotels a minimum of 24 hours' notice to stand up and accept guests, as they are operating in a failed market they do not have staff onsite as they normally would. Complexity of having private security and other contractors in place. • Report back after this meeting after site visits, requesting an urgent decision from the State Controller around the allocation of incoming flights. • CE: It is now Day 9, and we have another 5 days of incoming passengers. We should be in front of the game but we are still trying to catch up. <p>VicPol</p> <ul style="list-style-type: none"> • Nil issues <p>DPC</p> <ul style="list-style-type: none"> • Nil update
2.	<p>Planning</p> <p><i>Forward look at following day – air and sea</i></p> <ul style="list-style-type: none"> • CE: We are up to Day 9 and should have multiple things in place, we need to nail down what is in place, and think about the next 5 days to get us through the initial 14 day timeline. • By Thursday at the latest we need demobilisation sorted out. Ensure people know what is going on over the weekend with first lot of people leaving. Going forward we will have the added complexity of people both arriving and leaving on same days at different hotels. • At least another 16 days assuming flights stop tomorrow. Every day we are here, there is a further 16 days before finishing. Number of weeks before this begins to slow down. • RE What is the role of VicPol role at the end of this 14 day cycle? • CE: Haven't got our thinking that far in advance yet – tomorrow and Wednesday these discussions should be taking place. Various agency requirements to be sorted out today and tomorrow. • CF: Focus on people calling call centre was around dietary needs, now volume of calls is about exit planning. Asking DJPR to support people with connection with airlines etc. Need to provide feedback to passengers and clarity around roles.

	<ul style="list-style-type: none"> • RE Indication of when these guidelines might be in place? • JH: Can DJPR provide a list of those that have called, we can work through those. We need to work out modes of exit and work through the various logistics. Will need to work individually with a lot of people especially if they are leaving the state as different border controls exist in different states. • CF: We can support you on providing people who have made enquiries, but we need proactive communications and scripts. Questions regarding specific calculations around periods of quarantine. Pressing – whether or not people will need to complete a second period of quarantine in another state. Timing of their departure and their ability to obtain flights.
3.	<p>Health and Safety/Welfare and Wellbeing</p> <ul style="list-style-type: none"> • CF: Dictions around standing up Park Royal. Different views between DHHS and DJPR between correct and appropriate use of PPE. DHHS concerned about proper preservation of PPE, DJPR concerned about ensuring our staff are supported to use PPE in a way that means they are safe if having direct interface with passengers. • RE Will provide that today, all advice will be consistent with that on the COVID website, critical thing here is application of appropriate physical distancing measures. Staff should not be put in a situation where they require more than a mask and gloves. • CF: Look forward to advice, noting physical distancing measures are in place. Will need to contextualise and ensure briefings are happening in a daily cycle. • CE:RE to send requested information.
4.	<p>Communication</p> <ul style="list-style-type: none"> • Covered above.
5.	<p>Other Business</p> <ul style="list-style-type: none"> • Nil
6.	Next Scheduled Meeting – 1330hrs, Tuesday 7 April 2020

Actions

No	Action	Assigned to	Due Date
1.	Provide DJPR with advice regarding the correct and appropriate use of PPE	RE	6/04/2020

Operation Soteria
Op Soteria-Minutes-2020-04-07-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Tuesday 7 April 2020	Start	1330hrs
Teleconference	REDACTED	End	000hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH)	DHHS (Airport)	REDACTED
DJPR	Claire Febey (CF)	ADF	-
SCC Comms	REDACTED	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 - parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE</i></p> <p><i>7/4/2020 - The second part is trigger points for forward planning to now be held over to later in the meeting. Information received today will impact forward planning.</i></p>	EMC	<p>COMPLETED part 1</p> <p>In PROGRSS Part 2</p>
2.	3/4/2020	<p>Intel to report whether repatriation data from DFAT is more/less than they currently receive and is useful.</p> <p><i>6/4/2020 - Chris Eagle to follow up.</i></p>	Intel / Chris Eagle	COMPLETE
3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p>	DHHS/DJPR	In progress

Operation Soteria

Op Soteria-Agenda-2020-04-07-1330hrs



4.	5/4/2020	State Controller to confirm what type of staff DHHS are requesting via DoT Secretary. <i>6/4/2020 - Request out to support authorised officers, will confirm offline.</i> <i>7/4/2020 – BH and KS to take offline to complete.</i>	JH	CLOSED
5.	6/4/2020	Provide DJPR with advice regarding the correct and appropriate usage of PPE. <i>7/4/2020 – Coraline sent that through and completed 6/4/2020.</i>	RED	CLOSED

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Ask all to hold off on forward planning discussions until later in the meeting so the advised changes coming through can be discussed all in one hit.

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- Exit planning becoming the priority ensuring the process is well established and how this will be carried out, legally, operationally and with social distancing rules including only two people in a lift at a time. Need to ensure it staged appropriately to minimise the disruption and also facilitate their on journeying and planning for appropriate support to exit in an orderly fashion.
- Embedding down processes for new arrivals, ie individual requirements for each person coming through and ensuring they are all managed appropriately with food, allergies comfort levels exemption requests.
- Mental health discussions continuing to look for opportunities and mechanisms to ensure ongoing mental health is being appropriately managed. Mental health colleagues working with Beyond Blue to provide a targeted service. Brief going to the Minister of Mental Health.

DJPR

- Park Royal and Four Point are the hotels online to receive passengers today with confirmation that the Park Royal will be able to accommodate the large flight coming from DFAT.
- Planning is underway to ensure hotels in the future are online to receive the large repatriation flights.
- Working today to follow-up on Uber eats requests as each time this has previously come up there have been hotel operational reasons why this might be a problem, however there is no issue from a DHHS perspective. Feedback has bought this up again and we will be looking at the policy today.

DOT

- No issues to report.

VicPol

- Issues regarding the late notification of the flights coming in, is there a way to be notified in the first instance as **R₀** and **RE** manage the logistics.

Other

- -

3.	<p>Planning</p> <ul style="list-style-type: none"> • Advice from DFAT was received about an hour ago that all inbound non-scheduled passenger flights to be diverted to alternative ports – looking at Melbourne, Brisbane and Cairns ie the repatriation flights, like the flight of 221 this morning. There were already 3 scheduled possibility of another 3 depending on what port they are diverted to. This means there is a possibility of an extra 1700 people (worst case scenario) in the next 4 days on top of the normal 150-200 people flow. • This is a significant spike in activity which will put pressure on agencies, staff, transportation and the scheduling of 14 days for possibility up to 4,500 people in care. • Need to look at maximising hotel usage, for example do we identify one of the smaller hotels for COVID positive people. What does the transport look like, where capacity isn't maximised. Can we do more than one flight one hotel, and change it to possibly moving to one flight two hotels depending on the capacity from transport and police. <p>R – more resources would need to be put into this as estimate 3 minutes per passenger coming off a bus into the hotel. Just need numbers to start planning. Need to work in closely and possibly need to embed a VicPOL member in SCC conversations to understand logistics of the finer details. May need to be a State level operation rather than regional once numbers are better understood.</p> <p>BH – COVID positive people that are identified during stay would make up the passengers in the potential COVID hotel, passengers who are COVID positive, or have symptoms on arrival are sent to hospital.</p> <p>The current passengers that are COVID positive take over a whole floor of a hotel and therefore there is an inability to utilise the other rooms on that floor. This would be mitigated if there was one hotel.</p> <p>CE – numbers have not been confirmed at this stage the numbers mentions are indicative.</p> <p>KS – need numbers to ensure that operational planning can be put in place. Currently have the ability to be able to do this.</p> <p>BH – there will be challenges with sourcing nurses, security, labour and how we resource and support this.</p> <p>CF – 1,774 currently in quarantine. In total 4,874 rooms contracted to date, in total 3,936 rooms 1,200 currently occupied. With an increase in arrivals, next 5 -7 days would fit with current capacity in the Airport and CBD area. New procurement for CBD based rooms will be required to go to Cabinet very quickly.</p>
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> • -
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> • -



6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • RE – Be mindful of possible media attention to those leaving on Saturday and how we protect them leaving. BH – Still working through this with legal and working around passengers leaving will be exiting people 1201 after midnight. Hopefully little media around for that.
8.	<p>Other Business</p> <ul style="list-style-type: none"> •
9.	Next Scheduled Meeting – 1330hrs, Wednesday 8 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op Soteria-Minutes-2020-04-08-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Wednesday 8 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1349hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC	Apology	VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH)	DHHS (Airport)	REDACTED
DJPR	Claire Febey (CF)	ADF	REDACTED
SCC Comms	REDACTED	Assurance and Learning	

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 - parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE</i></p> <p><i>7/4/2020 - The second part is trigger points for forward planning to now be held over to later in the meeting. Information received today will impact forward planning</i></p> <p><i>8/4/2020 – CE to followup with the EMC.</i></p>	EMC	<p>COMPLETED part 1</p> <p>In PROGRSS Part 2</p>
3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p>	DHHS/DJPR	In progress

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •

2.	<p>Operations</p> <p><i>Reports on mornings transfers, key issues, items for review</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • New arrivals of 3 flights today with some complexities, running late, an unaccompanied minor and a person of interest. • Meetings this morning with most agencies around the uplift in capacity. • <u>Exit planning</u>: <ul style="list-style-type: none"> ○ Includes organising departure mechanics and what needs to be done when exiting the hotels. ○ Transport piece is working through what passengers will need when they leave and where they are headed. Draft of information that will provided to passengers on their departure being finalised that should be available to share with this group tomorrow. • An walk through exercise will be run on Saturday to go through the exit plan to see the steps and identify any gaps. <p>DJPR</p> <ul style="list-style-type: none"> • WWill be focusing on supporting in the exit planning, and ensuring hotels are read to receive repatriation flights. • Travelodge Docklands and Novotel Melbourne and are almost ready to come online for the repatriation flights. Onsite visits tomorrow to Travelodge in Southbank and Batemans Hill on Collins are being arranged. Reaching out to ensure the right parties on site for these visits. • Will ensure that all the 14 hotels are activated for surge number arrivals in coming days. <p>DOT</p> <ul style="list-style-type: none"> • No further updates. <p>VicPol</p> <ul style="list-style-type: none"> • Incident occurred in Crown Plaza this morning. • Look forward to catching up again to gain more details and have further discussion following on from this mornings' meeting around the plans. <p>Other</p> <ul style="list-style-type: none"> • Forward plan from Melbourne Airport – no confirmed passenger numbers yet for the two flights arriving tomorrow. • The next repatriated flight is scheduled to arrive 0200 on Friday morning. Waiting for more information on numbers. • The larger flight will arrive Saturday with an estimated 440 passengers (no time has been confirmed for arrival), which is largest to come through at one time.
3.	<p>Planning</p> <ul style="list-style-type: none"> • DoT has already given Sky bus the heads up on the repatriated flight coming in.

4.	<p>Health and Safety</p> <ul style="list-style-type: none"> • Incident at Crown Promenade where a man had packed his bag and wanted to leave. He was quite angry. Police were in attendance as well as a nurse and mental health support were provided. BH – Health nurses been placed in each of the hotels to assist with mental health as well as the hotline from Beyond Blue. The additional support will hopefully provide alleviation to nurses and GPs.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> •
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • RED – Would like to understand how the dry run goes so preparations can start noting that media may be present for this event and there may be an impact of media outlets being outside the hotel. • DPC – nothing to report • AFP – noting to report •
8.	<p>Other Business</p> <ul style="list-style-type: none"> • BH – possibly Uruguay cruise ship returning to Australia with 94 Australians and 15 New Zealanders. CF – please keep us on the loop on this so we can ensure we have capacity in hotels KS – will need to work through transport options • RE – also what is that going to look like in terms of security. • BH still being worked through asnd the information is coming in. There is a possibly a charter flight that we may be able to take through another terminal at Melbourne airport.
9.	<p>Next Scheduled Meeting – 1330hrs, Thursday 9 April 2020</p>

Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op Soteria-Minutes-2020-04-09-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Thursday 9 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1401hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support - REDACTED		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC	Apology	VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH) Pam Williams (PW)	DHHS (Airport)	REDACTED
DJPR	Claire Febey (CF) Rachaele May (RM)	AFP	REDACTED
SCC Comms		Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.1	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 – Two parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE.</i></p>	EMC	COMPLETED part 1 – DFAT flight and passenger numbers.
1.2		<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p>		In PROGRESS Part 2
3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p> <p><i>9/4/2020 – Still being finalised. Hope to have it complete by tomorrow.</i></p>	DHHS/DJPR	In PROGRESS

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •
2.	<p>Operations</p> <p><i>Reports on mornings transfers, key issues, items for review</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • RE Airport very minor numbers of passengers today. Continue to work on preparations for the big numbers coming through over the coming days. • PW – The exit process is still being worked on. Will be working with DJPR to share the full list of people exiting. Advice that will be provided to those exiting is being finalised and will hopefully be out by tomorrow. <p>DJPR</p> <ul style="list-style-type: none"> • 10 additional staff are currently being trained t to take calls in the call centre to ensure there are enough staff manning the phones in preparation for the increase in numbers of quarantined. • As DHHS own the data for the list of people who will be exiting, DJPR suggest that another way would be for the call centre to call all those that checked-in in time frame (noting that some may not be exiting due to exemptions etc). <p>AP – The DPC preference would be that calls to people not exiting be avoided.</p> <p>ACTION - PW – will contact CF in this afternoon regarding the exit list and data sharing.</p> <p>BH – One issue with the exit data has been that it is received in a 24 retrospective. This process will be easier to share once these issues have been rectified.</p> <p>PW – The exit data will be used to determine who will be finishing quarantine and who needs to receive a notice of 'completion of quarantine'. Logistics are being finalised for the exit strategy with the process around knocking on the door, moving them to the foyer individually to check out and have transport provided.</p> <p>Note that there is the possibility of media being present for the demobilisation process on Sunday, and contingency plans for moving passengers away from the sight are in place, so that people don't gather outside.</p> <p>People will be transported by Sky Bus to the airport and taxis are being utilised to drop people at another preferred location (i.e. train station) or home.</p> <p>DOT</p> <ul style="list-style-type: none"> • Transport is ready and clarification of numbers as soon as possible is key. <p>VicPol</p> <ul style="list-style-type: none"> • Will discuss the consideration of a secondary transportation hub further out to stage departure with DJPR offline. <p>Other</p> <ul style="list-style-type: none"> •

3.	<p>Planning</p> <ul style="list-style-type: none"> BH – Two additional DFAT flights have been confirmed for Monday from Delhi, with an additional 880 passengers. Additional hotels coming online are being identified, which also requires medical staff, consumables, rostering of staff and security etc. CF – Currently there are 8 hotels active with two more having site visits completed today as well as 4 more coming online. Making a total of 14 hotels to ensure the capacity is ready for the repatriation flights. <p>Rydges has been sourced to be the prepared specifically as the COVID-19 positive hotel. This is in preparation for the flight from Uruguay with the cruise ship passengers that are COVID- 19 positive or may present as positive after arrival.</p> <p>ACTION – CF to circulate a full list of hotels that are currently part of Operation Soteria, once the site visits have been completed, to the group by COB today.</p>
4.	<p>Health and Safety</p> <ul style="list-style-type: none">
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none">

6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> Have been preparing from the advice that Victoria will be receiving 1 large flight every 1-2 days. New advice 15 minutes ago has 2 flights now 'TBC' meaning they may go either Brisbane or Cairns. Suggest that planning continues for the likelihood of receiving the largest numbers, and scaling back if required, ensuring processes are adaptable to change. <p>DHHS</p> <ul style="list-style-type: none"> Flight from Uruguay - The Greg Mortimer (cruise ship) docked with 113 Australians and 14 New Zealanders that will repatriated to Melbourne and is has been confirmed by ADF to arrive 0640 Sunday. There is expected to be up to 70 COVID-19 positive cases arriving in this cohort, so a different approach is being planned. The Deputy CHO has approved the methodology to move forward with approach that the plane will land at the airport and not disembark at the usual tarmac (airport working on an appropriate position). The plane will instead be met by AV and FEMO Teams. Passengers that are symptomatic will be taken to hospital whilst others will be tested (not at the airport as it is not a safe testing environment) and quarantined. NZ is working with DHHS and the team to have the Z+NZ passengers potentially taken straight from the plane to a chartered plane. Seeking clarification on this. Hopefully the clinical health plan for this will be out to the Deputy CHO this afternoon with some work still to be done around the transport process. BS will discuss with KS offline.
7.	<p>Communication</p> <ul style="list-style-type: none"> Work being completed on job cards. A daily stand up briefing for each of the hotels being considered.
8.	<p>Other Business</p> <ul style="list-style-type: none"> Rachaele May is now part of the DJPR team working with this group.
9.	Next Scheduled Meeting – 1330hrs, Friday 10 April 2020

Actions

No	Action	Assigned to	Due Date
1.	DJPR to circulate a full list of hotels that are currently part of Operation Soteria, once the site visits have been completed, to the group by COB today	CF	9/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-10-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Friday 10 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1414hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	Kim Schriener (KS)
EMC	Chris Stephenson (Deputy EMC)	VicPol	REDACTED
Public Health Commander	Finn Romanes (FR)	DPC	REDACTED
DHHS	Braedan Hogan (BH) <i>(DHHS Agency Command)</i> Pam Williams (PW) Menna Naidu (MN) <i>(Quarantine Exemptions)</i>	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Claire Febey (CF) Rachaele May (RM)	Assurance and Learning	

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.1	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 – Two parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE.</i></p>	EMC	COMPLETED part 1 – DFAT flight and passenger numbers.
1.2		<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – (AP) will follow up and confirm ASAP.</i></p>		In PROGRESS Part 2

Operation Soteria

Op Soteria-Minutes-2020-04-10-1330hrs



3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p> <p><i>9/4/2020 – Still being finalised. Hope to have it complete by tomorrow.</i></p> <p><i>10/4/2020 – PW still working through process, awaiting approval on pieces of Comms for guests.</i></p> <p><i>FR – DPC Comms have just given approval. Will send in shortly.</i></p> <p><i>SF – please send in to SCC so it can be circulated with minutes.</i></p>	DHHS/DJPR	In PROGRESS
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Item	Subject
1.	<p data-bbox="312 466 600 495">Situational Awareness</p> <p data-bbox="312 514 719 544">Deputy State Controller - Health</p> <ul data-bbox="360 562 1433 971" style="list-style-type: none"> <li data-bbox="360 562 1177 592">• We need to ensure Actions are followed up promptly and shared. <li data-bbox="360 594 1366 656">• As of the 28th of March until today, there has been 52 flights, 2,503 transferred to quarantine, 5 in Hospital, 31 exemptions issued. <li data-bbox="360 658 1294 688">• BH – data needs further work as it is including commonwealth exemptions. <li data-bbox="360 691 1433 810">• MN – Commonwealth makes some border decisions, Victoria makes its own decisions around detention. In some cases we have aligned with decisions made at the National level, but in other cases we have varied and it has been accepted at the National level that States and Territories aren't bound. <li data-bbox="360 812 1410 874">• FR – Commonwealth works through the State on exemptions. No Parallel exemption process. <li data-bbox="360 877 1374 939">• SF – Will chat with BH offline, we need to clarify these figures, the EMC has been following up on them today. <li data-bbox="360 941 1010 971">• This morning 3 flights were expected with 376 pax.

2.

Operations

Key issues, pressure points, dependencies and information sharing

DHHS

- **BH** – Planning for influx in passengers who have been repatriated, a number of flights from Deli, we also had a large flight from Peru with 270 pax. Travelodge Docklands stood up today, with a pipeline of hotels to come on over next 4-5 days (Batman Hill city, Rydges which will be a COVID-19 positive with the Uruguay flight, Travelodge Southbank)
- Opaqueness around flight data and details we have been receiving from DFAT and Border Force.
- Uruguay flight is arriving at 0640 Sunday morning, planning well progressed and will be shared with Key Stakeholders. Rydges will be almost filled with the 113 passenger arrival, noting 15 are on-flying to NZ. Finalising formal model of care for the passengers, with 24 hour Doctors and Nurses on site.
- **FR** – Deputy CHO is concerned about tightening up the governance arrangements around the legal program being run. I have been asked to work with SF to tighten up the governance arrangements and ensure one plan is established across the streams of healthcare and welfare, compliance and also logistics.
- **FR** - Also we are the authorisers of people in quarantine and release of people.
- **SF** – Draft revised operational plan sent out to some for feedback by Saturday Arvo.
- **MN** – There are increasing numbers of complex scenarios in hotels, requiring permissions to move to hospitals or other facilities. In some cases the hotel environment is not suitable for individuals and we have had to make alternate arrangements. Increasing numbers of unaccompanied minors transiting through who don't have a guardian with them.
- **MN** - Challenges getting enough AO's on the ground, we have been going through a recruitment process for an additional 100 in total.
- **KS** – DOT looking to try and support but we need more information on role and permission. **MN** – will send details.
- **RE** – This morning went smoothly besides the one medical exception.

DJPR - CF

- Site visit conducted at Batman Hill on Collins Street, concerns re small rooms, balconies and safety concerns on gas cook tops. Better suited for accommodation of healthcare and other first responding workers.
- Novotel on Collins and Travel Lodge South Bank are being activated.
- Inspection today at the Marriott which is looking highly suitable.
- If all flights from Deli (some still TBC) come in, we will have a challenging position in terms of hotel supply. We will not be contracting the Grand Hyatt.
- We are actively looking at the Novotel South Wharf, Holiday Inn on Flinders and the Victoria Hotel.
- Can we provide advice that the 3 flights be split across the ports accepting repatriation flights (Cairns, Brisbane and Melbourne) Consider seeking to negotiate proactively around how they are distributed across jurisdictions.
- In terms of the Rydges Hotel taking the Uruguay passengers which consists of some COVID-19 confirmed cases. DHHS will lead this service, DJPR will not have the usual on ground presence but will provide advice on what it can help with.
- Provision of onsite Nurse contact details is vital.
- Will discuss with BH operationalising new policies coming online at the direction of the CHO. Changes recently in the provision of food deliveries for people at significant risk

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{ FILENAME } of food allergies and the exercise policy. We need to have an implementation plan across each hotel so that they can be activated. Printed { DATE \@ "d/MM/yyyy" } * MERGEFORMAT }
{ TIME \@ "h:mm" } * MERGEFORMAT }

- **BH** – Will ensure the phones are pre purchased and details provided for nurses.
- **BH** – Regarding the implementation of policies, we are looking at job cards and briefings. Also looking at pre-deployment briefings as well to improve this area, and considering arranging a lead over 3 hotels.
- **FR** – Operational Plan high level, request any information produced for provision to people in detention be provided to the Public Health Command for approval.
- **CF** – Working with DHHS on drafting material, BH can you include additional contacts for the distribution list regarding operational

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • CF – could DHHS ensure correct PPE messaging is used at daily briefings on a site by site basis? • BH - will take on board, today we instigated partnering/buddying experienced Team Leaders with new Team Leaders for the 1st shift. Hopefully that will tighten things up, along with other actions that I have articulated are in train.
5.	<p>Communication</p> <ul style="list-style-type: none"> • RE – What is the consideration for Public Safety information in the Comms Plan with the flight coming in from Uruguay? Potential media crowding outside Hotels. Also messaging to families who may be coming into collect people departing on Sunday. • SF – Duly noted, comms are engaged in this process.
6.	<p>Other Business</p> <ul style="list-style-type: none"> • KS – Do we know the numbers of people leaving Sunday? • PW – 462, DJPR are calling all today to establish where it is they need to go. We expect advice later today. • CF – will follow up on volume of calls made. PW could you share the process mapping with agencies so they can have some input. • ACTION – PW to share process mapping for people departing hotels. • CS – Keen to see process for those departing Hotels on Sunday, ensure everyone is getting to see what they need to see and comment on.
7.	Next Scheduled Meeting – 1330hrs, Saturday 11 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	Distribute process mapping for people leaving hotels with Ops Soteria group for information and comment.	PW	11/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-12-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	12 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1356hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	Kim Schriener (KS)
EMC Dep.EMC	Andrew Crisp (EMC) Chris Stephenson (CS)	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Claire Febey (CF) Rachaele May (RM)	State Health Commander	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – (AP) will follow up and confirm ASAP.</i></p> <p><i>11/4/2020 – (AP) Have been unable to confirm at this stage.</i></p>	DPC - AP	In PROGRESS Part 2

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • In Victoria there have been 3 new cases overnight bringing the total to 1,268, with 14 deaths and 1,015 people recovered. • State of Emergency in Victoria has been extended another 4 weeks until midnight on the 11th of May 2020. The strict enforcement of physical distancing is continuing, with Police the powers to enforce continuing. • Tragically a man passed away yesterday whilst in quarantine accommodation, Police are not treating it as suspicious, the Coroner will be investigating the incident. • Overall statistics to date from the 28th of March are 59 flights 2,808 pax transfer to quarantine. • There are 4 flights coming in today, 2 have already arrived being: <ul style="list-style-type: none"> ○ The Uruguay flight with 112 pax ○ The Kuala Lumpur flight had 79 pax. ○ The Delhi flight is now scheduled to arrive at 2100hrs. ○ The other flight is scheduled to arrive at 1730hrs and now has 83 pax. • RE – Further detail on the Uruguay flight, 112 pax, 13 of those were New Zealanders transited. There were 99 Australians, of those 27 are currently negative COVID-19, 72 are positive, 1 was transported to Royal Melbourne Hospital by non-emergency patient transport. After check in at Rydges another patient with chest pain was taken to hospital by non-emergency patient transport. All 20 crew on the flight were cleared, they are staying at the Park Royal tonight and flying out tomorrow.
2.	<p>Operations</p> <p>Key issues, pressure points, dependencies and information sharing</p> <p>DHHS</p> <p>RE</p> <ul style="list-style-type: none"> • The implementation of Greg Mortimer Repatriation Plan has been the big focus, reports from the airport is that it went very well. Passengers all grateful to be home and happy with the support they received. • Preparing for another large influx of passengers this evening and activating new hotels. • Further to the incident yesterday we have put additional mental health supports in place, looking closely at the need for additional welfare checks and other measures. • Ongoing work continues around dietary requirements and implementation of welfare and recreational breaks. <p>DJPR</p> <ul style="list-style-type: none"> • CF • The big focus today is staff welfare, in terms of the incident yesterday, we need to work closely with DHHS to understand how the supports are being rolled out and how that is going to support DJPR staff on the ground and contractor partners. • A number of people exiting quarantine are not going to be able to travel on easily, this will be a complex issue. We have mobilised the government travel booking system, to assist people trying to make onward travel plans. Some worst case scenarios have people experiencing delays of up to 2 weeks to get flights. We are providing up to 3



days extra accommodation to assist if they can't pay themselves. There are 79 people looking to use this plan, we will use Holliday Inn and Batmans Hill on Collins will be used for overflow.

- Have been talking with DHHS on cleaning practices for the hotels, it is important now that we are starting to empty some and need the supply back online. DHHS has provided guidance, we need clarity on how to implement that in relation to the level of cleaning required. We need to put forward how the guidance will be practically applied and then get receive further feedback from DHHS. This will then allow us to determine how quickly we can get hotels back online.
- Plenty of learnings from today's exiting process, thanks in a huge way to everyone on the ground, everyone is working so flexibly in a dynamic environment.
- CH – Please email through the cleaning approach and I will pass it through our Public Health colleagues for feedback.

DOT

- All went well from DOT perspective on the ground.
- There was a request to transport a passenger to hospital, we were able to re-direct it back to appropriate area.
- Requests to look what support V/Line may be able to provide for passengers trying to get back to interstate. Will work on this and send feedback to DJPR were the request came from.

VicPol

- **RE** – Still a dynamic situation around the hotels, implemented the traffic plan and assisted in establishing a media staging zone.
- We are preparing a report to the coroner on the unexpected death.

AFP

- Reiterate the positive comments we got back from the airport on how well it went this morning.

State Health Commander

- Information from the Incident Health Commander is that it was exceptionally well run and very happy with the communication with all the other services on site.

Communications

- **RED** – Social media messaging around out of date food people are being served at hotels, that messaging has been referred to DHHS for response.

EMC

- Would like to reinforce the positive comments that have been made, not only in relation to the Uruguay flight that went very well, but also how the dynamic departures from the hotels has been handled on the ground.
- There has been a fair bit of conversation since the tragic death yesterday. I know in some respects we take that personally, we have all invested a lot in this particular operations. We need to ensure everyone looks after themselves and the people on the ground, there is nothing wrong with putting up your hand if you are not travelling well.

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> SF – WA recognise a National database is being established. It will be discussed at a meeting on Tuesday which the EMC and Chris Eagle are attending. In the meantime they are urgently seeking information about the number of WA residents in our jurisdiction awaiting repatriation. They are having discussion with Qantas to open up some flights. RE – I will check with the DHHS directions team. SF – I will chat with RE offline to try and get information to WA this afternoon. CF – Can AP take up the point on the National approach in the restrictive travel environment? AP – NCM scheduled on Tuesday, which the EMC will be attending and can take it up. CF – Could we also get a National position on supporting people with provisional accommodation if they are stranded within Australia? DJPR will continue to support on a case by case basis where people have no ability to leave or pay.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> SF – extra support has been arranged for all, please let us know if anything further was required. CF – Need clarity on supports being provided and if they are for DJPR and contractors. JH – As discussed last night the offer is on the table for DJPR, provide me a list and we will get it to our service providers, will also provide an overview of services.
5.	<p>Communication</p> <ul style="list-style-type: none"> RED – WA are enquiring on the number of people requiring repatriation back to WA.
6.	<p>Other Business</p> <ul style="list-style-type: none"> RM – We have some outstanding enquiries with DHHS on exercise policy and passengers ordering Uber Eats. JH – though they were dealt with, will chat offline. RM – also need details on concerns raised in social media regarding out of date food at hotels. MM - will send you details RE – Who will be providing forward scheduling for exits moving forward? CF – We can provide some general info. RE – In a transition period at this stage where PW will be the Commander in Charge of that operation moving forward. If you could go through the Health & Human Services Commander at the State Control Team we will link you into that plan and then link you into PW as she takes over more of the work.
7.	<p>Next Scheduled Meeting – 1330hrs, 13 April 2020</p>

Actions

Operation Soteria

Op Soteria-Minutes -2020-04-12-1330hrs



No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-13-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	13 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1358hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	Kim Schriener (KS)
EMC	Andrew Crisp (EMC)	VicPol	REDACTED Tim Tully (TT)
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) REDACTED	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – [REDACTED] will follow up and confirm ASAP.</i></p> <p><i>11/4/2020 – [REDACTED] Have been unable to confirm at this stage.</i></p>	DPC - AP	In PROGRESS Part 2

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • Victoria now has 1,281 cases of COVID-19, with an increase of 13 cases since yesterday. There has been 14 deaths and 1,075 people recovered. • Australian COVID-19 cases are sitting at 6,326 with 59 deaths. • Globally there are over 1.8 million cases, with in excess of 113,000. • There was an announcement last night of additional funding (\$59.4m) for the Mental Health System. • The State of Emergency was extended yesterday until midnight on 11 May 2020/
2.	<p>Operations</p> <p>Key issues, pressure points, dependencies and information sharing</p> <p>DHHS</p> <ul style="list-style-type: none"> • JH – Work progressing on structural changes, some reflected in State structure and some in DHHS, to set up a divisional type REOC in the Fitzroy office. It will be for the DHHS component of Operation Soteria and will be led by an Agency Commander specifically for Operation Soteria, a separate Agency Commander will lead Relief and other functions at State level. We are looking at multi agency support for some of the roles. • RED – We have become aware that the crew from the Uruguay flight are unable to leave today due to engine issues, they may need to stay for a week. I have been working with RM on accommodation for the 20 crews. • RE – Implemented a new approach to the identification of high risk dietary needs yesterday evening. Continuing to have a close look at those in hotel quarantine, for the identification of any emerging mental health needs. There are a number in the hotels with significant psychosocial / mental health concerns being raised • RE overseeing the Exit process, and will meet with DJPR tomorrow to go over the areas RM flagged. • RE – Was the exit process smoother today compared to yesterday? • RE – With size yesterday no issues of significant concern. Haven't heard about anything today. • RED – It has been quiet today from a media point of view. • ACT – Some are frustrated having already had up to 6 weeks detention before arriving in Melbourne, and some are frustrated with further detention they may be facing (eg. Tasmania). <p>DJPR</p> <ul style="list-style-type: none"> • Exits and arrivals yesterday and today, it would be good to go through learnings at a meeting with DHHS and DJPR. • A debriefing on the Delhi flight would be useful as it took about 8 hours from when they landing until the last person checked in. There are a few things we could do to improve it ahead of the next large flight. • Can DPC confirm if 2 more repatriation flights are confirmed? DPC - not heard anything.

	<ul style="list-style-type: none"> • RE – The most recent info we have from Border Force is there is another repatriation flight scheduled from Delhi (approx. 440 pax) on the 17th, but it is still yet to be confirmed. • Contract arranged for hotel room cleaning for COVID-19 confirmed guests. We are still awaiting DHHS response on cleaning protocol for non COVID rooms. • 140 exiting tomorrow with not many interstate transits required. Have 1 unaccompanied minor and will follow up with DHHS offline. • Planning ahead looking at the intake of new arrivals this week, we may need to stand up another hotel tomorrow. Will advise and work through DHHS to get it online from Wednesday. • RE – Is there any forecast document on what we can expect for planning? • RE – We can provide forward planning on what we know around the commercial flights, the biggest question is around the repatriation flights, <p>DOT</p> <ul style="list-style-type: none"> • Excellent cooperation with key stakeholders at the airport. • There were some challenges with the Delhi flight. Landed at about 2000hrs and the first bus didn't get to the Travelodge until about 2330 hours. <ul style="list-style-type: none"> ○ Delay in letting people off, 1 person needed to be taken from the plane before the other passengers could get off. ○ The passengers did not have any immigration cards. ○ Border Force agents were a little under resourced. ○ Because two hotels were being used, it took longer to get the busses loaded as passengers weren't coming out in any particular order. ○ Great feedback for 3 the AFP officers working last night – Top notch people, very helpful and positive, made the evening go well. • R – We have had sterling feedback about everyone's efforts, please pass on the great feedback to the crews on the ground <p>VicPol</p> <ul style="list-style-type: none"> • Also acknowledge the planning that went into yesterday and what played out over the last 24 hours, it went well. • The Travelodge issues from last night have been discussed. • Egress from Promenade went well once it got going. Important to keep sterile environment around the precinct of the hotels moving forward. • Planning for ongoing egress from hotels, and modelling up resourcing for Soteria. <p>AFP</p> <ul style="list-style-type: none"> • Good feedback on the communication that is occurring and flexibilities in changes.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • RE – As advised earlier by JH, structure changes will be circulated soon. • DA – I will work with RE on a mid-action review, part of it will be data collection and accuracy. We will work on getting it out for people's thoughts.

4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • JH – Have had interest from WA for people needing to get back to WA and Vic people trying to get back from WA. Is there a linkage DOT? • RE – Had been looking at busing people through V/Line to other states, border crossing is potentially a challenge. • RM – When people are checking out, we are trying to assist them with onward travel. Next flight to Perth is not scheduled until 24 April. <ul style="list-style-type: none"> ○ There is an option for a Melb/Syd/Perth flight. ○ It would cost \$76,000 to charter a flight from Qantas. ○ Brisbane and Perth destinations are the destinations people are struggling with. ○ NCM meeting tomorrow, may be best to discuss the process and we could assist with data. • R – Data on people stranded would be useful for tomorrow. • E – On Agenda for tomorrow's meeting which EMC and REDACTE attending. Send data to State Controller Health, for addition in today's Minutes. RM – Will send data in and update data daily as more calls are made.
5.	<p>Communication</p> <ul style="list-style-type: none"> •
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	<p>Next Scheduled Meeting – 1330hrs, 14 April 2020</p>

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-14-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	14 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1409hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	
EMC	Andrew Crisp (EMC)	VicPol	REDACTED Tim Tully (TT) REDACTED
State Controller Health	Andrea Spiteri (AS)	DPC	REDACTED
DHHS	Braedan Hogan (BH) Pam Williams (PW) Angie Bone (AB)	SCC Comms	REDACTED & a DPC Rep
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – (AP) will follow up and confirm ASAP.</i></p> <p><i>11/4/2020 – (AP) Have been unable to confirm at this stage.</i></p> <p>14/4 – CE still being worked on.</p>	DPC - AP	In PROGRESS Part 2

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 564 1445 1184" style="list-style-type: none"> <li data-bbox="360 564 1445 684">• The EMC, BH, RE, and I dialled into a National teleconference (NCM) this morning around current plans and where things are up to, all states having similar problems with capacity and resources. There was a commitment from all to have a joined up approach and share information, there will be weekly meetings. <li data-bbox="360 691 1445 810">• Repatriation flights was the main item, across Australia there has been 19 flights so far with 2,600 people coming in. They advised there are 1 million Australian residents overseas and estimate about 10,000 people have indicated they are wanting to come home in the few weeks. <li data-bbox="360 817 1445 874">• Committee is looking to stagger and staging the flights so that the National capacity can cope with the numbers. <li data-bbox="360 881 1445 966">• In regards to locations with large numbers to return like Delhi, they will look to fly people home in state bunches where possible. The aim is to where possible have people do their quarantine at their home port <li data-bbox="360 973 1445 1058">• 2 weeks ago there was 6,500 people trying to get home. Now only 3 cruise ships left with 159 people trying to return. None of the 3 cruise ships have COVID cases on them. One of the cruise ships has 24 passengers returning to Melbourne tomorrow. <li data-bbox="360 1065 1445 1184">• RED, Home Affairs made some recommendations, there is a coordination task to be completed by the end of the week, one item is where we are unable to bunch people to go directly to their state that there be an airside option to transfer them to their state to serve the quarantine period.

2.

Operations

Key issues, pressure points, dependencies and information sharing

DHHS

- BH – People who receive our daily state situation reporting will have seen a section on Intel containing data on the current operation. We are working on tightening up the data reported.
- Work conducted over the weekend and we are still reinforcing around food safety. Daily briefings with Team Leaders at hotels about what the process looks like.
- Working on our ongoing supports in Mental Health at Hotels for passengers and how we screen them.
- Establishing an Operations Centre at the Fitzroy office, standing up an IMT which will report into Dep Controller Health.
- PW – The exit process on the weekend had some things not go smoothly, early unexpected exits effected the flow. Police did a great job with cordoning onlookers away and media at a suitable distance. First day we had 462 out, 2nd day we had approx. 330 out. Smaller groups the last couple of days. We have a chance to re-group and reframe our processes.
- PW sharpening up our medical and mental health work.
- PW – Looking at broader accommodation support, for people in the community. Cabinet Submission being developed.
- AB – A key issue is AO's very stretched as the number of sites increase, looking to get systems into support existing AO's and on board new AO's from other government departments.
- AB – 3 cases of anaphylaxis, detainees taken to hospital for treatment. New processes worked on with food safety team now in place.
- BH – Thanks to all the great work on food safety last week, working with team leaders
- RB – Everything going ok, planning on next repat flights.

DJPR

- Thanks to DHHS on food safety policy allowing people to use Uber eats, with the process being co-designed.
- Cleaning commenced today at two of the hotels and will continue tomorrow, they should be back online Thursday.
- There are big intakes on Friday and Sunday, approximately 700 each day.
- Doing further planning on receiving large numbers. Sunday has 2 large flights arriving an hour apart.
- Will put forward for consideration bringing on an additional 2 hotels towards the end of the week.
- Have had complaints from one of the hotels with food quality and quantity issues, we are looking into the hotel.
- Sent out 1st of daily report, happy for feedback and can circulate to the group
- Looking at the data for people who are still here in Victoria unable to onward travel. Some are in vulnerable position and can't afford to travel.
- CE – Will send data daily with minutes.

DOT

-

VicPol

- TT - Mick Grainger has reached out to DHHS for a meeting around expectations for support if needed for security at Hotels.
- TT - Have had some advice for people being allowed out for a walk. Perhaps for mental health. Would like advice on what arrangements look like for each hotel.
- BH – Physical exercise policy is enacted across the hotels, managed by the AO's and they work with security to ensure they are supervised with distancing and appropriate PPE. Can send through to VicPol how it is being operationalised.
- TT - Would be happy to get visibility of what arrangements are at each location.
- BH – We are following up and will link you in.
- EMC – Ensure Dep State Controller is invited for meetings outside of these

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3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • CE - We need to identify what is our total capacity, with hotels. Ins and outs etc. to take back to the National committee. • Due to domestic flight network being nearly non-existent, we need to look at forward planning and engage with airlines in advance. • BH – A limiting factor is resources as well, AO's are an issue. Not just beds, we need to work out what DHHS capacity is with AO's. (Food safety, security and compliance etc.) • CE – As a group we need to identify what our maximum capacity. • AP – A couple of smaller jurisdictions to raised their hospital systems max out at a particular point. • RM – we are starting to look at it with our planners, we may need to consider other regional locations/outer metro. Lots of rooms, but not all are suitable for people to stay in 14 day detention. • RM - Would be keen to partake in a broader long term planning strategy discussion on accommodation. • BH – Let's have a conversation today to see who we can bring into the discussion. • CE – We need to have this information by Thursday to feedback to NCM, we need to get it about 80-90% right at least.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> • BH – Our comms team are working with DJPR comms, and will work the Comms person in the Operations centre. Two newsletter have gone out approved by DPC which in psychosocial messaging and other useful information. • Reviewing all the comms to ensure they are fit for purpose and bring them under one plan
6.	<p>Other Business</p> <ul style="list-style-type: none"> • We are up to day 18, Scott started to engage with Assurance and Learning to start a mid-review. Look to get something out tomorrow around surveying for continuous improvement.
7.	<p>Next Scheduled Meeting – 1330hrs, 15 April 2020</p>

Actions

No	Action	Assigned to	Due Date
1.			



Operation Soteria
Op.Soteria-Minutes-2020-04-15-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	15 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1358hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC	Apology	VicPol	REDACTED Tim Tully (TT)
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH) Pam Williams (PW) REDACTED	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – RED will follow up and confirm ASAP.</i></p> <p><i>11/4/2020 – RED Have been unable to confirm at this</i></p> <p><i>14/4 – RED still being worked on stage.</i></p> <p>15/4 – RED work tied up with National Committee</p>	DPC - AP	In PROGRESS Part 2

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •
2.	<p>Operations</p> <p>DHHS</p> <ul style="list-style-type: none"> • PW – <ul style="list-style-type: none"> ○ Setting up REOC and looking at rostering for busy periods ahead. ○ Working on updating the exit plans and a new fact sheets for people. ○ Working on the Welfare cell side and how it links in with the Nurses and Doctors. ○ Jason Helps will be acting in the Commander role for the next 2 days. • RE – Quiet morning, looking at planning for the upcoming week. • CE – Have you discussed with ABF resourcing for customs to prevent delays in the Customs process? • RE – Had briefing after with ABF, they noted it and will be increasing their staffing as appropriate. <p>DJPR</p> <ul style="list-style-type: none"> • Small amount of exits today and arrivals going into Novotel on Collins. • Forward planning for the big days from Friday onwards. • Have shared with RE & BH our early thinking on how to allocate new arrivals into the current hotel stock and have in principal agreement around it. Could circulate it to wider group. • RE – yes happy for it to be circulated. • Looking to bring in some more hotels on next week to cater for flights from Monday onwards. We will work with DHHS on that. • Discussing with BH, what we need to do to support vulnerable people who have left quarantine and can't onward travel. <p>DOT</p> <ul style="list-style-type: none"> • Keen interest in planning for repatriation flights. <p>VicPol</p> <ul style="list-style-type: none"> • TT – REDACTED has been working on lining up a security forum. Just to line up some support for their operations/actions. More reports of people leaving rooms for exercise and the like, just need to get a clear line of sight as to what arrangements are in place. • RE – Will work with BH to get the appropriate AO representative for the meeting. • PW – We do have a Recreation policy in place for people having time out of their room. • TT – Trying to ascertain what is being permitted, had a report of someone trying to go to a convenience store. The intent of the security forum is to get an understanding of arrangements. • R – Have prepared an attendance guideline for members rostered to support Operation Soteria in either ingress/egress or hotel precinct patrols. The document has expectations upon police officers. Happy to share the document with the group.

	<ul style="list-style-type: none"> • RE – The earlier we receive the planning the better it is for moving our people around. <p>AFP</p> <ul style="list-style-type: none"> • Planning towards Friday. <p>DPC</p> <ul style="list-style-type: none"> • Nothing further.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <p>Storing agency plans in one location:</p> <ul style="list-style-type: none"> • R – Just looking at trying to get all agency plans in one spot so all can see, any thoughts PW. • PW – Did have a high level plan which was provided to Public Health for comment. There is a specific plan around exit which need to be updated. DJPR have a number of process plans and maps that a relevant. • RM – Would support documents all in the on place, to figure out which ones override the other and prevent duplication. • PW – Planning cell is working on that now, in the EOC at Fitzroy. • R – Keen to have someone embedded ongoing for support and conduit back. Will work offline with PW. <p>Flights coming in</p> <ul style="list-style-type: none"> • 2 out of the 4 Delhi flights being re-routed, possibly Adelaide. • One of the flights has been delayed by 24 hours and will no longer at same time as the Manila flight. • We are going to be running tight in relation to hotel capacity for the next 8 days. • Looking at managing expectations with the National system with regards to our capacity. • RE – How is it looking in hotel capacity, be good to know what ingress/egress from hotels is coming up. • RM – Will send through our plan on hotels. With current planning all hotels will be full by Sunday. • R – Another key part is obtaining departure information for people who need to travel interstate. Domestic travel arrangements are restricted, in particular with Queensland and WA. WA now only has 1 flight a week. The WA Operation are looking at chartering a couple of planes to get 180 Victorians back home.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> • RE - Developing a comms strategy for Operation Soteria, one issue is we have just revised the fact sheet (out dated info / new info from DJPR) and we are trying to get it through approval process quickly. We will need to arrange printing for people exiting over the next few days. PW – please include me in that process.

6.	<p>Other Business</p> <p>Assurance and Learning -RE</p> <ul style="list-style-type: none"> • We have been working on a short survey for what is working well and what areas we can improve in, looking for 3 points on each. • Assurance and Learning will be setting the survey up within EM Share, EM Share can also have feedback provided at any time as well. • Proposing to send out a survey today or tomorrow. We are looking to have a quick turnaround so it is a point in time • Detailed security of EM Share process and how information is locked down • Looking for feedback on how broadly do you want it sent out, and the time frame for response. • RE – keen to have distribution to people out in the field. • BH – Widely would be better, have staff who have been out there since day one and more recent starters. • RE – We can work on exporting data into Excel and then share it where you like. We usually create insights / trends, other options can be considered depending on the nature of feedback. • RE – We can see if there are people we need to follow up in a bit more detail if they have said they are happy to be contacted. • RE – The survey is accessed online with a link.
7.	Next Scheduled Meeting – 1330hrs, 16 April 2020

Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-16-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	16 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1349hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	-
EMC	Andrew Crisp (EMC)	VicPol	Timothy Tully (TT) REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Braedan Hogan (BH) REDACTED Finn Romanes (FR)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</p> <p>10/4/2020 – RE will follow up and confirm ASAP.</p> <p>11/4/2020 – RED Have been unable to confirm at this</p> <p>14/4 – RE still being worked on.</p> <p>15/4 – RED work tied up with National Committee</p>	DPC RE DA	<p>In PROGRESS Part 2</p> <p>CLOSED</p>

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 560 1437 622" style="list-style-type: none"><li data-bbox="360 560 1437 622">• Confirmation has been received that the flights from India scheduled 19th and 21st April have been rerouted.

2.

Operations

Key issues, pressure points, dependencies and information sharing

DHHS

- Work today will focus on the large flights that are scheduled to arrive from tomorrow, ensuring readiness and that everything is well positioned.
- New hotel to be stood up tomorrow – Novotel South Warf
- 10 nurses from the Alfred and ST Vincent's will now be providing welfare checks across all hotels.
- Working to align reporting data is consistent across all departments as a result of requests from the Ministers Office. Reporting will be attached to the SitRep tomorrow.
- EOC is now up and running at Fitzroy with the core staff group now online. By COB today more staff and functions will be up and running by the end of today including, liaison officers from DJPR and OHP. ADF are currently assisting in version control of plans.
TT- Would be useful to have VicPOL as a liaison officer in the EOC. JH and TT to discuss further off-line.
- No flight this morning. Focus today will be preparations for the scheduled large flights due in the coming days.

DJPR

- Working to ensure the Novotel – South Warf is ready to be stood up tomorrow.
- Contract renewals are due shortly. An audit of the current hotels will be a part of the process leading up to the contract renewals.
- Work continuing on traveller continuing stay after exiting as they are unable to onward travel (e.g. the next WA flight is scheduled 24th April). More detailed data is being sought for these travellers.
- The ability for those in quarantine to be able to order from Uber eats or Menu log should be switched on soon, which will allow travellers to be able to feel in control of their own food preferences and dietary requirements.
- Work being done to prepare for those celebrating Ramadan ensuring that needs may be met.

DOT

- -

VicPol

- Security forum being held this afternoon to establish clear understanding for security at specific locations.

AFP

- -

DPC

- Working on a number of questions raised by the Premiers Office regarding Victorian stranded interstate and those stranded here.

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> -
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none">
5.	<p>Communication</p> <ul style="list-style-type: none"> -
6.	<p>Other Business</p> <p>RED – Comms looking to update the Exiting FAQs to update the responses as some of the arrangement mentioned are now out of date in particular those around public health, currently waiting for a couple of responses to be clarified. FR and RE to discuss offline.</p>
7.	Next Scheduled Meeting – 1330hrs, 17 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-17-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	17 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC		VicPol	Tim Tully (TT)
State Controller Health		DPC	REDACTED REDACTED DPC COVID-19 Comms Team
DHHS	Finn Romanes (FR) Menna Naidu (MN) – COVID Compliance	SCC Comms	REDACTED – SCC PIO REDACTED DHHS Strategic Comms Manager
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings				
No	Meeting Date	Action	Assigned to	Due Date
Nil Actions outstanding				
1.		Situational Awareness Deputy State Controller - Health •		

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- 3 flights scheduled today with 800 pax. One flight arrived this morning with 423 passengers who have gone to the Crown Metropol, with no issues reported. 2 flights still to arrive.
- Saturday two flights scheduled to arrive with another large flight due in on Sunday.
- MN – still experiencing shortages with Authorised Officer (AO's) and currently training new people to get their cards so there are enough AO's to meet rostering requirements. Interim arrangement will be to have four different groups servicing the hotels to get through this period while there are not enough AO's on the ground.

DJPR

- 111 travellers exiting today and 550 arriving who will be sent to the Novotel South Wharf and Crowne Promenade tomorrow.
- Sunday - Holiday Inn and Marriott depending on the number of arrivals.
- May need to discuss standing up additional properties with the forecast influx.
- Looking at renewing contracts with hotels – DJPR discussed today.
DJPR keen to discuss offline new model for AO's as this would change the current hotel operations with security and logistics.
TT – regarding possibility of standing up new hotels next week, is there a list of properties and whether they are outside the CBD, as well as what order they may be stood-up in.
DJPR has a list of hotels across the state but currently no intention of using regionally based hotels for quarantine purposes. Preferred decision is for quarantine hotels to be located in the CBD.
RM - If transiting passengers requiring quarantine in Melbourne increases over next week we would need to look at increasing hotels and going out to hotels adjacent to existing ones.

DOT

- Feedback on ground this morning with arrivals at the airport was significant volume of passengers has created some challenges in time it took to get them processed.
- The resource level for the AFP escorts has meant we had to hold some buses so that multiple buses could go together just because of the resourcing with AP escorts.
- Commentary surrounding extending contracts we will put an extension in place for SkyBus for the transport solution.

VicPol

- Nothing to report.
TT - on leave for 2 weeks ensured people taking over are briefed and are on the distribution list.

AFP

- Note comment from transport and will chase up and follow up offline.
- Discussions had with Braedon yesterday re support AFP can provide to the standing up of the centre at Fitzroy.

DPC

- Update on announcement on domestic flights the Commonwealth made this morning regarding the establishment of arrangements with Qantas, Jetstar and Virgin to put on 222 return flights a week. 118 of these flights will be between capital cities to support transport of essential workers, freight and those travellers coming from quarantine that are finding it difficult to travel back to their home State.
- Will become fully operational from Monday 20 April for an 8 week period and the airlines have uploaded their flight schedules online.
- Requirement to provide commercially reasonable ticketing prices and there is also provision in the agreement to require carriage of priority passengers, this means that a certain number of seats on flights will be allocated for people exiting quarantine.
- Important for the group to get the data on how many exiting passengers are travelling

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3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> Melbourne passenger numbers received and the repatriation spreadsheet which will be shared after the meeting. Tomorrow 4 flights coming in with 245/roughly 60 people on each flight. Sunday repatriation flight from Manilla is back on – 350 people Monday India flight – 440 full flight.. Pakistan flight looks as though it is getting approval tentative date of arrival next Friday. Forward look is that we will be maxing out accommodation arrangements. Please keep planning for large numbers of arrivals <p>RM - Need to discuss accommodation today to start reaching out to more hotels.</p> <p>RED - Need to make sure AOs at airport have sufficient time to issue detention notices properly.</p> <p>Just flagging that detention notices are per person and can take a bit of time to get through and can be quite challenging when large numbers of people are required to move through the airport quickly.</p> <p>AO on plane doing verbal discussion then they sign the notice and take a photo of the notices.</p>
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> FR – running through some content of a draft plan that we can get to everyone – making good progress.
5.	<p>Communication</p> <ul style="list-style-type: none"> RE – a comms strategy has been drafted and will circulate for information and feedback. If we can get feedback this arvo so we can get to DPC for approval. RE at IFP – re transport delays – was slower debussing people at the hotels which delayed the escort vehicles getting back to the airport to pick up. RED will feedback info from RE to Skybus so they understand delays were due to debussing at the hotel.
6.	<p>Other Business</p> <ul style="list-style-type: none"> REDA back tomorrow for his rotation.
7.	<p>Next Scheduled Meeting – 1330hrs, 18 April 2020</p>

Actions

No	Action	Assigned to	Due Date
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Actions			
No	Action	Assigned to	Due Date
	DHHS to discuss offline the new model for AO's	RM/MN	18/4/2020
	DHHS to circulate drafted comms strategy for information and feedback by COB today.	RED ACT	18/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-18-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	18 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1356hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	Kim Schriener (KS)
EMC		VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) Finn Romanes (FR)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	-

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
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Nil actions outstanding from previous meetings.

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • 1,319 confirmed cases have been reported in Victoria, an increase of 17 from yesterday. 1,172 have recovered, an increase of 13. Deaths remain at 14. • 6,540 confirmed cases in Australia; an increase of 71 with 2 new deaths reported bringing the national total to 65. • 92% of symptomatic cases are being detected. • Continue to now run in the suppression phase. • 3 flight arrivals yesterday with 813 passengers in total. • 5 flights scheduled today with an estimated 206 passengers (2 of these flights have already arrived at the time of this meeting).

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- The EOC for Operation Soteria is now fully set up at Fitzroy and will be taking the lead for the operational activities associated with the operation.
- The transition process has gone well and work is now being done to identify gaps, clarify data and work through procedures ensuring that there is a continued shared understanding with all involved.
- There is a notably different to look to people now arriving, being made up more of families and people with disabilities, which now also adds complexity to some arrangements such as connected rooms, which will need to be considered going forward. This will be looked at over the next couple of days.
- The draft Comms Plan will be circulated today once approved, noting that this is a first draft and will continue to be worked on for a second version. Important that this goes out to answer many of the questions being asked.
- A Health and wellbeing Plan will also be circulated shortly which will assist in the managing and answering questions around the management of the travellers' wellbeing in many of the processes such as checking-in and exiting.
- Public Health is working hard to get response out to minor questions for specific scenarios.
- Airport procedures are running as expected and working through any issues as they arise.

DJPR

- The 5 flights today will be sent to the Crown Promenade today. Tomorrow the Promenade will still be receiving travellers as well as the Plaza.
- The Plaza has been bought back on-line as there no choices as a result of the numbers returning on repatriated flights. DJPR has being in contact with the Plaza to rectify issues identified previously.
- Discussions will need to occur if the pattern of repatriated flights continues for future hotels planning and strategic planning purposes.

DOT

- Significant numbers arriving yesterday put pressure on processes with a couple of challenges, including busses having to wait for a couple of hours and passengers requiring convenience breaks.
- Would be good to confirm the number of passengers arriving tomorrow as the flight tracker does not have the numbers.

VicPol

- Some issues highlighted last night around the Novotel South Warf and the Pan Pacific with travellers in isolation reported to be freely moving around (20 pax) with general public. Might be worth looking into either a barrier or signage to separate the public from the quarantined areas and those getting fresh air.
MN – Good idea to have a separate are. Will follow-up as 20 pax is beyond the number for social distancing requirements. There may be complexities around how that is operationalised.
- Buses were delayed due to the check-in capabilities of the Novotel who have only 2 check-in counters which may need to be looked at.

AFP

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- Would like to follow-up on the complaint made regarding AFP resources not being adequate for the bus escorts. Will follow-up with RE off-line.

DPC

- Nil to report.

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 adequate for the bus escorts.
 Will follow-up with RE off-line.
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3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • EOC structure will be circulated with the minutes. • Soteria Comms Plan will be circulated once it has been approved, later today.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> •
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	Next Scheduled Meeting – 1330hrs, 19 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	ECO structure to be circulated with the minutes.	SRC ES	18/4/2020
2.	Soteria Comms Plan will be circulated once it has been approved, later today.	JH	18/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-19-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	19 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1347hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	Kim Schriener (KS)
EMC	-	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) Menna Naidu (MN)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	-

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	18/4/2020	ECO structure to be circulated with the minutes.	SRC ES	COMPLETE
2.	18/4/2020	Soteria Comms Plan will be circulated once it has been approved. 19/4 – Approved in principle by JH will hopefully be circulated later this afternoon.	JH	19/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Victoria has had an increase of 9 confirmed cases reported since yesterday, bringing the total to 1,328. The total number of deaths is now 15, an increase of 1 since yesterday. Nationally 6,574 confirmed cases of COVID-19 and increase of 34, and 68 deaths have been reported increasing by 3 since yesterday. Globally over 2.3 million cases have been reported with 158,691 deaths. 5 flights arrived yesterday with 167 people arriving into quarantine, the last flight coming through at 1900. 4 flights scheduled today with over 400 passengers expected. 2 of those flights have already arrived, 1 from Manilla and 1 from Hong Kong this morning, with 351 passengers. Focus today will be transferring the passengers into hotel quarantine. 1 person taken to from the airport to the hospital this morning. No other incidents reported from this mornings flights. Since the 28 March 2020 82 flights have been received and 5,215 people place in quarantine.

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- Focus today rationalising planning documents and improving FAQs sheets at the hotel level.
- Work with DJPR around complaints received about a number of hotels, will work through understanding the issues and what/how people may have been upset and how improvements can be made.
- **RE** - If extra assistance is required the offer of DELWP logistic/planning officers can be put through to the DELWP SAC today.
- Airport processes running smoothly. Large numbers already been received this morning and will continue to focus on preparing for the large flights expected tomorrow.

DJPR

- The report yesterday regarding quarantined people being out exercising in public in large numbers continues to be investigated, however follow-up has revealed that this was not the case and that there may be some confusion with other hotel guests being out. This will continue to be investigated.
- Preparing for large flights with 2 hotels exiting. Staff getting ready for the next influx.
- Smoking becoming an increasing issue as a larger proportion of smokers are arriving in the latest flight cohorts. Concern around people smoking in rooms and the possibly of smoke alarms being triggered and people needing to be evacuated as a result.

RE - The repatriation tracker should be updated at approximately 1600. If this hasn't been updated will follow-up.

DOT

- Successful meeting discussions with AFP in regards to the escort issues that have occurred, noting that it has been agreed that the processes for escorting from the airport to hotel and return back to airport for further escorts may be delayed due to the check-in processes at some hotels. Both DoT and AFP agree that the check-in process at some hotels will put pressure down the line in the processes.
- Great feedback on coordination and communication between the teams received today.

VicPol

- No reports received about people being outside of hotels, which is a good sign.
- Assisted with the AFP escorts today.

AFP

- Request that if AFP resources are required that at least 24 hours' notice is provided where possible.
- A query has come through whether the taxis being used to take the quarantine passengers, are subject to the same cleaning expectation that the Sky Buses go through after they have transported passengers.
 MN – will follow-up and ensure this is included in the processes for taxis leaving the hotels with passengers. Would be good to get more information about compliance arrangements, will discuss with RM further offline.
 ACTION - DHHS and DJPR to discuss compliance arrangements for maintaining a quarantine environment offline

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- Nothing further to report.

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> -
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> -
5.	<p>Communication</p> <ul style="list-style-type: none"> The Communications Plan has been approved in principle and will be circulated later today, with the understanding the version 2 is already being worked on.
6.	<p>Other Business</p> <ul style="list-style-type: none">
7.	Next Scheduled Meeting – 1330hrs, 20 April 2020

Actions

No	Action	Assigned to	Due Date
1.	DHHS and DJPR to discuss compliance arrangements for maintaining a quarantine environment offline.	RM/MN	20/4/2020

Operation Soteria
Op.Soteria-Minutes -2020-04-20-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	20 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	Kim Schriener (KS)
EMC	-	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) Menna Naidu (MN)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	18/4/2020	Soteria Comms Plan will be circulated once it has been approved.	JH	18/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Victoria has had an increase of 1 confirmed cases reported since yesterday, bringing the total to 1,329 with 1,196 recovered. The total number of deaths remain at 15. Press release this morning around the modelling from Monash, Doherty Institute and DHHS found that if there was no physical distancing restrictions in place numbers of cases would have up to 58,000 every day at the peak of the Pandemic, more details are in today's talking points. 5 flights arrived yesterday with 371 people arriving into quarantine. 1 person taken to from the airport to the hospital was found to have no significant issues and was later released and taken to their hotel. 4 flights scheduled today with over 549 passengers expected. 2 of those flights have already arrived, and have been processed. Since the 28 March 2020 84 flights have been received and 5,236 people placed in quarantine. As at the midnight 18 April 2020 3,041 are in quarantine in Victoria.

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- EOC is now well established and fully operational with all requirements and rostering.
- 2 hotels were rostered on late last night showing the rapid work able to be completed and the on the ground surge force standing up to help out.
- A number of issues that PW and RM will be looking at today around food and exiting with the aim of exiting running very smoothly as there is a day coming up that will have over 700 people exiting quarantine.
- Also working to clarify the multiple permutations of COVID-19 positive and those that are sharing room which has been difficult to manage as it complex and requires an individual assessment.
- A safety officer is now on site at the EOC will be going to each hotel to do an assessment over the few days.
- Standing up 2 hotels yesterday means that the EOC is quite stretched and would be keen to know the expected large number coming in to the future.
SF – JH and SF to attend the EOC this afternoon to discuss the addition positions that may be required in the group of logistics, resources and planners.
- **RE** – What other resourcing requirements apart from AO's are being stretched.
PW – All of them as more hotels come on-line and people that have left their BAU roles return back to those as required.
- A reassessment of all of the hotels that require physical exercising and smoking breaks that had discussions with DJPR about hotel where these breaks are becoming a challenge and potentially looking at the criteria possibly being amended for some hotels particularly with those that have smokers.
- Large numbers continue to test process at the airport but thing moving well and as to be expected. Continue to stay as well as informed as possible with DFAT and ADF regarding the rep flights and what numbers and when they may be expected.

DJPR

- People exiting the Park Royal today.
- 2 new hotels today Holiday In and the Marriott receiving the flights that arrived this morning and are being processed.
- Looking forward across the week to sprinkle people throughout the current real estate as they also get excited and cleaned (taking about 1 day to clean if COVID-19 positive) - Park Royal, Crown Promenade and Mercure.
- Very interested in looking at the repatriation flights coming in and that there is nothing scheduled until Friday. Will look at planning for any surprises and working on strategic planning on real-estate portfolio and operational matters now that EOC is established trying to plan on forecast numbers knowing there is complexity in choosing some real-estate.

DOT

- Operations an well this morning.

VicPol

- Informed the egress this morning has been completed.
- Assisted today with a traveller that had been abusive and threatening, good to know these issues when coming in and can assist.
- A non-related COVID-19 public suicide in Flinders lane. May have been seen by some people and roads are also closed and busses are being diverted around this area.

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- Received a request this morning for an escort from airport to hotel this morning at short notice when all resources were already committed and ask for at least 24 hours notice where possible. Will discuss with DHHS off-line.

DPC

- Operational National Cabinet Meeting scheduled tomorrow afternoon with a couple of

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> Now that the EOC is set up we are seeing a shift in operations with more people able to assist.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> -
5.	<p>Communication</p> <ul style="list-style-type: none"> Over the weekend the revised FAQ's sheets were printed out for distribution to hotels for those exiting and welcome. Newsletter number three will go out this week just confirming with DJPR on the content. Incorporating the feedback on the Comms strategy and will circulate the revised version once feedback is incorporated.
6.	<p>Other Business</p> <ul style="list-style-type: none"> RE -Survey link was set up and sent out last Thursday. 2 responses have been received. A number of observations around communications and collaboration. Would be great to get some responses. Survey will stay open until 0800 tomorrow morning and will provide a summary at the 1330 meeting tomorrow. The survey can be reopened next week to gather further information, after this initial round of responses. RE - will discuss with the policing agencies (off- line after this meeting) the escort expectation/requirements around those going from the airport to hospital and from hospital to the hotel
7.	Next Scheduled Meeting – 1330hrs, 21 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria

Op Soteria-Agenda-2020-04-20-1330hrs



Operation Soteria
Op.Soteria-Minutes-2020-04-21-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	21 April 2020	Start	1400hrs
Teleconference	REDACTED	End	1414hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	-
EMC	-	VicPol	REDACTED
State Controller Health	-	DPC	REDACTED
DHHS	Pam Williams (PW)	DHHS Comms	REDACTED
DHHS (Airport)	-	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	-

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	18/4/2020	Soteria Comms Plan will be circulated once it has been approved.	JH	18/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Later start today due to the National Coordination Mechanism (NCM) meeting this afternoon.
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> Focus will be on refining processes and working through strategic planning documents. A catalogue of documents is being collated making sure that the most up to date and right processes are included. The ADF have offered resourcing this area as they have people with expertise in this area. Other resource requests for the EOC are being worked through and are coming together. <p>DJPR</p> <ul style="list-style-type: none"> Working with DHHS on the consolidated approach particularly around people exiting with a big day forecast for Saturday. Hoping to better understand the flights (through the repatriation tracker) that may be coming to be able to better plan for the possibility of extra hotels. <p>DOT</p> <ul style="list-style-type: none"> - <p>VicPol</p> <ul style="list-style-type: none"> - <p>AFP</p> <ul style="list-style-type: none"> ADF to contact PW offline in regards to the late notice for an escort from the airport this morning. <p>DPC</p> <ul style="list-style-type: none"> -

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <p>Update from REDACTED from the National Coordination Mechanism meeting</p> <ul style="list-style-type: none"> • The process for the repatriation flights with prioritisation and coordination of airlines continue but the process changing. <ol style="list-style-type: none"> (1) Commercial flights continue as per normal schedule (2) Government coordinated commercial flights will now be required to provide a manifest prior to departure so that the NCM can best allocate the destination for the flight based on the time of arrival and numbers of traveller to best suit the availability of capacity in each state. (3) Private charter flights will be asked to submit a manifest prior to approval for flight destination / time, as well passengers will be required to have completed medical screening before being able to travel. • NCM is meeting twice daily to discuss inbound flight scheduling. • NCM has Victoria capacity figures at 3,700. We are currently around this number of people in hotels and will likely remain at this level for the next 5-6 days. • 8 flights scheduled from India of which Victoria may be asked to receive two (CE estimate only). Currently 4 flights are in the repat tracker: <ul style="list-style-type: none"> ○ 270 pax – Lahore – Saturday ○ 188 pax – Buenos Aires – Sunday ○ 330 pax – Manilla – Sunday ○ 120 pax - Johannesburg - Thursday • Domestic flights are being monitored for those exiting after 14 days. • Nationally statistic show that in the last 3.5 weeks 18,000 Australians have returned, 5,500 of those have arrived in Victoria, with slightly higher number arriving in Sydney. • Australians still to return: <ul style="list-style-type: none"> ○ 500 – Pacific ○ 2,700 – South East Asia ○ 2,200 Middle East and Africa ○ 450 North America ○ 600 Latin America • Canberra looking to not overload any states and ensuring capacity is monitored.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • -
7.	<p>Next Scheduled Meeting – 1330hrs, 23 April 2020</p>

Actions

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Operation Soteria

Op Soteria-Minutes-2020-04-21-1330hrs



No	Action	Assigned to	Due Date
1.	<p>REDACTED to circulate repatriation tracker data and the new dashboard data being proposed by the National Coordination Mechanism.</p>	<p>REDACTED</p>	21/4/2020

Operation Soteria
Op Soteria-Minutes-2020-04-22-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	22 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1348hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC		VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Pam Williams (PW) Menna Naidu (MN)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	REDACTED	Assurance and Learning	REDACTED



Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date

Item	Subject
1.	Situational Awareness Deputy State Controller - Health <ul style="list-style-type: none"> •

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- **RE** – Quiet morning, 1 flight arriving now. Planning for flights arriving on Saturday.
- MN – Report back from the airport about delays getting baggage of planes.
- PW – AFP raised issue, and an option is Border Force staff may be able to assist, with some at the airport and some at the hotels as people arrive.
- PW – Food delivery is now going to be occurring, we do however have a contract where food is meant to be provided, we continue to see poor customer service in some of the hotels. It would be worth a discussion for things that can be improved in the hotel context before contract renewals/extensions, to tighten up what is expected.
- CE – RM did have some discussions on Friday with one of the hotels.
- **RE** – Would be keen to get feedback for inclusions. **Action: RE** to set up a process for feedback on Hotels.
- PW – Continue to have complexities with guests who become COVID-19 positive as they go onto a different order. Has implications for them and any close contacts leaving, if they live in Vic they go home with relevant protocols in place. It becomes complex with people who need to return interstate. Looking to get all COVID-19 positive cases moved to one hotel. (If they were sharing a room, we will give people an option to not continue sharing a room.) This will assist with the messaging processes and having staff aware of the individual specific needs.
- We have the Rydges and can stand up the Grand Chancellor if required. We may not have many cases after we clear people from San Francisco flight and the Uruguay flight.

DJPR

- Still working based off the repatriation tracker tool.
- Finalising our operating model with a lot of roles and responsibilities, in consultation with DHHS.
- We have nearly approved Uber Eats and food delivery services being provided to guests.

DOT

- Nothing to report.

VicPol

- All going well at this stage.

AFP

- Superintendent has spoken with PW.
- Our Major Incident room is operational from 0700 to 2200 every day and can be contacted on **REDACTED**.

DPC

- **RE** – Broader question on a blanket approval for diplomats, is there something being considered? Also wondering if the Comms Strategy has been given to the Comms Bunker as yet?
- **RE** – I understand that the Comms Strategy has gone to DPC.
- MN – Pretty much do have a blanket exemption for International diplomats to self-isolate in their home residence. An exemption has gone through for the diplomats arriving today and tomorrow.

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3.	<p>Planning</p> <p>CE</p> <ul style="list-style-type: none"> DJPR are starting to receive the repatriation schedule. The next large flights are Saturday and Sunday with 1 each day. We have a chance to catch up a little bit, get some processes sorted and empty some rooms out. We then have large flights coming in on Wednesday, Thursday & Friday next week. The flight coming in on Friday is from India and will be the next really big intake.
4.	<p>Health and Wellbeing (staff and travellers)</p>
5.	<p>Communication</p> <p>RED</p> <ul style="list-style-type: none"> The Comms Plan is currently with DPC for sign off. We also understand a newsletter will be going to people in hotel quarantine regarding Uber Eats and schooling sometime this week.
6.	<p>Other Business</p> <ul style="list-style-type: none"> CE – As a group do we still think daily meetings are required? I am suggesting Monday, Wednesday & Friday. Supported by DOT, DJPR, VicPol. PW - Support and we can always be contacted directly if anything urgent arises. CE – In that case we will implement it effective immediately, with the understanding the meeting frequency will be increased if the need arises.
7.	<p>Next Scheduled Meeting – 1330hrs, 24 April 2020</p>

Actions			
No	Action	Assigned to	Due Date
1.	Establish a feedback process for any issues relating to Hotels, to assist with improving Hotel contracts (new/renewals).	RE	24/4/2020

Operation Soteria
Op Soteria-Minutes-2020-04-24-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	24 April 2020	Start	1330hrs
Teleconference	REDACTED	End	0000hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC		VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Merrin Bamert (MB)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED
Safety	REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	22/4/2020	Establish a feedback process for any issues relating to Hotels, to assist with improving Hotel contracts (new/renewals).	RE	24/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • RE – No arrivals until 1630hrs with 17 on the flight. Planning for the weekend arrivals. • RE- Trialling a new Compliance App today with the smaller numbers coming. Will assist with getting detention photos and enter data. We have also been able to get the flight manifest to assist with preparation. • RE – Has that come from new Commonwealth arrangements? • RE – It's more connected to moving towards use of the Compliance App. • MB – Sunday has big numbers leaving Rydges and we are waiting for information from Public Health on dates going into quarantine/isolation and who is still needing to be under a Direction. • Action: DHHS to provide updated message and script for departing guests who are COVID-19 positive. <p>DJPR</p> <ul style="list-style-type: none"> • Have been ensuring staff take some rest days in preparedness for a big weekend. • Working with DHHS on the exit arrangements for Sunday at Rydges being the COVID hotel. <p>DOT</p> <ul style="list-style-type: none"> • Received feedback regarding yesterday's operation at Park Royal, around the time taken to off-load passengers. Only 1 passenger at a time can use the lift, teams on the ground couldn't understand the logic. If we are to use the hotel again a better process will be required. <p>VicPol</p> <ul style="list-style-type: none"> • Nothing to report.

	<p>AFP</p> <ul style="list-style-type: none"> Nothing to report. <p>DPC</p> <ul style="list-style-type: none"> Nothing to report.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> CE - 4 large flights, 2 over the weekend and 2 at the middle of next week. 365 exiting today and Sunday there is 670 departures, I need to ensure DHHS & DJPR are comfortable with where they are at and sharing information. MB – We have agreed to do the exit planning for Rydges, we are awaiting info from Public Health on those who may need to go onto a quarantine or isolation order (confirming end dates). MB - We need planning from DJPR for the other hotels and where people are going, which needs to be sent to the EOC inbox. We need to understand who is staying within Victoria and who is going interstate. Action: DJPR to adjust process of departure information gathering so it can be shared earlier in the 14 day period MB - We are working on clearer script up front and script for people making the calls at DJPR. In most cases (95% of the time) DJPR can do the exit process. RM – Planning for today and tomorrow are sorted. Don't have the latest figure on calls completed for Sunday, most should be completed. We are still awaiting advice from Public Health around COVID positive people. Will circulate timings and onwards travel details to MB. There are still concerns around vulnerable people who will be leaving quarantine. CE – MB I understood work was going to be done with the City of Melbourne primarily and the broader DHHS normal arrangements (around vulnerable people), is that still work in progress, do you have information to share? MB – Not aware, not being run out of EOC. Had conversation with Braedan and will follow up. Data gathering at the front end will help with case managing earlier. Action: DHHS to confirm arrangements for vulnerable and other departing guests who required short term accommodation RE – Just awaiting confirmation on final numbers for Sunday to arrange buses. Is there any requirements for buses on Sunday for people exiting? MB - Unaware of any large groups leaving. RM – Don't have the answer as yet, will contact you offline if there is a need to arrange that transport. R – Egress on Sunday, are the 4 hotels occurring simultaneously? RM – They will be occurring simultaneously, as the quarantine order allows people to leave from midday onwards, unless they have an earlier flight. MB - Yes that's correct. R – If you could start Mercure exit earlier as we have experienced delays before. R – Is there any ability to dial into any EOC meetings to have better understanding on planning. MB – We were looking at a twice weekly meeting. Perhaps DJPR, VicPol and EOC have earlier meetings for planning (Mon/Wed/Fri). R – May be able to collect emails into one rather than multiple emails saying the same thing. MB – We will talk offline. RE – REDACTED called today and advised Tuesday/Thursday meetings for an EMT run by EOC is being arranged.

4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • MB – Taxi Regulatory body wants more work completed on COVID positive people using a Taxi, at the moment non-emergency patient transport is being used. • RE – Been looking at EM programs of works that have been occurring at the hotels. The hotels don't have COVID related processes in place. We are working with them to reassurance and have some governance over how it would work if there needed to be an evacuation. I have been working with RED at DHHS. • R – Looking at length of times people have been working, some of staff will be working through Ramadan and will not be eating or drinking during the day. Just highlighting we can't have people doing long shifts. • RE – Also need to look at central point for the reporting of any injuries to inward staff/contractors. • CE – Talked with Andrea Spiteri a few days ago about the work RE is doing, we are really supportive of the work that has gone on. We want to make sure it doesn't become a DJPR process and that it is connected into the EOC and looks broadly at how all the agencies work together. R do you have a connection into the EOC Safety person? • RE – It would be great to have that connectivity. • MB - EOC now have a Safety role rostered into EOC. • CE – MB share roster with DJPR and RM share roster with EOC.
5.	<p>Communication</p> <ul style="list-style-type: none"> • DM – Do we have a list of trends with calls coming into the call centre? • RM – Can send through, possibly already sent to SCC Intel.
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	Next Scheduled Meeting – 1330hrs, 27 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	DHHS to provide updated message and script for departing guests who are COVID-19 positive.	MB	27/4/2020
2.	DHHS to confirm arrangements for vulnerable and other departing guests who required short term accommodation	MB	27/4/2020
3.	DJPR to adjust process of departure information gathering so it can be shared earlier in the 14 day period	RM	27/4/2020

Operation Soteria

Op Soteria-Minutes-2020-04-24-1330hrs



Operation Soteria
Op Soteria-Minutes-2020-04-27-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	27 April 2020	Start	1330hrs
Teleconference	REDACTED	End	0000hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC		VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Pam Williams (PW) Menna Naidu (MN) REDACTED	SCC Comms	
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	REDACTED	Assurance and Learning	REDACTED
Safety	REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	22/4/2020	<p>Establish a feedback process for any issues relating to Hotels, to assist with improving Hotel contracts (new/renewals).</p> <p>27/4 RE – Contracts have been renewed and current for next 21 days. Complete</p>	KM	<p>24/4/2020</p> <p>Complete</p>
2	24/4/2020	<p>DHHS to provide updated message and script for departing guests who are COVID-19 positive.</p> <p>27/4 PW – Finalising those, it's extremely complex when COVID Positive has contact with a Non COVID. They are now being moved to Rydges so that there is only one location to deal with complex calls. Starting from today.</p>	MB	<p>27/4/2020</p> <p>Complete</p>
3	24/4/2020	<p>3.1 DHHS to confirm arrangements for vulnerable guests.</p> <p>27/4 Complete</p> <p>3.2 DJPR to confirm arrangements for guests who required short term accommodation.</p> <p>27/4 RE - Will follow up with Rachaele and advise on Wednesday.</p>	KM	<p>3.1 Complete</p> <p>3.2 Pending</p>
4	24/4/2020	<p>DJPR to adjust process of departure information gathering so it can be shared earlier in the 14 day period</p> <p>27/4 Discussion around exit requirements, CE to follow up with Operation Pandora for advanced notice on peoples name who are transiting through. (Action)</p>	RM	<p>27/4/2020</p> <p>Complete</p>

Item Subject

1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Version 2 of Operation Soteria plan signed off yesterday and distributed.
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> CE – How did the new process go over the weekend? MN – Yesterday went well. PW – Things went well yesterday with people exiting from across 4 hotels including Rydges. Challenge will be on Friday with over 800 people exiting from just 2 hotels. CE – Is the notification time given to people allowing them enough time to make onwards travel plans? RE – We are contacting people 6 days prior to their departure and then again 2 days prior. We try and ascertain onwards travel as early as we can upon their arrival. PW – We are working on forward planning with quiet time until Friday. Rationalising documentation to ensure it is all consistent. PW - Using Rydges for COVID-19 positive cases will reduce the amount of Red floors. MN – Still challenged with bigger flights to get all the work done by AO's. They struggle to get all the work completed, this has a knock on consequence at the Hotels. We run the risk of someone not being issued a detention notice. CE did the iPads help? MN – The challenge is on the big flights, or the flights arriving close together. Pressure on staff and the issue is they may leave some information gathering to be completed at the hotel. RE – Nothing really, noting the pressure points raised. <p>DJPR</p> <ul style="list-style-type: none"> RE – Still reviewing policies and finalising some policies. <p>DOT</p> <ul style="list-style-type: none"> Saturday was very challenging day. We have some real issues around fatigue management with Bus Drivers and the regulations on them for breaks etc. Large flight came in on Saturday, 5 people had exemptions from WA to transit onto New Zealand which we were unaware of. It took time to work out and this started a chain of delays which flowed onto the next flight arriving. Hand over briefing are vital for embedded processes. They started to get detailed info from passengers before check in, rather than triaging after. Queue of 17 busses, delays. Chatted with DHHS and clarified no change to process, it was just the understanding of the people on the ground. <p>VicPol</p> <ul style="list-style-type: none"> Looking forward to Friday 355 ingress, 800 egress we need to make sure we have processes working. <p>AFP</p>

	<ul style="list-style-type: none"> • RE - Support KS comments regarding more notice for transits, 24 hours' notice would greatly assist. Can KS provide clarity on AFP escorting for all passengers and Taxi's to be used in place of SkyBus • KS – Buses are to be used for groups of 10 people or more. Up to DHHS regarding the use of escorts. • RE – Focus is on transiting of passengers within the 14 day period. • MN – If they are travelling by bus, less concerned about AFP escort, but need to be there meeting at the bus. People going by Taxi, ensure Taxi driver knows to drop them at appropriate area. • RE – We just need clarity on what support is required by Wednesday. We would also like 24 hours' notice for forward planning. • RE – Just clarifying if we are talking about people being transported in Taxis before the 14 days is over and the responsibility is on the Taxi driver? • CE – Will get Michael Mefflin at DHHS to get back, as he is working on the articular matter. • MN – Main conversation with Jason Helps around buses. We have had Taxi's transport people to medical, Drivers had to call when they arrive at appointment, wait and then call when they are heading back. The process is used rarely. <p>DPC</p> <ul style="list-style-type: none"> • Nothing to add.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • RE – With large numbers entering and exiting, can cleaning protocols be sent to me for review. PW – Will send you details.
5.	<p>Communication</p> <ul style="list-style-type: none"> • Comms strategy is with DPC for approval. Consideration of setting up an IJPIC, believe a better process is to invite DHHS and DJPR people into this meeting.
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	Next Scheduled Meeting – 1330hrs, 29 April 2020

Actions

No	Action	Assigned to	Due Date
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Actions			
No	Action	Assigned to	Due Date
1.	CE to follow up with Operation Pandora for advanced notice on peoples name who are transiting through.	CE	29/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-29-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	Wednesday 29 April 2020	Start	1400hrs
Teleconference	REDACTED	End	1417hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	VicPol	REDACTED
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	REDACTED
DHHS	Menna Naidu (MN) Merrin Bamert (MB)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	Safety	-
DJPR	REDACTED Rachaele May (RM)	Assurance and Learning	REDACTED
DOT	Kim Schriener (KS)		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	DJPR to confirm arrangements for guests who required short term accommodation.	RE	29/4/2020
2.	27/4/2020	Follow up with Operation Pandora for advanced notice on peoples name who are transiting through.	RE	29/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <p>NCM meeting update</p> <ul style="list-style-type: none"> In the past week/10 days a significant dent in the number of people wanting to return to Australia, has been made from South America, Africa and the Philippines. Hot spots still being looked at are India, Thailand and Pakistan. Registered the surge on capacity in Victoria reminding members that Victoria would be at 115% capacity on Thursday, when Sydney is reporting being at 60%. Twice weekly operational meetings will now occur, so issues can be discussed rather than waiting for the weekly strategic meeting.

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- A fast track approach has been developed for transiting for those that are automatically transiting internationally it has been agreed that these people can remain airside at the airport and do not require any paperwork from DHHS. A flight arrived today from Fiji, using this approach 100 people will be able to get onto this flight and travel to Doha.
- Getting the passenger manifest early has assisted in the paperwork being completed for those that do have to be detained at the hotel early.
- Still an issue with unaccompanied minors on flights with paperwork not identifying when they are unaccompanied. Will keep a watch on this issue.
- Discussions being had and work in progress for diplomats and how they are transitioned.
- Additional work may need to be done with those seeking to go to the Pacific Islands, particularly if they are coming from a hotel environment, which makes a slightly more complicated release process. Waiting for some policy clarity from public health. If there is no adequate quarantine process in place more work may need to be done here with people which may mean they cannot get on their flights.
- A lot of exemptions are being requested which is putting a lot of pressure on the exemptions team which will challenge those that want things managed quickly.
- AOs will go back to normal arrangements of having an AO at every hotel, on shift with the fly in squad being placed on standby to assist where required.
- Additional resources will also be available for release. With the release for Friday, there is a plan to have a double shift going for the two hotels, 2 sets of AOs and the process will start early at 1000hrs.
- Families will also be released earlier for special transport requirements able to get out early.

RE – would be good to get the AO numbers – MN will email the numbers offline.

DJPR

- Starting to get into a rhythm as things become clearer and more practiced.
- An additional hotel will be stood up tomorrow night – the Stanford. A rekey was undertaken today by a number of agencies.
- The need to look at the renewal of contracts with some of the hotels. Working with DHHS to look at contracts and what new contracts may need to contain.
- Rydges (red hotel) mostly empty, just finalising the contract with the infectious cleaners. Waiting for it to be signed so that the 87 rooms can be cleaned tomorrow or Friday.

DOT

- Some feedback this morning from those going to the Mercure hotel, stating that the challenges were around the large numbers as the hotel lobby is quite small and people were spilling out onto Swanson Street. This will be a logistical challenge for larger numbers. There is also not a lot of room for busses if they are required to wait.

VicPol

- Involved with the rekey at the Stanford today. Great to see agencies working well together.

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DPC

- Commonwealth select committee request sent through this morning. Feedback is required by Friday.
 ACTION – CE to provide an update on numbers expected over the next week to be included in the PPO report.

Operation Soteria

Op Soteria-Minutes-2020-04-29-1330hrs



3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • Everyone has plans well in place over the next few days. Thursday will be especially challenging. • Large scheduled flights coming over the next 13 days include 4 flights, 3 known about (repat tacker) and one scheduled for 12 May – depending on the scheduled flight numbers.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • -
7.	Next Scheduled Meeting – 1330hrs, Friday 1 May 2020

Actions

No	Action	Assigned to	Due Date
1.	Update on numbers expected over the next week to be provided to DPC that will be included in the PPO report.	CE/RE	30/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-03-30-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	30 March 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health	Andrea Spiteri (AS)	DPC	REDACTED
DHHS	Braedon Hogan (BH)		
DJPR	Claire Febey (CF)		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	29/3/2020 30/3/2020	Clarification of booking hotels (roles & responsibilities) with DJPR & DHHS. Still fine tuning.	RE	30/3/2020
2	29/3/2020	Check consistency of information supplied to passengers – (Plane, Airport and Hotel)	RED ACT	30/3/2020
3	29/3/2020	Clarify who is responsible for gathering intel on international arrivals at ports and airports.	CE /RE DA	30/3/2020
4	30/3/2020	Longlist of Hotels required to get a better understanding on capacity, location and proximity to services.	RE CF DA	31/3/2020

Item	Subject
1.	Situational Awareness Deputy State Controller - Health <ul style="list-style-type: none"> •

2.	<p>Operations</p> <p>Reports on mornings transfers, key issues, items for review</p> <p>DHHS</p> <ul style="list-style-type: none"> • <p>DJPR</p> <ul style="list-style-type: none"> • Will discuss offline a Hotel longlist with BH. • Yesterday went well considering what was required to be achieved in a short amount of time. • A call centre set up to manage passengers at Metro, Promenade, as each with different requirements/needs. Lesson learnt that the line needs to be available 24/7 after increase in demand and provisions were required during the night. • Issues with private security • 3 calls were received from WA on the hotline,. Need to ensure it clearly state the number is for VIC quarantined passengers. <p>DOT</p> <ul style="list-style-type: none"> • Emerging issue around Crown Plaza (scaffolding) providing logistical issues that will need to be worked through together to ensure it remains a practical site. • ACTION – DoT to let VicPOL know who to contact regarding ingress and egress to the site. <p>VicPol</p> <ul style="list-style-type: none"> • Challenges with evacuation plans and support services and ongoing security. • Hotel evacuation plans will need to be built on – however, many of the staff currently working in the hotel may not be familiar with the hotels evacuation procedures are they are new staff helping out in this situation. • Continue to be flexible with working through issues such as flight delays. • Working with DoT for package delivery. • Need to understand the expectation if there was a 000 incidents in the hotels and what the procols would look like. <p>Other</p> <ul style="list-style-type: none"> •
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3.	<p>Planning</p> <p><i>Forward look at following day</i></p> <ul style="list-style-type: none"> • Air - 4 flights expected tomorrow with up to 276 passengers. • Sea
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> • Provision of PPE of 1000 masks provided to the airport. ACTION - clarification that masks were delivered and received by the airport required. • Stock level requirements need to be embedded into processes. • Guidance for PPE practises and usage will be provided to all, plenty of resources available.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> • Issues such as smoking and exercise for people in quarantine are current challenges. • Minibars not being removed from Crown Plaza – ACTION – to be followed up (noting one complaint from passengers was that there was no alcohol in the rooms).
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • All communications are being revised. • Clarifying information on airports. • RE – contact list at border force is work in progress.
8.	<p>Other Business</p> <ul style="list-style-type: none"> • BH working on a data management system provision of platform for delivery of operation as some passengers will become positive and this needs to be managed quickly. • Payment of invoices and contracts need to be managed in each agency. CF – Hotel contracts are complex and contracts have been put in place. • Other entry points such as Avalon airport (potential incoming flights) need to be factored into planning. CE working on this.

Operation Soteria

Op Soteria-Agenda-2020-03-31-1330hrs



9.	Next Scheduled Meeting – 1330hrs, 1 April 2020
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Actions			
No	Action	Assigned to	Due Date
1.	DoT to let VicPOL know who to contact regarding ingress and egress to the site.	CF/REDA	31/03/2020
2.	Clarification that masks were delivered and received by the airport required.	CF	31/03/2020
3.	Minibars not being removed from Crown Plaza to be followed up.	CF	31/03/2020

Operation Soteria
Op.Soteria-Minutes-2020-03-31-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	31 March 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health	Andrea Spiteri (AS)	DPC	
DHHS	Braedon Hogan (BH)		
DJPR	Claire Febey (CF) REDACTED		

Actions from Previous Meetings				
No	Meeting Date	Action	Assigned to	Due Date
1	29/3/2020 30/3/2020	Clarification of booking hotels (roles & responsibilities) with DJPR & DHHS. Still fine tuning.	JH	30/3/2020
2	29/3/2020	Check consistency of information supplied to passengers – (Plane, Airport and Hotel) 31/03/2020 -EMC asked that this had been resolved – needs to be clarified DJPR to follow-up.	RE DA	30/3/2020
3	29/3/2020	Clarify who is responsible for gathering intel on international arrivals at ports and airports. COMPLETE Contact border force re all flights and seaports.	CE / JH	30/3/2020
4	30/3/2020	Longlist of Hotels required to get a better understanding on capacity, location and proximity to services.	BH/CF	31/3/2020
5	30/03/2020	DoT to let VicPOL know who to contact regarding ingress and egress to the site. COMPLETE	CF REDA	31/03/2020
6.	30/03/2020	Clarification that masks were delivered and received by the airport required. COMPLETE System now in place.	CF	31/03/2020
7.	30/03/2020	Minibars not being removed from Crown Plaza to be followed up. Meeting today around food and beverage resolving the issue will update next meeting. UPDATE required.	CF	31/03/2020

8	30/03/2020	<p>Evacuation planning procedures to be followed up for hotels. DJPR has prepared some advice for DHHS as to how to customise some measures needed in a quarantine context. Duty mangers are aware of the evacuation procedures. VicPOL require evacuation plans for each hotel and the overlay that has been discussed with DHHS for the quarantine. Evacuation responsibility sits with hotel (Duty Manager). DJPR to update next meeting to confirm that Duty Managers understand and have accepted that they own this responsibility. UPDATE required DJPR.</p> <p>Working with MFB and VICSES that they are connected and understood across all responder agencies. REPORT back at next meeting required.</p>	DJPR DHHS	31/03/2020
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Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Shift in focus for group now that procedures passengers and procedures to get passengers into quarantine in hotels has been accomplished. Focus now on how to look after the welfare and supervision of these passengers in the longer term.

2.

Operations

Reports on mornings transfers, key issues, items for review

DHHS

- Welfare and supervision going well at the airport. Procedure well in place and things running smoothly and issues being dealt with as they happen.
- Newly formed team at 50 Lonsdale to work on processes for ongoing work in this space eg smoking, physical activity etc.
- A positive case in one hotel has been identified. Working with Hotel re support around this case and the issues around that.
- Contact tracing will occur and assess who they have been in contact with and track those individuals.
- DJPR – need to discuss how we share and manage that communication strategy for positive case to ensure proper procedures are put in place.
- Options on movement to hospital and isolation/quarantine will be assessed on a case to case basis.
- No risk to other via air-conditioning as the virus is not airborne.

DJPR

- Using remaining capacity today at Metropole and Promenade and will be utilising Crown Plaza tomorrow. Thinking through individual issues at each hotel as well as the whole.
- Focus today for DJPR with DHHS, VicPOL and other ensuring best possible data quality is being captured and shared.
- Clarifying policy on what can be delivered and what is possible with staffing. Important work as goods that they want to purchase assists with health and wellbeing.
- Smoking another point to clarify, working with DHHS and if it possible how will they smoke.
- Recreation is also an important need given that people are in spaces that don't have fresh air. But logistics need to be developed around how that might be achieved.
- Food quality also being assessed to ensure the best food quality.

DOT

-

VicPol

- Participated in a t/c regarding deliveries coming in and processes to ensure the delivery.
- Ensure any communications are received through the SPLO PBA email.

Other

- JH and **REDACTED** working on PPE and the supply issues.

3.	Planning <i>Forward look at following day</i> <ul style="list-style-type: none"> • Air • Sea
4.	Health and Safety <ul style="list-style-type: none"> •
5.	Welfare and Wellbeing <ul style="list-style-type: none"> •
6.	Coordination State Controller – Health / Deputy State Controller <ul style="list-style-type: none"> • DHHS <ul style="list-style-type: none"> •
7.	Communication <ul style="list-style-type: none"> • CE working with the SCC Intel function as the central source of information.
8.	Other Business <ul style="list-style-type: none"> • Looka t what has been achieved and don't look at what hasn't been achieved yet and continue with the great work.
9.	Next Scheduled Meeting – 1330hrs, 1 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-03-29-1300hrs



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Operation Soteria

Meeting Details			
Meeting Date	29 March 2020	Start	1300hrs
Teleconference	REDACTED	End	1330hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support – REDACTED		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	Kim Schriener (KS)
EMC	Andrew Crisp (AC)	VicPol	REDACTED Tim Tully (TT) REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED Michael Mefflin (MM) REDACTED		
DJPR	Claire Febey (CF)		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date

Item	Subject
1.	<p>Situational Awareness</p> <p>DHHS – RED ACT</p> <ul style="list-style-type: none"> • Only 1 flight remaining for arrival today, all others have arrived. • 1 passenger flagged for potential exemption – not granted.

2. **Operations**

Reports on mornings transfers, key issues, items for review

DHHS

- DJPR Concierge staff and DHHS staff at airport.
- Have staff and nurses at Crown Metropol & Promenade hotels with distribution of passengers between both.
- **Action:** Clarification of booking hotels roles & responsibilities with DJPR & DHHS.
- Currently mapping out end to end process, with roles and responsibilities.
- **RED** - Any concerns around language support or dietary requirements? **RE** - Interpreter services are available if required.
- CF - A number of people have contacted support/hotel concierge line and having discussions around dietary requirements.

DJPR

- Had **REDACTED** on the ground, 17 staff mobilised overnight were critically important.
- **Action:** Check consistency of information supplied on plane, at airport and hotels. Eg. Card on plane says they can continue on next flight leg.
- Positive feedback from passengers around additional supports provided.
- Some concerns from people travelling alone, supports required for health and wellbeing.
- High level of anxiety around recreation and movement. Policy needs to be sorted with DHHS.
- Not enough people on the ground to quickly process passengers at Hotels which delayed the buses.
- CH - We are staffing up further, referring recreation query to Public Health for further guidance.

DOT

- Worked well at Melbourne Airport getting buses into place.
- Concur with DJPR that more staff are required at hotels due to delaying buses. Buses had to circle and 2 held at the airport.
- Skybus need confirmation of hotels for tomorrow to plan route.
- Challenge with Air Canada flight due to volume of luggage.
- Clarification of transport arrangements if people need to go to hospital.

VicPol

- TT - No issues besides back up of buses.
- Need confirmation of flight time for tomorrow and hotels to be used.
- CF - Reconciliation of today's accommodation to see what stock is available. Both hotels used today will most likely take more tomorrow and Crown Plaza being stood up.
- TT - Concern is process for tracking which passengers are at each hotel and when they can be released. Thinking also required around any evacuation that may need to happen at a hotel and the implications for the mixing of groups quarantined on different dates.
- CH - **REDACTED** Manager State Intel will be building a single source of truth, if VicPol and DJPR could provide information to StratIntel on data needs and data inputs.

3.	<p>Planning - Forward look at following day</p> <ul style="list-style-type: none"> CE - 729 people arriving tomorrow on 4 flights. CF – No information around arrivals, need to confirm across this group who will be responsible for monitoring ports and other airports. Action: CE & JH – Clarify who is responsible for gathering intel on international arrivals at ports and airports. MM – Qantas flight coming in tomorrow, landing in Perth first, no one disembarking and flight then coming to Melbourne with 60 passengers.
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> CF – We only have enough PPE for DJPR staff, we need more for contractors being used. New hotels will only partake in operation if they can be provided PPE for their staff to use. Need confirmation of managing staff presence on the ground at the airport tomorrow. CH – MM and his team will be managing staff requirements at airport moving forward. JH – Will need to clarify what PPE is required moving on, taking into account social distancing when possible to conserve PPE usage. MM – supplied PPE today at airport for everyone involved in the operation, but will need more from tomorrow.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none">
6.	<p>Other Business</p> <ul style="list-style-type: none"> CE - Confirmed 1330hrs daily meetings from tomorrow on same number.
7.	<p>Emergency Management Commissioner</p> <ul style="list-style-type: none"> Thank you to everyone for the honest and frank discussion.
8.	Next Scheduled Meeting – 1330hrs, Monday 30 March 2020

Actions

No	Action	Assigned to	Due Date
1.	Clarification of booking hotels (roles & responsibilities) with DJPR & DHHS.	JH	30/3/2020
2.	Check consistency of information supplied to passengers – (Plane, Airport and Hotel)	MM	30/3/2020

Actions			
No	Action	Assigned to	Due Date
3.	Clarify who is responsible for gathering intel on international arrivals at ports and airports.	CE / JH	30/3/2020

Operation Soteria
Op.Soteria-Minutes-2020-05-4-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	Monday 4 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1349hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Pam Williams (PW)	VicPol	REDACTED
EMC		DPC	REDACTED
State Controller Health		AFP	REDACTED
DHHS		SCC Comms	
DHHS (Airport)		Safety	
DJPR	REDACTED	Assurance and Learning	REDACTED
DOT	Kim Schriener (KS)		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	DJPR to confirm arrangements for guests who required short term accommodation. 4/5 – RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.	RE DA CTE	29/4/2020
2.	27/4/2020	Follow up with Operation Pandora for advanced notice on people's name who are transiting through. Completed	CE	29/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • Heavy number of arrivals and exits late last week, with a significant number leaving today. Quieter during this week until a major repatriation flight arrives towards the end of the week. • Currently have approximately 3,500 quarantined across 13 hotels. • Scoping 3 hotels which haven't been activated. • DJPR/DHHS assessing how hotels have been operating, to work out priority of use moving forward. • National Cabinet and CCC meetings this week around the potential of lifting some restrictions. • National Coordination Mechanism meeting of the working group tomorrow looking at accommodation issues, which I will be attending.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> As per Commander's update <p>DJPR</p> <ul style="list-style-type: none"> REDACTED – DJPR OHS Rep working with DHHS OHS Rep to look at hotels and report back. Looking at policies and procedures regarding issues raised (additional purchasing, reimbursement, food and dietary requirement).to ensure we can deal with them as quickly as possible. Providing feedback to our Coordinating Minister on how the guests are tracking. <p>DOT</p> <ul style="list-style-type: none"> Last minutes request on Saturday night to transport allegedly COVID-19 positive passengers (QR-904), request outside of process. PW – I will look into it. Potential proposal going to DPC regarding bringing International Students back. PW – There is a draft submission being circulated for feedback, with a view to go to Cabinet. There would be a quarantine component to it, but it no detail at this stage. <p>VicPol</p> <ul style="list-style-type: none"> REDACTED – Re new hotels coming online, will VicPol get an invite as well? REDACTED – Can link you into REDACTED who is coordinating that. PW – Considering if we have the right hotels. Some hotels going back to BAU like part of the Airport Holiday Inn. Some hotels haven't had a great experience with different clientele. <p>AFP</p> <ul style="list-style-type: none"> Nothing to add. <p>DPC</p> <ul style="list-style-type: none"> No updates. Thanks for the input to the National Cabinet, PAEC Brief and Senate inquiry.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> PW – Seeing an increase in exits heading interstate, averaging a third of departures. It increases the workload with departures and the need for people to leave early to catch flights. Looking to test people as they arrive and depart, as part of the testing blitz. Any who are positive are moved to the COVID-19 positive hotel. Ombudsman has asked about the ability to give people access to fresh air and exercise. Will work with DJPR on the response. Over the next few days we have lower numbers leaving, 16 tomorrow, 108 Wednesday, 182 Thursday and then 16 on Friday. There will be large numbers arriving on 8 May with a repatriation flight scheduled.

4.	Health and Wellbeing (staff and travellers) <ul style="list-style-type: none"> •
5.	Communication <ul style="list-style-type: none"> •
6.	Other Business <ul style="list-style-type: none"> • Chair reminded attendees that on Friday we will consider the future timing of these meetings, with weekly being a strong likelihood.
7.	Next Scheduled Meeting – 1330hrs, Wednesday 6 May 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-6-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Wednesday 6 May 2020	Start	1333hrs
Teleconference	REDACTED	End	1358hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Michael Mefflin (MM)	VicPol	REDACTED
EMC		DPC	REDACTED
State Controller Health	Jason Helps (JH)	AFP	
DHHS	Menna Naidu (MN) Merrin Bamert(MB)	SCC Comms	
DHHS (Airport)		Safety	
DJPR	REDACTED Rachaele May (RM)	Assurance and Learning	REDACTED
DOT			

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	<p>DJPR to confirm arrangements for guests who required short term accommodation.</p> <p>4/5 – RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.</p>	RED	29/4/2020

Item	Subject
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1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • There was a National Coordination Mechanism COVID-19 Managing Returns to Australia working group meeting yesterday. <ul style="list-style-type: none"> ○ NSW highlighted significant flights coming in from India with families and the difficulty to host families. ○ SA highlighted resource constraints with ability for 2 flights for every 14 days only. ○ Qld & ACT able to support more. ○ Vic confirmed concerns raised by NSW. Also highlighted the increased number of passengers coming into Victoria where the guests reside interstate. ○ States requested flights to have multiple stops to drop people at their state of residence. It will be considered but a number of Public Health matters would need to be addressed first. ○ Foreign Minister endorsed a plan for Government facilitated flights using Qantas, the dates being considered are the 12th, 14th & 16th of May. ○ DFAT flag a drop in demand of repatriation requests from India, 8,000 down to 4,000. ○ States requested advance information before people boarded flights and have it given to jurisdictions 72 hours in advance. ○ The next meeting is on Friday, with states needing to give advice on ability to receive passengers and accommodate families. Victoria have reported our capacity is around 3,700. • JH – I attended the meeting as well, DHHS strongly advocated for connecting interstate flights at either the beginning or end of the 14 day quarantine period. • JH – Family accommodation support request is more for other states (not NSW or Vic who are carrying the bulk of flights). • RM – It would greatly assist us working out future demands, will you need how many family rooms we have and how many are filled for Friday's meeting? • MM – That would be of great RM. • MM – COVID-19 testing blitz is now up to 160,000 tested. We are offering testing for those in Hotel quarantine on day 3 and day 11. If they test positive, they are transferred to the COVID-19 positive Hotel. • MB – Since Sunday 6 of the 7 that have tested positive were Asymptomatic. • MM – DJPR have supported with accommodating 5 COVID-19 positive individuals from Cedar Meat works. • RM – It is worth others knowing that Rydges is not just holding those in mandatory quarantine.
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • MB – We need to obtain the evacuation plans for all Hotels, in particular for the Rydges, with assistance of DJPR. • MB – Fresh air v Safe Smoking areas, what are our opportunities to provide access to fresh air to meet Human Rights. • MM – I will set up a meeting with DJPR and VicPol offline. • MN – Trying to get clarity on release process for people who have had close contact or

	<p>test results pending, in particular with people who need to travel interstate.</p> <ul style="list-style-type: none"> JH – We are looking at other arrangements around accommodating COVID-19 positive people in a regional setting if a cluster were to develop. MN – We have a number of Regional AO's around that could assist with facilitating that. <p>DJPR</p> <ul style="list-style-type: none"> RM – Happy to chat around what Regional Accommodation options may be. We do have some Regional hotels on contract that are funded differently. Good to start thinking about a more sustainable approach if this is going to go on for many months. Support what MM presented around our carrying capacity for rooms. JH – DHHS has done some work around Hotel accommodation sustainability. <p>VicPol</p> <ul style="list-style-type: none"> Nothing further. <p>DPC</p> <ul style="list-style-type: none"> Nothing further.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none">
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none">
5.	<p>Communication</p> <ul style="list-style-type: none">
6.	<p>Other Business</p> <ul style="list-style-type: none">
7.	<p>Next Scheduled Meeting – 1330hrs, Friday 8 May 2020</p>

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-8-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Friday 8 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1351hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Merrin Bamert (MB)	VicPol	REDACTED
EMC		DPC	REDACTED
State Controller Health		AFP	REDACTED
DHHS	REDACTED	SCC Comms	
DHHS (Airport)		Safety	
DJPR	REDACTED Rachaele May (RM)	Assurance and Learning	
DOT		<i>Planning</i>	RED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	<p>DJPR to confirm arrangements for guests who required short term accommodation.</p> <p>4/5 –RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.</p>	RE	29/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • Have had discussions with Health and Safety and DJPR regarding hotel evacuation plans and safety at each of the sites. • Fresh air is still an issue, in particular at Rydges. I am reviewing the policy in particular having people COVID-19 positive outside. • From Wednesday's minutes, the proposed meeting between DJPR/VicPol has been set up for next week. • Having the information from DJPR on capacity has been very useful for planning. The Novotel South Wharf will be used for tomorrow's arrival. • Out of 4 flights chartered by government, we will be receiving one on 20/5 with 188 adults, some with infants. Qantas saying the scheduled arrival may be a day either side. • There was a breach of quarantine with Qantas crew who went out for a meal in India. Interviews being conducted, some of the crew will be placed into mandatory quarantine possibly at the Pan Pacific. • NSW have reported people trying to do work around and have chartered flights go to other ports and then join commercial flights. • There is a planned flight from Columbia which may end up having passengers on it. • Working on streamlining policy and procedures to ensure they are operationalised correctly. • RE – Any update on the pipeline of numbers? • MB – No confirmation of pipeline as yet. Discussions are still occurring with Qantas.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • <p>DJPR</p> <ul style="list-style-type: none"> • Due to increase in passenger numbers, all remaining 4 flights are going into Novotel South Wharf. • 33 infants arrived last night and today, there are 24 arriving tomorrow. • We are reviewing policies and procedures as well. <p>DOT</p> <ul style="list-style-type: none"> • Nil further. <p>VicPol</p> <ul style="list-style-type: none"> • Nil further. <p>AFP</p> <ul style="list-style-type: none"> • Nil further. <p>DPC</p> <ul style="list-style-type: none"> • Nil further.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • MB – At the EOC we are meeting with a team from VicPol on Tuesdays and Thursdays, and the Compliance group had a meeting with VicPol today. We are reconciling if the meetings can be consolidated.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> •
6.	<p>Other Business</p> <ul style="list-style-type: none"> • MB – Any feedback on meeting frequency and length. • All supportive of 3 days a week 30 minutes meetings.
7.	<p>Next Scheduled Meeting – Monday 11 May 2020, 1330 hours.</p>

Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-11-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Monday 11 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Pam Williams (PW)	VicPol	REDACTED Timothy Tully (TT)
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	REDACTED
DHHS	Menna Naidu (MN)	SCC Comms	-
DHHS (Airport)	-	Safety	-
DJPR	-Rachaele May (RM)	Assurance and Learning	REDACTED
DOT	Kim Schriener (KS)		

Reminder: Speak clearly into the microphones and on the phone so everyone can hear you.

Reminder: Everyone on the phone lines to make sure they are on mute when they are not speaking.
*3 to mute and *4 to unmute

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	<p>DJPR to confirm arrangements for guests who required short term accommodation.</p> <p>4/5 – RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.</p>	RE	Complete – Closed 11/5/20

Item	Subject
1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • Appears to be a reduction in flights and passengers coming in. Commercial flights still bringing the largest numbers with currently no early way to be able to see the final numbers on board until the last minute. This will be raised at the next NCM meeting as a concern. • A flight at Essendon fields also not reported over the weekend. There is possibly a gap in information that needs to be followed up. The Flight at Essendon fields impacted all agencies with only 2 hours' notice. <p>ACTION - AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back on Wednesday's meeting.</p> <p>RM – People that are leaving Essendon fields are transferring to other flights and go straight to the airport.</p> <p>ACTION – DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields.</p> • 2 client incidents occurred over the weekend with one person claiming on social media to have escaped quarantine. This was proven false and the person has apologised and retracted the statement on Facebook. The second was a difficult incident with a psychotic client that required management. Police assisted with this difficult incident.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • Starting to get clarity on the relief process which should allow things to move more quickly. • Public health discussions occurring around quarantine for the maritime crews and scenarios that might involve people coming off ships outside of the ports in Melbourne, that raise issues such as transportation that will need to be considered. DoT and DHHS to discuss offline. <p>DJPR</p> <ul style="list-style-type: none"> • Working on consolidating incidents before it gets busier later in the week. <p>DOT</p> <ul style="list-style-type: none"> • Nothing further to report. <p>VicPol</p> <ul style="list-style-type: none"> • Reminder that VicPOL offer any support for any issues with detainees. <p>AFP</p> <ul style="list-style-type: none"> • Issue raised with the flight QR904 that initial reported to have 180 pax on board that then reported to only have 27. Staff were stood down that had been rostered to manage 180 pax., to then find out that the flight had 190 on board and staff that had been stood down them needed to be call in again. ADF advised that numbers are not confirmed until the wheels are up and the plane is in the air. <p>DPC</p> <ul style="list-style-type: none"> • Nil to report further.
3.	<p>Planning</p> <ul style="list-style-type: none"> • Things expected to get busier later in the week: <ul style="list-style-type: none"> ○ Wednesday 530 exiting. ○ Thursday 630 exiting.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • Members agreed that the next meeting be held Wednesday 13 May 2020.

7.	Next Scheduled Meeting – Wednesday 13 May 2020, 1330 hours
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Actions			
No	Action	Assigned to	Due Date
1.	AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back at the next meeting.	RED ACT	13/5/2020
2.	DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields.	RM	11/5/2020

Operation Soteria
Op.Soteria-Minutes-2020-05-13-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Wednesday 13 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1315hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support – REDACTED		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Merrin Bamet (MB)	VicPol	REDACTED Timothy Tully (TT)
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	-
DHHS	Murray (M)	SCC Comms	-
DHHS (Airport)	-	Safety	-
DJPR	REDACTED	Assurance and Learning	REDACTED
DOT	Apology		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	11/5/2020	AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back at the next meeting.	RED ACT	13/5/2020
2	11/5/2020	<p>DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields.</p> <p><i>13/5 – Crew in transition. Improvements to processes will need to be made going forward. Team did a wonderful job on the day to ensure that this was managed very quickly and that Essendon went through the appropriate cleaning process and support provided for a last minute process.</i></p>	RM	Closed

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Incident report being closed from Saturday evening that will be discussed further at the Police Liaison meeting tomorrow.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • Nil to report. <p>DJPR</p> <ul style="list-style-type: none"> • Nil to report. • Big exit today and tomorrow. <p>MB – Still having issues with the day 11 testing. Currently changing providers there were issues with 150,000 tests being processed as a result of the recent blitz. The blitz resulted in a hold up with exit testing. Looking at a new provider and trying to improve the process.</p> <p>From a public health perspective the day 3 and day 11 testing is proving positive and has captured positive results, however this is a voluntary test and any data to capture trends will be difficult as not everyone takes/wants the test.</p> <p>DOT</p> <ul style="list-style-type: none"> • - <p>VicPol</p> <ul style="list-style-type: none"> • Working on exercise and evacuation plans. <p>AFP</p> <ul style="list-style-type: none"> • - <p>DPC</p> <ul style="list-style-type: none"> • NCM was today. DFAT provided an update that the Indian government discussed repatriation flights for Indian people that wished to return. It maybe be possible for Australians wanting to return home to use those flights. Waiting to hear back from the Indian government and DFAT.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -

6.	Other Business <ul style="list-style-type: none"> • -
7.	Next Scheduled Meeting – 1330hrs, Friday 15 May 2020

Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-15-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Friday 15 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1351hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support – REDACTED		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Merrin Bamet (MB)	VicPol	REDACTED
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	REDACTED
DHHS	-	SCC Comms	-
DHHS (Airport)	-	Safety	-
DJPR	Rachalel May (RM)	Assurance and Learning	REDACTED
DOT	Kim Schriener (KS)		

Operation Soteria

Op Soteria-Minutes-2020-05-15-1330hrs



No	Meeting Date	Action	Assigned to	Due Date
1	11/5/2020	<p>AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back at the next meeting.</p> <p><i>15/5 – AFP – Advice from ABF, confirms that Avalon Airfield remains closed.</i></p>	RED ACT	15/5/2020 Closed
2	11/5/2020	<p>DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields.</p> <p><i>13/5 – Crew in transition. Improvements to processes will need to be made going forward. Team did a wonderful job on the day to ensure that this was managed very quickly and that Essendon went through the appropriate cleaning process and support provided for a last minute process.</i></p>	RM	Closed

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 560 1445 1088" style="list-style-type: none"> • RE and MB discussed the Operation Soteria meetings going forward. It was agreed that the minutes would now be taken by the EOC Admin and not the SCC Executive Support but the SCC phone line would still be used. It was also noted that these meetings provide value for members to be able to report any issues or share information. • Members agreed that the membership include DET for future discussions relating to International school age students arriving. DJPR manage not school age International students. There is a CCC submission discussing this that DJPR will look to follow up as minors with guardians require different accommodation arrangements. RM and MB to discuss offline. • 2 international school age students from REDACTED are due to arrive tomorrow with their guardians from REDACTED. Guardians will be required to be in quarantine with students for the 2 weeks duration whether in hotel or another alternate facility. • Policy piece of work will be required for unaccompanied minors. Meeting to be scheduled (by MB) for Monday 18 May to specifically discuss this. Include REDACTED (DET). <p data-bbox="312 1106 1445 1166">ACTION - DET to be invited to future meetings to discuss the International school age students returning, now that schools are returning to normal functions.</p> <p data-bbox="312 1184 1401 1244">Members agreed that meeting would be scaled back to Monday and Friday meetings going forward, unless required.</p> <ul data-bbox="360 1262 1417 1630" style="list-style-type: none"> • 1000 pax due to arrive from India over the next 2 weeks. RM- flights assumed to be arriving with Australians on board for flights that are being sent from India to repatriation those returning to India. Another 4 flights are also scheduled in the repatriation tracker. Discussion will need to occur offline regarding hotels. Hotels that are becoming emptied out this week and will be cleaned. A good time to look at the requirements going forward with the need for fresh-air and exercise as well family arrangements. A new property is being looked at currently. The Coleman hotel has 90 family rooms, which may make it more suitable for future arrivals. Number of properties may be more around volume versus quality going forward. RM and MB to discuss hotels offline next week. • A data quality team to start at the EOC to reconcile data.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • Nil further to report. <p>DJPR</p> <ul style="list-style-type: none"> • Nil further to report. <p>DOT</p> <ul style="list-style-type: none"> • Need to follow-up what the unaccompanied minors or students travelling to quarantine looks like. <p>VicPol</p> <ul style="list-style-type: none"> • Nil further to report. Any new hotels that come on board, VicPOL will check the plans. <p>AFP</p> <ul style="list-style-type: none"> • If decision to treat students require a different process from airport or hotels would like to know what that may look like. <p>DPC</p> <ul style="list-style-type: none"> • -
3.	<p>Planning</p> <ul style="list-style-type: none"> • -
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • RE to send MB the Op Soteria email list information, agenda template and support contact for meetings to continue going forward.
7.	<p>Next Scheduled Meeting – 1330hrs, Monday 18 May 2020</p>

Actions

Operation Soteria

Op Soteria-Minutes-2020-05-15-1330hrs



No	Action	Assigned to	Due Date
1.	DET to be invited to future meetings to discuss the International school age students returning, now that schools are returning to normal functions	MB	18/05/2020
2.	SCC Executive support to send MB the Op Soteria email list information, agenda template and support contact for meetings to continue going forward.	RE DA GTH	15/05/2020 Completed

Privileged - LPP

From: Merrin Bamert (DHHS)
Sent: Tuesday, 31 March 2020 3:21 PM
To: Andrea Spiteri (DHHS) REDACTED
Cc: Jason Helps (DHHS) REDACTED; Meena Naidu (DHHS) REDACTED
Subject: FW: Governance of mandatory detention implementation

Hi

They have put me down for this however will respond back to say in interim till REDA work completed

Regards

Merrin

Merrin Bamert

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

From: Finn Romanes (DHHS) REDACTED >
Sent: Tuesday, 31 March 2020 3:12 PM
To: Meena Naidu (DHHS) REDACTED; Merrin Bamert (DHHS) REDACTED; Louise Galloway (DHHS) REDACTED >
Cc: Annaliese Van Diemen (DHHS) REDACTED; Brett Sutton (DHHS) REDACTED >; Finn Romanes (DHHS) REDACTED >
Subject: Governance of mandatory detention implementation

Proposed -

Directions and exemptions

The Chief Health Officer and Deputy Chief Health Officer have instituted this Direction.

The following 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.

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

RE: Hotel security briefing

From: "Cameron Nolan (DEDJTR)" [REDACTED]
To: "Michael N Mefflin (DHHS)" <[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]@dhhs.vic.gov.au>, [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]@dhhs.vic.gov.au>
Cc: [REDACTED]@ecodev.vic.gov.au>, "Donna Findlay (DEDJTR)" [REDACTED] [REDACTED] [REDACTED]@ecodev.vic.gov.au>, [REDACTED] [REDACTED] [REDACTED]@dpc.vic.gov.au>, [REDACTED] [REDACTED] [REDACTED]@ecodev.vic.gov.au>, [REDACTED] [REDACTED] [REDACTED]@ecodev.vic.gov.au>, "Unni Menon (DEDJTR)" [REDACTED] [REDACTED]@ecodev.vic.gov.au>, "Claire Fehev (DEDJTR)" [REDACTED] [REDACTED]@ecodev.vic.gov.au>, [REDACTED] [REDACTED]@ecodev.vic.gov.au>, [REDACTED] [REDACTED]@ecodev.vic.gov.au>
Date: Sat, 28 Mar 2020 17:40:41 +1100
Attachments: Security in hotels - roles and responsibilities.docx (159.6 kB)

Hi DHHS team

Thanks for the discussions today on briefing security guards on how they should assist authorised officers to enforce the CHO's directions inside the hotels.

As discussed, you are providing written material to these security contractors so they can properly understand what their role is in enforcing these directions and who to contact if something goes wrong. In case it's helpful, we have started on a two-page Q&A document that could be sent from DHHS to these contractors. If this information is not already covered off in the material you are preparing, we suggest using this doc as a base by filling out more information or correcting anything that we have got wrong.

Note we think there are some additional important public health questions that will need to be answered for each hotel in coordination with DHHS:

- * Where can guests go in each hotel and when? Can they go to any communal or outside areas, or are they literally not meant to leave their room at all? If some movement is permitted in the hotel, this will need to be specified and agreed for each hotel depending on its facilities and layout.
- * Should hotels be amending their evacuation plans to incorporate social distancing measures? They will also need to make arrangements so that people don't enter the community if an evacuation is required, but this is more a security issue than a public health one.

So to be clear – we are working on the basis that the attached document has been handed over to you to finish off (if it's not already covered in what you're preparing).

Very happy to take calls and provide further assistance.

Thanks
Cam

Cam Nolan

Executive Director | Priority Projects Unit

Department of Jobs, Precincts and Regions

Level 36, 121 Exhibition St, Melbourne VIC 3000

T: [REDACTED] | M: [REDACTED]

-----Original Appointment-----

From: Cameron Nolan (DEDJTR)

Sent: Saturday, 28 March 2020 12:43 PM

To: Cameron Nolan (DEDJTR); REDACTED

REDACTED

Braedan Hogan (DHHS)

CC: REDACTED

Donna Findlay (DEDJTR); REDACTED

REDACTED

Subject: Hotel security briefing

When: Saturday, 28 March 2020 2:00 PM-2:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Skype Meeting: click on the link in this invite to join

Purpose of the meeting: For DHHS to provide guidance to the security firm on the roles, responsibilities and coordination points to help manage people being detained at the hotels.

[Join Skype Meeting](#)

Trouble Joining? [Try Skype Web App](#)

[Help](#) | [Legal](#)

Any issues connecting let me know

Cam

Cam Nolan


Executive Director | Priority Projects Unit

Department of Jobs, Precincts and Regions

Level 36, 121 Exhibition St, Melbourne VIC 3000

REDACTED



 We acknowledge the traditional Aboriginal owners of country throughout Victoria, their ongoing connection to this land and we pay our respects to their culture and their Elders past, present and future.

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
 - 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 (REDACTED / Charles Alpren)
 - b. Medical plan REDACTED
 - c. Testing plan REDACTED
 - d. Hospital and ambulance transfer plan REDACTED
 - e. Smoking policy (REDACTED) REDACTED
 - f. Exercise policy (REDACTED) REDACTED
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 4m² and increased cleaning requirements
- Introduced a restriction social sport gatherings
- Limited attendees at weddings (5 people) and funerals (10 people)

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

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

Stage 3 restrictions

These restrictions 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. REDA

REDA

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

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

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

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
- 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** is 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.
- 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.

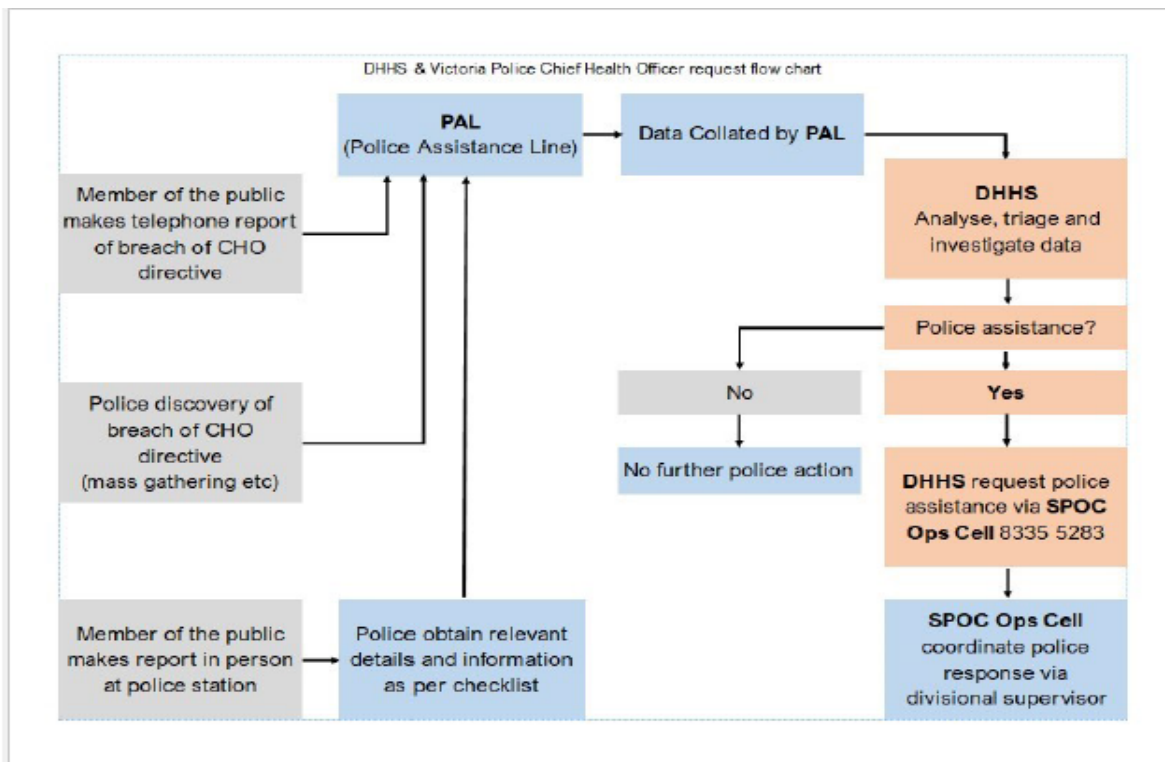
Protocols for investigating and managing potential breaches of Directions

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 gathering¹ 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:19.vicpol@dhhs.vic.gov.au). Or to the DHHS EMLO at the SPOC. The DHHS EMLO at the SPOC needs to work

¹ 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 **REDACTE** 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 **REDACTE** 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 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 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 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 AO² 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 process

AO should consider the Charter of Human 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.

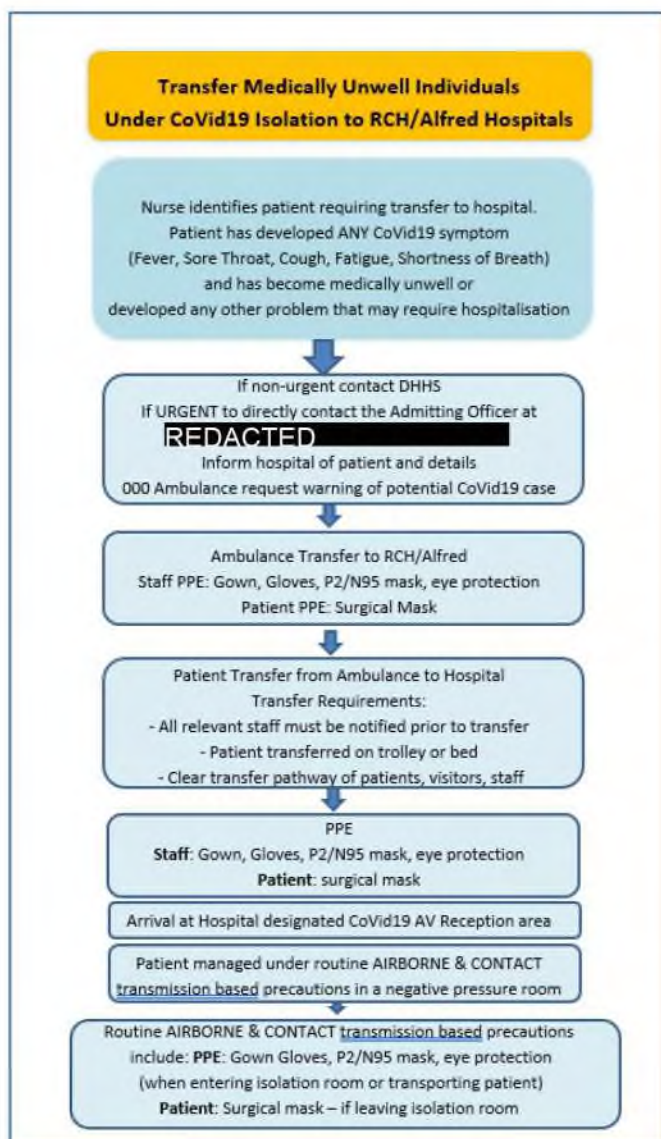
Actions to detect and test for COVID-19 amongst people in mandatory detention

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

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 more 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 [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.

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 - [REDACTED]

- 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 [REDACTED] – [REDACTED] / 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 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.

References

1. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia. *New England Journal of Medicine*. 2020 Jan 29;
2. Lai A, Bergna A, Acciarri C, Galli M, Zehender G. Early phylogenetic estimate of the effective reproduction number of SARS-CoV-2. *Journal of Medical Virology* [Internet]. 2020 Mar 3 [cited 2020 Mar 27];jmv.25723. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/jmv.25723>
3. Choi SC, Ki M. Estimating the reproductive number and the outbreak size of Novel Coronavirus disease (COVID-19) using mathematical model in Republic of Korea. *Epidemiology and Health* [Internet]. 2020 Mar 12 [cited 2020 Mar 27];e2020011. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32164053>
4. Imai N, Cori A, Dorigatti I, Baguelin M, Donnelly CA, Riley S, et al. Report 3: Transmissibility of 2019-nCoV. [cited 2020 Mar 23]; Available from: <https://doi.org/10.25561/77148>

5. Wu JT, Leung K, Leung GM. Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modelling study. *The Lancet*. 2020 Feb;395(10225):689–97.
6. Jung S, Akhmetzhanov AR, Hayashi K, Linton NM, Yang Y, Yuan B, et al. Real-Time Estimation of the Risk of Death from Novel Coronavirus (COVID-19) Infection: Inference Using Exported Cases. *Journal of Clinical Medicine* [Internet]. 2020 Feb 14 [cited 2020 Mar 27];9(2):523. Available from: <https://www.mdpi.com/2077-0383/9/2/523>
7. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). 2020.
8. Wu Y, Guo C, Tang L, Hong Z, Zhou J, Dong X, et al. Prolonged presence of SARS-CoV-2 viral RNA in faecal samples. *The Lancet Gastroenterology & Hepatology* [Internet]. 2020 [cited 2020 Mar 27];0(0). Available from: [https://doi.org/10.1016/S2468-1253\(20\)30083-2](https://doi.org/10.1016/S2468-1253(20)30083-2)
9. van Doremalen N, Bushmaker T, Morris D, Holbrook M, Gamble A, Williamson B, et al. Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. *medRxiv*. 2020 Mar;2020.03.09.20033217.
10. Cai J, Sun W, Huang J, Gamber M, Wu J, He G. Indirect Virus Transmission in Cluster of COVID-19 Cases, Wenzhou, China, 2020. *Emerging Infectious Diseases* [Internet]. 2020 Jun;26(6). Available from: http://wwwnc.cdc.gov/eid/article/26/6/20-0412_article.htm
11. Seah I, Agrawal R. Can the Coronavirus Disease 2019 (COVID-19) Affect the Eyes? A Review of Coronaviruses and Ocular Implications in Humans and Animals. *Ocular immunology and inflammation* [Internet]. 2020 Mar 16 [cited 2020 Mar 27];1–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32175797>
12. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet*. 2020 Mar 28;395(10229):1054–62.
13. Luo S-H, Liu W, Liu Z-J, Zheng X-Y, Hong C-X, Liu Z-R, et al. A confirmed asymptomatic carrier of 2019 novel coronavirus (SARS-CoV-2). *Chinese Medical Journal* [Internet]. 2020 Mar;1. Available from: <http://journals.lww.com/10.1097/CM9.0000000000000798>
14. Bai Y, Yao L, Wei T, Tian F, Jin DY, Chen L, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. *JAMA - Journal of the American Medical Association*. American Medical Association; 2020.
15. Yu P, Zhu J, Zhang Z, Han Y, Huang L. A familial cluster of infection associated with the 2019 novel coronavirus indicating potential person-to-person transmission during the incubation period. *The Journal of infectious diseases* [Internet]. 2020 Feb 18 [cited 2020 Mar 27]; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32067043>
16. Nishiura H, Kobayashi T, Suzuki A, Jung S-M, Hayashi K, Kinoshita R, et al. Estimation of the asymptomatic ratio of novel coronavirus infections (COVID-19). *International Journal of Infectious Diseases* [Internet]. 2020 Mar;0(0). Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1201971220301399>
17. Zhao S, Cao P, Chong MKC, Gao D, Lou Y, Ran J, et al. The time-varying serial interval of the coronavirus disease (COVID-19) and its gender-specific difference: A data-driven analysis using public surveillance data in Hong Kong and Shenzhen, China from January 10 to February 15, 2020. *Infection Control & Hospital Epidemiology* [Internet]. 2020 Mar;1–8. Available from: https://www.cambridge.org/core/product/identifier/S0899823X20000641/type/journal_article
18. He X, Lau EHY, Wu P, Deng X, Wang J, Hao X, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *medRxiv*. 2020 Mar 18;2020.03.15.20036707.
19. Li R, Pei S, Chen B, Song Y, Zhang T, Yang W, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). *Science* [Internet]. 2020 Mar;eabb3221. Available from: <https://www.sciencemag.org/lookup/doi/10.1126/science.abb3221>
20. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Annals of internal medicine* [Internet]. 2020 Mar; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32150748>
21. Yang X, Yu Y, Xu J, Shu H, Xia J, Liu H, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. *The Lancet Respiratory Medicine*. 2020;0(0).

22. Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention. *JAMA* [Internet]. 2020 Feb; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32091533>
23. Cao Q, Chen YC, Chen CL, Chiu CH. SARS-CoV-2 infection in children: Transmission dynamics and clinical characteristics [Internet]. Vol. 119, *Journal of the Formosan Medical Association*. Elsevier B.V.; 2020. p. 670–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32139299>
24. Bi Q, Wu Y, Mei S, Ye C, Zou X, Zhang Z, et al. Epidemiology and Transmission of COVID-19 in Shenzhen China: Analysis of 391 cases and 1,286 of their close contacts. *medRxiv*. 2020 Mar;2020.03.03.20028423.
25. Cao Q, Chen YC, Chen CL, Chiu CH. SARS-CoV-2 infection in children: Transmission dynamics and clinical characteristics [Internet]. Vol. 119, *Journal of the Formosan Medical Association*. Elsevier B.V.; 2020. p. 670–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32139299>
26. Ferguson NM, Laydon D, Nedjati-Gilani G, Imai N, Ainslie K, Baguelin M, et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Available from: <https://doi.org/10.25561/77482>
27. Chang SL, Harding N, Zachreson C, Cliff OM, Prokopenko M. Modelling transmission and control of the COVID-19 pandemic in Australia. 2020.
28. Lauro F di, Kiss IZ, Miller JC. The timing of one-shot interventions for epidemic control. 2020; Available from: <https://doi.org/10.1101/2020.03.02.20030007>
29. Kucharski AJ, Russell TW, Diamond C, Liu Y, Edmunds J, Funk S, et al. Early dynamics of transmission and control of COVID-19: a mathematical modelling study. *The Lancet Infectious Diseases* [Internet]. 2020 Mar;0(0). Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1473309920301444>
30. Lai S, Ruktanonchai NW, Zhou L, Prosper O, Luo W, Floyd JR, et al. Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak in China. *medRxiv*. 2020 Mar;2020.03.03.20029843.
31. Prem K, Liu Y, Russell T, Kucharski AJ, Eggo RM, Davies N, et al. The effect of control strategies that reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China. *medRxiv*. 2020 Mar;2020.03.09.20033050.
32. Hellewell J, Abbott S, Gimma A, Bosse NI, Jarvis CI, Russell TW, et al. Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts. *The Lancet Global Health*. 2020 Feb 1;8(4):e488–96.
33. Kretzschmar M, Rozhnova G, van Boven M. Effectiveness of Isolation and Contact Tracing for Containment and Slowing Down a COVID-19 Epidemic: A Modelling Study. *SSRN Electronic Journal* [Internet]. 2020 Mar 6 [cited 2020 Mar 26]; Available from: <https://www.ssrn.com/abstract=3551343>
34. Domenico L di, Pullano G, Coletti P, Hens N, Colizza V. Expected impact of school closure and telework to mitigate COVID-19 epidemic in France [Internet]. [cited 2020 Mar 27]. Available from: www.epicx-lab.com/covid-19.html
35. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report-46. 2020.
36. Fong MW, Gao H, Wong JY, Xiao J, Shiu EYC, Ryu S, et al. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Social Distancing Measures. *Emerging Infectious Diseases*. 2020 May;26(5).
37. Bootsma MCJ, Ferguson NM. The effect of public health measures on the 1918 influenza pandemic in U.S. cities. *Proceedings of the National Academy of Sciences of the United States of America* [Internet]. 2007 May;104(18):7588–93. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17416677>
38. Wu JT, Cowling BJ, Lau EHY, Ip DKM, Ho LM, Tsang T, et al. School closure and mitigation of pandemic (H1N1) 2009, Hong Kong. *Emerging Infectious Diseases* [Internet]. 2010 Mar;16(3):538–41. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20202441>
39. Cowling BJ, Lau MSY, Ho LM, Chuang SK, Tsang T, Liu SH, et al. The effective reproduction number of pandemic influenza: Prospective estimation. *Epidemiology* [Internet]. 2010 Nov;21(6):842–6. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20805752>

40. Kawano S, Kakehashi M. Substantial impact of school closure on the transmission dynamics during the pandemic Flu H1N1-2009 in Oita, Japan. *PLoS ONE* [Internet]. 2015 Dec;10(12):e0144839. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26669757>
41. Sato T, Akita T, Tanaka J. Evaluation of strategies for control and prevention of pandemic influenza (H1N1pdm) in Japanese children attending school in a rural town. Simulation using mathematical models. [Nihon kōshū eisei zasshi] Japanese journal of public health [Internet]. 2013;60(4):204–11. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23909187>
42. Chen T, Huang Y, Liu R, Xie Z, Chen S, Hu G. Evaluating the effects of common control measures for influenza A (H1N1) outbreak at school in China: A modeling study. *PLoS ONE* [Internet]. 2017 May;12(5):e0177672. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28542360>
43. Chen T, Zhao B, Liu R, Zhang X, Xie Z, Chen S. Simulation of key interventions for seasonal influenza outbreak control at school in Changsha, China. *The Journal of international medical research* [Internet]. 2020 Jan;48(1):300060518764268. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29569977>
44. Ahmed F, Zviedrite N, Uzicanin A. Effectiveness of workplace social distancing measures in reducing influenza transmission: A systematic review [Internet]. Vol. 18, *BMC Public Health*. BioMed Central Ltd.; 2018. p. 518. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29669545>
45. Asfaw A, Rosa R, Pana-Cryan R. Potential Economic Benefits of Paid Sick Leave in Reducing Absenteeism Related to the Spread of Influenza-Like Illness. *Journal of Occupational and Environmental Medicine* [Internet]. 2017 Sep;59(9):822–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28692009>
46. Piper K, Youk A, James AE, Kumar S. Paid sick days and stay-At-home behavior for influenza. *PLoS ONE* [Internet]. 2017 Feb;12(2):e0170698. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28151940>

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 Disability Y/N Significant Mental Health Diagnosis Y/N	
Medications:	
Regular Medical Clinic/Pharmacy:	
General Practitioner:	
Next of Kin	Contact Number:

Covid-19 Assessment Form

Name	DOB	Room	Date of Admission	mobile	

Ask patient and tick below if symptom present

Day	Date	Fever	Cough	SOB	Sore Throat	Fatigue	Needs further review (nurse assessment)	Reason (if needs further assessment)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

11								
12								
13								
14								

Appendix 5 – Welfare Survey

Survey questions – daily check-in

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

Script

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

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

Introductory questions

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

--

--

2. Are you a lone occupant in your hotel room? Yes/No if No:

a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

Name	Relationship	Age (children/dependents)

3. Have you or your fellow occupants had to leave your room for any reason? If so, what was the reason? YES /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.

Office use only

1. Referral details

Nurse	
Authorised officer	
Complex Client Specialist	
Other	

2. NOTES:

3. Enter on spreadsheet

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

RE: Issues re accommodation for returning travellers

From: Melissa Skilbeck (DHHS) [REDACTED]
To: Kym Peake (DHHS) [REDACTED] Andrea Spiteri (DHHS) [REDACTED]
Cc: Jason Helps (DHHS) [REDACTED]
Date: Mon, 06 Apr 2020 13:53:51 +1000

Thank you Kym

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] | m:[REDACTED] | e:[REDACTED] | w. www.dhhs.vic.gov.au

From: Kym Peake (DHHS) [REDACTED]
Sent: Monday, 6 April 2020 1:00 PM
To: Andrea Spiteri (DHHS) [REDACTED]
Cc: Melissa Skilbeck (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]
Subject: Re: Issues re accommodation for returning travellers

Thanks Andrea - I wouldn't raise in front of others, but will give him a call

Kym

Get [Outlook for iOS](#)

From: Andrea Spiteri (DHHS) [REDACTED]
Sent: Monday, April 6, 2020 12:43:24 PM
To: Kym Peake (DHHS) [REDACTED]
Cc: Melissa Skilbeck (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]
Subject: Issues re accommodation for returning travellers

Hi Kym

I understand VSB is meeting today at 2pm and need to raise an urgent operational issue for discussion and resolution with [REDA] if possible.

Issues have arisen which present significant risks to DHHS' need to maintain control to prevent and contain COVID-19. In working with DJPR in their role to source accommodation for detention of returning travellers, we have had difficulties with DJPR sharing information to enable authorised officers and other staff to undertake their roles effectively.

An example is the delay in DJPR sending the list of contracted accommodation sites so we can forward plan and assess sites for suitability for disease control functions, and then roster staff to the sites. Multiple requests over a number of days, followed by a directive from the State Controller - Health, were required before the details were sent through on Saturday. Many of these sites are in small rural locations which are unsuitable for the detention operation. Another issue arose when at the last minute (10.30pm last night) DJPR advised security and reception staff were not available to attend a site planned to open today for new detainees. This was a site they had requested for a number of days prior that DHHS use. This put significant stress on DHHS staff trying to ensure sites were ready to issue notices and undertake triage safely with returning travellers the next day, and fortunately DJPR confirmed availability of these staff later that night.

It appears the contracts are inflexible and impractical to provide the agility required for this operation, and there have been issues regarding the contracted arrangements including food safety and cleaning.

We are unsure of the reasons for these issues, however the consequences are becoming unmanageable and increasingly risky. We are keen to work collaboratively with all agencies as is the usual EM practice and seek a resolution today to ensure all decisions have a primary focus on public health risks, and safety of the returning travellers.

I understand REDACTED is bringing a paper regarding accommodation planning for other cohorts to CCC in due course, however we are seeking a resolution to the above as early as possible.

Many thanks
Andrea

Andrea Spiteri
Director Emergency Management
Department of Health and Human Services
REDACTED
REDACTED

RE: Welfare for hotel quarantine

From: Angie Bone (DHHS) REDACTED
To: Annaliese Van Diemen (DHHS) REDACTED Pam Williams
 (DHHS) REDACTED Helen Mason (DHHS)
 REDACTED Euan Wallace (DHHS)
 REDACTED REDACTED
 REDACTED REDACTED
 REDACTED REDACTED
 REDACTED REDACTED
 REDACTED Andrea Spiteri (DHHS)
 REDACTED Finn Romanes (DHHS)
 REDACTED Jason Helps (DHHS) REDACTED
Cc: Anthony J Kolmus (DHHS) REDACTED
Date: Thu, 16 Apr 2020 08:42:20 +1000

Thanks Annaliese – relevant and intersects with the compliance role as well

As discussed yesterday there is an urgent need for consistent policies around:

1. 1. What can be brought into the hotel (food, cigarettes, alcohol) and searching of bags (noting that we have no authority to do this under the emergency powers (and questions have been asked), but a knife was identified and confiscated)
2. 2. Transport – to and from hotels (not just the PH elements but also who organises)
3. 3. PPE for staff at hotels – on Sunday I was expected to wear one mask and one set of gloves at all times by the hotel staff while releasing detainees after 14 days – not appropriate, and potential increased risk, but in the end easier to go along with it
4. 4. Case management and co-traveller management in hotels including exits and especially when interstate residents (eg in terms of accommodation)
5. 5. Data collection and management

Many of these policies will need agreement with DJPR who have contracted services (eg hotel and security) who wish to apply their own policies.

There has been a significant policy gap in these areas so it is wonderful news that this will be filled. Happy to support from the regulatory perspective.

Angie

Dr Angie Bone MBChB MSc MRCP FFPH FAFPHM
 Deputy Chief Health Officer (environment)
 Health Protection Branch
 Regulation, Health Protection and Emergency Management Division
 Department of Health & Human Services
 50 Lonsdale Street, Melbourne, Victoria 3000

REDACTED

REDACTED

From: Annaliese Van Diemen (DHHS) REDACTED
Sent: Wednesday, 15 April 2020 11:46 PM
To: Pam Williams (DHHS) REDACTED Helen Mason (DHHS)
 REDACTED Euan Wallace (DHHS) REDACTED
 REDACTED REDACTED REDACTED REDACTED
 REDACTED REDACTED
 REDACTED REDACTED
 REDACTED Andrea Spiteri (DHHS) REDACTED
 Finn Romanes (DHHS) REDACTED Angie Bone (DHHS)
 REDACTED Jason Helps (DHHS) REDACTED

Subject: RE: Welfare for hotel quarantine

Thanks Pam and for the conversation we had earlier,

As per a few discussions today, we are now much closer to the point of greater clarity in roles and responsibilities across this.

Apologies if this was already clear to everyone else and I am finally joining the party, this is as much for my own clarity as the rest of you.

I think now is a good time to make the clear distinction, as made by Andrea yesterday regarding this (particularly for health and welfare)

- * The policy and protocols around health and welfare will be the responsibility of Public Health IMT – this is being supported by some resource offered by Euan around clinical care pathways etc
- * The implementation of these policies and protocols, including logistics, rostering etc will sit with the EOC

There will be points where these two intersect and that is where we need to ensure we have enough meetings and reviews in place to determine where there are policy issues and where there are operational issues and what is needed from whom to clear these up. But I think a lot of clarity should fall out from this going forward.

For example, below there is a policy question about who calls which passengers and how often, and how this intersects with other care and referral pathways. This should be resolved (ideally tomorrow and with input from the original designers of the policy) in terms of what the policy is, before it is passed onto Pams team to implement via the EOC. Given this we will need to have a discussion with **REDACTED** tomorrow about which aspects of the current welfare cell are the operations parts and should go to the EOC, and which have been driving policy and should sit with the PHIMT.

Happy to discuss further at our catch up tomorrow or earlier if required.

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

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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: Pam Williams (DHHS) **REDACTED**

Sent: Wednesday, 15 April 2020 6:19 PM

To: Helen Mason (DHHS) **REDACTED**

Euan Wallace (DHHS)

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED; Annaliese Van Diemen (DHHS)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Andrea Spiteri (DHHS) [REDACTED]

Subject: RE: Welfare for hotel quarantine

The discussion today was very helpful.

I think a way forward may be to consider:

- * Nurses to undertake the first welfare check call on Day 1 or 2 of entry. This call follows a comprehensive script that is designed to assist in determining the health and welfare risk of the guest and to provide information that will determine any immediate needs. The nurse will then be able to triage the guests, such that some will thereafter be regarded as high needs and others as lower needs.
- * High needs people will be managed by the nurses who will do a daily welfare check and support their health needs. The welfare check information will go into the BTIM system and any clinical data will be held in another way (there was not clarity about how that was being held now – although we seem to have received at the EOC a large amount of paperwork from the exited hotels).
- * Low needs people will receive a daily welfare check from the welfare cell.
- * The welfare cell will be arranged by hotel and those doing the calls for a particular hotel will have a daily briefing with the nurses to check that no-one has been escalated to high needs and is no longer to be called by the welfare check cell.

This approach is similar to the original intention and needs to be supported by the IT system and hardware. If nurses cannot access the BTIM system directly, their input from the first call will need to be prioritised for data entry.

There will probably need to be more nurses to achieve this, but the welfare cell will be able to focus on getting through the low risk calls so they should be able to address the backlog, or at least make sure that they are keeping up better with the new demand. There may need to be some calls made about how those already in the hotels are managed, with a focus on nurses getting that first call and triaging done for everyone.

I am rostered off for the next few days, but I have discussed this approach with Merrin Bamert (who helped design the original approach) and we believe it will give us what is required from a compliance, human rights, health and wellbeing perspective.

Pam Williams

COVID19 Accommodation Commander

Department of Health and Human Services

[REDACTED]

www.dhhs.vic.gov.au

From: Helen Mason (DHHS) [REDACTED]

Sent: Wednesday, 15 April 2020 3:53 PM

To: Euan Wallace (DHHS) [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Annaliese Van Diemen (DHHS) [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Andrea Spiteri (DHHS)

[REDACTED]

[REDACTED] Pam Williams (DHHS) [REDACTED]

Subject: Welfare for hotel quarantine

Hi

Thanks for the helpful conversations I have had with a number of you today.

I thought I'd try and summarise my understanding of the situation before our telco:

Current Situation

1: Welfare checks through [REDACTED] team: these are intended to happen on day 3 and day 9. Line of escalation to department team leaders. [REDACTED] is proposing that the focus of these be on what happens once the person is released from quarantine. Do they have some place to go, a job, etc. [REDACTED] has a team of 30 but needs a team of 50. So an urgent need for 20 people to join

this team. Skill set hasn't been specified. Could be nurse, social worker, other. Have a data base which others will have access to over time but hasn't happened yet.

2. Presence at hotels: nurses (contracted by Public Health), GPs (contracted by EM), Mental health staff (not sure where they fit in), as well as AOs. Virtual concierge run by DJPR (no presence on site). Health staff at hotels are responding to adhoc requests. At smaller hotels the nurses are doing daily welfare calls. This isn't happening at larger hotels due to lack of capacity. No point of escalation. No overall governance. Urgent need for nurses to join this team to enable daily checks to happen for everyone.

3. AOs are on site: role is to ensure comply with directions. Needed 24/7. Working alone, not involved in welfare checks. Line of escalation is to department team leaders.

4. DJPR playing role in securing accommodation, security, food, etc. Plus "concierge role" sits with DJPR remotely. Allocate people to hotels. Arrange some of logistics of exit strategy (eg travel)

5. VicPol also involved.

Problems we need to address:

1. 1. Immediate staffing needs for REDACTED welfare team and for nurses doing daily welfare checks.
2. 2. Escalation process for nurses, docs and mental health staff at hotels.
3. 3. Governance of process
4. 4. Shared information across welfare and onsite team.
5. 5. Decisions on which option to progress.

Way forward

Three options:

1. 1. Shore up the arrangements which are currently in place
2. 2. Partial change to the model, for example with escalation of nursing/GP/MH concern into a health service
3. 3. Change the model to health services doing a full in reach.

If we go with Option 3 which there appears to be interest in, then the 3 health services best placed would be: the Alfred, Royal Melbourne and St Vincent's. All 3 REDACTED are aware we may be seeking their support and are willing to help.

Ways to think about the needs of those quarantined:

1. 1. Basics of life – food/cot/clothes, etc.
2. 2. Health/mental health needs
3. 3. What support they need after they are released.

I hope that's helpful.

Speak soon.

Helen

Helen Mason

Executive Director of Commissioning
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

w. www.dhhs.vic.gov.au

RE: VIC Hotel Quarantine arrangements [DLM=For-Official-Use-Only]

From: "Brett Sutton (DHHS)" [REDACTED]
To: "Braedan Hogan (DHHS)" [REDACTED]
 sandra.jeffery [REDACTED] "MCMILLAN, Alison"
 [REDACTED]
Cc: "Mat Williams (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED], "Jason Helps (DHHS)" [REDACTED]
Date: Fri, 27 Mar 2020 18:45:34 +1100
Attachments: image001.jpg (5.86 kB)

Thanks so much, Braedan.

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
 ph. [REDACTED] <tel:[REDACTED]> e.

[REDACTED]
 [REDACTED]

Please note that I work from home on Thursdays and am contactable on the numbers above.

From: Braedan Hogan (DHHS) [REDACTED]
Sent: Friday, 27 March 2020 6:43 PM
To: 'Sandra.Jeffery ([REDACTED])' 'MCMILLAN, Alison' [REDACTED]
Cc: Mat Williams (DHHS) & [REDACTED]; Brett Sutton (DHHS) [REDACTED]; Annaliese Van Diemen (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]
Subject: RE: VIC Hotel Quarantine arrangements [DLM=For-Official-Use-Only]

Hi Sandra and Alison,

See Victoria's response below:

1. What arrangements does your jurisdiction have in place to provide quarantine accommodation? Please provide details of the accommodation that will be used for quarantine purposes, including how many beds are available. Victoria has access to 30,000 beds at various accommodation providers across the State, we are aligning accommodation options with close proximity to established COVID clinics.
2. What arrangements are in place to transport passengers from the airport to the accommodation? Arrangements with bus providers are in place to transport passengers and planning is underway to ensure supervision on transport.
3. What arrangements are in place to provide medical support to passengers while they are in quarantine? Planning for the use of Field Emergency Medical Officer teams to provide an initial needs assessment of passengers and can provide pharmaceutical scripts and medical advice – they will also provide intermittent screening and will be available to respond to medical concerns that are escalated to them.
4. What security arrangements are in place to ensure compliance with quarantine arrangements? Directions will be provided to passengers as they disembark and will be supported by Victoria Police at the airport. Private security is being contracted to provide security at the hotels with

escalation arrangements to VicPol as needed.

5. Who is the key contact in your jurisdiction for these arrangements? Braedan Hogan, DHHS Agency Commander, REDACTED
REDACTED

6. Who is the 'on the ground' contact for ABF staff to arrange logistics at the airport? TBC

7. Do you require support from the Commonwealth to put these arrangements in place by midnight 28 March? If so, what support do you require? ADF currently providing planning support to Victoria at the State Control Centre, no further support required

Let me know if you need anything more.

Braedan

Braedan Hogan
Deputy Director, Strategy and Policy
Emergency Management Branch
Regulation, Health Protection & Emergency Management Division
Department of Health and Human Services
50 Lonsdale Street Melbourne Victoria 3000
p. REDACTED m. REDACTED
e. REDACTED

From: Brett Sutton (DHHS)

REDACTED

Sent: Friday, 27 March 2020 6:39 PM

To: Annaliese Van Diemen (DHHS)

REDACTED

RE: Mat Williams (DHHS)

REDACTED 'MCMILLAN, Alison'

>>

Subject: RE: VIC Hotel Quarantine arrangements [DLM=For-Official-Use-Only]

Thanks.

Alison McMillan (in copy) is the Cth contact for this.

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
ph. REDACTED

REDACTED

Please note that I work from home on Thursdays and am contactable on the numbers above.

From: Annaliese Van Diemen (DHHS)

REDACTED

Sent: Friday, 27 March 2020 5:55 PM

To: Brett Sutton (DHHS)

<REDACTED>; Braedan Hogan

(DHHS) REDACTED

Cc: Mat Williams (DHHS)

<REDACTED>

Subject: RE: VIC Hotel Quarantine arrangements [DLM=For-Official-Use-Only]

Braedan, Jason and the DJPR crew are onto it

Cheers

Dr Annaliese van Diemen MBBS BMedSc MPH FRACGP FAFPHM
 Public Health Commander- COVID-19 Department Incident Management Team
 Deputy Chief Health Officer (Communicable Disease)
 Regulation, Health Protection & Emergency Management
 Department of Health & Human Services | 14 / 50 Lonsdale St
 e. REDACTED <mailto:REDACTED>
 REDACTED

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REDACTED

From: Brett Sutton (DHHS)
 <REDACTED <mailto:REDACTED> >
 Sent: Friday, 27 March 2020 5:52 PM
 To: Braedan Hogan (DHHS)
 <REDACTED <mailto:REDACTED> >
 Cc: Mat Williams (DHHS)
 <REDACTED <mailto:REDACTED> > Annaliese Van Diemen
 (DHHS)
 <REDACTED <mailto:REDACTED> >
 Subject: Fwd: VIC Hotel Quarantine arrangements [DLM=For-Official-Use-Only]

FYI.

Please respond directly, cc'ing me. If you need to talk anything through, please call me.

Brett

Get Outlook for iOS<https://protect-au.mimecast.com/s/89A_C91ZWZUZEWRkuBeJmw?domain=aka.ms>

From: Sandra JEFFERY
 <REDACTED <mailto:REDACTED> >
 Sent: Friday, March 27, 2020 17:22
 To: Brett Sutton (DHHS)
 Cc: REDACTED National Coordination Mechanism
 Subject: VIC Hotel Quarantine arrangements [DLM=For-Official-Use-Only]

For-Official-Use-Only

Dear Dr Sutton

Following the decision of National Cabinet that all overseas arrivals will be required to self-isolate in hotel accommodation for 14 days, I'm seeking to understand what arrangements are in place in your State, and who your key contacts are, so we can effectively coordinate arrangements between the Commonwealth and States/Territories.

Could please provide a response by 6pm (AEST) today to the following questions:

1. What arrangements does your jurisdiction have in place to provide quarantine accommodation? Please provide details of the accommodation that will be used for quarantine purposes, including how many beds are available.
2. What arrangements are in place to transport passengers from the airport to the accommodation?
3. What arrangements are in place to provide medical support to passengers while they are in

quarantine?

4. What security arrangements are in place to ensure compliance with quarantine arrangements?
5. Who is the key contact in your jurisdiction for these arrangements?
6. Who is the 'on the ground' contact for ABF staff to arrange logistics at the airport?
7. Do you require support from the Commonwealth to put these arrangements in place by midnight 28 March? If so, what support do you require?

Thanks for your assistance in ensuring a coordinated effort between the Commonwealth and States on this process. Please give me a call if you would like to discuss the arrangements.

Regards

Sandra

Sandra Jeffery
Senior Director
COVID-19 Taskforce (National Coordination Mechanism)
Department of Home Affairs
P:REDACTED M:REDACTED
E:REDACTED

For-Official-Use-Only

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From: Braedan Hogan (DHHS) [REDACTED]

Sent: Tuesday, 31 March 2020 8:05 AM

To: Finn Romanes (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]

Cc: Maria Bubnic (DHHS) [REDACTED]; [REDACTED]; [REDACTED]

Subject: Re: Smoking policy - Operation Soteria

Just for background the room do not have balcony or outside access so will need to be escorted out by security.

This flows into the next issue of a physical activity policy the will also need to be developed

Braedan Hogan
Deputy Director, Strategy and Policy
Emergency Management
Department of Health and Human Services

[REDACTED]

From: Finn Romanes (DHHS) [REDACTED]

Sent: Tuesday, March 31, 2020 8:00:36 AM

To: Jason Helps (DHHS) [REDACTED]

Cc: Maria Bubnic (DHHS) [REDACTED]; [REDACTED]; Braedan Hogan (DHHS)

Subject: Fwd: Smoking policy - Operation Soteria

Please link up - grateful - unless Braedon you are still leading.

Finn

Dr Finn Romanes
Public Health Physician
Department of Health and Human Services

From: Finn Romanes (DHHS) [REDACTED]

Sent: Tuesday, March 31, 2020 7:59 am

To: Braedan Hogan (DHHS); Maria Bubnic (DHHS)

Cc: [REDACTED] (DHHS); Annaliese Van Diemen (DHHS)

Subject: Fwd: Smoking policy - Operation Soteria

Dear Maria, [REDACTED] and Braedon

Could you work quickly together to provide an assessment and written proposal for smoking cessation options for people detained in their rooms please.

I'm sorry to make this request by email however there are some emergency issues happening here - I'll engage as soon as I can.

Can you provide a proposal that can have a chance to keep a person in their room, and only as a last resort allowing a person to leave for a monitored break.

Your urgent help Maria and [REDACTED] is appreciated. I can present the proposal to the Deputy Chief Health Officer at midday.

Finn

Dr Finn Romanes
Public Health Physician
Department of Health and Human Services

From: Maria Bubnic (DHHS) [REDACTED]

Sent: Tuesday, March 31, 2020 7:35 am

To: Finn Romanes (DHHS)

Cc: [REDACTED]

Subject: RE: Smoking policy - Operation Soteria

Morning, yes, it is [REDACTED] who I have ccd here.

Maria Bubnic
Assistant Director, Population Health

Regulation, Health Protection & Emergency Management Division
50 Lonsdale Street, Melbourne VIC 3040

t. [REDACTED]
w. www.dhhs.vic.gov.au

EA Contact: [REDACTED]

I work flexibly so sending this email now works well for me. However, I know we all work differently and respect that you will consider this email at a time that suits your working arrangements.

From: Finn Romanes (DHHS) [REDACTED]
Sent: Monday, 30 March 2020 11:03 PM
To: Maria Bubnic (DHHS) [REDACTED]
Subject: FW: Smoking policy - Operation Soteria

Hi Maria

Are you able to get the lead for tobacco control to give me a call on [REDACTED] so we can discuss a policy for smokers who are detained under quarantine?

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency

[REDACTED]

Department of Health and Human Services
 State Government of Victoria

From: Braedan Hogan (DHHS) [REDACTED]
Sent: Monday, 30 March 2020 9:26 PM
To: Finn Romanes (DHHS) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]
Cc: COVID Directions <COVIDdirections@dhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

Thanks – do we have a health prevention person that can develop this?

We don't have anyone

[Braedan Hogan](#)
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

From: Finn Romanes (DHHS) [REDACTED]
Sent: Monday, 30 March 2020 5:53 PM
To: Braedan Hogan (DHHS) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]
Cc: COVID Directions <COVIDdirections@dhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

There is in principle support in here for allowing a person – if monitored in some way – to have a smoking break on a balcony or outdoors if that is the lesser harm option.

Can you put a proposal up with parameters / strict parameters and I will ask Annaliese to endorse as a policy?

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency

[REDACTED]

Department of Health and Human Services
 State Government of Victoria

From: Braedan Hogan (DHHS) [REDACTED]
Sent: Monday, 30 March 2020 5:23 PM
To: Merrin Bamert (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]
Cc: COVID Directions <COVIDdirections@dhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: Smoking policy - Operation Soteria

Hi – we need to develop a policy position on allowing smoking at the hotels.

I think this need to be considered with input with AO on the ground and how this can be operationalised.

Braedan

[Braedan Hogan](#)
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

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From: Kym Peake (DHHS) [REDACTED]
 Sent: Saturday, 28 March 2020 10:59 PM
 To: Braedan Hogan (DHHS) [REDACTED]
 Cc: Jason Helps (DHHS) [REDACTED]; Melissa Skilbeck (DHHS) [REDACTED]; Diane White (DHHS) [REDACTED]; Michael Mefflin (DHHS) [REDACTED]
 Subject: Re: Many thanks Braedan
 Get [Outlook for iOS](#)

From: Braedan Hogan (DHHS) [REDACTED]
 Sent: Saturday, March 28, 2020 10:43:45 PM
 To: Kym Peake (DHHS) [REDACTED]
 Cc: Jason Helps (DHHS) [REDACTED]; Melissa Skilbeck (DHHS) [REDACTED]; Diane White (DHHS) [REDACTED]; Michael Mefflin (DHHS) [REDACTED]
 Subject: RE: Hi Kym,

Confirming I have engaged the labour hire firm provided by [REDACTED] to deliver the service. They will have 20 staff on the ground at 5am to support the effort and Michael will coordinate the group – but be briefed by DJPR. DJPR had done so simple deign work that will get us through the morning – and Di White from FSV will do some rapid work to make this more robust and fit for purpose. On the hotel side – we have our offering embedded into the concierge service and will do work on refining this so it is scalable acorss multiple site.

Braedan
 Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000
 p [REDACTED]
 e [REDACTED]

From: Kym Peake (DHHS) [REDACTED]
 Sent: Saturday, 28 March 2020 8:54 PM
 To: Braedan Hogan (DHHS) [REDACTED]
 Subject: Braedan

DJPR are looking for us to stand up the concierge service at the hotels.

[REDACTED] can help to arrange. [REDACTED] mobile number is [REDACTED].

They had arranged a bundle of stood-down labour hire people that do airport control for Qatar air amongst others to help us from tomorrow. The labour hire company has the backing of VTHC and were ready to provide the concierge services that earlier today we were organising (taking passenger room requirement details, handing out care package etc). Could you please liaise with [REDACTED] to make sure arrangements proceed so that this is still in place?
 Kym
 Get [Outlook for iOS](#)

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Privileged - LPP

From: SCC-Vic (EMC Executive Officer) <sccvic.emceo@scc.vic.gov.au>

Sent: Sunday, 29 March 2020 10:51 AM

To: REDACTED; Jason Helps (DHHS) REDACTED

Subject: Appointment of Class 2 Deputy State Controller - formalisation of the appointments

Hi REDACTED & Jason,

I just want to close the loop with the appointment of Chris E. REDACTED & REDACTED as deputy state controllers.

REDACTED can you please formally write (email) to nominate the three people (or more if you had others) to be appointed as deputy state controllers.

In the email for each of the nominees provide the following;

- Full name (First and Last)
- Position
- Agency (
- Emergency management experience (Class 1 emergencies role is sufficient – Regional controller, Incident Controller, etc. However if there is anything else relevant please feel free to add)

This will then need to be sent to the state controller health email (sccvic.sctrl.health@scc.vic.gov.au) for which Jason (or Andrea when they swap) will respond on the acceptance or otherwise of the nominations.

Jason, then these folk will need to be added to your roster that is provided to SCC support for official recording.

Thanks

REDACTED

**Executive Officer for the
Emergency Management Commissioner
SCC-Vic (EMC Executive Officer)**

State Control Centre | 121 Exhibition Street Melbourne Victoria 3000

Ph: REDACTED DX: 210098

Email: sccvic.emceo@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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From: SCC-Vic (Strategic Plan) Strategic Plan <sccvic.stratplan@scv.vic.gov.au>

Sent: Saturday, 28 March 2020 8:15 PM

To: REDACTED

Simon Phemister (DEDJTR) REDACTED REDACTED REDACTED Simon Phemister (DEDJTR)

REDACTED

REDACTED REDACTED Michael Mefflin (DHHS) REDACTED REDACTED

REDACTED

REDACTED Claire Febey (DEDJTR) REDACTED

REDACTED

REDACTED Jason Helps (DHHS)

REDACTED

REDACTED ; Andrew Crisp (DJCS) REDACTED ; SCC-Vic (Strategic

REDACTED

Communications) <sccvic.stratcomms@scv.vic.gov.au>; Chris Eagle (DELWP) REDACTED ; Braedan Hogan (DHHS)

REDACTED

Cc: REDACTED
Subject: Approved Operations Plan - Operation Soteria - Version 1.0 released 28 March 2020 2000 hours

Good evening everyone,
Following today's Operation Soteria planning meetings, I provide the approved operations plan. Thank you to everyone for your efforts today and contributions to the development of this plan.

The CHO Detention Notice will be appended as Appendix 1 when finally approved and distributed to you.

Kindest regards

REDACTED

Strategic Planning Officer

SCC Strategic Planning Cell

State Control Centre | Level 4, 8 Nicholson Street, East Melbourne VIC 3002

Ph: REDACTED

Email: sccvic.stratplan@scv.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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Operation Soteria

**Forced Quarantine
for all Australian Arrivals
from Midnight 28 March 2020
State of Victoria**

Operations Plan

Approved for distribution by:

Emergency Management Commissioner	Signature	Date / Time
Andrew Crisp	Signed and scanned	28/3/2020 2000

Operation Soteria

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	Authorised for Release	Date
0.1	Draft for initial discussion	REDACTED		Andrew Crisp	27 March 2020
0.2	Draft for release as version 1.0	REDACTED	Operation Soteria Coordination Meeting	Andrew Crisp	28 March 2020 1815 hours
1.0	Final Version released			Andrew Crisp	28 March 2020 2000 hours

Operation Soteria

1. SITUATION

Prime Minister Scott Morrison has announced that all passengers who arrive in Australia after midnight on Saturday 28 March 2020 will go into mandatory quarantine in hotels for a fortnight.

- Passengers will be quarantined in the city in which they land, irrespective of where they live
- Two thirds of Australia's coronavirus cases are from people travelling from overseas
- Defence personnel will help State and Territory Police enforce self-isolation rules

1.1 Background

- Australian National Cabinet has directed that all passengers returning to Australia from international destinations are to undergo 14 days enforced quarantine.
- Expected volume of international passenger arrivals is 1500 per day.
- Direction from the Chief Health Officer is pending
- Heightened measures to curb the spread of COVID-19
- Assume small window of opportunity will lead to a spike in arrivals
- Primary port is assumed as Melbourne Airport.
- Alternate ports of entry may include Essendon Airport (Corporate Charter); Port of Melbourne, Geelong Port, Portland Port, Western Port (Cargo); Station Pier (passenger)
- Control for every movement upon arrival remains the authority of the Chief Health Officer

1.2 Authorising Environment - TBC

Public Health and Wellbeing Act 2008 (Vic)

Supporting documentation – Detention Notice issued pursuant to Public Health and Wellbeing Act 2008 (Vic) Section 200 (*to be provided - Appendix 1*)

1.3 Definitions

Passengers: Are all individuals who arrive in Australia after midnight on Saturday 28 March 2020 and who are quarantined in hotels for 14 days

2. MISSION

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

Operation Soteria

3. EXECUTION

- **Purpose.** Slow the spread of COVID-19 through Victoria
- **Method.** Implement enforced quarantine of passengers arriving internationally into Victoria.
- **End state.** All passengers that have arrived internationally to Victoria are quarantined for 14 days in order to mitigate the spread of COVID-19 within the Victorian community.

3.1 Phases to achieve identified objectives

3.1.1 Preliminary Actions

- During this period, all preparatory activities, to receive and comfortably accommodate arriving passengers that support each of the phases to be completed

3.1.2 Phase 1 – Reception

- Begins when passengers arrive via international airport or maritime port, separated from the general population to prevent transmission, transit through customs and prepared for travel to quarantine locations.
- This phase ends once passengers have embarked on bus transport

3.1.3 Phase 2 – Transport

- Begins with buses leaving international airport or maritime port.
- It involves the transit of passengers to quarantine accommodation in vicinity of COVID testing centres.
- This phase ends once passengers exit transport vehicles

3.1.4 Phase 3 – Accommodation

- This phase begins when reception party receives passengers for quarantine.
- This will involve 14 days of isolation within commercial hotel/motel solutions in vicinity of their entry points.
- This phase ends once 14 days has lapsed and members are reviewed for approval to exit quarantine accommodation.

3.1.5 Phase 4 – Return to the Community

- This phase begins when the member is reviewed for exit by quarantine management
- This will involve an assessment whether the passengers are safe to be allowed into the Victorian community.
- This phase ends once the member has been briefed on their health responsibilities and exits quarantine.

Operation Soteria

3.2 Preliminary Phase

- Information is developed, distributed and executed as per communications plan
- All resources (physical and human) are in position ready to execute phases as required

3.3 Phase 1 – Reception

REDACTED
s73(e) the member otherwise considers the prohibition or restriction appropriate

REDACTED
s73(e) the member
Department of Health and Human Services (DHHS) are lead State-side

3.3.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.3.2 Airside Operations

3.3.2.1 AFP/ABF

- Melbourne airport security and customs liaison
- Provide passengers with required information about Direction/requirements
- Collection of entry data (manifest)
- Marshall passengers in an area that is secure and be able to facilitate health screening

3.3.2.2 DHHS

- Provision of and conduct of health screening and other well-being services (including psycho-social support)
- Provision of personal protective equipment for passengers
- Registration and initial needs identification of passengers for State-side use/application
- Provision of information pack for passengers [Joint contributions: DHHS/Department Jobs, Precincts and Regions (DJPR)/VicPol]

3.3.2.3 AFP/ABF

- Establish arrivals area for transport
- Marshall Passengers for boarding
- Assist boarding of passengers onto bus transport airside
- Escort bus transports to accommodation

3.3.2.4 Department of Transport (DoT)

- Manage bus transport State-side to accommodation

3.3.2.5 VicPol

- REDACTED
s73(e) the member otherwise considers the prohibition or restriction appropriate
-

Operation Soteria

3.3.3 State-side Operations

3.3.3.1 DHHS and DJPR

- Reception parties established and coordinated at all identified accommodation

3.3.3.2 VicPol

- REDACTED s73(e) the member otherwise considers the prohibition or restriction appropriate

3.4 Phase 2 – Transport

Note: DoT are lead

3.4.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.4.2 DoT

- Skybus and other DoT solutions tasked in accordance with projected arrivals
- Ensure transport of passengers between point of entry and accommodation

3.4.3 AFP

- Escort passengers to assigned accommodation
- Transfer manifest to VicPol on arrival at accommodation

3.4.4 VicPol

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

3.4.5 DHHS and DJPR

- Prepare for incoming passenger accommodation registration

3.5 Phase 3 – Accommodation

3.5.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.5.2 DJPR

- Manage accommodation contracts
- Manage private security contracts to enforce quarantine requirements at accommodation
- Reception parties established to coordinate movement of passengers from transport into accommodation (with DHHS)
- Detailed identification of, capture and management of special/social needs (with DHHS)

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- Management of services for all passengers including food and amenities

3.5.3 DHHS

- Passenger data reconciled with airside entry data
- Detailed identification of, capture and management of special/social needs (with DJPR)
- Establish FEMO teams at accommodation points to undertake initial health screening
- If required, social workers to provide support to passengers with complex needs
- Provision of psycho-social first aid
- Access to 24/7 nursing support for emerging health needs
- Provision of regular welfare calls to all quarantined passengers

3.5.4 VicPol

- Provision of support to private security as required

3.6 Phase 4 – Return to the Community

3.6.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.6.2 DHHS

- Conduct of health reviews to allow release back into the community
- Outgoing passenger responsibilities brief
- Arrangements for any ongoing Psycho-social support

3.6.3 DoT

- Provision of transport to passengers to original destination/transit node

3.7 Strategies and tactics proposed to achieve tasks and objectives

3.7.1 Coordinating Instructions

3.7.1.1 Timings

Preliminary Phase

- Arrival data and maritime ports confirmed no later than 28 1000 Mar 20
- Transport confirmed no later than 28 1300 Mar 20
- Quarantine Accommodation confirmed no later than 28 1600 Mar 20
- International terminal at Tullamarine prepared for quarantine by 28 2200 Mar 20

Phase 1

- Reception party at international airport and maritime port no later than one hour prior to scheduled flights/vessel arrivals

Phase 2

- Transport in position no later than 1 hour prior to scheduled flights/vessel arrivals

Phase 3

- Service provision is in place for passenger quarantine for a minimum of 14 days

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Phase 4

- Release party in place to meet passenger needs for an effective return to community

3.7.1.2 Locations

Airports

- Tullamarine

Maritime Ports

- TBC

Quarantine Accommodation

- TBC

3.8 Daily arrivals schedule – *see Appendix 2*

3.9 Synchronisation matrix - *See Appendix 4*

4. COORDINATION

State Control Centre is the central coordination point for all phases

4.1 Communications Plan (Lead DHHS - Marita Tabain)

4.1.1 Authorisation of communications plan by DPC

4.1.2 Communications plan to incorporate:

- To returning citizens/residents
- To returning citizens/residents family
- Media release plan

4.2 Planning Points of Contact – *See Appendix 3*

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Appendix 1

Detention Order pending

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Appendix 2

DAILY TIMINGS (AS AT 28 1609 MAR 20)

Arrivals for 29 March 2020

Passenger arrivals MEL (Tullamarine)

Flight Number	Sched. Date	Depart. Airport	Sched. Arrival time	Aircraft type	Gate	Pax	Comment
QR994	29/3/2020	DOH	0700	77W	9	17	Doha
AC037	29/3/2020	YVR	0835	789	7	119	Vancouver
CZ321	29/3/2020	CAN	0940	333	16	38	Guangzhou
MU737	29/3/2020	PVG	1000	789	18	18	Shanghai Pudong
NZ123	29/3/2020	AKL	1050	77W	11	100	Auckland 1 X UNACCOMP. MINOR
QR904	29/3/2020	DOH	1830	351	9	200	Doha
Total Passengers						492	

Flights in transit 28 March 2020 – Flight tracking on time as at 1955 hrs 28 March 2020

Flight Number	Sched. Date	Depart. Airport	Sched. Arrival time	Aircraft type	Gate	Pax	Comment
CX163	28/3/2020	HKG	2252		16		Hong Kong

Operation Soteria

Appendix 3

Contacts List

Department	Contact Name	Email	Phone
State Control Centre – Deputy Controller Class 2 – Health.. Operation Soteria	Chris Eagle	REDACTED	
Department of Transport	REDACTED	REDACTED	TBA TBA
Department of Jobs, Precincts and Regions	Claire Febey REDACTED	REDACTED	TBA REDACTED
Department of Health and Human Services - SCC	Michael Mefflin	REDACTED	TBA
VicPol	REDACTED	REDACTED	REDACTED TBA
Department of Premier and Cabinet – Communications	Marita Tabain Sarah Caines		TBA REDACTED
Department of Premier and Cabinet	REDACTED	REDACTED	TBA
Department of Health and Human Services – Melbourne Airport Representative			
Emergency Management Victoria	REDACTED	sccvic.stratplan@scc.vic.gov.au	REDACTED
ADF	John Molnar	sccvic.stratplan@scc.vic.gov.au	REDACTED

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Appendix 4

Outline of agency involvement across the stages of enforced quarantine

Function	Lead agency	Preliminary Stage	Stage 1 : Receive passengers at point of entry	Stage 2: Move passengers from point of entry to accommodation	Stage 3: Accommodate passengers for 14 days	Stage 4: Release of passengers from accommodation	
Command and Control	SCC	Queue and trigger DHHS as required	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	
	DHHS	Plan/organise	Operational command	Operational command	Operational command	Operational command	
Process	Australian Border Force/ Australian Federal Police	Preparation	Receive and process passengers (airside). <small>REDACTED s73(e) the member otherwise considers the prob</small>				
Process	DJPR	Preparation		Transfer of responsibility from DJPR to DoT	Assist DHHS	Assist DHHS	
Transport	DoT	Organisation of transport for stage 2	Position buses at the point of entry, ready for stage 2	Receiving transfer of responsibility from DJPR. Executive move of passengers from point of entry to accommodation	Transfer of responsibility to DHHS	Prepared to provide transport solutions for passengers to their home/intended residence while in Victoria	
Accommodation	DHHS	Organisation of transport for stage 3	Confirm readiness of accommodation, ready for stage 3	Receive travellers at accommodation	Receiving responsibility from DoT Manage, monitor and respond to passengers at accommodation	Manage release of passengers	
Strategic Messaging	DPC	Conduct messaging to: <ul style="list-style-type: none"> passengers any persons intending to receive passengers general public media 	Monitoring adverse media/public reaction (external stakeholders)				
Security	VicPol	Prepare for response, contain	Support containment and respond as needed				
Health and Wellbeing	DHHS	Prepare for support	Supporting				

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Privileged - LPP

From: Kym Peake (DHHS) REDACTED

Sent: Saturday, 28 March 2020 11:28 AM

To: Jason Helps (DHHS) REDACTED

Cc: Melissa Skilbeck (DHHS) REDACTED Braedan Hogan (DHHS) REDACTED

Subject: Crown dry run on returned travellers this afternoon

Jason,

DJPR are going to to a trial run of arrangements for returned travellers at Crown this afternoon. Probably around 3. RE will text me the details.

It would be great if a health person could be there just to work through the access to particularly health but also other social supports? Could you let me know who could do that so I can pass on to RE who will look out for them?

I understand there are about 480 passengers due tomorrow. Then the plan is to move people from Crown to other hotels that have contained outdoor areas (eg RACV clubs).

Kym

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From: Braedan Hogan (DHHS) [REDACTED]
Sent: Friday, 10 April 2020 10:41 AM
To: [REDACTED]; Jason Helps (DHHS) [REDACTED]
Subject: FW: Draft Command structure for Hotel Quarantine
Braedan Hogan | DHHS Agency Commander
 Deputy Director, Strategy and Policy
 Emergency Management Branch | Regulation, Health Protection and Emergency Management
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
 m.[REDACTED]
www.dhhs.vic.gov.au

From: Rachaele E May (DJPR) [REDACTED]
Sent: Friday, 10 April 2020 10:28 AM
To: [REDACTED]; SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Cc: Claire Febey (DEDJTR) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]
Subject: Draft Command structure for Hotel Quarantine

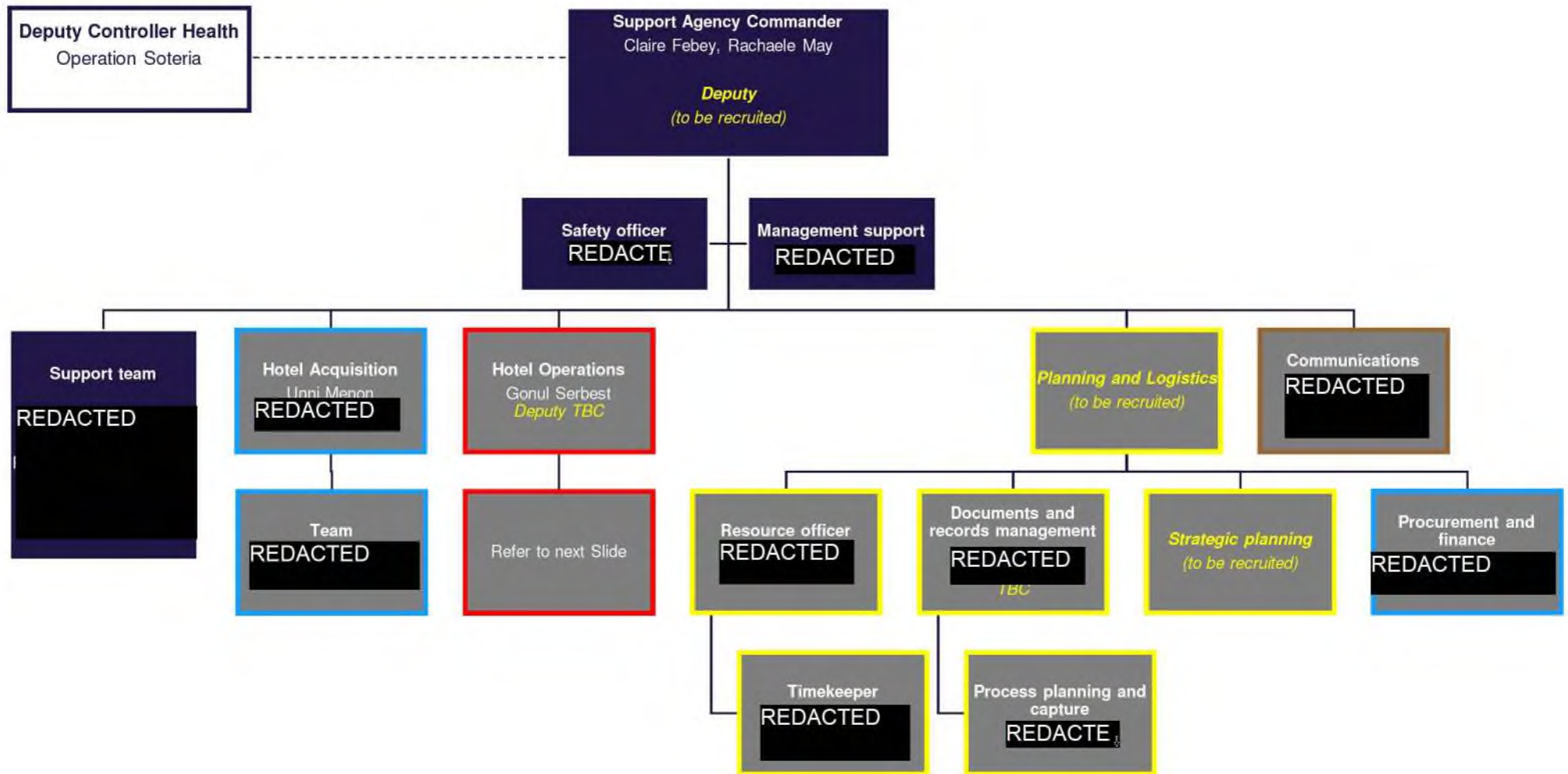
Hi [REDACTED]
 As requested, please find attached a DRAFT of the DJPR-led command structure for the Hotel Quarantine. Note it is still being finalised, and may change if the DHHS governance arrangements change based on your thoughts today. We are still filling in names and these may change.
 Please call me if needed
 Regards
 Rachaele

Rachaele May
 A / Executive Director Emergency Coordination and Resilience
Department of Jobs, Precincts and Regions
 402 Mair Street Ballarat, Victoria Australia 3350

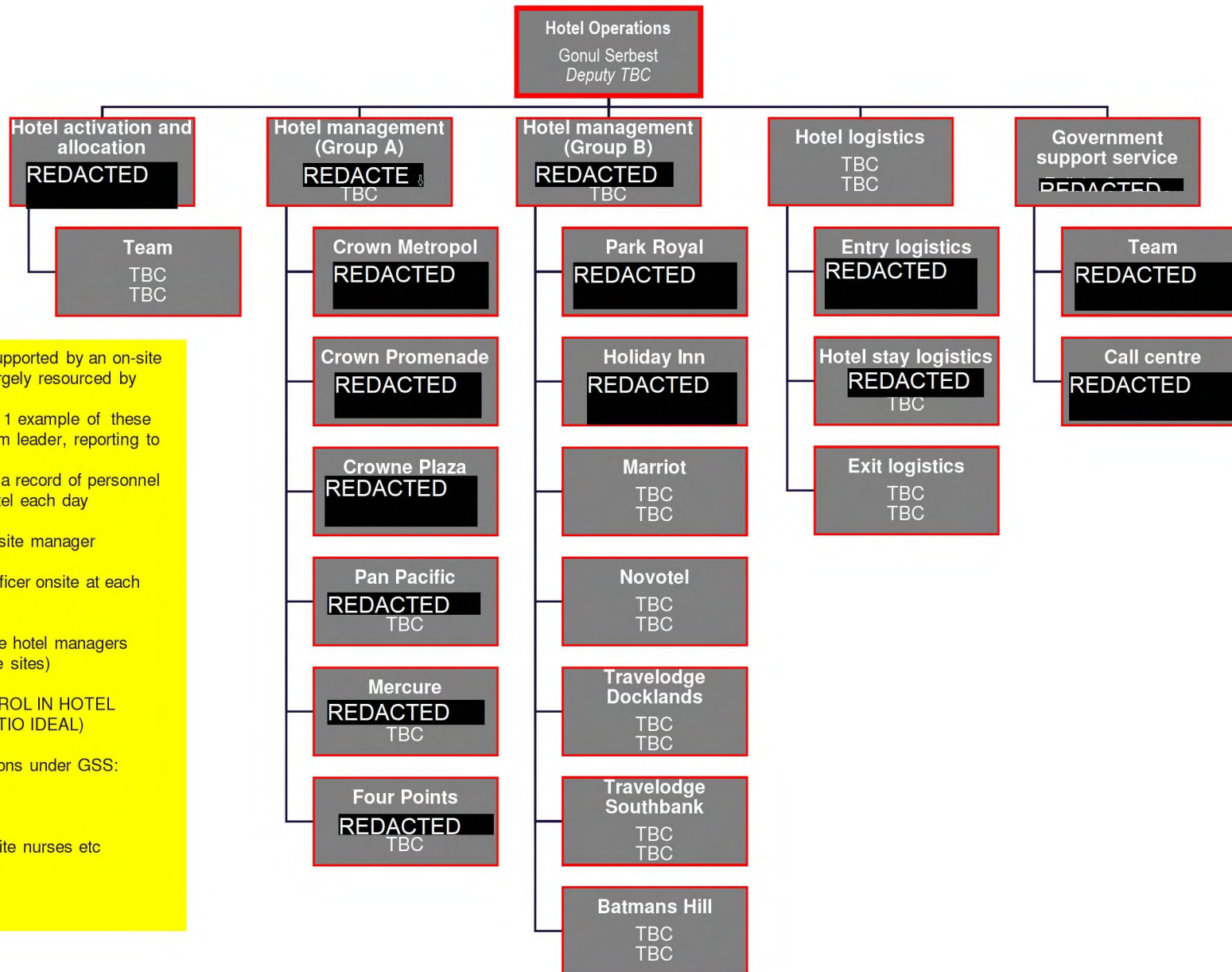
[REDACTED]
 [REDACTED]

djpr.vic.gov.au
 Please note I work from home on FRIDAY

DRAFT – Proposed DJPR structure for upscaling of response



DRAFT – Proposed DJPR structure for upscaling of response



- Hotel managers are supported by an on-site manager and team, largely resourced by Dnata

- Must show 1 example of these teams (team leader, reporting to whom)
- Must have a record of personnel at each hotel each day

- Show link to DHHS onsite manager

- Show link to Safety Officer onsite at each hotel

- Must have more on site hotel managers (people across multiple sites)

REVISE SPAN OF CONTROL IN HOTEL GROUPINGS (1 TO 5 RATIO IDEAL)

- Need to expand functions under GSS:
 - Meals
 - Groceries
 - Security
 - Link to onsite nurses etc

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From: Annaliese Van Diemen (DHHS) [REDACTED]

Sent: Saturday, 28 March 2020 10:27 AM

To: Braedan Hogan (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]

Subject: Fwd: Draft Isolation (International Arrivals) Direction

Dr Annaliese van Diemen

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

From: Ed Byrden (DHHS) [REDACTED]
Sent: Saturday, March 28, 2020 10:18:20 AM

To: Merrin Bamert (DHHS) [REDACTED]; Michael Mefflin (DHHS) [REDACTED]

Cc: Annaliese Van Diemen (DHHS) [REDACTED]

Subject: Draft Isolation (International Arrivals) Direction

Hi Merrin and Michael,

Annaliese has asked me to send you a copy of the current draft of the Isolation (International Arrivals) Directions – please see attached.

Regards

Ed Byrden

Acting Director, Executive Services

[Executive Services Branch](#) | [Legal and Executive Services](#)

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

[www.dhhs.vic.gov.au](#) | Intranet page: [How to engage Legal Services](#)

Executive Assistant [REDACTED]

IMPORTANT: Please note that the advice contained in this email is for the internal use of the Department of Health & Human Services only. It is confidential and may be legally privileged. It must not be copied or distributed to anyone outside of the Department of Health & Human Services without the permission of Legal Branch. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited

Directions from Deputy Chief Health Officer (Communicable Disease) in accordance with emergency powers arising from declared state of emergency

Isolation (International Arrivals) Directions

Public Health and Wellbeing Act 2008 (Vic)

Section 200

I, Dr Annaliese van Diemen, Deputy Chief Health Officer (Communicable Disease), consider it reasonably necessary to protect public health to give the following directions pursuant to sections 200(1)(b) and (d) of the **Public Health and Wellbeing Act 2008 (Vic) (PHW Act)**:

1 Preamble

- (1) The purpose of these directions is to make provision for the isolation of people, including Victorians, who have arrived in Victoria from outside Australia (whether by air or sea) at a premises approved by the Chief Health Officer, in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**).
- (2) These directions replace the **Airport Arrivals Direction** given on 18 March 2020 and the **Cruise Ship Docking Direction** given on 19 March 2020, and:
 - (a) add the requirement that people returning from overseas must self-isolate at a premises designated by the Chief Health Officer; and
 - (b) remove the requirement that people returning from overseas must self-isolate at residential (or other suitable) premises of their choosing.

2 Revocation

- (1) The **Airport Arrivals Direction** and **Cruise Ship Docking Direction** are revoked with effect from midnight on 28 March 2020.
- (2) If the **Airport Arrivals Direction** or the **Cruise Ship Docking Direction**, as the case requires, applied to a person before the revocation of that direction by subclause (1), the direction continues to apply to the person after that revocation as if the direction had not been revoked.

3 Citation

These directions may be referred to as the **Isolation (International Arrivals) Directions**.

4 International arrivals

Direction

- (1) Subject to subclause (2), a person who **arrives in Victoria from a place outside Australia** between midnight on 28 March 2020 and midnight on 13 April 2020:
- (a) must **travel** directly from the place of arrival to a **designated premises**;
 - (b) upon arrival at the designated premises, must proceed directly to a place within the designated premises;
 - (c) except in exceptional circumstances, must reside at a place within the designated premises for the period beginning on the day of arrival at the place and ending at midnight on the fourteenth (14th) day after arrival;
 - (d) must not leave the place, except:
 - (i) for the purposes of attending a medical facility to receive medical care;
 - (ii) in any emergency situation; or
 - (iii) in circumstances where:
 - (A) the person proceeds directly to exit the designated premises; and
 - (B) does not enter any other building; and
 - (C) upon returning to designated premises, proceeds directly to the place; and
 - (D) at all times when the person is outside the place, takes all reasonable steps to avoid coming within 1.5 metres of another person.
 - (e) must not permit any other person to enter the place, unless that other person:
 - (i) is also residing at the place in compliance with these directions; or
 - (ii) is required to enter the place for medical or emergency purposes;
 - (iii) enters for the purposes of providing end of life support;
 - (iv) is the parent or guardian, or has temporary care of, the person residing at the place, if that person is aged under 18 years.

Exceptions

- (2) A person is not required to comply with the direction in subclause (1) if the person:
- (a) arrives on an aircraft and is a member of the flight crew; or

- (b) the Chief Health Officer or a Deputy Chief Health Officer determines, in writing, that the person is exempt from subclause (1) because the Chief Health Officer or a Deputy Chief Health Officer, as the case requires, considers that the exemption is appropriate having regard to:
 - (i) the need to limit the spread of 2019-nCov; and
 - (ii) the person's physical health; or
- (c) proceeds immediately from the place of arrival to a medical facility because the person requires urgent medical care.

Arrives in Victoria from a place outside Australia

- (3) For the purposes these directions, a person **arrives in Victoria from a place outside Australia** if the person:
 - (a) disembarks from an **aircraft** in Victoria following a flight that commenced outside **Australian territory**, or following a connecting flight from a flight that commenced outside Australian territory; or
 - (b) disembarks from a **vessel** in Victoria, if that vessel arrived in Victoria on a voyage from a place outside Australian territory.

Mode of travel

- (4) For the purposes of subclause (1)(a), a person is required to **travel** directly from the place of arrival to a designated premises:
 - (a) if the place of arrival is Tullamarine Airport, in a vehicle that is available specifically for the purpose of transporting persons to one or more designated premises;
 - (b) if the place of arrival is Port of Melbourne, in a vehicle that is available specifically for the purpose of transporting persons to one or more designated premises;
 - (c) in any other case, by using a **commercial passenger vehicle service**.

Designated premises

- (5) The Chief Health Officer may determine, in writing, that a particular premises is a **designated premises** if the Chief Health Officer is satisfied that it is appropriate to make the determination, having regard to the need to limit the spread of 2019-nCov.

5 Diagnosis during period of isolation at designated premises

- (1) If a person is diagnosed with 2019-nCov during the period that a person is residing at a place within a designated premises under clause 4(1), the person must continue to reside at that place until **clearance** is given under subclause (3).
- (2) Throughout the period that a person resides at a place in accordance with subclause (1), the person must not:

- (a) leave the place, except in the circumstances specified in clause 4(1)(c);
 - (b) permit any other person to enter the place, except in the circumstances specified in clause 4(1)(d).
- (3) For the purposes of subclause (1), a person is given **clearance** when an officer of the Department of Health and Human Services certifies that the person meets the criteria for discharge under existing Departmental requirements.
- (4) Certification under subclause (3) must be in writing but is not required to be in a particular form.

6 Definitions

For the purposes of these directions:

- (1) **commercial passenger vehicle service** has the same meaning as in the meaning of the **Commercial Passenger Vehicle Industry Act 2017**;
- (2) **premises** has the same meaning as in the PHW Act;
- (3) the following expressions have the same meanings as they have in the **Biosecurity Act 2015** of the Commonwealth:
 - (a) aircraft;
 - (b) Australian territory;
 - (c) vessel.

7 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.

28 March 2020

Privileged - LPP

Privileged - LPP

From: Andrea Spiteri (DHHS) [REDACTED]
Sent: Sunday, 12 April 2020 9:26 AM
To: Jason Helps (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: Fwd: Escalation of detention issues

Hi Jason

The email below provides advice re the progression of the draft escalation process currently attached to the health and well-being arrangements v0.2, sent to Jacinda and Finn for feedback earlier this week.

If you and the team are reviewing the document today please follow up with Jacinda. Otherwise I can pick up with her tomorrow.

Thanks

Andrea

Andrea Spiteri

Director Emergency Management

Department of Health and Human Services

[REDACTED]

From: Jacinda de Witts (DHHS) [REDACTED]
Sent: Friday, April 10, 2020 12:02:33 PM
To: Andrea Spiteri (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]; Annaliese Van Diemen (DHHS) [REDACTED]
Cc: Melissa Skilbeck (DHHS) [REDACTED]; Meena Naidu (DHHS) [REDACTED]
Subject: Escalation of detention issues

Hi Andrea

Thanks for the escalation plan. The public health team will take a bit more time to review the detail. However, as discussed last night, urgent reinforcement of escalation channels is needed with quick comms. So I thought we would come back on that first.

Our initial thoughts are that there are probably 3 key scenarios, 2 of which suit the escalation plan, and 1 that we suggest will need a different process.

The escalation plan works for general concerns of hotel residents, such as requests for exercise, requests for pharma etc. On those items, I think the public health commander just needs to receive regular reports on 'detention' issues and themes, and separately to be assured that the detention policy is being followed to promote the health and well-being of residents (eg exercise granted etc).

The second category is more serious matters of a safety or welfare nature that are non medical. An example might be a family violence or child protection issue where expertise might be drawn on from others in the department or other specialists. Another might be the suitability of the hotel to accommodate someone with a disability. Again the escalation plan suits that. However expedited reporting to the public health commander is needed on any issues that could impact the psychosocial or physical health of people detained in the hotel.

In relation to both of the above streams, any human rights issues need to be escalated to the public health commander. There are a range of factors that need to be considered on an ongoing basis, which might include factors external to detention itself. Perhaps an example of this is the work Meena is doing on ensuring we facilitate people attending their loved ones at end of life.

We think the final category is medical or health issues. We recommend that a traditional medical model be adopted here. There are a few aspects to that:

- the person needs to be able to choose their health provider and should be able to do that by Telehealth. There needs to be a means for that provider to escalate concerns quickly to public health command
- Medical issues should follow the usual medical chain of nurse to doctor (rather than via AO or Team leader)
- Health professionals (whether the patients' preferred provider) or providers we engage should be made aware that they need to escalate specific concerns about the patient that, in effect, intersect with their detention. We can mandate our providers do that; and provide communication channels for external providers/residents on how to escalate the issue.
- We suggest that all of these issue go directly to the Complaints function (not via AOs/Team leaders) and that public health command embed a liaison person for that purpose (who has the necessary medical skills) (We will work on that)
- Separately the public health team need to develop a quick guide that identifies the types of medical issues that must be escalated by health professionals on site (Finn will do). This needs to be urgently communicated to health professionals interacting with residents

I thought it would be helpful to set this out in writing given its complexity but a call to work through would be great. Finn should join that.

Please let me know when suits.

Kind regards

Jacinda

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]

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Privileged - LPP

From: Michael Mefflin (DHHS) [REDACTED]
Sent: Saturday, 28 March 2020 6:07 PM
To: Jason Helps (DHHS) [REDACTED]; Andrea Spiteri (DHHS) [REDACTED]
Subject: Fwd: Hotel security briefing
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From: [REDACTED]
Sent: Saturday, March 28, 2020 5:40:41 PM
To: Michael Mefflin (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED] [REDACTED]
Cc: [REDACTED]
[REDACTED]; Katrina Currie (DEDJTR) [REDACTED]
[REDACTED]; Unni Menon (DEDJTR) [REDACTED]; Claire Febey (DEDJTR) [REDACTED]

Subject: Re: Hotel security briefing
Hi DHHS team
Thanks for the discussions today on briefing security guards on how they should assist authorised officers to enforce the CHO's directions inside the hotels.
As discussed, you are providing written material to these security contractors so they can properly understand what their role is in enforcing these directions and who to contact if something goes wrong. In case it's helpful, we have started on a two-page Q&A document that could be sent from DHHS to these contractors. If this information is not already covered off in the material you are preparing, we suggest using this doc as a base by filling out more information or correcting anything that we have got wrong.
Note we think there are some additional important public health questions that will need to be answered for each hotel in coordination with DHHS:

- Where can guests go in each hotel and when? Can they go to any communal or outside areas, or are they literally not meant to leave their room at all? If some movement is permitted in the hotel, this will need to be specified and agreed for each hotel depending on its facilities and layout.
• Should hotels be amending their evacuation plans to incorporate social distancing measures? They will also need to make arrangements so that people don't enter the community if an evacuation is required, but this is more a security issue than a public health one.

So to be clear - we are working on the basis that the attached document has been handed over to you to finish off (if it's not already covered in what you're preparing).
Very happy to take calls and provide further assistance.

Thanks
[REDACTED]

Executive Director | Priority Projects Unit
Department of Jobs, Precincts and Regions
Level 36, 121 Exhibition St, Melbourne VIC 3000

-----Original Appointment-----
From: [REDACTED]
Sent: Saturday, 28 March 2020 12:43 PM
To: [REDACTED]; Katrina Currie (DEDJTR); Michael Mefflin (DHHS); [REDACTED] (DEDJTR); [REDACTED] (DPC); Braedan Hogan (DHHS)
Cc: [REDACTED]; Nigel Coppick
Subject: Hotel security briefing
When: Saturday, 28 March 2020 2:00 PM-2:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: Skype Meeting: click on the link in this invite to join
Purpose of the meeting: For DHHS to provide guidance to the security firm on the roles, responsibilities and coordination points to help manage people being detained at the hotels.

Join Skype Meeting
Trouble Joining? Try Skype Web App

Help | Legal

Any issues connecting let me know
[REDACTED]
Executive Director | Priority Projects Unit
Department of Jobs, Precincts and Regions
Level 36, 121 Exhibition St, Melbourne VIC 3000



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Security consultants

Roles and responsibilities for hotel quarantine

Core duties at the hotel

Security personnel have been engaged to support authorised officers from the Victorian Department of Health and Human Services (DHHS) and Victoria Police to uphold mandatory quarantine directions from Chief Health Officer. This means ensuring the safety of quarantined guests and the people that those guests will interact with.

These duties are as follows:

- Support the Chief Health Officer, authorised officers and Victoria Police in the enforcement of the *Isolation (International Arrivals) Directions* (**Attachment A**) on the premises of the hotel.
- Ensure quarantined guests do not leave the hotel for the period of their quarantine without the permission of an authorised officer.
- Ensure that any disputes involving quarantined guests in the hotel are de-escalated without physical contact. If unable to de-escalate, Victoria Police should be contacted immediately.
- Provide advice to quarantined guests on which areas they can go to in the hotel (**Attachment B**) and ensure that this is upheld.

When do my duties start?

Victoria Police officers will be present at the hotel to meet quarantined guests upon their arrival. Once they have been checked in, Victoria Police officers will hand over to the security personnel to escort guests to their rooms and oversee their safety during their stay.

Will there be existing hotel security and how should we work with them?

You should fully coordinate and cooperate with the security and operations team at the hotel. Your manager will need to liaise with the hotel's existing security and operations team for advice on hotel layouts, access and exit points and emergency evacuation protocols.

Who should I contact if I don't know the answer to a guest's question?

If a **guest has a question** about their quarantine, they should contact a **dedicated information line at [insert number]** which will answer any queries guests may have.

If a security team member has a question about how to ensure the safety of guests and uphold the Chief Health Officers directions, speak to your manager. If they are unable to provide an answer, your manager should contact **[insert contact name and number]** at DHHS.

Are quarantined guests allowed to leave the hotel?

As stated in the *Isolation (International Arrivals) Directions*, quarantined guests are not allowed to leave the grounds of the hotel for the duration of their quarantine.

Are quarantined guests allowed to visit other areas of the hotel or use the hotel facilities?

This will be dependent on the policy of the individual hotel as directed by an authorised officer. The details of movement within each hotel is set out in **Attachment B**.

In the event that guests are not allowed to use hotel facilities or travel to other parts of the hotel, you should inform guests of this if they ask. If they do not comply, your manager should contact Victoria Police.

Are friends and family of guests allowed to visit people who are quarantined at the hotel?

No. As stated in the *Isolation (International Arrivals) Directions*, apart from medical professionals in an emergency situation, the only other external parties who can enter the hotel to see a quarantined guest are the parents, guardians or temporary carers of quarantined guests under 18 years old. All other external parties are not permitted to visit quarantined guests.

Can I use physical contact in the enforcement of my duties?

Manhandling of quarantined individuals is not permitted at any time. Any disputes that cannot be de-escalated verbally should be referred to your manager who will contact Victoria Police directly. The Victoria Police contact is **[contact name and number]**.

What happens in the event of an evacuation?

Your security team, the hotel, Victoria Police and the Melbourne Fire Brigade will need to establish evacuation protocols that ensure the safety of all people in the hotel and, where possible, ensure social distancing requirements are met.

What should I do if medical assistance is required

A 24 hour nurse service will be stationed at the hotel. Their contact number is **[contact number]**.

If it is emergency call 000.

What about social support for guests who need help?

Red Cross members will be on site to provide additional support where needed. The key contact for Red Cross is **[contact name and number]**.

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From: Annaliese Van Diemen (DHHS) [REDACTED]
Sent: Saturday, 11 April 2020 9:41 PM
To: Jason Helps (DHHS) [REDACTED]; Meena Naidu (DHHS) [REDACTED]
Cc: Finn Romanes (DHHS) [REDACTED]
Subject: FW: Incident Report

Dear Jason,

Please see below from Sean Morrison (highlighted) relating to mandatory hotel detention and all the associated documentation required for the incident report to be prepared for Kym, and to go through legal tomorrow.

We are gathering documents that we have, including from Meena's team, to provide. Could you please collate and provide all other documentation from SCC relating to this, particularly the health and wellbeing plans and procedures (eg version one of the draft V2 plan which went around yesterday), including any protocols for staff and fact sheets or other collateral provided to detainees, by 10am tomorrow?

In addition to using this for the incident report, these will be used to inform a full review tomorrow of the health and wellbeing plans in order to consider and staff additional requirements, and addition of clearer escalation and review procedures as had been discussed with Andrea on Thursday and Friday.

Thanks,

Annaliese

Dr Annaliese van Diemen MBBS BMedSc MPH FRACGP FAFPHM

Public Health Commander- COVID-19 Department Incident Management Team

Deputy Chief Health Officer (Communicable Disease)

Regulation, Health Protection & Emergency Management

Department of Health & Human Services | 14 / 50 Lonsdale St

e [REDACTED]
health.vic.gov.au/public-health

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From: Sean Morrison (DHHS) [REDACTED]
Sent: Saturday, 11 April 2020 8:59 PM
To: Annaliese Van Diemen (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]
Cc: Jacinda de Witts (DHHS) [REDACTED]
Subject: Incident Report

Hi Annaliese and Finn,

I hope you are tracking OK in these difficult times. While I am in no way medically trained or even qualified if you need to chat about anything (even non-work) related then give me a call on the mobile.

I have been asked to assist in putting together the incident report for the Secretary. To that end I have compiled a list of relevant question which may assist in pulling the report together (see below). Apart from the personal details of the deceased I think we need to urgently obtain any policies that relate to the serving of the detention notice at the airport, the transitioning of individuals to the hotel and what welfare checks and general procedures we have for people while they are in detention. They will need to be summarised and I assume attached. The incident report would usually advise the facts of what occurred and whether what happened was in accordance with any of our procedures, and if not, why.

- Next of Kin:
- Next of Kin notified:Y/N
- What Flight number did the person arrive on?
- Details provided by border force?
- Time of arrival?
- Where did they come from (as in jurisdiction)?
- Travelling alone or with other people, if so who?
- Asked at airport if they had any health concerns?
- Reply to these questions?
- Served detention notice at airport?
- By who?
- Time of arrival at hotel (check in details)?
- When was detention meant to end?
- Welfare checks while in detention? If so, when and any notes taken from check.
- Calls made by deceased with hotel phone? Call list obtained?
- Details of meals ordered by deceased.
- Deceased requested or taken on any breaks from detention – eg smoking?
- Any known complaints by deceased to COVID hotline, inbox or to hotel staff/AOs.
- Any leave granted to deceased under the detention notice?
- Any visitors to the deceased.
- AOs on duty asked about interactions with deceased.
- Hotel staff asked about interactions with deceased.
- Hotel records about deceased obtained.
- Medical records of deceased obtained from any in hotel services – nurse or GP.
- Discovery of deceased by whom? What time?
- Police notified at what time?
- Details of police in attendance?
- Staff names who provided witness statements to police.

Regards

Sean Morrison

Director | Legal Services Branch | Corporate Services

[REDACTED]
 Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000
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From: Claire Febey (DEDJTR) [REDACTED]
Sent: Wednesday, 1 April 2020 8:59 PM
To: Andrea Spiteri (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED] SCC-Vic (State Controller Health) <scvvic.sctrl.health@scv.vic.gov.au>
Cc: Jason Helps (DHHS) [REDACTED]; [REDACTED] [REDACTED] (DEDJTR)
 [REDACTED]; Nick Chiam (DHHS) [REDACTED]

Subject: Initial modelling on hotel capacity / demand for Operation Soteria
 Andrea, Braedan, Chris, team

I promised to share our initial modelling on capacity and demand through this project.

The team will continue to finesse this tomorrow to include for example:

- The need to allocate 'red floors' leaving some capacity at times unused; and
- 10~ rooms for health staff and other needs at each site.

Please let me know if you agree with the assumptions listed below, and if there are other assumptions we should build in from a health model perspective or more broadly.

Cheers

Claire

Initial view of capacity and demand for hotel rooms

Main takeaway: Based on assumptions below, plus knowledge that 2000 rooms currently under negotiation, VIC has sufficient capacity for incoming overseas passengers to quarantine in hotels.

Assumptions:

- Total current capacity is 2890 rooms (Not modelled: 2000 under negotiation, 11000 Accor available pending negotiation)
- Assume of 14 day quarantine arrival day counts as day 1, leave on 15th day (so stay for 14 nights in hotel)
- Assume 1 day for cleaning – so room unavailable for 15 nights total (14 occupied, 1 cleaning)
- Have not changed timing for sick patients: assume develop symptoms at 7 days (median incubation period), hospitalised at 10 days, 3 days for virus to no longer be contagious, 2 days to disinfect)
- Assume 1% of patients sick (assume 450 VIC cases from overseas, 1k pax per day for Feb and 500 per day til March 24th as more recent not yet symptomatic)
- No cruise ship arrivals, only air
- Does not yet include allowance for people to stay longer if needed – thinking may make sense to look at 10% of people staying extra 2 days
- I've looked at steady-state of 100, 150, and 200 passengers per day and assuming 1 and 1.5 passengers per room

Results

- Peak demand on day 15, 12 April (b/c highest inflow is 484 on day 1, 29 March)
- 100 passengers per day: **Sufficient capacity**
 - 1 passenger per room: peak demand at 2159 rooms
 - 1.5 passengers per room: peak demand 1440 rooms
- 150 passengers per day: **sufficient capacity**
 - 1 passenger per room: peak demand at 2709 rooms
 - 1.5 passengers per room: peak demand 1806 rooms
- 200 passengers per day: **Insufficient capacity if assume 1 passenger per room**
 - 1 passenger per room: peak demand at 3259 rooms, exceed capacity on day 14, 11 April
 - 1.5 passengers per room: peak demand 2173 rooms

Of note:

- Highest capacity reached on 15th day (with current assumptions)
- Changing number of passengers drastically changes result as cumulative over 15 days, so if have rush in near term could be a challenge
- Overall fraction of infected passengers has been very low, but would expect this to increase with higher global infection rates (also highly dependent on departure airport)
- Knowing fraction of families / shared rooms also affects results

Additional considerations:

- Fraction of sick (is this changing / increasing over time?)
- What happens with room if occupied by sick passenger? (can you re-fill it later?)
- Incorporate costs?

Claire Febey

Executive Director, Priority Projects Unit | Office of the Secretary
 Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

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From: Kym Peake (DHHS) [REDACTED]
Sent: Monday, 6 April 2020 1:00 PM
To: Andrea Spiteri (DHHS) [REDACTED]
Cc: Melissa Skilbeck (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]
Subject: Re: Issues re accommodation for returning travellers
 Thanks Andrea - I wouldn't raise in front of others, but will give him a call
 Kym
 Get [Outlook for iOS](#)

From: Andrea Spiteri (DHHS) [REDACTED]
Sent: Monday, April 6, 2020 12:43:24 PM
To: Kym Peake (DHHS) [REDACTED]
Cc: Melissa Skilbeck (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]
Subject: Issues re accommodation for returning travellers

Hi Kym
 I understand VSB is meeting today at 2pm and need to raise an urgent operational issue for discussion and resolution with Simon if possible. Issues have arisen which present significant risks to DHHS' need to maintain control to prevent and contain COVID-19. In working with DJPR in their role to source accommodation for detention of returning travellers, we have had difficulties with DJPR sharing information to enable authorised officers and other staff to undertake their roles effectively.
 An example is the delay in DJPR sending the list of contracted accommodation sites so we can forward plan and assess sites for suitability for disease control functions, and then roster staff to the sites. Multiple requests over a number of days, followed by a directive from the State Controller - Health, were required before the details were sent through on Saturday. Many of these sites are in small rural locations which are unsuitable for the detention operation. Another issue arose when at the last minute (10.30pm last night) DJPR advised security and reception staff were not available to attend a site planned to open today for new detainees. This was a site they had requested for a number of days prior that DHHS use. This put significant stress on DHHS staff trying to ensure sites were ready to issue notices and undertake triage safely with returning travellers the next day, and fortunately DJPR confirmed availability of these staff later that night. It appears the contracts are inflexible and impractical to provide the agility required for this operation, and there have been issues regarding the contracted arrangements including food safety and cleaning.
 We are unsure of the reasons for these issues, however the consequences are becoming unmanageable and increasingly risky. We are keen to work collaboratively with all agencies as is the usual EM practice and seek a resolution today to ensure all decisions have a primary focus on public health risks, and safety of the returning travellers.

I understand Annette is bringing a paper regarding accommodation planning for other cohorts to CCC in due course, however we are seeking a resolution to the above as early as possible.

Many thanks
 Andrea
 Andrea Spiteri
 Director Emergency Management
 Department of Health and Human Services

[REDACTED]

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From: Braedan Hogan (DHHS) [REDACTED]
Sent: Saturday, 28 March 2020 8:15 PM
To: Jason Helps (DHHS) [REDACTED]; Michael Mefflin (DHHS) [REDACTED]
Subject: FW: Issues to resolve following today's walk through - these are all urgent for this evening
Let's discs

Braedan Hogan
Deputy Director, Strategy and Policy
Emergency Management Branch
Regulation, Health Protection & Emergency Management Division
Department of Health and Human Services
50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

From: Claire Febey (DEDJTR) [REDACTED]
Sent: Saturday, 28 March 2020 8:13 PM
To: Andrew Crisp (DJCS) [REDACTED]; SCC-Vic (EMC Executive Officer) <sccvic.emceo@scc.vic.gov.au>; Braedan Hogan (DHHS)

[REDACTED]
Cc: [REDACTED] [REDACTED] (DEDJTR) [REDACTED]

Subject: Issues to resolve following today's walk through - these are all urgent for this evening
Andrew, Braedan

- Just a quick to capture once again the urgent actions that were identified at today's walk through that require action by SCC and / DHHS:
- Once the detailed order has been finalised (DHHS), a call needs to be convened tonight as a matter of urgency (SSC) with ABF, AFP and Vic Pol to clarify:
 - the power agencies are operating under; and
 - when and how the order will be issued (e.g. individual paper orders, and when in the movement through the airport this will happen).
 - DHHS to work with ABF to agree the script that will be used to notify passengers of what is happening on the plane;
 - DHHS to provide a contact number for friends and family to call for advice on where their friend or family member has been take (especially those that arrive at the airport);
 - Note this should be provided to Vic Pol who will be present on the ground at the arrivals area along with a script;
 - SSC or DHHS to confirm what interperion services will be available at the airport.
 - SSC to provide staff to support the 'concierge' function at the airport (Andrew, see my previous email about staffing requirements).

I'm cc'ing [REDACTED] who were with me on the walk through for information.
Andrew, Braedan, can you please confirm that these actions have been captured and allocated in DHHS.

Thanks so much
Claire
Claire Febey
Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

[REDACTED]

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From: Andrew S Crisp (DJCS) [REDACTED]
Sent: Sunday, 29 March 2020 6:20 AM
To: Braedan Hogan (DHHS) [REDACTED]; Claire Febey (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer) <scvic.emceo@scv.vic.gov.au>
Cc: [REDACTED] (DEDJTR); [REDACTED]; Jason Helps (DHHS) [REDACTED]; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED]; Michael Mefflin (DHHS) [REDACTED]; Diane White (DHHS) [REDACTED]
Subject: Re: Issues to resolve following today's walk through - these are all urgent for this evening
 Noted thanks Braedan.
 Andrew Crisp
 Emergency Management Commissioner

From: Braedan Hogan (DHHS) [REDACTED]
Sent: Sunday, March 29, 2020 1:03:50 AM
To: Claire Febey (DEDJTR) [REDACTED]; Andrew S Crisp (DJCS) [REDACTED]; SCC-Vic (EMC Executive Officer) <scvic.emceo@scv.vic.gov.au>
Cc: [REDACTED] (DEDJTR); [REDACTED]; Jason Helps (DHHS) [REDACTED]; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED]; Michael Mefflin (DHHS) [REDACTED]; Diane White (DHHS) [REDACTED]
Subject: Re: Issues to resolve following today's walk through - these are all urgent for this evening

Hi Claire,
 Getting back to you on these:
 1. Complete - briefing delivered at 2100 tonight.
 2. Complete - ABF have national consistency in scripting that aligns with pure direction.
 3. Given DJPR has stood up a call centre to support the passengers we shouldn't seek to duplicate capacity and capability and given the late nature of this request, it makes simple sense to fold this into the existing offering. If unsustainably DHHS can work to transfer this function.
 4. Given the short notice none will be available in person but have our telephone translators on standby as required.
 5. DHHS has engaged this service and we developed a robust service model tomorrow based in the initial thinking from DJPR.

Braedan
 Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services

REDACTED

From: Claire Febey (DEDJTR) [REDACTED]
Sent: Saturday, March 28, 2020 20:12
To: Andrew Crisp (DJCS); SCC-Vic (EMC Executive Officer); Braedan Hogan (DHHS)
Cc: [REDACTED]
Subject: Issues to resolve following today's walk through - these are all urgent for this evening
 Andrew, Braedan
 Just a quick to capture once again the urgent actions that were identified at today's walk through that require action by SCC and / DHHS:

- Once the detailed order has been finalised (DHHS), a call needs to be convened tonight as a matter of urgency (SSC) with ABF, AFP and Vic Pol to clarify:
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 - when and how the order will be issued (e.g. individual paper orders, and when in the movement through the airport this will happen).
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 - Note this should be provided to Vic Pol who will be present on the ground at the arrivals area along with a script;
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- SSC to provide staff to support the 'concierge' function at the airport (Andrew, see my previous email about staffing requirements).

I'm cc'ing [REDACTED] who were with me on the walk through for information.
 Andrew, Braedan, can you please confirm that these actions have been captured and allocated in DHHS.
 Thanks so much
 Claire
 Claire Febey
 Executive Director, Priority Projects Unit | Office of the Secretary
 Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

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From: [REDACTED]
Sent: Saturday, 28 March 2020 6:28 PM
To: Unni Menon (DEDJTR) [REDACTED]; [REDACTED]
Cc: Claire Febey (DEDJTR) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]; Jason Helps (DHHS)
Subject: List of hotels under consideration

Importance: High

Hi Unni and [REDACTED]

DHHS (Braedan and Jason copied) require a list of hotels to be used for a human rights assessment of the direction. My understanding is that this wouldn't be for publication or sharing more widely. Braedan – can you confirm? Any problems let me know.

Cheers,

RE [REDACTED]

REDACTED


Director, Office of the Secretary
DJPR State Agency Commander
Department of Jobs, Precincts and Regions
Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000

REDACTED

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OFFICIAL: Sensitive

From: Nick Chiam (DHHS) [REDACTED]
 Sent: Tuesday, 31 March 2020 10:34 PM
 To: Andrea Spiteri (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]; Annaliese Van Diemen (DHHS) [REDACTED]; Meena Naidu (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]; Marg Burge (DHHS) [REDACTED]
 Cc: Melissa Skilbeck (DHHS) [REDACTED]; Greg Stenton (DHHS) [REDACTED]; Ray Baird (DHHS) [REDACTED]; Diane White (DHHS) [REDACTED]; Blake Miles (DHHS) [REDACTED]

Subject: OFFICIAL - Sensitive: Proposed scope of work: Transition of Operation Soteria to continuing operating model

Andrea, Annaliese and colleagues,

I know you have more pressing matters, so I'll be brief: as you all know I and my team were asked in by Andrea yesterday to work alongside your teams that are delivering Operation Soteria to see if we could help plan and coordinate the transition it to a more sustainable, continuing operating model.

After engagements today, I propose to deliver the following – **for your feedback (should you have time to consider) with the aim of identifying early any gaps or where we are misaligned to your expectations:**

Proposed Scope

Work with various Public Health streams, Emergency Accommodation and the State Controller and current Operations teams to develop and implement a more sustainable operating model for the continued management by DHHS of Operation Soteria with other agencies, particularly DJPR, including:

1. **Operating Model Design & Delivery**
 - a. End to end process map, incl. activities against service phases, data and system requirements (Draft developed with feedback hopefully by Weds am)
 - b. Clarify ongoing roles and responsibilities within DHHS and partners (i.e. DJPR) – working Weds to engage DJPR
 - c. Coordinate further detailed operating model design incl. processes, workflows and operational policies – beginning this week and occurring over next couple of weeks
2. **Transition Plan and establishment of continuing operations**
 - a. Role profiles and capability requirements (incl gap analysis) for new teams – Draft structure and key roles by Weds COB (or Thurs pending agreement on R&R with DJPR)
 - b. Oversee technology delivery and management – BTIM leading with Public Health Intelligence team. Today we agreed the key requirements for collecting and housing the source of truth in FESS linked to a CRM to manage health check services and BTIM development is underway.
 - c. Resourcing and recruitment plan – Immediate resourcing happening this week with plan by end of week
 - d. Handover strategy and timelines (from temporary EM operational leads to new management) – By end of week.

All done with intent to begin to handover operational responsibility to a new management and expanded/new teams while strengthening the connections to the Public health decision making, planning and operational roles and the emergency accommodation program and other departments, as soon as possible. I think it's feasible to work towards some operational handover by the end of the week, but my best assessment is that we won't like be fully transitioned to the new model by Friday.

Thanks to all the teams for making the time to try to bring us up to speed today.

Cheers

Nick Chiam

Deputy Secretary
 Organisational Transformation
 Department of Health & Human Services
 5, 2 Lonsdale Street, Melbourne Victoria 3000

[REDACTED]

OFFICIAL: Sensitive

Privileged - LPP

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From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>

Sent: Tuesday, 30 June 2020 10:28 AM

To: Jason Helps (DHHS) <[REDACTED]>

Cc: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>

Subject: Operation Soteria Minutes May

Hi Jason

Please find attached the Operation Soteria Minutes for May until the EOC took over the role of minutes and admin for Operation Soteria.

Kindest regards

REN

SCC-Vic (State Response Controller Executive Support)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002

Ph:1300 368 722 (1300 EMV SCC) | [REDACTED]

Email: sccvic.sctrl@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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Operation Soteria
Op.Soteria-Minutes-2020-05-4-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	Monday 4 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1349hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Pam Williams (PW)	VicPol	REDACTED REDACTED
EMC		DPC	REDACTED
State Controller Health		AFP	REDACTED
DHHS		SCC Comms	
DHHS (Airport)		Safety	
DJPR	REDACTED	Assurance and Learning	REDACTED
DOT	REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	DJPR to confirm arrangements for guests who required short term accommodation. 4/5 – RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.	RED	29/4/2020
2.	27/4/2020	Follow up with Operation Pandora for advanced notice on people's name who are transiting through. Completed	CE	29/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • Heavy number of arrivals and exits late last week, with a significant number leaving today. Quieter during this week until a major repatriation flight arrives towards the end of the week. • Currently have approximately 3,500 quarantined across 13 hotels. • Scoping 3 hotels which haven't been activated. • DJPR/DHHS assessing how hotels have been operating, to work out priority of use moving forward. • National Cabinet and CCC meetings this week around the potential of lifting some restrictions. • National Coordination Mechanism meeting of the working group tomorrow looking at accommodation issues, which I will be attending.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> As per Commander's update <p>DJPR</p> <ul style="list-style-type: none"> RED – DJPR OHS Rep working with DHHS OHS Rep to look at hotels and report back. Looking at policies and procedures regarding issues raised (additional purchasing, reimbursement, food and dietary requirement).to ensure we can deal with them as quickly as possible. Providing feedback to our Coordinating Minister on how the guests are tracking. <p>DOT</p> <ul style="list-style-type: none"> Last minutes request on Saturday night to transport allegedly COVID-19 positive passengers (QR-904), request outside of process. PW – I will look into it. Potential proposal going to DPC regarding bringing International Students back. PW – There is a draft submission being circulated for feedback, with a view to go to Cabinet. There would be a quarantine component to it, but it no detail at this stage. <p>VicPol</p> <ul style="list-style-type: none"> R – Re new hotels coming online, will VicPol get an invite as well? RE – Can link you into REDACTE who is coordinating that. PW – Considering if we have the right hotels. Some hotels going back to BAU like part of the Airport Holiday Inn. Some hotels haven't had a great experience with different clientele. <p>AFP</p> <ul style="list-style-type: none"> Nothing to add. <p>DPC</p> <ul style="list-style-type: none"> No updates. Thanks for the input to the National Cabinet, PAEC Brief and Senate inquiry.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> PW – Seeing an increase in exits heading interstate, averaging a third of departures. It increases the workload with departures and the need for people to leave early to catch flights. Looking to test people as they arrive and depart, as part of the testing blitz. Any who are positive are moved to the COVID-19 positive hotel. Ombudsman has asked about the ability to give people access to fresh air and exercise. Will work with DJPR on the response. Over the next few days we have lower numbers leaving, 16 tomorrow, 108 Wednesday, 182 Thursday and then 16 on Friday. There will be large numbers arriving on 8 May with a repatriation flight scheduled.

4.	Health and Wellbeing (staff and travellers) <ul style="list-style-type: none"> •
5.	Communication <ul style="list-style-type: none"> •
6.	Other Business <ul style="list-style-type: none"> • Chair reminded attendees that on Friday we will consider the future timing of these meetings, with weekly being a strong likelihood.
7.	Next Scheduled Meeting – 1330hrs, Wednesday 6 May 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-6-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Wednesday 6 May 2020	Start	1333hrs
Teleconference	REDACTED	End	1358hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Michael Mefflin (MM)	VicPol	REDACTED
EMC		DPC	REDACTED
State Controller Health	Jason Helps (JH)	AFP	
DHHS	Menna Naidu (MN) Merrin Bamert(MB)	SCC Comms	
DHHS (Airport)		Safety	
DJPR	REDACTED Rachaele May (RM)	Assurance and Learning	REDACTED
DOT			

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	<p>DJPR to confirm arrangements for guests who required short term accommodation.</p> <p>4/5 –RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.</p>	RE	29/4/2020

Item	Subject
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1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • There was a National Coordination Mechanism COVID-19 Managing Returns to Australia working group meeting yesterday. <ul style="list-style-type: none"> ○ NSW highlighted significant flights coming in from India with families and the difficulty to host families. ○ SA highlighted resource constraints with ability for 2 flights for every 14 days only. ○ Qld & ACT able to support more. ○ Vic confirmed concerns raised by NSW. Also highlighted the increased number of passengers coming into Victoria where the guests reside interstate. ○ States requested flights to have multiple stops to drop people at their state of residence. It will be considered but a number of Public Health matters would need to be addressed first. ○ Foreign Minister endorsed a plan for Government facilitated flights using Qantas, the dates being considered are the 12th, 14th & 16th of May. ○ DFAT flag a drop in demand of repatriation requests from India, 8,000 down to 4,000. ○ States requested advance information before people boarded flights and have it given to jurisdictions 72 hours in advance. ○ The next meeting is on Friday, with states needing to give advice on ability to receive passengers and accommodate families. Victoria have reported our capacity is around 3,700. • JH – I attended the meeting as well, DHHS strongly advocated for connecting interstate flights at either the beginning or end of the 14 day quarantine period. • JH – Family accommodation support request is more for other states (not NSW or Vic who are carrying the bulk of flights). • RM – It would greatly assist us working out future demands, will you need how many family rooms we have and how many are filled for Friday's meeting? • MM – That would be of great RM. • MM – COVID-19 testing blitz is now up to 160,000 tested. We are offering testing for those in Hotel quarantine on day 3 and day 11. If they test positive, they are transferred to the COVID-19 positive Hotel. • MB – Since Sunday 6 of the 7 that have tested positive were Asymptomatic. • MM – DJPR have supported with accommodating 5 COVID-19 positive individuals from Cedar Meat works. • RM – It is worth others knowing that Rydges is not just holding those in mandatory quarantine.
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • MB – We need to obtain the evacuation plans for all Hotels, in particular for the Rydges, with assistance of DJPR. • MB – Fresh air v Safe Smoking areas, what are our opportunities to provide access to fresh air to meet Human Rights. • MM – I will set up a meeting with DJPR and VicPol offline. • MN – Trying to get clarity on release process for people who have had close contact or

	<p>test results pending, in particular with people who need to travel interstate.</p> <ul style="list-style-type: none"> JH – We are looking at other arrangements around accommodating COVID-19 positive people in a regional setting if a cluster were to develop. MN – We have a number of Regional AO's around that could assist with facilitating that. <p>DJPR</p> <ul style="list-style-type: none"> RM – Happy to chat around what Regional Accommodation options may be. We do have some Regional hotels on contract that are funded differently. Good to start thinking about a more sustainable approach if this is going to go on for many months. Support what MM presented around our carrying capacity for rooms. JH – DHHS has done some work around Hotel accommodation sustainability. <p>VicPol</p> <ul style="list-style-type: none"> Nothing further. <p>DPC</p> <ul style="list-style-type: none"> Nothing further.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none">
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none">
5.	<p>Communication</p> <ul style="list-style-type: none">
6.	<p>Other Business</p> <ul style="list-style-type: none">
7.	<p>Next Scheduled Meeting – 1330hrs, Friday 8 May 2020</p>

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-8-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Friday 8 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1351hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Merrin Bamert (MB)	VicPol	REDACTED
EMC		DPC	REDACTED
State Controller Health		AFP	REDACTED
DHHS	REDACTED	SCC Comms	
DHHS (Airport)		Safety	
DJPR	REDACTED Rachaele May (RM)	Assurance and Learning	
DOT		<i>Planning</i>	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	<p>DJPR to confirm arrangements for guests who required short term accommodation.</p> <p>4/5 – RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.</p>	RE	29/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • Have had discussions with Health and Safety and DJPR regarding hotel evacuation plans and safety at each of the sites. • Fresh air is still an issue, in particular at Rydges. I am reviewing the policy in particular having people COVID-19 positive outside. • From Wednesday's minutes, the proposed meeting between DJPR/VicPol has been set up for next week. • Having the information from DJPR on capacity has been very useful for planning. The Novotel South Wharf will be used for tomorrow's arrival. • Out of 4 flights chartered by government, we will be receiving one on 20/5 with 188 adults, some with infants. Qantas saying the scheduled arrival may be a day either side. • There was a breach of quarantine with Qantas crew who went out for a meal in India. Interviews being conducted, some of the crew will be placed into mandatory quarantine possibly at the Pan Pacific. • NSW have reported people trying to do work around and have chartered flights go to other ports and then join commercial flights. • There is a planned flight from Columbia which may end up having passengers on it. • Working on streamlining policy and procedures to ensure they are operationalised correctly. • RE – Any update on the pipeline of numbers? • MB – No confirmation of pipeline as yet. Discussions are still occurring with Qantas.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • <p>DJPR</p> <ul style="list-style-type: none"> • Due to increase in passenger numbers, all remaining 4 flights are going into Novotel South Wharf. • 33 infants arrived last night and today, there are 24 arriving tomorrow. • We are reviewing policies and procedures as well. <p>DOT</p> <ul style="list-style-type: none"> • Nil further. <p>VicPol</p> <ul style="list-style-type: none"> • Nil further. <p>AFP</p> <ul style="list-style-type: none"> • Nil further. <p>DPC</p> <ul style="list-style-type: none"> • Nil further.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • MB – At the EOC we are meeting with a team from VicPol on Tuesdays and Thursdays, and the Compliance group had a meeting with VicPol today. We are reconciling if the meetings can be consolidated.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> •
6.	<p>Other Business</p> <ul style="list-style-type: none"> • MB – Any feedback on meeting frequency and length. • All supportive of 3 days a week 30 minutes meetings.
7.	<p>Next Scheduled Meeting – Monday 11 May 2020, 1330 hours.</p>

Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-11-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Monday 11 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Commander – Op Soteria (Chair)	Pam Williams (PW)	VicPol	REDACTED
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	REDACTED
DHHS	Menna Naidu (MN)	SCC Comms	-
DHHS (Airport)	-	Safety	-
DJPR	-Rachaele May (RM)	Assurance and Learning	REDACTED
DOT	REDACTED		

Reminder: Speak clearly into the microphones and on the phone so everyone can hear you.

Reminder: Everyone on the phone lines to make sure they are on mute when they are not speaking.
*3 to mute and *4 to unmute

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	DJPR to confirm arrangements for guests who required short term accommodation. 4/5 - RE Still confirming 3 nights' accommodation after quarantine, speaking with DHHS today re who pays for the 3 nights.	RED	Complete – Closed 11/5/20

Item	Subject
1.	<p>Situational Awareness</p> <p>Commander Op Soteria</p> <ul style="list-style-type: none"> • Appears to be a reduction in flights and passengers coming in. Commercial flights still bringing the largest numbers with currently no early way to be able to see the final numbers on board until the last minute. This will be raised at the next NCM meeting as a concern. • A flight at Essendon fields also not reported over the weekend. There is possibly a gap in information that needs to be followed up. The Flight at Essendon fields impacted all agencies with only 2 hours' notice. ACTION - AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back on Wednesday's meeting. RM – People that are leaving Essendon fields are transferring to other flights and go straight to the airport. ACTION – DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields. • 2 client incidents occurred over the weekend with one person claiming on social media to have escaped quarantine. This was proven false and the person has apologised and retracted the statement on Facebook. The second was a difficult incident with a psychotic client that required management. Police assisted with this difficult incident.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • Starting to get clarity on the relief process which should allow things to move more quickly. • Public health discussions occurring around quarantine for the maritime crews and scenarios that might involve people coming off ships outside of the ports in Melbourne, that raise issues such as transportation that will need to be considered. DoT and DHHS to discuss offline. <p>DJPR</p> <ul style="list-style-type: none"> • Working on consolidating incidents before it gets busier later in the week. <p>DOT</p> <ul style="list-style-type: none"> • Nothing further to report. <p>VicPol</p> <ul style="list-style-type: none"> • Reminder that VicPOL offer any support for any issues with detainees. <p>AFP</p> <ul style="list-style-type: none"> • Issue raised with the flight QR904 that initial reported to have 180 pax on board that then reported to only have 27. Staff were stood down that had been rostered to manage 180 pax., to then find out that the flight had 190 on board and staff that had been stood down them needed to be call in again. ADF advised that numbers are not confirmed until the wheels are up and the plane is in the air. <p>DPC</p> <ul style="list-style-type: none"> • Nil to report further.
3.	<p>Planning</p> <ul style="list-style-type: none"> • Things expected to get busier later in the week: <ul style="list-style-type: none"> ○ Wednesday 530 exiting. ○ Thursday 630 exiting.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • Members agreed that the next meeting be held Wednesday 13 May 2020.

7.	Next Scheduled Meeting – Wednesday 13 May 2020, 1330 hours
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Actions			
No	Action	Assigned to	Due Date
1.	AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back at the next meeting.	RE	13/5/2020
2.	DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields.	RM	11/5/2020

Operation Soteria
Op.Soteria-Minutes-2020-05-13-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Wednesday 13 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1315hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support – REDACTED		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Merrin Bamet (MB)	VicPol	REDACTED
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	-
DHHS	Murray (M)	SCC Comms	-
DHHS (Airport)	-	Safety	-
DJPR	REDACTED	Assurance and Learning	REDACTED
DOT	Apology		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	11/5/2020	AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back at the next meeting.	RED ACT	13/5/2020
2	11/5/2020	DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields. <i>13/5 – Crew in transition. Improvements to processes will need to be made going forward. Team did a wonderful job on the day to ensure that this was managed very quickly and that Essendon went through the appropriate cleaning process and support provided for a last minute process.</i>	RED ACT	Closed

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Incident report being closed from Saturday evening that will be discussed further at the Police Liaison meeting tomorrow.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • Nil to report. <p>DJPR</p> <ul style="list-style-type: none"> • Nil to report. • Big exit today and tomorrow. <p>MB – Still having issues with the day 11 testing. Currently changing providers there were issues with 150,000 tests being processed as a result of the recent blitz. The blitz resulted in a hold up with exit testing. Looking at a new provider and trying to improve the process.</p> <p>From a public health perspective the day 3 and day 11 testing is proving positive and has captured positive results, however this is a voluntary test and any data to capture trends will be difficult as not everyone takes/wants the test.</p> <p>DOT</p> <ul style="list-style-type: none"> • - <p>VicPol</p> <ul style="list-style-type: none"> • Working on exercise and evacuation plans. <p>AFP</p> <ul style="list-style-type: none"> • - <p>DPC</p> <ul style="list-style-type: none"> • NCM was today. DFAT provided an update that the Indian government discussed repatriation flights for Indian people that wished to return. It maybe be possible for Australians wanting to return home to use those flights. Waiting to hear back from the Indian government and DFAT.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -



6.	Other Business <ul style="list-style-type: none"> • -
7.	Next Scheduled Meeting – 1330hrs, Friday 15 May 2020

Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-05-15-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Friday 15 May 2020	Start	1330hrs
Teleconference	REDACTED	End	1351hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support – REDACTED		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Merrin Bamet (MB)	VicPol	REDACTED
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	REDACTED
DHHS	-	SCC Comms	-
DHHS (Airport)	-	Safety	-
DJPR	Rachalel May (RM)	Assurance and Learning	REDACTED
DOT	REDACTED		

Operation Soteria

Op Soteria-Minutes-2020-05-15-1330hrs



No	Meeting Date	Action	Assigned to	Due Date
1	11/5/2020	<p>AFP to check if any flights are scheduled to arrive or depart Avalon Airfield and report back at the next meeting.</p> <p><i>15/5 – AFP – Advice from ABF, confirms that Avalon Airfield remains closed.</i></p>	RED	15/5/2020 Closed
2	11/5/2020	<p>DJPR to share the information on charter flight arrangements for crews leaving/changing vessels from Essendon Fields.</p> <p><i>13/5 – Crew in transition. Improvements to processes will need to be made going forward. Team did a wonderful job on the day to ensure that this was managed very quickly and that Essendon went through the appropriate cleaning process and support provided for a last minute process.</i></p>	RM	Closed

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 564 1445 1088" style="list-style-type: none"> <li data-bbox="360 564 1445 714">• JH and MB discussed the Operation Soteria meetings going forward. It was agreed that the minutes would now be taken by the EOC Admin and not the SCC Executive Support but the SCC phone line would still be used. It was also noted that these meetings provide value for members to be able to report any issues or share information. <li data-bbox="360 720 1445 870">• Members agreed that the membership include DET for future discussions relating to International school age students arriving. DJPR manage not school age International students. There is a CCC submission discussing this that DJPR will look to follow up as minors with guardians require different accommodation arrangements. RM and MB to discuss offline. <li data-bbox="360 877 1445 996">• 2 international school age students from Geelong Grammar are due to arrive tomorrow with their guardians from Geelong Grammar. Guardians will be required to be in quarantine with students for the 2 weeks duration whether in hotel or another alternate facility. <li data-bbox="360 1003 1445 1088">• Policy piece of work will be required for unaccompanied minors. Meeting to be scheduled (by MB) for Monday 18 May to specifically discuss this. Include REDACTED (DET). <p data-bbox="312 1108 1445 1166">ACTION - DET to be invited to future meetings to discuss the International school age students returning, now that schools are returning to normal functions.</p> <p data-bbox="312 1187 1401 1244">Members agreed that meeting would be scaled back to Monday and Friday meetings going forward, unless required.</p> <ul data-bbox="360 1265 1417 1632" style="list-style-type: none"> <li data-bbox="360 1265 1417 1632">• 1000 pax due to arrive from India over the next 2 weeks. RM- flights assumed to be arriving with Australians on board for flights that are being sent from India to repatriation those returning to India. Another 4 flights are also scheduled in the repatriation tracker. Discussion will need to occur offline regarding hotels. Hotels that are becoming emptied out this week and will be cleaned. A good time to look at the requirements going forward with the need for fresh-air and exercise as well family arrangements. A new property is being looked at currently. The Coleman hotel has 90 family rooms, which may make it more suitable for future arrivals. Number of properties may be more around volume versus quality going forward. RM and MB to discuss hotels offline next week. <li data-bbox="360 1607 1078 1632">• A data quality team to start at the EOC to reconcile data.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • Nil further to report. <p>DJPR</p> <ul style="list-style-type: none"> • Nil further to report. <p>DOT</p> <ul style="list-style-type: none"> • Need to follow-up what the unaccompanied minors or students travelling to quarantine looks like. <p>VicPol</p> <ul style="list-style-type: none"> • Nil further to report. Any new hotels that come on board, VicPOL will check the plans. <p>AFP</p> <ul style="list-style-type: none"> • If decision to treat students require a different process from airport or hotels would like to know what that may look like. <p>DPC</p> <ul style="list-style-type: none"> • -
3.	<p>Planning</p> <ul style="list-style-type: none"> • -
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • RED to send MB the Op Soteria email list information, agenda template and support contact for meetings to continue going forward.
7.	<p>Next Scheduled Meeting – 1330hrs, Monday 18 May 2020</p>

Actions

Operation Soteria

Op Soteria-Minutes-2020-05-15-1330hrs



No	Action	Assigned to	Due Date
1.	DET to be invited to future meetings to discuss the International school age students returning, now that schools are returning to normal functions	MB	18/05/2020
2.	SCC Executive support to send MB the Op Soteria email list information, agenda template and support contact for meetings to continue going forward.	RED ACT	15/05/2020 Completed

Privileged - LPP

Privileged - LPP

From: Jason Helps (DHHS)**Sent:** Sunday, 17 May 2020 2:41 PM**To:** Jacinda de Witts (DHHS) <[REDACTED]>**Subject:** Outbreak Management

Hi Jacinda,

Thanks for the call this morning, I think we need to continue to look at ways to bring the governance together more, either through existing structures in the SHERP or consciously through a bespoke model that is fit for this emergency.

At present my greatest concern (quite selfishly) is that lack of engagement and reporting with the State Controller from Public Health, whilst it is recognised the Public Health Commander/CHO have control of, and responsibility for, the Public Health aspects of this emergency, there is also legislative responsibilities and expectation on the State Controller for the broader risks, add to this the role of the missions and CCC and it is a complex space for us all to navigate, and one that exposes us all to risk if we are not connected and supporting each other.

Having a governance structure that ensures coordination across EM and PHC and also ensures a governance and approval process for policy, guidelines and plans would help ensure appropriate consultation and document control.

Specifically in relation to the Outbreak Management Plan, I have a copy of version 1.0 dated 13/05/2020, as you indicated this may not be the current version?

I do have some feedback that may be of benefit to as this plan evolves, I am happy to update a current version if I can get a word copy?

- The current plan does not contain version control or approval process
- The plan appears to focus solely on the PH response and to my knowledge there has been no consultation in relation to the roles and support others can contribute
- Outbreak definition (page 5) – this is described as a single case in a residential care facility or two or more ‘linked cases’ outside of a household. The plan discusses briefly that other cases that whilst not considered an outbreak may attract immediate control response (but does not list these), there is no reference to critical infrastructure, vulnerable groups or other setting which require a higher level of oversight. The plan then suggests cases, from sensitive settings (which are listed on page 15), be discussed by the problem assessment group (PAG) (page 10). I note the PAG membership consists of Dep PH Commander CCOM, CCOM Operations lead and Public Health Intelligence lead. This membership is far too narrow and only focussing on the risk from a PH perspective, from a departmental perspective this fails to consider other stakeholders that could contribute (or need to be across the risk), from a State perspective, the State Controller, State Intelligence Manager and State Risk and Consequence Manager should be considered as having valuable input to decision making and should at least be across the risk.
- Governance (page 6) - describes the State Controller as being represented by the Joint Intelligence lead, this is inconsistent with the above as it states the PH Intelligence lead is on the PAG!, this decision has also been made without consultation with the State Controller, personally given the scrutiny of outbreaks into the future I would want to be involved or represented by the DHHS Commander to ensure WoG thinking is considered and also to bring the support and relief considerations into the group.
- Outbreak Management Team (OMT) (page 6) – Again no consideration given to the roles and support available within the State Control Team to support the response, nor any representation for the State Controller or Agency Commander in the governance, the plan only considers clinical or PH roles as relevant.
- Outbreak lead (page 6) – the plan requires a public health or infectious diseases physician to lead, whilst this might be an optimal model we only have a finite number of physicians and they are already performing full time roles (of extended hours) and I am concerned that this model does not allow for scalability should we see multiple and consecutive outbreaks, the plan should at least consider a model where the physicians develop outbreak management guidelines that support leads with other health qualifications to lead, the physicians can then be an escalation point across multiple teams?.
- Joint Intelligence Lead (page 8) – The role of and reporting lines for the JIU are still to be developed, however some of the functions listed are not roles that should be performed by an intel practitioner, I think there is scope here to consider the role of divisional HP or EM staff to perform some of the functions as this would enable the intel practitioner to focus in their role, the other benefit is that divisional staff will provide access into already established local support agencies, local government and key trusted community leaders and networks.
- Outbreak Squad Coordinator (page 8) – This role appears to be primarily a logistics officer, I’m not sure if this was the intention of the role?
- Additional roles (page 9) – Again no mention of the role of EM in support or relief or the broader role of SCT in bringing together additional resources or specialist support.
- Identifying an outbreak (page 10) – No reference to the role of JIU, albeit this is yet to be finalised.
- Top of page 11 – *“The decision to form an OMT should be sent from the PPH CCOM in email summary to the Public Health Commander within one hour. The Chief Health Officer, Dep Secretary PH Operations and Coordination and the Ministers Office may each be included if there is sufficiently high risk and/or immediate media attention is anticipated.”* The escalation or notification process is not clear and appear subjective, again it also does not include the State Controller/and EMC (from a WoG consequence management perspective) or the DHHS Commander (from a support and relief perspective).
- Outbreak Management Team (page 12) – again no reference to the roles in the SCT and no consideration of the SC or DHHS Commander in the governance or meetings.
- Daily Activities (page 13) – No reference to review of supports or relief, no reference to review of broader risk and consequences.
- Points of Escalation (page 14) – This refers to a need to escalate to the DPHC CCOM and then the Public health Commander in the identified circumstances (listed) – I assume however it does not actually state that other notifications would occur, for many of these circumstances Dep Sec, Secretary and Minister notifications will be required, similarly the State Controller would be required to be aware of these incidents and report them to the EMC. This has not occurred on many occasions and has caused issues!
- Sensitive Settings (page 15) – As discussed above the settings listed whilst relevant are not a full list of settings that should be considered as needing a higher level of response. Critical Infrastructure settings and some vulnerable cohorts also require a higher level of response.
- Outbreak Meetings (page 16) – Again no representation from SC, DHHS Commander or other SCT members (as required)
- Outbreak Briefings and Reports (page 17) – as above role of SC, DHHS Commander and SCT in receiving this information
- Public Health Outbreak Control Squads (Appendix 1 page 25) – Again the Squad composition or activities does not consider support or relief, nor the role divisional HP and EM staff could play in connecting to agencies or trusted networks etc.
- Outbreak management Plan template (Appendix 3 page 30) – Again no reference to support or relief functions.
- Risk Communication (page 33) – No reference to the need to notify State Controller / EMC
- Initial OMT meeting Agenda (page 35) – Again no reference to support or relief.

Jason Helps – State Controller HealthDeputy Director Emergency Operations and Capability | Emergency Management Branch
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000t. [REDACTED] | m. [REDACTED] | e. [REDACTED]
www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

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From: Annaliese Van Diemen (DHHS <REDACTED>)**Sent:** Saturday, 11 April 2020 9:06 PM**To:** Finn Romanes (DHHS) <REDACTED>; Meena Naidu (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>; Noel Cleaves (DHHS) <REDACTED>; Sean Morrison (DHHS) <REDACTED>; Jacinda de Witts (DHHS) <REDACTED>; Merita Tabain (DHHS) <REDACTED>**Cc:** Jason Helps (DHHS) <REDACTED>**Subject:** FW: Proposed to send out.....thoughts?

Dear all,

Please see below for immediate actions to commence tonight regarding the incident at the Pan Pacific this evening.

These are not all the actions which need to be undertaken, there is a larger piece to be undertaken this evening and tomorrow to review the health and welfare of all hotel residents, and place increased resourcing around this function, and ensure a clear process for escalation of and oversight for events occurring.

I will send a separate email to discuss these actions and the plan for the next 24 hours on that front.

Let me know if you have any additions or changes.

Draft – Proposed Actions re Incident**Lead roles in brackets**

- Actions relating to the health and welfare of the family / companions of REDA
 - Identify next of kin (Noel Cleaves)
 - Police contact with next of kin – believe completed
 - Check no companion at hotel (Merrin Bamert)
- Immediate incident response
 - Ensure Police engaged and Coroner - complete
 - Engage WorkSafe review (Nicole Fauvrelle - complete)
 - Further details to WorkSafe (Nicole Fauvrelle)
- Incident report
 - Find all records relating to the case (Meena Naidu)
 - Liaise with hotel to obtain all relevant information and speak with relevant staff (Merrin Bamert)
 - Advise on requirements for an incident report (Sean Morrison)
 - Drafting incident report and see Sean's guidance (Meena Naidu and Finn Romanes)
 - Final draft to Kym Peake (Annaliese van Diemen)
- Actions for staff in DHHS and hotel staff who are involved
 - Identify a service for staff (Merrin Bamert)
 - Provide assistance to involved staff who were interviewed (Merrin Bamert)
 - Provide support to other staff involved (TBC)
 - Refresh staff (Noel Cleaves)
 - Communication to DHHS staff (Melissa Skilbeck?)
 - Communications to other guests (Jacinda to ask Merita)
- External communication (Merita Tabain)
 - Holding lines – complete

Kind Regards

Annaliese

Dr Annaliese van Diemen MBBS BMedSc MPH FRACGP FAFPHM**Public Health Commander- COVID-19 Department Incident Management Team****Deputy Chief Health Officer (Communicable Disease)**

Regulation, Health Protection & Emergency Management

Department of Health & Human Services | 14 / 50 Lonsdale St

e. <REDACTED>
health.vic.gov.au/public-health

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From: Andrea Spiteri (DHHS) <[REDACTED]>
Sent: Friday, 10 April 2020 12:49 AM
To: Jason Helps (DHHS) <[REDACTED]>
Cc: Braedan Hogan (DHHS) <[REDACTED]>
Subject: Fwd: Request - Governance and Planning for Mandatory Quarantine Programme (aka Operation Soteria)

Jason
 I need all hands on deck from your team tomorrow to pull this plan together. Let's talk on the way in tomorrow.

Thanks
 Andrea
 Andrea Spiteri
 Director Emergency Management
 Department of Health and Human Services

[REDACTED]

From: Andrea Spiteri (DHHS) <[REDACTED]>
Sent: Friday, April 10, 2020 00:44
To: Melissa Skilbeck (DHHS); Jacinda de Witts (DHHS)
Subject: Fwd: Request - Governance and Planning for Mandatory Quarantine Programme (aka Operation Soteria)

Melissa and Jacinda
 The governance structure is in place as per Finn's request below. However to facilitate the connection to the Public Health Commander for all aspects of the operation I am requesting the allocation of a dedicated Public Health Liaison Officer to report to the Public Health Commander and work with the leads in the SCC.

I have advised Finn of this requirement by text and will follow via email tomorrow morning. The governance structure can then be finalised. I will advise on the status of the requested plan tomorrow by 10am. The CHO and Deputy CHO's request for the comprehensive set of all documents under one unified plan may not be met, as this will need to include documentation from Compliance, Welfare, Accommodation (DJPR and DHHS), Health and Wellbeing (SCC), logistics (PHIMT - who are sourcing the nurses), logistics (SCC) and other SCC functions.

Regards
 Andrea
 Andrea Spiteri
 Director Emergency Management
 Department of Health and Human Services

[REDACTED]

From: Finn Romanes (DHHS) <[REDACTED]>
Sent: Thursday, 9 April 2020 4:54 PM
To: Andrea Spiteri (DHHS) <[REDACTED]>; Chris Eagle (DELWP) <[REDACTED]>
Cc: Pam Williams (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; Braedan Hogan (DHHS) <[REDACTED]>; Meena Naidu (DHHS) <[REDACTED]>; Merrin Bamert (DHHS) <[REDACTED]>; Jacinda de Witts (DHHS) <[REDACTED]>; Annaliese Van Diemen (DHHS) <[REDACTED]>; Brett Sutton (DHHS) <[REDACTED]>
Subject: Request - Governance and Planning for Mandatory Quarantine Programme (aka Operation Soteria)

Importance: High
 Dear State Controller and Deputy State Controller
 There has been a range of good work by colleagues across DELWP, DHHS, EMV and elsewhere to bring into effect – at short notice – a mandatory quarantine (detention) programme in relation to COVID-19 since midnight Saturday 29 March, including that a number of people have been placed into mandatory quarantine.
 There appears to be a lack of a unified plan for this program, and there is considerable concern that the lead roles have not had an opportunity to be satisfied there is a policy and set of processes to manage the healthcare and welfare of detainees, for whom this program is accountable.
 There are now a considerable complexity and considerable risk that unless governance and plans issues are addressed there will be a risk to the health and safety of detainees.

Governance
 The Chief Health Officer and Deputy Chief Health Officer are formally requesting an urgent review governance of the mandatory quarantine (detention) programme, also known as Operation Soteria, to be conducted this afternoon, with **new and clear arrangements to be established by 8pm this evening**. These arrangements should provide for:

- A clear lead, who could remain the Deputy State Controller Health (currently Chris Eagle)
- A direct line of accountability to the Deputy Chief Health Officer of all sectors of the response, as the role that is legally responsible for this detention regime
- A sector for healthcare and welfare (including a clearly named lead role, which could be the Deputy State Health Coordinator)
- A sector for compliance (which could be the Executive Lead Compliance)
- A sector logistics, including accommodation and transport (which could be Pam William's role or wrap in other agencies as well).

Plan for the mandatory quarantine program (aka Operation Soteria)

The Chief Health Officer and Deputy Chief Health Officer require a **single plan to be produced for review by 10am tomorrow morning Friday 10 April**. This plan must include:

- Arrangements for provision of healthcare and welfare to people in mandatory quarantine;
- Arrangements for compliance oversight and operations in relation to people in mandatory quarantine;
- Arrangements for logistics including accommodation and transport.

The plan will require endorsement by the Deputy Chief Health Officer (Public Health Commander) before provision to any overall lead officer.

The plan will need to show all processes and policy decisions, and manage health and safety of detainees.

It should provide for ways that the Public Health Commander can receive up to date reports on the health and welfare of all detainees.

We are very grateful for all the hard work of the team, and appreciate your help in advance for establishing these necessary steps in the governance and oversight of this program.,

Regards
 Finn
 Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency

[REDACTED]

[REDACTED]

Department of Health and Human Services
 State Government of Victoria

REDACTED

REDACTED

From: Pam Williams (DHHS) <[REDACTED]>
Sent: Wednesday, 15 April 2020 6:23 PM
To: Jason Helps (DHHS) <[REDACTED]>; Angie Bone (DHHS) <[REDACTED]>
Subject: FW: Security Forum - Quarantine Locations [DLM=For-Official-Use-Only]

This is an important initiative by Vic Pol.
I am on leave tomorrow and Friday and Jason will be the Commander.
You may both wish to attend personally or send a rep, but each aspect of our operation must be present for it to be successful.
Angie, in particular, the security people are quite fearful about the risk to their health and may need some specific advice.

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

From: [REDACTED] >
Sent: Wednesday, 15 April 2020 6:10 PM
To: 'Nigel' <[REDACTED]>; [REDACTED] <[REDACTED]>;
'greg.watson' <[REDACTED]>
Cc: [REDACTED] <[REDACTED]>; Tully, Timothy <timothy.tully@police.vic.gov.au>; Pam Williams (DHHS) <[REDACTED]>
Subject: RE: Security Forum - Quarantine Locations [DLM=For-Official-Use-Only]

For Official Use Only

Please note the meeting will be conducted via teleconference to ensure the CHO directions are complied with.

Phone number: [REDACTED]
Pass Code: [REDACTED]
Cheers [REDACTED]

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-----Original Appointment-----

From: [REDACTED]
Sent: Wednesday, 15 April 2020 5:20 PM
To: [REDACTED]; [REDACTED] <greg.watson@police.vic.gov.au>
Cc: [REDACTED]; Tully, Timothy; [REDACTED]
Subject: Security Forum - Quarantine Locations [DLM=For-Official-Use-Only]
When: Thursday, 16 April 2020 3:00 PM-3:45 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: NW METRO MEETING ROOM 2

For Official Use Only

Victoria Police are keen to engage directly with the key stakeholders responsible for security at the quarantine locations as a result of COVID-19. We are able to provide support where possible and clarify expectations for police involvement, including what it may look like if police need to attend. Simply, we are trying to get a 'line of sight' of the arrangements for each the respective locations so that all stakeholders are able to work together. The proposed forum will assist with this.

An agenda is attached.
Invitations have been forwarded to:
Pam – please pass on the invitation to an AO or other stakeholder from DHHS.

Phone number: [REDACTED]
Pass Code: [REDACTED]
Cheers [REDACTED]
[REDACTED] Superintendent
Specialist Operations
North West Metro Region | Victoria Police

email: [REDACTED] web: www.police.vic.gov.au
phone: [REDACTED] mobile: [REDACTED]
address: Victoria Police Centre, 637 Flinders Street Docklands, VIC 3008

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=====

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AGENDA Security Forum – Quarantine Locations	
Meeting No:	1
Chair:	Superintendent REDACTED
Date:	Thursday 16 April 2020
Time:	1500 – 1545 hours
Venue:	Teleconference
Teleconference:	Phone number: REDACTED Pass Code: REDACTED

Item No.	Subject
1.	Introductions
2.	What are your security arrangements for quarantined detainees? <ul style="list-style-type: none"> a. Are the detainees room bound? b. What are the parameters for exercise opportunities? c. There are welfare, health and mental health plans in place, could you provide an overview?
3.	What is your understanding of police attendance? <ul style="list-style-type: none"> a. 000/Local stations direct/PAL
4.	What can police responding to a 000 call expect from: <ul style="list-style-type: none"> a. the AO b. security c. Hotel manager d. DHHS manager
5.	What risk assessment have you applied to your security arrangements for detainees in the above circumstances?
6.	What are the challenges / security issues being faced at the hotels? How are they currently being handled?
7.	Other Business
8.	Next Meeting (if required)

{ DATE \@ "d-MMM-yy" }

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From: Ed Byrden (DHHS) <[REDACTED]>
Sent: Sunday, 29 March 2020 12:21 AM
To: Braedan Hogan (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: RE: Unaccompanied minors

Agreed.

The position that has been explained to me by Annaliese is that unaccompanied minors can transition to their home state (if not Vic, other than Qld because they're borders are closed).

Agree Jason that this is not a DJPR issue.

Ed Byrden

Acting Director, Executive Services

[Executive Services Branch](#) | [Legal and Executive Services](#)

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

t. [REDACTED] | m. [REDACTED] | e. [REDACTED]

w. www.dhhs.vic.gov.au | Intranet page: [How to engage Legal Services](#)

Executive Assistant:

t. [REDACTED] | e. [REDACTED]

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From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Sunday, 29 March 2020 12:19 AM
To: Jason Helps (DHHS) <[REDACTED]>; Ed Byrden (DHHS) <[REDACTED]>
Subject: Re: Unaccompanied minors

Voice of reason. Thanks Jason

Braedan Hogan

Deputy Director, Strategy and Policy

Emergency Management

Department of Health and Human Services

REDACTED

From: Jason Helps (DHHS) <[REDACTED]>
Sent: Sunday, March 29, 2020 12:18:03 AM
To: Braedan Hogan (DHHS) <[REDACTED]>; Ed Byrden (DHHS) <[REDACTED]>
Subject: Re: Unaccompanied minors

Not DJPR role, we will coordinate following advice from CHO or DCHO, DJPR are going well beyond their role or area of specialty in this. We need to pull it back.

Jason Helps

Dep Director Emergency Operations and Capability |

Emergency Management Branch |

Department of Health & Human Services |

mb [REDACTED] | e [REDACTED]

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From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Sunday, March 29, 2020 12:12:23 AM
To: Ed Byrden (DHHS) <[REDACTED]>
Cc: Jason Helps (DHHS) <[REDACTED]>
Subject: Fwd: Unaccompanied minors

Thoughts?

Braedan Hogan

Deputy Director, Strategy and Policy

Emergency Management

Department of Health and Human Services

REDACTED

From: [REDACTED] (DEDJTR) <[REDACTED]>
Sent: Sunday, March 29, 2020 12:02:06 AM
To: Braedan Hogan (DHHS) <[REDACTED]>
Cc: Jason Helps (DHHS) <[REDACTED]>; Claire Febey (DEDJTR) <[REDACTED]>
Subject: Unaccompanied minors

Hi Braedan,

As discussed, if we an unaccompanied minor was to arrive into Victoria then we would propose that a parent or guardian would meet the minor at the airport (airside). This will be facilitated by ABF. The parent/guardian would then accompany the minor to the accommodation where they would be subject to the direction for the duration of the detention notice. There is provision for this in the direction so please confirm if you foresee any issues. We are not expecting any unaccompanied minors to arrive on Sunday 29 March.

Separately – we have just seen the approved DHHS comms and it seems to indicate that an unaccompanied minor can catch a connecting flight, this is not something that the direction seems to allow, nor is it something we have discussed in terms of identifying this or meeting that unaccompanied minor via a domestic flight. Are you able to confirm if this is the case, if so what the EMV or DHHS process would be meeting and processing that arrival (or allowing departure if the minor arrives into Victoria first).

Happy to discuss.

Cheers,

RE

REDACTED

Director, Office of the Secretary

DJPR State Agency Commander

Department of Jobs, Precincts and Regions

Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000


T [REDACTED] M: [REDACTED]

REDACTED

djpr.vic.gov.au



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 We acknowledge the traditional Aboriginal owners of country throughout Victoria, their ongoing connection to this land and we pay our respects to their culture and their Elders past, present and future.

Government of Victoria, Victoria, Australia.

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From: Simon Crouch (DHHS) [REDACTED]
Sent: Monday, 27 April 2020 2:30 PM
To: Merrin Bamert (DHHS) [REDACTED]; Pam Williams (DHHS) [REDACTED]; Annaliese Van Diemen (DHHS)

Cc: Jason Helps (DHHS) [REDACTED]; [REDACTED]; [REDACTED]; Sandy Austin (DHHS) [REDACTED]; Melody Bush (DHHS) [REDACTED]; Michael Mefflin (DHHS) [REDACTED]
Subject: RE: URGENT ADVICE PLEASE: COVID positive quarantine guests
In general a public health liaison does not sound unreasonable but give the wide ranging remitting Annaliese would need to be happy and engaged with the process. I have cc'd her here.
[@Annaliese Van Diemen \(DHHS\)](#) – please see Merrin’s email below.

Thanks
Simon

From: Merrin Bamert (DHHS) [REDACTED]
Sent: Monday, 27 April 2020 2:19 PM
To: Pam Williams (DHHS) [REDACTED]; Simon Crouch (DHHS) [REDACTED]
Cc: Jason Helps (DHHS) [REDACTED]; [REDACTED] (DHHS)

[REDACTED]; Sandy Austin (DHHS) [REDACTED]; Melody Bush (DHHS) [REDACTED]; Michael Mefflin (DHHS) [REDACTED]
Subject: RE: URGENT ADVICE PLEASE: COVID positive quarantine guests
Hi Pam and Simon
In our EOC structure planning we discussed early on having a **Public Health Liaison Officer, EOC** role that was based in the EOC and liaised and supported public health central teams
This would support with both hotels and ports of entry - (we already have **R** and **RE** doing this role for ports) however could formalise using EHO's in here. I have asked **RE** to work with **RE** and also with **RE** from an airport perspective to write up what a job card for the role might look like. Simon whats our thoughts on this and are you happy **RE** work with someone in your team to progress this?

Thanks

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

[REDACTED]

From: Pam Williams (DHHS) [REDACTED]
Sent: Monday, 27 April 2020 2:12 PM
To: Simon Crouch (DHHS) [REDACTED]
Cc: Merrin Bamert (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED] (DHHS)

Subject: RE: URGENT ADVICE PLEASE: COVID positive quarantine guests
Thanks Simon
The cleaning protocol is important to receive asap. I am unsure if there was one already provided as part of the initiation of the quarantine program.
Pam Williams
COVID19 Accommodation Commander
Department of Health and Human Services

[REDACTED]

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

From: Simon Crouch (DHHS) [REDACTED]
Sent: Monday, 27 April 2020 11:42 AM
To: Pam Williams (DHHS) [REDACTED]
Cc: Meena Naidu (DHHS) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]; Jason Helps (DHHS)

[REDACTED]; Anthony Carpenter (DHHS) [REDACTED]
Subject: RE: URGENT ADVICE PLEASE: COVID positive quarantine guests
Hi Pam
I have asked my team to provide a list of cases (I had asked last Wednesday that this list was compiled, kept up to date and shared daily – apologies if that is not happening).
I have forwarded the cleaning question to our infection prevention and control team.
Thanks
Simon

From: Pam Williams (DHHS) [REDACTED]
Sent: Monday, 27 April 2020 11:01 AM
To: Simon Crouch (DHHS) [REDACTED]
Cc: Meena Naidu (DHHS) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]; Jason Helps (DHHS)

[REDACTED]
Subject: URGENT ADVICE PLEASE: COVID positive quarantine guests
Hello Simon et al
I hope you had a good rest over the last few days.
Two important issues I would like your urgent help with please:
• COVID positive and contacts in our hotels. We have now moved out a large number of people who were/had been COVID positive and their contacts. I urgently need to know how many we now have and where they are located. I plan to move them all to Rydges so we can provide a better more coordinated service to them.
• DJPR have advised that while most rooms in the hotels are being cleaned according to a general protocol of disinfectant and steam cleaning, they were asked to engage a separate cleaner, IKON cleaning, to clean any rooms which had COVID positive people residing. They have sought a cleaning protocol and this has not been provided to them. Without a protocol, they cannot clean the rooms. Can you please advise if there is a protocol and if not who should be preparing that protocol? This is an issue that may have been settled in the early days and with new people on board it has been misplaced. Either way, this is urgent please.

Thank you and I note that we are catching up at 1pm via Teams.
Pam Williams
COVID19 Accommodation Commander
Department of Health and Human Services

[REDACTED]

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

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From: Braedan Hogan (DHHS) [REDACTED]
Sent: Saturday, 28 March 2020 9:22 PM
To: Claire Febey (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>; Andrew Crisp (DJCS) [REDACTED]
Cc: [REDACTED]; Simon Phemister (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>; Jason Helps (DHHS) [REDACTED]; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: Re: URGENT staffing requirements at airport tomorrow
 Thanks Clare - do you have the design work on how this would operate to help us stand it up at this short notice?
 Braedan
 Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services

[REDACTED]

From: Andrew S Crisp (DJCS) [REDACTED]
Sent: Saturday, March 28, 2020 9:07:43 PM
To: Claire Febey (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>
Cc: [REDACTED]; Simon Phemister (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>; Braedan Hogan (DHHS) [REDACTED]
Subject: Re: URGENT staffing requirements at airport tomorrow
 Thanks very much Claire.
 I have followed up and had a good chat with [REDACTED]
 Thanks for [REDACTED]'s contact details.
 Regards,
 Andrew
 Andrew Crisp
 Emergency Management Commissioner

From: Claire Febey (DEDJTR) [REDACTED]
Sent: Saturday, March 28, 2020 8:54 pm
To: Andrew S Crisp (DJCS); SCC-Vic (EMC Executive Officer)
Cc: [REDACTED] (DEDJTR); Simon Phemister (DEDJTR); SCC-Vic (EMC Executive Officer); Braedan Hogan (DHHS)
Subject: RE: URGENT staffing requirements at airport tomorrow
 Andrew

Thanks so much for the quick response.
 Sincere apologies if my email wasn't clear, we have identified the need, but we don't have a workforce stood up to do this.
 We had intended to purchase this additional labour and suggest the following contact and company:

[REDACTED], Dnata, [REDACTED]
 We had some initial contact with [REDACTED] this afternoon and understand that he can mobilise with urgency.

Thanks so much
 Claire
Claire Febey
 Executive Director, Priority Projects Unit | Office of the Secretary
 Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

[REDACTED]

From: Andrew S Crisp (DJCS) [REDACTED]
Sent: Saturday, 28 March 2020 8:20 PM
To: Claire Febey (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>
Cc: [REDACTED]; Simon Phemister (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>; Braedan Hogan (DHHS) [REDACTED]
Subject: Re: URGENT staffing requirements at airport tomorrow
 Hi Claire and thanks again for your work on this task.
 DHHS as the Control Agency will take responsibility for the additional staff that you have sources and factor them into their reception plan.
 Thanks also for copying in [REDACTED]. Not really for me to speak for Braedan and DHHS however I believe they would value having [REDACTED] at the airport tomorrow.
 Thanks again and Braedan will be in contact.
 Regards,
 Andrew Crisp
 Emergency Management Commissioner

From: Claire Febey (DEDJTR) [REDACTED]
Sent: Saturday, March 28, 2020 7:51 pm
To: SCC-Vic (EMC Executive Officer); Andrew S Crisp (DJCS)
Cc: [REDACTED]; Simon Phemister (DEDJTR)
Subject: URGENT staffing requirements at airport tomorrow
 Andrew

I mentioned on the SCC debrief that following the walkthrough at the airport an urgent need was identified for additional staff at the airport.

- At a minimum, 2 shifts of 6 on-the-ground people will be required at the airport tomorrow (total of 12 staff).
- For each shift, this will consist of:
 - 3 people to gather information from passengers about group configurations and special requirements to pass on to hotels for room allocation
 - 3 people to hand out refreshment and information packs.

I understand that SCC will now lead in the provision of these staff.

Can you please confirm that you are now leading on the provision of these staff and confirm your requirements from DJPR in briefing them on hotel requirements and procedures.

I am cc'ing [REDACTED] who is our lead contact on this and the link between the supply and demand for hotels.

Cathy can be available at the airport tomorrow to brief your staff.

Cheers
 Claire
Claire Febey
 Executive Director, Priority Projects Unit | Office of the Secretary
 Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

[REDACTED]

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Privileged - LPP

From: Annaliese Van Diemen (DHHS) [REDACTED]
 Sent: Wednesday, 15 April 2020 11:46 PM
 To: Pam Williams (DHHS) [REDACTED]; Helen Mason (DHHS) [REDACTED]; Euan Wallace (DHHS) [REDACTED];
 [REDACTED]; [REDACTED]; Andrea Spiteri (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED];
 [REDACTED]; Angie Bone (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED]

Subject: RE: Welfare for hotel quarantine

Thanks Pam and for the conversation we had earlier,

As per a few discussions today, we are now much closer to the point of greater clarity in roles and responsibilities across this.

Apologies if this was already clear to everyone else and I am finally joining the party, this is as much for my own clarity as the rest of you.

I think now is a good time to make the clear distinction, as made by Andrea yesterday regarding this (particularly for health and welfare)

- The policy and protocols around health and welfare will be the responsibility of Public Health IMT – this is being supported by some resource offered by Euan around clinical care pathways etc
- The implementation of these policies and protocols, including logistics, rostering etc will sit with the EOC

There will be points where these two intersect and that is where we need to ensure we have enough meetings and reviews in place to determine where there are policy issues and where there are operational issues and what is needed from whom to clear these up. But I think a lot of clarity should fall out from this going forward.

For example, below there is a policy question about who calls which passengers and how often, and how this intersects with other care and referral pathways.

This should be resolved (ideally tomorrow and with input from the original designers of the policy) in terms of what the policy is, before it is passed onto Pams team to implement via the EOC. Given this we will need to have a discussion with [REDACTED] tomorrow about which aspects of the current welfare cell are the operations parts and should go to the EOC, and which have been driving policy and should sit with the PHIMT.

Happy to discuss further at our catch up tomorrow or earlier if required.

Cheers

Annaliese

Dr Annaliese van Diemen MBBS BMedSc MPH FRACGP FAFPHM

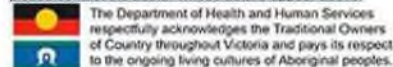
Public Health Commander- COVID-19 Department Incident Management Team
 Deputy Chief Health Officer (Communicable Disease)

Regulation, Health Protection & Emergency Management

Department of Health & Human Services | 14 / 50 Lonsdale St

[REDACTED]
health.vic.gov.au/public-health

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From: Pam Williams (DHHS) [REDACTED]
 Sent: Wednesday, 15 April 2020 6:19 PM
 To: Helen Mason (DHHS) [REDACTED]; Euan Wallace (DHHS) [REDACTED] (DHHS);
 [REDACTED]; Annaliese Van Diemen (DHHS) [REDACTED];
 [REDACTED]; Andrea Spiteri (DHHS) [REDACTED]

Subject: RE: Welfare for hotel quarantine

The discussion today was very helpful.

I think a way forward may be to consider:

- Nurses to undertake the first welfare check call on Day 1 or 2 of entry. This call follows a comprehensive script that is designed to assist in determining the health and welfare risk of the guest and to provide information that will determine any immediate needs. The nurse will then be able to triage the guests, such that some will thereafter be regarded as high needs and others as lower needs.
 - High needs people will be managed by the nurses who will do a daily welfare check and support their health needs. The welfare check information will go into the BTIM system and any clinical data will be held in another way (there was not clarity about how that was being held now – although we seem to have received at the EOC a large amount of paperwork from the exited hotels).
 - Low needs people will receive a daily welfare check from the welfare cell.
- The welfare cell will be arranged by hotel and those doing the calls for a particular hotel will have a daily briefing with the nurses to check that no-one has been escalated to high needs and is no longer to be called by the welfare check cell.

This approach is similar to the original intention and needs to be supported by the IT system and hardware. If nurses cannot access the BTIM system directly, their input from the first call will need to be prioritised for data entry.

There will probably need to be more nurses to achieve this, but the welfare cell will be able to focus on getting through the low risk calls so they should be able to address the backlog, or at least make sure that they are keeping up better with the new demand. There may need to be some calls made about how those already in the hotels are managed, with a focus on nurses getting that first call and triaging done for everyone.

I am rostered off for the next few days, but I have discussed this approach with Merrin Bamert (who helped design the original approach) and we believe it will give us what is required from a compliance, human rights, health and wellbeing perspective.

Pam Williams
 COVID19 Accommodation Commander
 Department of Health and Human Services

[REDACTED]
www.dhhs.vic.gov.au

From: Helen Mason (DHHS) [REDACTED]
 Sent: Wednesday, 15 April 2020 3:53 PM
 To: Euan Wallace (DHHS) [REDACTED] (DHHS);
 [REDACTED]; Annaliese Van Diemen (DHHS) [REDACTED] (DHHS);
 [REDACTED]; Andrea Spiteri (DHHS) [REDACTED]; Pam Williams (DHHS) [REDACTED]

Subject: Welfare for hotel quarantine

Hi

Thanks for the helpful conversations I have had with a number of you today.

I thought I'd try and summarise my understanding of the situation before our telco:

Current Situation

1. Welfare checks through [REDACTED] team: these are intended to happen on day 3 and day 9. Line of escalation to department team leaders. [REDACTED] is proposing that the focus of these be on what happens once the person is released from quarantine. ie do they have some place to go, a job, etc. [REDACTED] has a team of 30 but needs a team of 50. So an urgent need for 20 people to join this team. Skill set hasn't been specified. Could be nurse, social worker, other. Have a data base which others will have access to over time but hasn't happened yet.

2. Presence at hotels: nurses (contracted by Public Health), GPs (contracted by EM), Mental health staff (not sure where they fit in), as well as AOs. Virtual concierge run by DJPR (no presence on site). Health staff at hotels are responding to adhoc requests. At smaller hotels the nurses are doing daily welfare calls. This isn't happening at larger hotels due to lack of capacity. No point of escalation. No overall governance. Urgent need for nurses to join this team to enable

daily checks to happen for everyone.

3. AOs are on site: role is to ensure comply with directions. Needed 24/7. Working alone, not involved in welfare checks. Line of escalation is to department team leaders.

4. DJPR playing role in securing accommodation, security, food, etc. Plus "concierge role" sits with DJPR remotely. Allocate people to hotels. Arrange some of logistics of exit strategy (eg travel)

5. VicPol also involved.

Problems we need to address:

1. Immediate staffing needs for REDA welfare team and for nurses doing daily welfare checks.
2. Escalation process for nurses, docs and mental health staff at hotels.
3. Governance of process
4. Shared information across welfare and onsite team.
5. Decisions on which option to progress.

Way forward

Three options:

1. Shore up the arrangements which are currently in place
2. Partial change to the model, for example with escalation of nursing/GP/MH concern into a health service
3. Change the model to health services doing a full in reach.

If we go with Option 3 which there appears to be interest in, then the 3 health services best placed would be: the Alfred, Royal Melbourne and St Vincent's. All

3 CEs are aware we may be seeking their support and are willing to help.

Ways to think about the needs of those quarantined:

1. Basics of life – food/cot/clothes, etc.
2. Health/mental health needs
3. What support they need after they are released.

I hope that's helpful.

Speak soon.

Helen

Helen Mason

Executive Director of Commissioning
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne Victoria 3000

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

Privileged - LPP

Privileged - LPP

From: Jacinda de Witts (DHHS) [REDACTED]
Sent: Sunday, 12 April 2020 3:07 PM
To: Jason Helps (DHHS) [REDACTED]; Andrea Spiteri (DHHS) [REDACTED]; Melissa Skilbeck (DHHS) [REDACTED]
Subject: Discussion on Structure and Role Clarity
I have only just seen this. Happy to chat by phone but am at a park and unable to join by teams
Get [Outlook for iOS](#)

From: Jason Helps (DHHS)
Sent: Sunday, April 12, 2020 12:20:17 PM
To: Jason Helps (DHHS) [REDACTED]; Andrea Spiteri (DHHS) [REDACTED]; Melissa Skilbeck (DHHS) [REDACTED]; Jacinda de Witts (DHHS) [REDACTED]
Subject: Discussion on Structure and Role Clarity
When: Sunday, 12 April 2020 3:00 PM-3:30 PM.
Where: Microsoft Teams Meeting
Melissa /Jacinta/Andrea,
There is a need for us today to have a chat in regards to current structures and role clarity between PHC and SCT.
The EMC is keen to chat to us later today to resolve some concerns he has in regards to communications and role clarity and I think it best if we collectively chat prior to that meeting which is yet to be scheduled.
Regards Jason

[Join Microsoft Teams Meeting](#)

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Re: URGENT staffing requirements at airport tomorrow

From: "Braedan Hogan (DHHS)" [REDACTED]
To: "Claire Febey (DEDJTR)" [REDACTED] "SCC-Vic (EMC Executive Officer)" <sccvic.emceo@scv.vic.gov.au>, "Andrew Crisp (DJCS)" [REDACTED]
Cc: [REDACTED]@ecodev.vic.gov.au, [REDACTED] [REDACTED]@ecodev.vic.gov.au, "SCC-Vic (EMC Executive Officer)" <sccvic.emceo@scv.vic.gov.au>, "Jason Helps (DHHS)" [REDACTED] "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>
Date: Sat, 28 Mar 2020 21:22:09 +1100

Thanks Clare - do you have the design work on how this would operate to help us stand it up at this short notice?

Braedan

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services

[REDACTED]

From: Andrew S Crisp (DJCS) [REDACTED]
Sent: Saturday, March 28, 2020 9:07:43 PM
To: Claire Febey (DEDJTR) [REDACTED] SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>
Cc: [REDACTED]@ecodev.vic.gov.au; Simon Phemister (DEDJTR) [REDACTED] SCC-Vic (EMC Executive Officer) <sccvic.emceo@scv.vic.gov.au>; Braedan Hogan (DHHS) [REDACTED]
Subject: Re: URGENT staffing requirements at airport tomorrow

Thanks very much Claire.

I have followed up and had a good chat with [REDACTED]

Thanks for [REDACTED] contact details.

Regards,

Andrew

Andrew Crisp
 Emergency Management Commissioner

From: Claire Febey (DEDJTR) [REDACTED]
Sent: Saturday, March 28, 2020 8:54 pm
To: Andrew S Crisp (DJCS); SCC-Vic (EMC Executive Officer)
Cc: [REDACTED]; [REDACTED] SCC-Vic (EMC Executive Officer); Braedan Hogan (DHHS)
Subject: RE: URGENT staffing requirements at airport tomorrow

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We had intended to purchase this additional labour and suggest the following contact and company:

[REDACTED] Dnata, [REDACTED]

We had some initial contact with [REDACTED] this afternoon and understand that he can mobilise with urgency.

Thanks so much

Claire

Claire Febey

Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

[REDACTED] | M: [REDACTED]
 [REDACTED]

From: Andrew S Crisp (DJCS) [REDACTED]
Sent: Saturday, 28 March 2020 8:20 PM
To: Claire Febey (DEDJTR) [REDACTED]; SCC-Vic (EMC Executive Officer)
 <sccvic.emceo@scc.vic.gov.au>
Cc: [REDACTED]@ecodev.vic.gov.au>; [REDACTED]
 [REDACTED]@ecodev.vic.gov.au>; SCC-Vic (EMC Executive Officer)
 <sccvic.emceo@scc.vic.gov.au>; Braedan Hogan (DHHS) [REDACTED]
Subject: Re: URGENT staffing requirements at airport tomorrow

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Thanks again and Braedan will be in contact.

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Andrew Crisp
 Emergency Management Commissioner

From: Claire Febey (DEDJTR) [REDACTED]
Sent: Saturday, March 28, 2020 7:51 pm
To: SCC-Vic (EMC Executive Officer); Andrew S Crisp (DJCS)
Cc: [REDACTED]
Subject: URGENT staffing requirements at airport tomorrow

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Can you please confirm that you are now leading on the provision of these staff and confirm your requirements from DJPR in briefing them on hotel requirements and procedures.

I am cc'ing **REDACTED** who is our lead contact on this and the link between the supply and demand for hotels.

REDACTED can be available at the airport tomorrow to brief your staff.

Cheers

Claire

Claire Febey

Executive Director, Priority Projects Unit | Office of the Secretary

Department of Jobs, Precincts and Regions

Level 36, 121 Exhibition St. Melbourne, Victoria Australia 3000

REDACTED | M: **REDACTED**

REDACTED

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RE: URGENT issues for resolution by DHHS tonight

From: "Claire Febey (DEDJTR)" [REDACTED]
 To: "Chris Eagle (DELWP)" [REDACTED] "Jason Helps (DHHS)"
 [REDACTED]
 Cc: [REDACTED]@dhhs.vic.gov.au, "Braedan Hogan (DHHS)" [REDACTED] "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>
 Date: Sun, 29 Mar 2020 20:55:06 +1100

[REDACTED]

Thank you for your quick advice.

While our recommendation and request is still for Vic Pol (or DHHS) to be onsite overnight, I will follow the escalation protocol that you have outlined below for tonight, and we can revisit these issues as you have suggested in more detail tomorrow.

I'm also keen to learn about the gaps that you have identified, and absolutely agree we should formalise this in a shared plan as a matter of urgency.

Finally one point of clarification from our end with my apologies – PPE (masks) was delivered to the hotel today. This information wasn't relayed at our end of day briefing due to key staff still being involved in processing arrivals, and so my advice to you was incorrect. Thank you so much for your efforts to deliver PPE today.

Thanks again for your quick response.

Claire

Claire Febey
 Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000
 [REDACTED]
 [REDACTED]@ecodev.vic.gov.au

From: Chris B Eagle (DELWP) [REDACTED]
 Sent: Sunday, 29 March 2020 8:47 PM
 To: Claire Febey (DEDJTR) [REDACTED] Jason Helps (DHHS)
 [REDACTED]
 Cc: [REDACTED]; Braedan Hogan (DHHS)
 [REDACTED]; semc@health.vic.gov.au
 Subject: RE: URGENT issues for resolution by DHHS tonight

Hi Claire,

I have just spoken to [REDACTED] regarding below.

In relation to over night point of contact, as discussed, Nurses for medical requirements, the DHHS Duty Officer can be contacted on 1300 790 733 for any other urgent items. We encourage concierge to email SEMC for any non-urgent items, [REDACTED] and Braedan will at in the morning.

With the security staff, there should be no reason they need to exercise any power of arrest or restraint. We ask they do as they would normally do, and verbally request any traveller who has left their room to return. This can be done under the social distancing principles which will not

put guard in any danger.

If the traveller ignores advice or becomes threatening, then the guard should contact Vicpol on 000.

Tomorrow we can go through other items, as well as a few other gaps we have identified. I am keen to start writing this up in an agreed operational plan so everyone has a common operating picture, but also so when people change the service continues.

Cheers,

Chris

Chris Eagle | Deputy Chief Fire Officer | Port Phillip Region
 Forest Fire Management Victoria | Department of Environment, Land, Water and Planning
 609 Burwood Hwy, Knoxfield, Victoria, 3180

REDACTED E:REDACTED



From: Claire Febey (DEDJTR) REDACTED
Sent: Sunday, 29 March 2020 8:02 PM
To: Chris B Eagle (DELW REDACTED) Jason Helps (DHHS)
 REDACTED @dhhs.vic.gov.au
Cc: REDACTED Braedan Hogan (DHHS)
 REDACTED; Andrew Crisp (DJCS) REDACTED EMC
 Executive Officer <scvvic.emceo@scc.vic.gov.au>; semc@health.vic.gov.au
Subject: URGENT issues for resolution by DHHS tonight
Importance: High

Chris, Jason, team

Thanks so much once again for your collaboration and support today as we move toward a clear set of roles and responsibilities in the days ahead.

We had an operational debrief this evening to identify any outstanding issues for resolution tonight and plan for tomorrow.

Can I please request urgent action by DHHS to resolve four issues tonight:

- **Presence of Vic Pol and DHHS at our Crown Promenade and Crown Metropole (and future properties) overnight.**
 - We request that Victoria Police is present 24/7 at each hotel, starting from this evening.
 - We ask that DHHS urgently make that request as the Control Agency.
 - Private security contractors have no powers to exercise and have been instructed only to monitor and escalate issues to Victoria Police.
 - Thus a permanent presence is necessary rather than patrols or an on call presence both immediately and for the duration of the quarantine. DJPR has no powers to negotiate this so request this is urgently managed by DHHS.
- **DHHS staffing at each active hotel.**
 - Today's operational experience has shown us that four DHHS staff are needed at a minimum when people are arriving by groups in transport.
 - We estimate a starting team of 12 should be rostered to assist with the registration process as we unload people.

- o We also request a DHHS team and senior leader allocated to each hotel for the duration of the quarantine period.
- o Each hotel will need to be treated as a standalone operation with appropriate DHHS leadership and escalation points.
- o We request DHHS on call contact points (name and mobile numbers) for tonight, and advice tomorrow on ongoing on call and overnight staffing provisions.
- **Health support and escalation of urgent issues.**
 - o We request that a Nurse be stationed 24 hours a day at each hotel, commencing from tomorrow.
 - o We note that for tonight direct contact numbers have been provided for two Nurses that are working the evening shift.
 - o Can we please have urgent confirmation of ongoing arrangement for escalation of urgent and non-urgent health issues, and how these will be logged and resolved by DHHS.
 - o Noting that we had three health issues today (including one that was urgent) and no clear way to allocate and resolve these through DHHS.
- **PPE for staff.**
 - o We need PPE urgently for DJPR staff on the ground in hotels.
 - o We will not be able to continue staffing this operation if it is not confirmed and provided.
 - o We also request urgent advice from DHHS on a fair and equitable approach to the distribution of PPE to contractors, including security and hotel staff. Specifically anyone who is interacting directly with arrivals (e.g. at the reception desk).

Finally, a matter for resolution tomorrow. We need to work with DHHS to urgently agree a policy for recreation and smoking.

Team, I'm available to talk each of these issues through as needed, but otherwise requesting your urgent advice and resolution on each issue.

I will send you an update shortly on our overnight staffing arrangements and contact points.

Thanks so much in advance.

Claire

Claire Febey
Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

REDACTED
REDACTED

Government of Victoria, Victoria, Australia.

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Government of Victoria, Victoria, Australia.

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PPE for staff at the airport

From: [REDACTED]
 To: "Michael Mefflin (DHHS)" [REDACTED]
 Cc: "Jason Helps (DHHS)" [REDACTED] [REDACTED]
 [REDACTED], [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED]
 Date: Sat, 28 Mar 2020 19:33:22 +1100

Hi Michael,

I've spoken with [REDACTED] at the SCC and he has confirmed that 80 bottles of hand sanitiser, 1,500 face masks and 500 pairs of gloves will be available for the operation tomorrow. He instructed me that this was handed to DHHS as the control agency for distribution as required.

I understand from earlier discussions with Braedan and Jason that masks will be provided to all passengers on the buses but wanted to confirm that PPE will be available for staff at the airport and at hotels as required?

Thanks,


[REDACTED]

[REDACTED]
 [REDACTED]
 DJPR State Agency Commander
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000
 [REDACTED]
 [REDACTED]

djpr.vic.gov.au



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 We acknowledge the traditional Aboriginal owners of country throughout Victoria, their ongoing connection to this land and we pay our respects to their culture and their Elders past, present and future.

 Government of Victoria, Victoria, Australia.

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FW: Operation Soteria plan v2.0 - for approval to distribute

From: "Pam Williams (DHHS)" REDACTED
 REDACTED
To: "Kait McCann (DEDJTR)" REDACTED; "Rachaele May (DEDJTR)" REDACTED, djprcovidacom-lead@ecodev.vic.gov.au
Date: Tue, 28 Apr 2020 10:37:37 +1000
Attachments: Operation Soteria Plan v2.0.docx (477.61 kB)

Just in case you did not get this!

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

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

From: Jason Helps (DHHS) REDACTED
Sent: Sunday, 26 April 2020 10:44 AM
To: Pam Williams (DHHS) REDACTED; Melissa Skilbeck (DHHS) REDACTED; Angie Bone (DHHS) REDACTED; Annaliese Van Diemen (DHHS) REDACTED
Cc: Andrea Spiteri (DHHS) REDACTED
Subject: RE: Operation Soteria plan v2.0 - for approval to distribute

Sorry Pam, here it is.

From: Pam Williams (DHHS) REDACTED
Sent: Sunday, 26 April 2020 10:43 AM
To: Jason Helps (DHHS) REDACTED; Melissa Skilbeck (DHHS) REDACTED; Angie Bone (DHHS) REDACTED; Annaliese Van Diemen (DHHS) REDACTED
Cc: Andrea Spiteri (DHHS) REDACTED
Subject: RE: Operation Soteria plan v2.0 - for approval to distribute

Please share the approved final plan

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

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

From: Jason Helps (DHHS) REDACTED
Sent: Sunday, 26 April 2020 10:35 AM
To: Melissa Skilbeck (DHHS) REDACTED; Angie Bone (DHHS) REDACTED; Pam Williams (DHHS) REDACTED; Annaliese Van Diemen (DHHS) REDACTED
Cc: Andrea Spiteri (DHHS) REDACTED
Subject: FW: Operation Soteria plan v2.0 - for approval to distribute

All,

EMC has approved the Operation Soteria plan.

From: Andrew S Crisp (DJCS) REDACTED
Sent: Sunday, 26 April 2020 10:31 AM
To: Andrea Spiteri (DHHS) REDACTED; SCC-Vic (EMC Executive Officer)
<sccvic.emceo@scc.vic.gov.au>
Cc: Jason Helps (DHHS) REDACTED Braedan Hogan (DHHS)
REDACTED
Subject: RE: Operation Soteria plan v2.0 - for approval to distribute

Hi Andrea,

Thanks very much for the Operation Soteria v2.0 plan that I have approved. My compliments to those responsible for developing such a comprehensive plan especially given the ongoing and significant operational activity.

Regards,

Andrew

Andrew Crisp APM
Emergency Management Commissioner

Emergency Management Victoria
Level 23, 121 Exhibition Street, Melbourne 3000
Ph REDACTED | E REDACTED

REDACTED

www.emv.vic.gov.au



Working in conjunction with Communities,
Government, Agencies and Business

**This office is based on the land of the Traditional Owners, the people of the Kulin Nations.
We acknowledge their history, culture and Elders both past and present.**

From: Andrea Spiteri (DHHS) REDACTED
Sent: Friday, 24 April 2020 7:30 PM
To: Andrew S Crisp (DJCS) REDACTED; SCC-Vic (EMC Executive Officer)
<sccvic.emceo@scc.vic.gov.au>
Cc: Jason Helps (DHHS) REDACTED Braedan J Hogan (DHHS)
REDACTED
Subject: Operation Soteria plan v2.0 - for approval to distribute

Hi Andrew

Please see attached Operation Soteria plan v2.0 as discussed today for your approval to distribute. Please note that while annexures are referenced in the document, they are live operational documents subject to constant update, therefore referenced in the plan but not attached in the version for approval.

Please let me, or Jason over the weekend, know if you have any queries. We propose to continue to develop content representing the other agencies responsibilities in the next version.

Kind regards
Andrea

Andrea Spiteri

Director Emergency Management
Department of Health and Human Services

REDACTED

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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 DHHS Commanders State Controller - Health	Andrew Crisp	

Abbreviations/Acronyms

ABF	Australian Border Force
AFP	Australian Federal Police
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 Deputy State Controller (Operation Soteria) 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 daily (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 Deputy State Controller – Health. Membership includes:

- State Controller - Health
- Deputy 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.

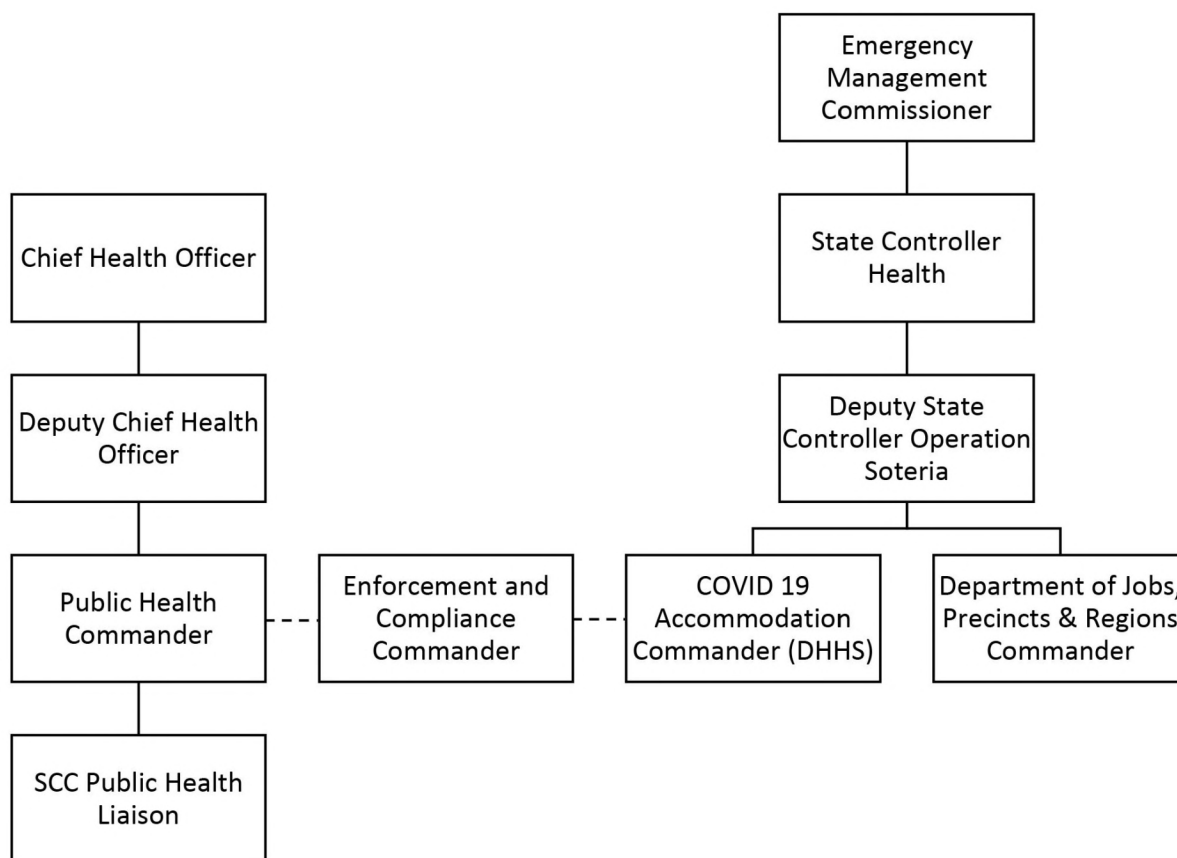


Figure 1: Operation Soteria governance structure

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, Commander COVID-19 Accommodation, the State Health Coordinator and the State Controller – Health.

The State Controller - Health (through the Deputy State Controller Operations Soteria), operating through the 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)

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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)
- Marshall passengers in an area that is secure and be able to facilitate health screening
- Establish arrivals area for transport
- Marshall Passengers for boarding
- Assist boarding of passengers onto bus transport airside
- Escort bus transports to accommodation

2.6 AFP

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

2.7 Department of Foreign Affairs and Trade

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

2.8 Department of Transport (DoT)

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

2.9 Ambulance Victoria

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

2.10 Victoria Police (VicPol)

- Victoria Police provide support to AFP, DHHS and DJPR for enforcement and compliance issues.
- Provision of support to private security as required

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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: 24 April 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

3.7.1 Enforcement and compliance information

Further information is available at the links below

- [At a glance: Roles and responsibilities](#)
- [Authorised officers: Operational contacts](#)
- [Authorised officers: Powers and obligations](#)
- [Authorised officers: Charter of Human Rights obligations](#)
- [Authorised officers: Responsibilities at the Airport](#)
- [Authorised officers: Responsibilities at the Hotel](#)
- [Authorised officers: Responsibilities for departure from mandatory detention](#)
- [End of Detention Notice](#)
- [End of Detention Notice \(confirmed case or respiratory illness symptoms\)](#)
- [Compliance and Infringements](#)
- [Authorised officers: Occupational Health and Safety](#)
- [Unaccompanied minors](#)

- [Direction and Detention Notice – Solo Children](#)
- [Ensuring physical and mental welfare of international arrivals in individual detention \(unaccompanied minors\)](#)
- [Management of an unwell person at the airport](#)
- [Transfer of an uncooperative person](#)
- [Request for exemption or temporary leave from quarantine](#)
- [Permission for temporary leave from detention](#)
- [Requests for to leave room/facility for exercise or smoking](#)
- [Hospital transfer plan](#)
- [Hospital and Pharmacy contacts for each hotel](#)

4 Operations

Section approver: COVID-19 Accommodation Commander.

Last review date: 24 April 2020

4.1 Purpose

This set of standard operating procedures 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. This set of procedures is 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 achieve Operation Soteria.

4.2 Method

This plan will outline the operational (including basic health and welfare) arrangements for people in mandatory quarantine as part of Operation Soteria. This has been conducted through:

- **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 Quarantine 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 regular welfare calls and special needs identified. 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 EOC is to ensure appropriate and timely coordination and resourcing of the international Ports of Entry into Victoria, and the 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 Standard Operating Procedures (SOP) has been developed which outlines the activities, actions and forms required to provide safe, efficient and effective Port of Entry and Quarantine Hotel operations. This set of SOPs is designed to be a 'one stop shop' for Team Leaders and members, and EOC staff for the provision of day to day activities and services.

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

- **Annex 2:** Operation Soteria – Operations Standard Operating Procedures

5 Health and Welfare

Section approver: Public Health Commander.

Last review date: 24 April 2020

5.1 Purpose

The health and welfare of persons in detention is of 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 3, 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 translators

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

5.3 Guidelines

The 'Guidelines for managing COVID-19 in mandatory quarantine' have been developed to ensure that public health management principles and processes are outlined for each stage of the mandatory quarantine process. 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.

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

Further information is available at the links below

- [Infection control and hygiene](#)
- [Personal protective equipment](#)
- [Authorised officers: Occupational Health and Safety](#)
- [Hospital transfer plan](#)
- [Nutrition and food safety \(including allergies\),](#)
- [Process for people with food allergies,](#)
- [Meal order information for people with food allergies,](#)
- [Food Safety Questionnaire](#)

Further information is available at the links below:

- [Hospital and Pharmacy contacts for each hotel](#)
- [Standards for healthcare and welfare provision](#)
- [Provision of welfare](#)
- [Separation of people in travelling parties to promote effective quarantine: options for accommodation](#)
- [Health and welfare assessments \(arrival, during detention, preparation for discharge\)](#)
- [Confirmed cases of COVID-19 in people in mandatory quarantine](#)
- [Escalation and Reporting of health and welfare concerns](#)
- [Infection control and hygiene](#)
- [Personal protective equipment](#)
- [Food allergies](#)
- [Nutrition and food safety \(including allergies\),](#)
- [Process for people with food allergies,](#)
- [Meal order information for people with food allergies,](#)
- [Food Safety Questionnaire](#)
- [Release Process 'Running Sheet'](#)
- [Welfare survey](#)
- [COVID-19 Victorian Hotel Isolation: Reimbursement Form for meal purchases](#)
- [Register of permissions granted under 4\(1\) of the Direction and Detention Notice](#)
- [Operations contact list](#)
- [Outline of agency involvement across the stages of enforced quarantine](#)

6 Information and Data Management

6.1 Information management systems

The number of secure databases used for the storage and handling of confidential data on people in detention is minimised to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this operation:

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

6.2 Data access, storage and security

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

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

6.2.1 Privacy

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

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

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

6.2.2 Sending information by email

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

6.2.3 Electronic security of passenger/detainee information

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

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

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

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

6.3 Medical records

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

6.3.1 Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record captures the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

6.3.2 Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. The records will belong to DHHS and can be required to be provided at any time by the medical service contractor to DHHS for review, from the Best Practice software.

These records should be stored securely and should not be accessed by anyone not providing care for the person. Specifically, these medical records must only be accessed or viewed by an AHPRA-registered health practitioner employed by DHHS to provide services to people in detention, an authorised officer, or the Public Health Commander, State Controller - Health, DHHS Commander COVID-19 Accommodation or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller - Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment, they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID-19 (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

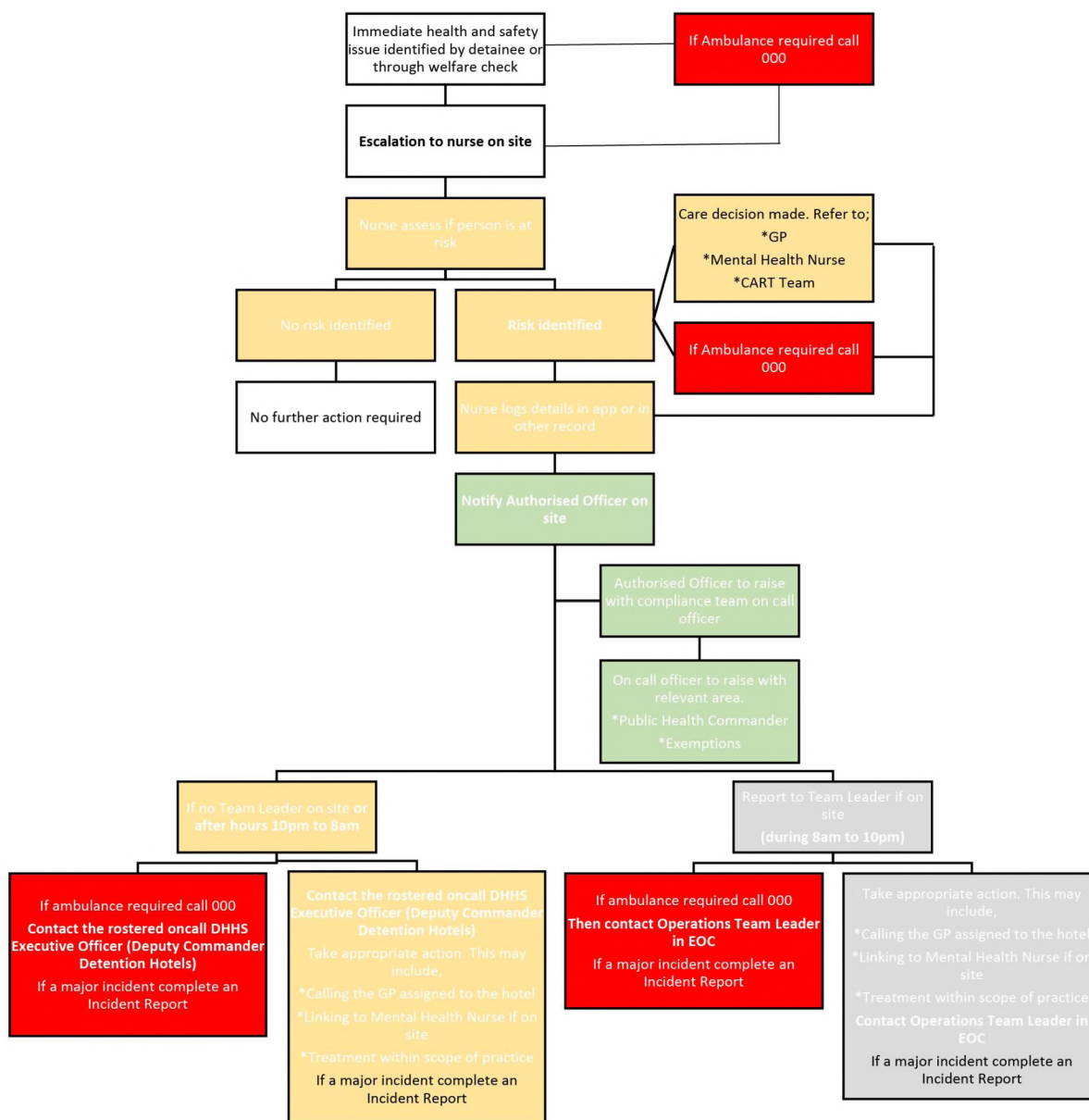
7 Issues escalation and incident reporting

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

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

7.1 Hotel escalation process

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



7.2 Incident reporting

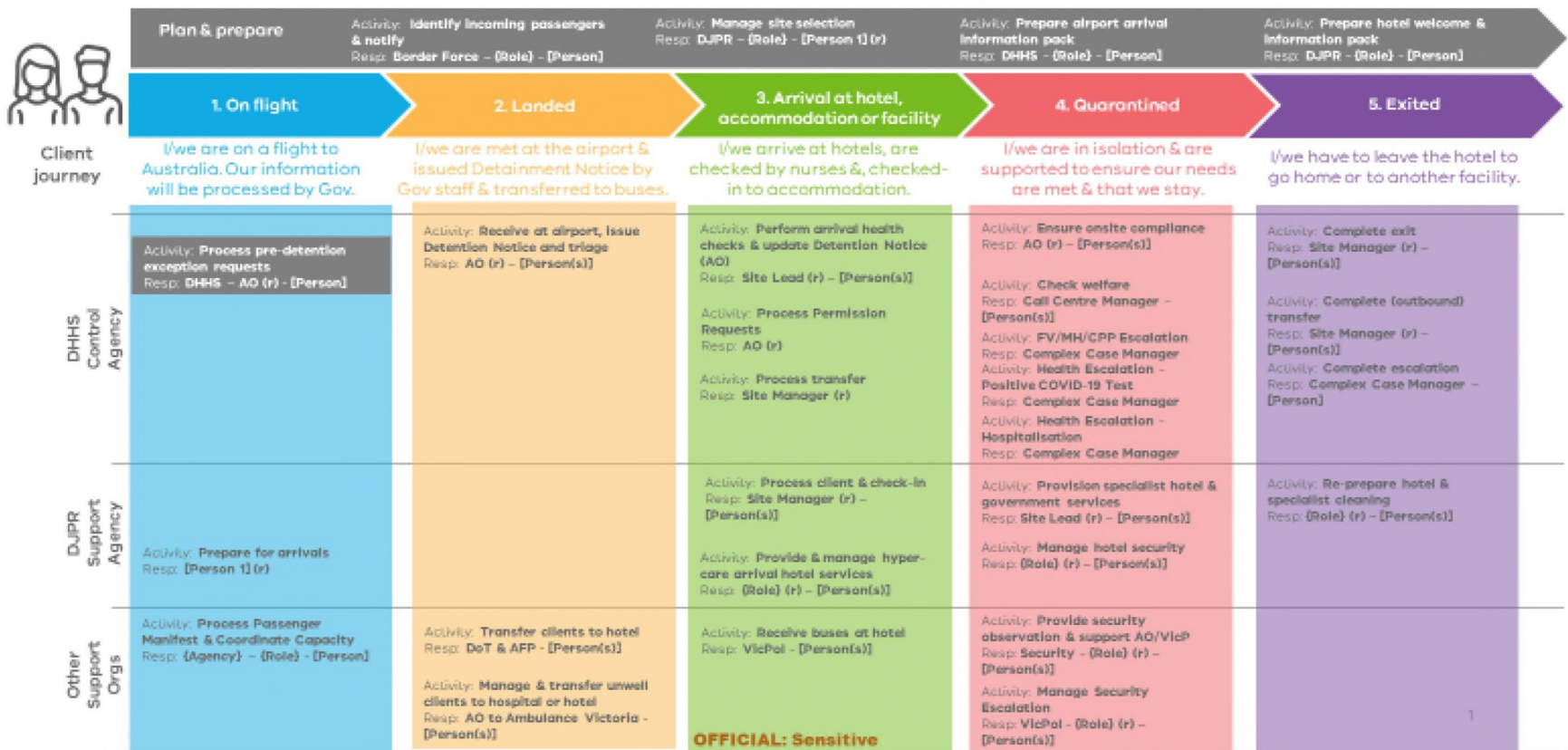
The incident reporting process and template in **Appendix 4** outlines the Department of Health and Human Services management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other 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

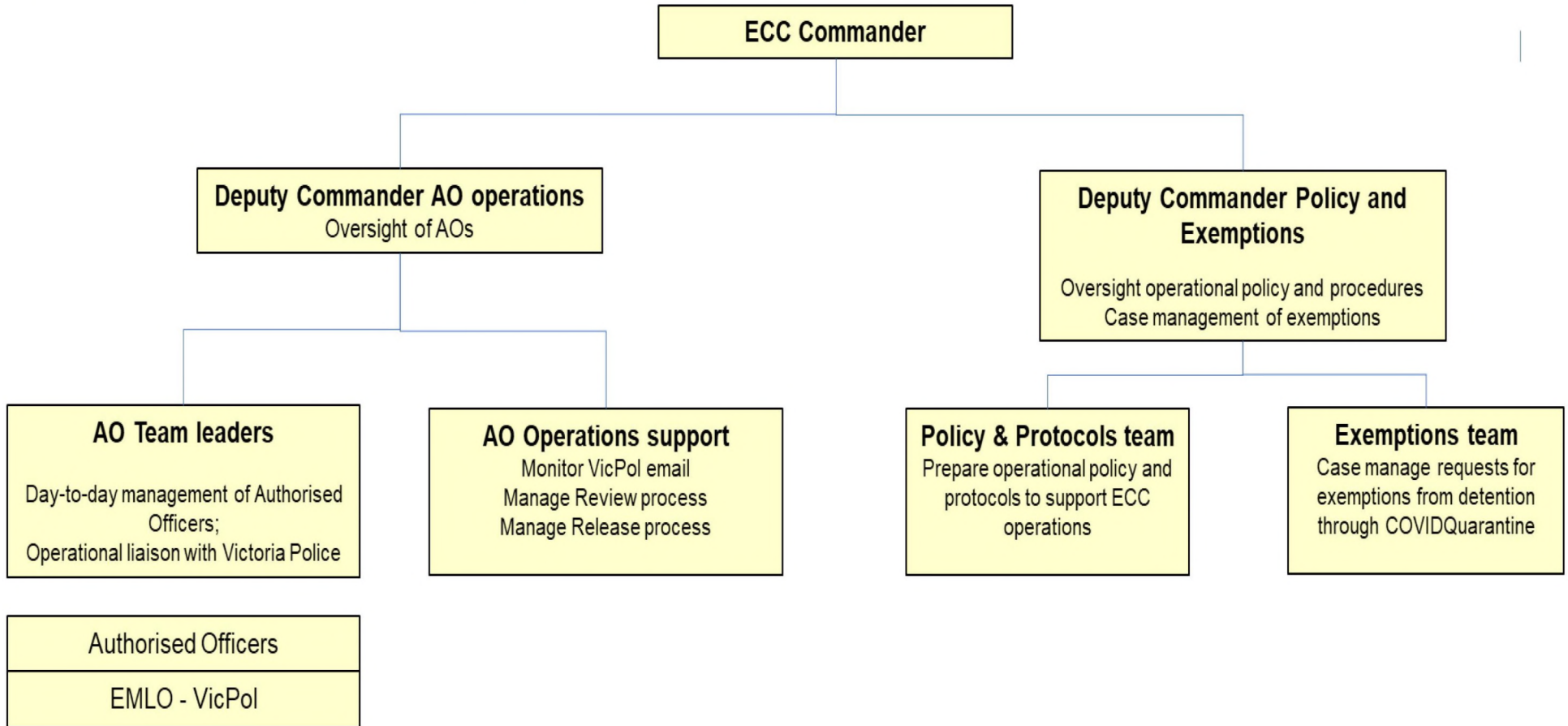
Compulsory quarantine service architecture Activity and responsibility details

Objectives of service:

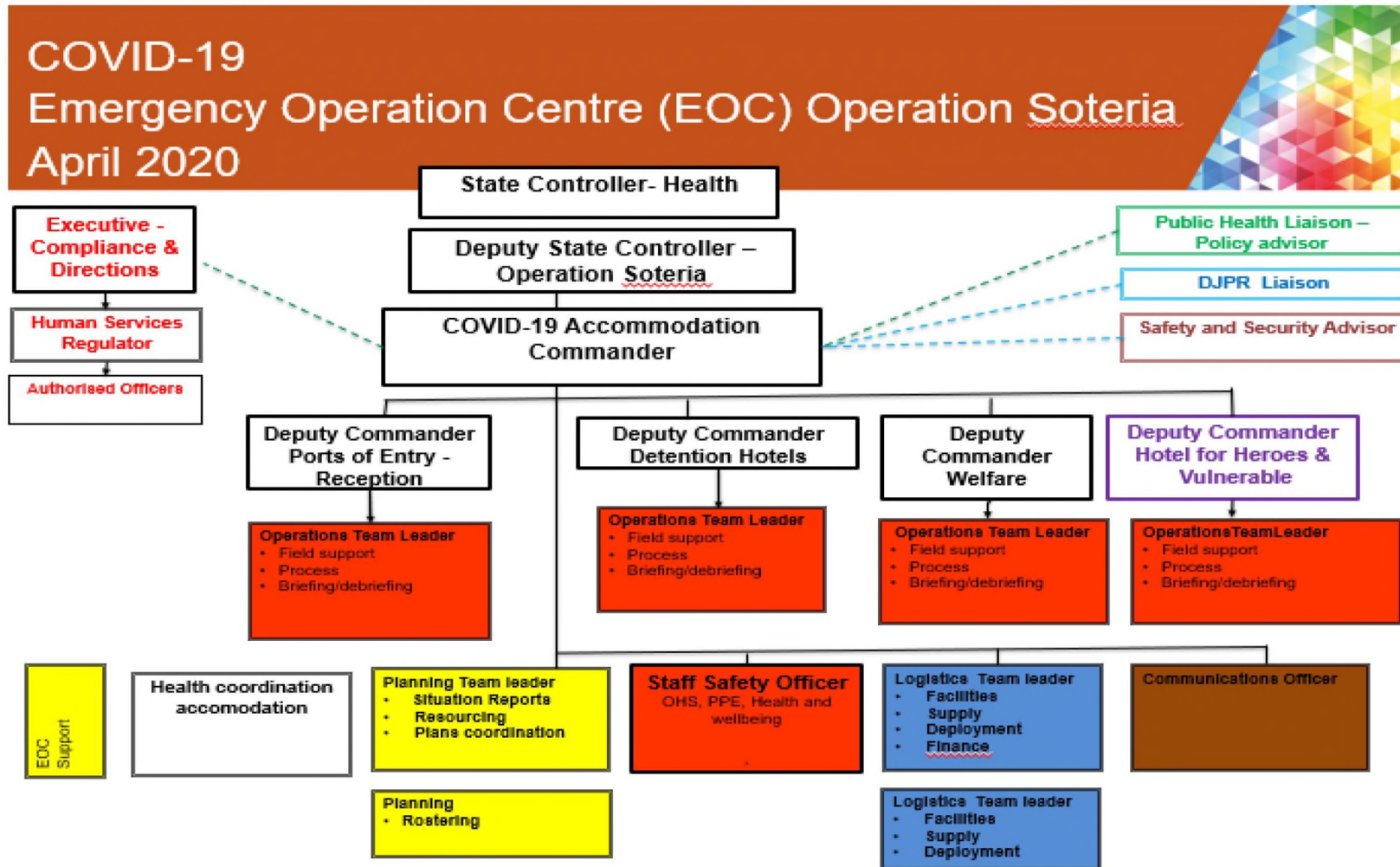
1. Legally detain people
2. Protect their health & wellbeing and those around them
3. Provide as comfortable an experience as reasonable
4. Mitigate flow-on demand to health system



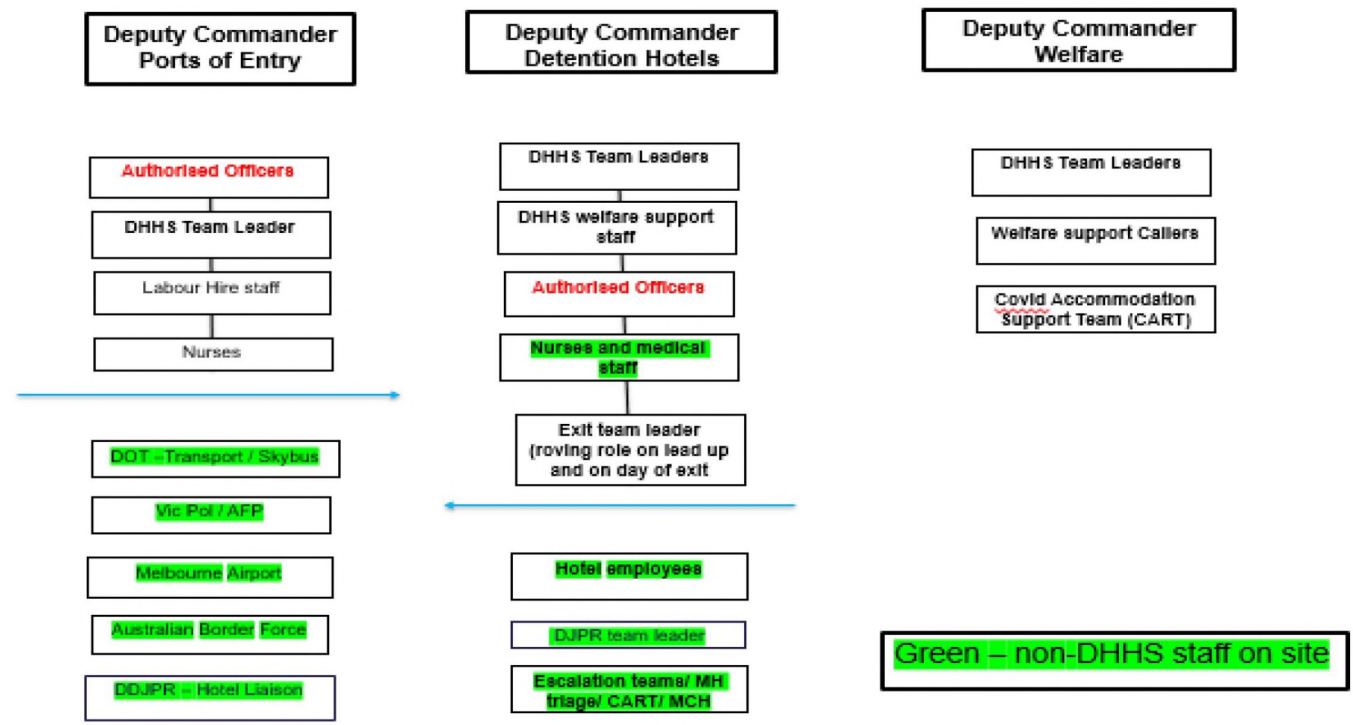
Appendix 2 - Enforcement and Compliance Command structure



Appendix 3. Emergency Operations Centre Structure



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 21 April 2020.

2. Reviewing and endorsing incident reports

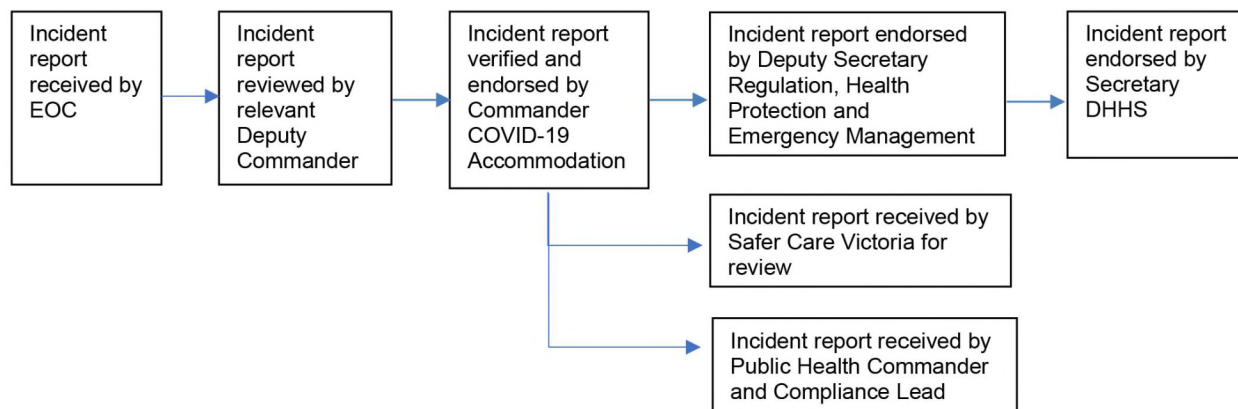
This section outlines the steps required for reviewing and endorsing incident reports, once provided to the DHHS Commander COVID-19 Accommodation via dhhsopsoteriaeoc@dhhs.vic.gov.au following verbal report via phone from the relevant Deputy Commander. Figure 1 below provides an overview of the process.

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 dhhsopsoteriaeoc@dhhs.vic.gov.au following verbal report via phone. 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 COVID-19 Accommodation is also responsible for sending the report to Safer Care Victoria, the Public Health Commander 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), dhsopsoteriaec@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 by mobile 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 COVID-19 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 COVID-19 Accommodation verifies and endorses the incident report.

The Commander COVID-19 Accommodation is responsible for escalating an incident report to the Deputy Secretary Regulation, Health Protection and Emergency Management to endorse, and sending the report to the Public Health Commander, the Compliance Lead and Safer Care Victoria via irtreviews@safercare.vic.gov.au for review.

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

2.5. File the completed incident report

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

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

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

2.6. Incident report records management and privacy

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

2.7. Local investigation and causal analysis

The Commander COVID-19 Accommodation will ensure that the incident is subject to an appropriate level of local investigation and causal analysis and that, where relevant, an improvement strategy is prepared.

Incident investigations should:

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

3. Privacy

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

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

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

3.1. Sending information by email

For communication within the department, there are risks to privacy in sending information by email. These include misdirection due to errors in typing the address and the ease of copying, forwarding, amending or disclosing emailed information to others. Care should be taken with the list of addressees, and the title 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 a 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: CCC Sub on Quarantine

From: "John Spasevski (DHHS)" <REDACTED>

To: "Melissa Skilbeck (DHHS)" <REDACTED>, "Meena Naidu (DHHS)" <REDACTED>, "Anna Peatt (DHHS)" <REDACTED>, "Angie Bone (DHHS)" <REDACTED>, "Annaliese Van Diemen (DHHS)" <REDACTED>, "Jacinda de Witts (DHHS)" <REDACTED>, "Andrea Spiteri (DHHS)" <REDACTED>, "Jason Helps (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>, "Brett Sutton (DHHS)" <REDACTED>

Cc: "Merrin Bamert (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>

Date: Fri, 24 Apr 2020 13:51:49 +1000

Attachments: COVID-19 - Hotel Quarantine workshop options - PPT DRAFT FOR WORKSHOP.pptx (1.36 MB); COVID-19 - Hotel Quarantine workshop options - PDF DRAFT FOR WORKSHOP .pdf (686.76 kB)

Dear Participants

Please find attached a set of slides we will be using to guide and frame the discussion at 3pm. PowerPoint and PDF for ease of reading.

The purpose of this afternoon's workshop is to develop content regarding future quarantine options, to inform a CCC submission on this topic.

To this end, we've identified a set of criteria/principles for consideration, along with four possible options. We will then go through a structured process of discussion across the options to understand what a preferred approach might look like, identifying risks and potential mitigation approaches.

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

e: <REDACTED> | m: <REDACTED> | p: <REDACTED> | w: www.dhhs.vic.gov.au

-----Original Appointment-----

From: Melissa Skilbeck (DHHS) <REDACTED>

Sent: Wednesday, 22 April 2020 12:14 PM

To: Melissa Skilbeck (DHHS); Pam Williams (DHHS); Meena Naidu (DHHS); Anna Peatt (DHHS); Angie Bone (DHHS); Annaliese Van Diemen (DHHS); Jacinda de Witts (DHHS); Andrea Spiteri (DHHS); Jason Helps (DHHS); <REDACTED (DHHS)>; John Spasevski (DHHS); Brett Sutton (DHHS)

Cc: Merrin Bamert (DHHS); <REDACTED (DHHS)>; <REDACTED (DHHS)>; <REDACTED (DHHS)>

Subject: CCC Sub on Quarantine

When: Friday, 24 April 2020 3:00 PM-4:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Microsoft Teams Meeting

We need representation across PH, Operations and Compliance so please ensure that you have one person from your area represented in the meeting. All are welcome to participate but if you're rostered off, you do not need to join.

[Join Microsoft Teams Meeting](#)

[Learn more about Teams](#) | [Meeting options](#)



CCC submission preparation COVID-19: Hotel quarantine sustainability options

24 April 2020

CCC submission preparation

COVID-19: Hotel quarantine sustainability options

Objectives of meeting:

Assist in the preparation of a submission to the Crisis Council of Cabinet on a preferred position for Victoria to ensure quarantine of international arrivals:

1. Assess the future possible options against the criteria
2. Agree preferred option to take to the Crisis Council of Cabinet

Summary of current hotel quarantine approach:

All international passengers arriving at Victorian airports or disembarking at maritime ports must go into immediate, strict quarantine for 14 days from the day of their arrival.

Incoming international passengers are transported to designated hotel accommodation. The costs of accommodation and essentials is met by the Victorian Government.

We need to balance a range of objectives (criteria)

Domains	Objectives
<p>Public Health</p>	<ul style="list-style-type: none"> • Minimise health impacts associated with COVID-19 • Minimise surge demand on acute health from COVID-19 related demand • Maintain community confidence in the state's ability to manage transmission
<p>Welfare of people in quarantine</p>	<ul style="list-style-type: none"> • Maintain access to health service supports • Minimised or mitigated psychological and social impacts of isolation • Maintain social connections to family and community
<p>Freedoms and obligations</p>	<ul style="list-style-type: none"> • Rights and freedoms are maintained as per the Charter of Human Rights balanced with obligations under the Public Health and Wellbeing Act
<p>Sustainable</p>	<ul style="list-style-type: none"> • Approach is financially sustainable • State is able to maintain essential services functions
<p>Logistics and administration</p>	<ul style="list-style-type: none"> • Minimise complexity, while feasible to deliver services such as: <ul style="list-style-type: none"> • Transport • Security • Accommodation and food • Welfare • Medical support • Minimise risk of non-compliance by new arrivals • Maximise utilisation of enforcement and oversight resources (such as Authorised Officers)






Options for discussion

Dependent variables:

- Demand for quarantine depends on rate of overseas entries (control by Commonwealth)
- Quarantine options may depend on spread and severity of COVID-19 in Australia and overseas
- Timeframes for maintaining dependent on related strategic decisions by Cabinet

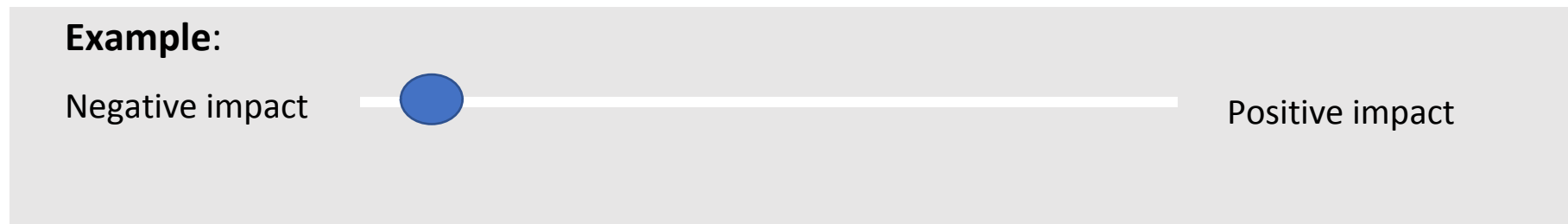
Option 1: Hotel quarantine	Option 2: Initial hotel quarantine, then home isolation for low risk	Option 3: Home isolation, no risk assessment	Option 4: Alternative accommodation
<p><i>Designated hotel for quarantine</i></p> <p>Key benefit: Minimising public health risk. Potential compliance risks understood through operation.</p> <p>Key risk: May not be available or sustainable long term (both workforce, venue and financially)</p>	<p><i>Risk assessment at designated venue (hotel), if low risk, instructed to home isolate.</i> <i>Hotel quarantine maintained for high risk</i></p> <p>Key benefit: Potentially proportionate to public health risk</p> <p>Key risk: Fragments oversight of new arrivals with public health risks</p>	<p><i>All new arrivals instructed to home isolate.</i></p> <p>Key benefit: administratively easy to implement at the port of arrival</p> <p>Key risk: reliant on new arrivals to comply with isolation, no oversight of visitors to new arrivals at home</p>	<p><i>Alternative accommodation that can house large numbers of people, security perimeter maintain, yet is not a hotel</i></p> <p><u>Example: unused aged care facility, Commonwealth led-detainment (Christmas Island)</u></p> <p>Key benefit: If suitable site found, may be cheaper and easy to maintain than multiple hotels.</p> <p>Key risk: Not currently available - may not be acceptable, or feasible</p>

How could we modify our quarantine approach? Each option has different implications

Options	Option 1: Hotel quarantine	Option 2: Initial hotel quarantine, then home isolation for low risk	Option 3: Home isolation, no risk assessment	Option 4: Alternative accommodation
Considerations				
<p>What does this mean for public health?</p> 	<ul style="list-style-type: none"> Greater visibility and oversight of potential health risks Lower risk of community transmission 	<ul style="list-style-type: none"> Higher risk of community transmission once at home Risks mitigated by opportunity to assess each person and compliance activities Risk of spreading from arrivals to others living in the home (who are not quarantined) 	<ul style="list-style-type: none"> Higher risk of community transmission Risk of spreading from arrivals to others living in the home (who are not quarantined) Risk mitigated by compliance activities 	
<p>How complex are the logistics and administration?</p> 	<ul style="list-style-type: none"> Complex to maintain hotel operations (Transport/compliance/accommodation/ food/welfare/medical) Fixed locations near ports of entry Transport from airport to hotel via single method 	<ul style="list-style-type: none"> Quarantined people are scattered across Victoria that require enforcement and monitoring Not all arrivals have safe homes or live in Victoria 	<ul style="list-style-type: none"> Transport from airport to home difficult/fragmented Quarantined people are scattered across Victoria that require enforcement and monitoring Not all arrivals have safe homes or live in Victoria 	
<p>What does this mean for welfare of people in quarantine?</p> 	<ul style="list-style-type: none"> Health status closely monitored Possible social and mental health costs from isolation 	<ul style="list-style-type: none"> Health status not closely monitored Familiar environment and more amenity in home quarantine 	<ul style="list-style-type: none"> Health status not closely monitored Familiar environment and more amenity in home quarantine 	<ul style="list-style-type: none"> Higher risk of transmission between arrivals
<p>What does this mean for freedoms and obligations?</p> 	<ul style="list-style-type: none"> Reduced freedom Obligations under the Public Health Act 	<ul style="list-style-type: none"> Greater freedom Meeting obligations under The Public Health Act(?) 	<ul style="list-style-type: none"> Greater freedom Meeting obligations under The Public Health Act(?) 	
<p>Is the approach sustainable?</p> 	<ul style="list-style-type: none"> Higher upfront financial costs for accommodation and oversight Unsustainable Authorising Officer workload 	<ul style="list-style-type: none"> Less upfront costs (costs may be spread across enforcement and healthcare agencies near the home of people in quarantine) 	<ul style="list-style-type: none"> Less upfront costs (costs may be spread across enforcement and healthcare agencies near the home people in quarantine) 	

Workshop group discussion (up to 30 minutes)

- Each option has been considered based on the criteria discussed, using a sliding scale below



- Discussion focused on the key questions relating to each option
- A comparison of all options will be undertaken to identify the preferred option (completed outside of meeting)

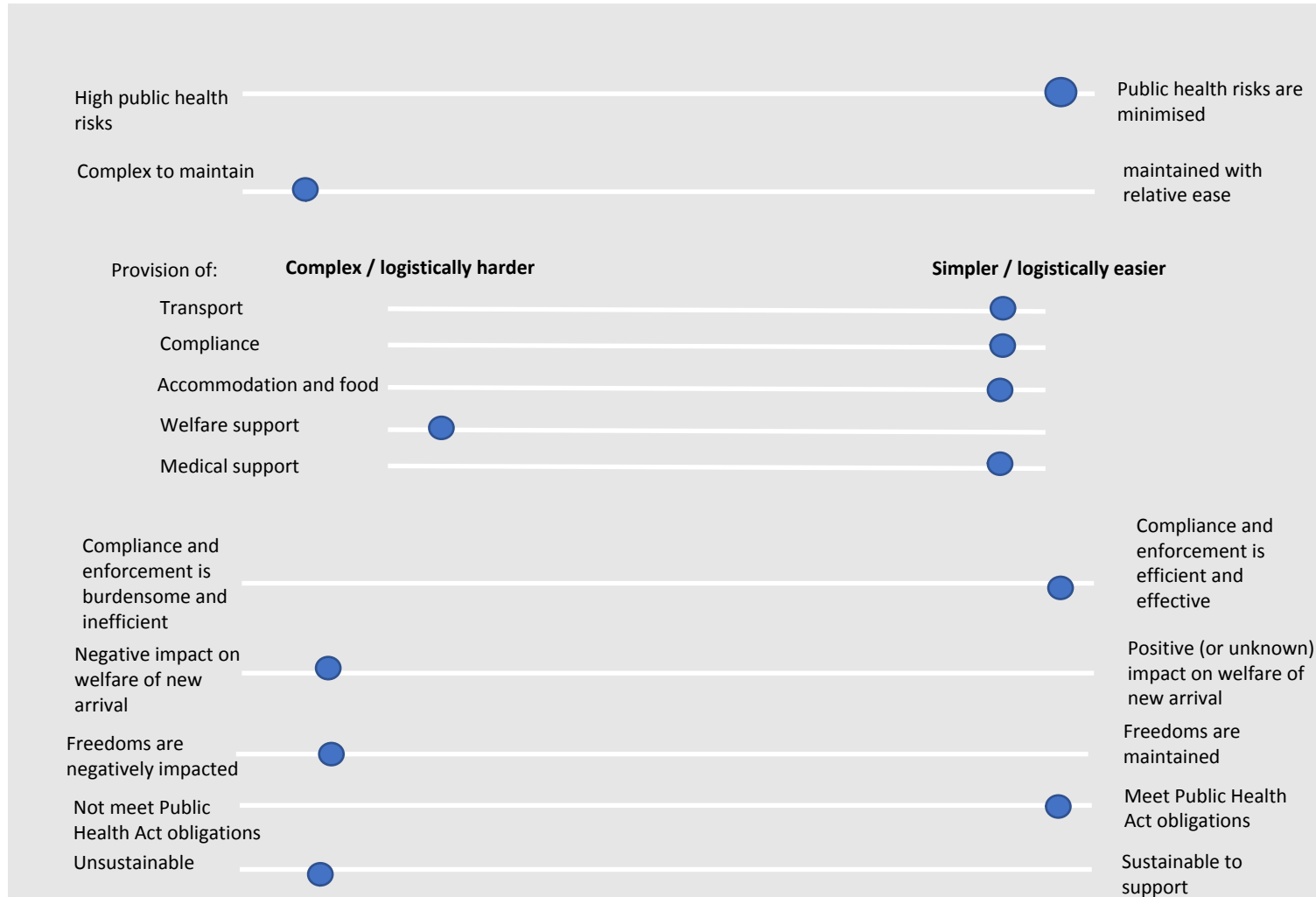
Option 1: Continued hotel quarantine

Assessment - for discussion

Designated hotel for quarantine

Key benefit: Minimising public health risk. Potential compliance risks understood through operation.

Key risk: May not be available or sustainable long term (both workforce and venue)



Discussion questions

- Are there risks of continuing this approach even if DHHS was provided with sufficient finance and workforce support?
- What mitigation strategies can improve unacceptable ratings?
 - i.e. recontract with better suited hotel facilities?

Option 2: Initial hotel quarantine, then home isolation for low risk

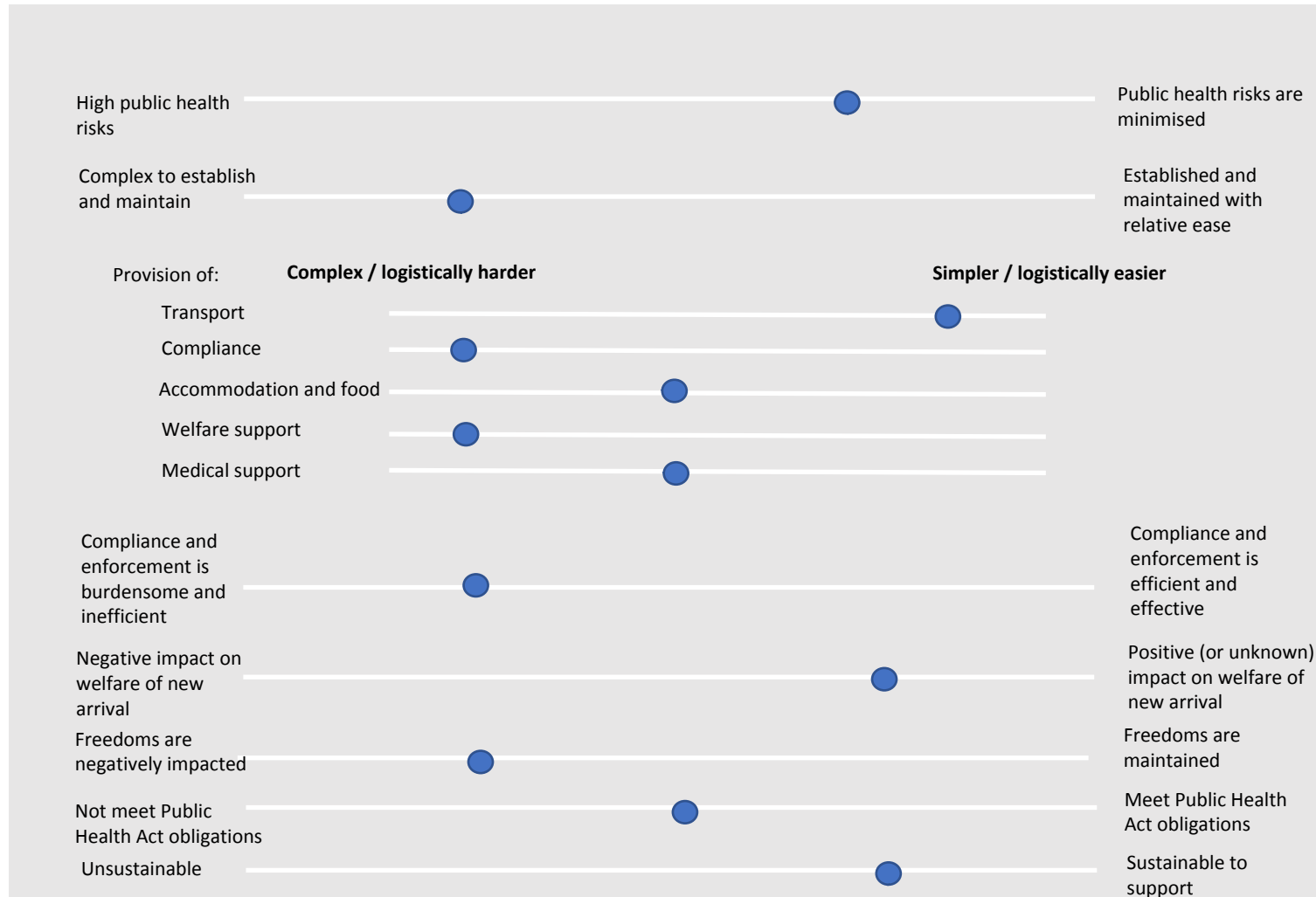
Assessment - for discussion

Risk assessment at designated venue (hotel), if low risk, instructed to home isolate.

Hotel quarantine maintained for high risk

Key benefit: Potentially proportionate to public health risk

Key risk: Fragments oversight of new arrivals who may pose a public health risk



Discussion questions

- Does the initial risk assessment have to be done at a hotel? (noting arrivals are not allowed to linger at airports by the Cwlth)
- Does home isolation shift the cost of enforcement from DHHS to police and health support onto primary care services?
- What mitigation strategies can improve unacceptable ratings?

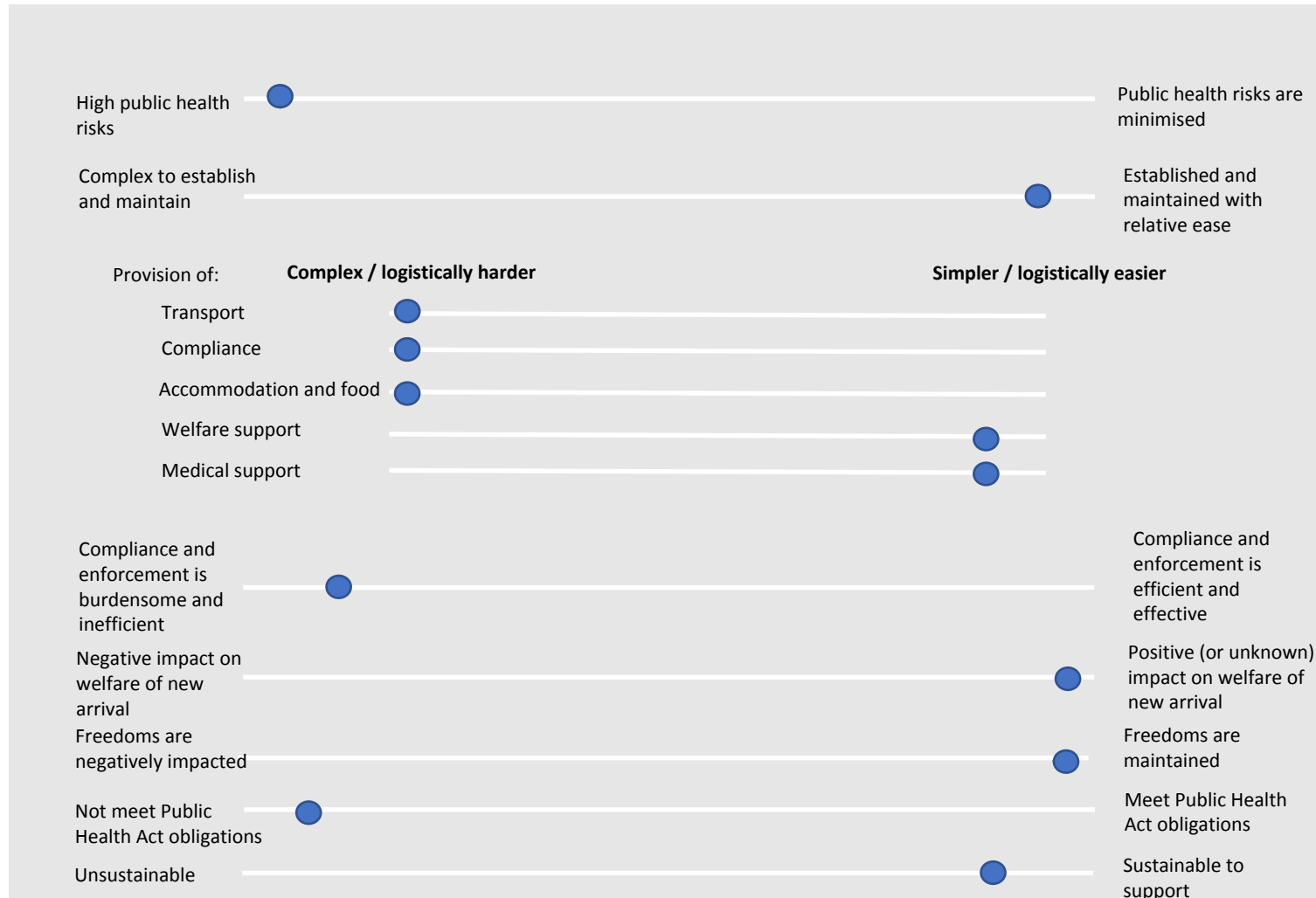
Option 3: Home isolation, no risk assessment

Assessment - for discussion

All new arrivals instructed to home isolate.

Key benefit: administratively easy to implement

Key risk: reliant on new arrivals to comply with isolation, no oversight of visitors to new arrivals at home



Discussion questions

- In what circumstances is this approach viable?
- What mitigation strategies that improve unacceptable ratings?

Option 4: Alternative accommodation (optional)

Assessment - for discussion

Alternative accommodation that can house large numbers of people, security perimeter maintain, yet is not a hotel

Key benefit: If suitable site found, may be cheaper and easy to maintain than multiple hotels.

Key risk: Not currently available - may not acceptable, or feasible

● High public health risks	_____	Public health risks are minimised
● Complex to establish and maintain	_____	Established and maintained with relative ease
● Provision of:	Complex / logistically harder	Simpler / logistically easier
● Transport	_____	_____
● Compliance	_____	_____
● Accommodation and food	_____	_____
● Welfare support	_____	_____
● Medical support	_____	_____
● Compliance and enforcement is burdensome and inefficient	_____	Compliance and enforcement is efficient and effective
● Negative impact on welfare of new arrival	_____	Positive (or unknown) impact on welfare of new arrival
● Freedoms are negatively impacted	_____	Freedoms are maintained
● Not meet Public Health Act obligations	_____	Meet Public Health Act obligations
● Unsustainable	_____	Sustainable to support

Place hold - OPTIONAL

Discussion questions:

- What are some possible alternative accommodation options?
- Why weren't these used during the initial response?
- (optional) assess an alternative option
- (if an option is selected to be assessed) What mitigation strategies can improve unacceptable ratings?

Summary and next steps

High level summary of COVID-19: Hotel quarantine sustainability options against the criteria (DRAFT)

This scale is based on desktop analysis and stakeholder feedback. Further analysis, engagement and consultation is required to test these assumptions.

Option 1: Continued hotel quarantine

Assessment - for discussion

Designated hotel for quarantine

Key benefit: Minimising public health risk. Potential compliance risks understood through operation.

Key risk: May not be available or sustainable long term (both workforce and venue)



Option 2: Initial hotel quarantine, then home isolation

Assessment - for discussion

Risk assessment at designated venue (hotel), if low risk, instructed to home isolate.

Hotel quarantine maintained for high risk

Key benefit: Potentially proportionate to public health risk

Key risk: Fragments oversight of new arrivals who may pose a public health risk



Option 3: Home isolation, no risk assessment

Assessment - for discussion

All new arrivals instructed to home isolate.

Key benefit: administratively easy to implement

Key risk: reliant on new arrivals to comply with isolation, no oversight of visitors to new arrivals at home



Option 4: Alternative accommodation

Assessment - for discussion

Alternative accommodation that can house large numbers of people, security perimeter maintain, yet is not a hotel

Key benefit: If suitable site found, may be cheaper and easy to maintain than multiple hotels.

Key risk: Not currently available - may not acceptable, or feasible



Domains	Objectives
Public Health	<ul style="list-style-type: none"> Minimise health impacts associated with COVID-19 Minimise surge demand on acute health from COVID-19 related demand
Welfare of people in quarantine	<ul style="list-style-type: none"> Maintain access to health service supports Minimised or mitigated psychological and social impacts of isolation Maintain social connections to family and community
Rights and freedoms	<ul style="list-style-type: none"> Rights and freedoms are maintained as per the Charter of Human Rights
Financially sustainable	<ul style="list-style-type: none"> Approach is sustainable for as long as required
Logistics and administration	<ul style="list-style-type: none"> Minimise complexity, while feasible to deliver services such as: <ul style="list-style-type: none"> Transport Security Accommodation and food Welfare Medical support Minimise risk of non-compliance by new arrivals Maximise utilisation of enforcement and oversight resources (such as Authorised Officers)



CCC submission preparation COVID-19: Hotel quarantine sustainability options

24 April 2020

CCC submission preparation

COVID-19: Hotel quarantine sustainability options

Objectives of meeting:

Assist in the preparation of a submission to the Crisis Council of Cabinet on a preferred position for Victoria to ensure quarantine of international arrivals:

1. Assess the future possible options against the criteria
2. Agree preferred option to take to the Crisis Council of Cabinet

Summary of current hotel quarantine approach:

All international passengers arriving at Victorian airports or disembarking at maritime ports must go into immediate, strict quarantine for 14 days from the day of their arrival.

Incoming international passengers are transported to designated hotel accommodation. The costs of accommodation and essentials is met by the Victorian Government.

We need to balance a range of objectives (criteria)

Domains	Objectives
<p>Public Health</p>	<ul style="list-style-type: none"> • Minimise health impacts associated with COVID-19 • Minimise surge demand on acute health from COVID-19 related demand • Maintain community confidence in the state's ability to manage transmission
<p>Welfare of people in quarantine</p>	<ul style="list-style-type: none"> • Maintain access to health service supports • Minimised or mitigated psychological and social impacts of isolation • Maintain social connections to family and community
<p>Freedoms and obligations</p>	<ul style="list-style-type: none"> • Rights and freedoms are maintained as per the Charter of Human Rights balanced with obligations under the Public Health and Wellbeing Act
<p>Sustainable</p>	<ul style="list-style-type: none"> • Approach is financially sustainable • State is able to maintain essential services functions
<p>Logistics and administration</p>	<ul style="list-style-type: none"> • Minimise complexity, while feasible to deliver services such as: <ul style="list-style-type: none"> • Transport • Security • Accommodation and food • Welfare • Medical support • Minimise risk of non-compliance by new arrivals • Maximise utilisation of enforcement and oversight resources (such as Authorised Officers)






Options for discussion

Dependent variables:

- Demand for quarantine depends on rate of overseas entries (control by Commonwealth)
- Quarantine options may depend on spread and severity of COVID-19 in Australia and overseas
- Timeframes for maintaining dependent on related strategic decisions by Cabinet

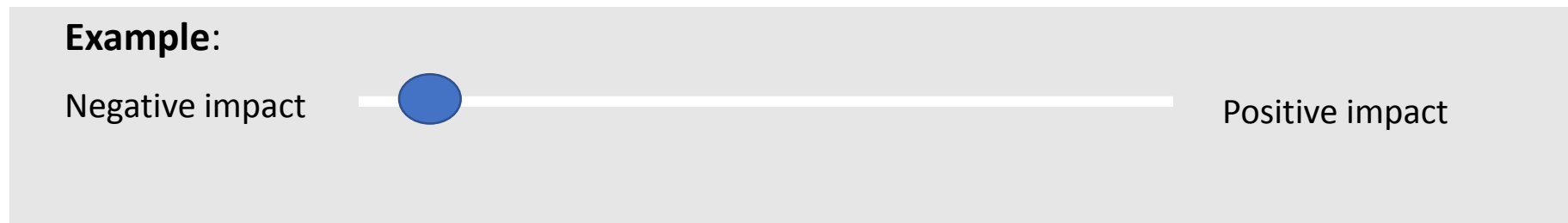
Option 1: Hotel quarantine	Option 2: Initial hotel quarantine, then home isolation for low risk	Option 3: Home isolation, no risk assessment	Option 4: Alternative accommodation
<p><i>Designated hotel for quarantine</i></p> <p>Key benefit: Minimising public health risk. Potential compliance risks understood through operation.</p> <p>Key risk: May not be available or sustainable long term (both workforce, venue and financially)</p>	<p><i>Risk assessment at designated venue (hotel), if low risk, instructed to home isolate.</i></p> <p><i>Hotel quarantine maintained for high risk</i></p> <p>Key benefit: Potentially proportionate to public health risk</p> <p>Key risk: Fragments oversight of new arrivals with public health risks</p>	<p><i>All new arrivals instructed to home isolate.</i></p> <p>Key benefit: administratively easy to implement at the port of arrival</p> <p>Key risk: reliant on new arrivals to comply with isolation, no oversight of visitors to new arrivals at home</p>	<p><i>Alternative accommodation that can house large numbers of people, security perimeter maintain, yet is not a hotel</i></p> <p><u>Example: unused aged care facility, Commonwealth led-detainment (Christmas Island)</u></p> <p>Key benefit: If suitable site found, may be cheaper and easy to maintain than multiple hotels.</p> <p>Key risk: Not currently available - may not be acceptable, or feasible</p>

How could we modify our quarantine approach? Each option has different implications

Options	Option 1: Hotel quarantine	Option 2: Initial hotel quarantine, then home isolation for low risk	Option 3: Home isolation, no risk assessment	Option 4: Alternative accommodation
Considerations				
What does this mean for public health? 	<ul style="list-style-type: none"> Greater visibility and oversight of potential health risks Lower risk of community transmission 	<ul style="list-style-type: none"> Higher risk of community transmission once at home Risks mitigated by opportunity to assess each person and compliance activities Risk of spreading from arrivals to others living in the home (who are not quarantined) 	<ul style="list-style-type: none"> Higher risk of community transmission Risk of spreading from arrivals to others living in the home (who are not quarantined) Risk mitigated by compliance activities 	
How complex are the logistics and administration? 	<ul style="list-style-type: none"> Complex to maintain hotel operations (Transport/compliance/accommodation/ food/welfare/medical) Fixed locations near ports of entry Transport from airport to hotel via single method 	<ul style="list-style-type: none"> Quarantined people are scattered across Victoria that require enforcement and monitoring Not all arrivals have safe homes or live in Victoria 	<ul style="list-style-type: none"> Transport from airport to home difficult/fragmented Quarantined people are scattered across Victoria that require enforcement and monitoring Not all arrivals have safe homes or live in Victoria 	
What does this mean for welfare of people in quarantine? 	<ul style="list-style-type: none"> Health status closely monitored Possible social and mental health costs from isolation 	<ul style="list-style-type: none"> Health status not closely monitored Familiar environment and more amenity in home quarantine 	<ul style="list-style-type: none"> Health status not closely monitored Familiar environment and more amenity in home quarantine 	<ul style="list-style-type: none"> Higher risk of transmission between arrivals
What does this mean for freedoms and obligations? 	<ul style="list-style-type: none"> Reduced freedom Obligations under the Public Health Act 	<ul style="list-style-type: none"> Greater freedom Meeting obligations under The Public Health Act(?) 	<ul style="list-style-type: none"> Greater freedom Meeting obligations under The Public Health Act(?) 	
Is the approach sustainable? 	<ul style="list-style-type: none"> Higher upfront financial costs for accommodation and oversight Unsustainable Authorising Officer workload 	<ul style="list-style-type: none"> Less upfront costs (costs may be spread across enforcement and healthcare agencies near the home of people in quarantine) 	<ul style="list-style-type: none"> Less upfront costs (costs may be spread across enforcement and healthcare agencies near the home people in quarantine) 	

Workshop group discussion (up to 30 minutes)

- Each option has been considered based on the criteria discussed, using a sliding scale below



- Discussion focused on the key questions relating to each option
- A comparison of all options will be undertaken to identify the preferred option (completed outside of meeting)

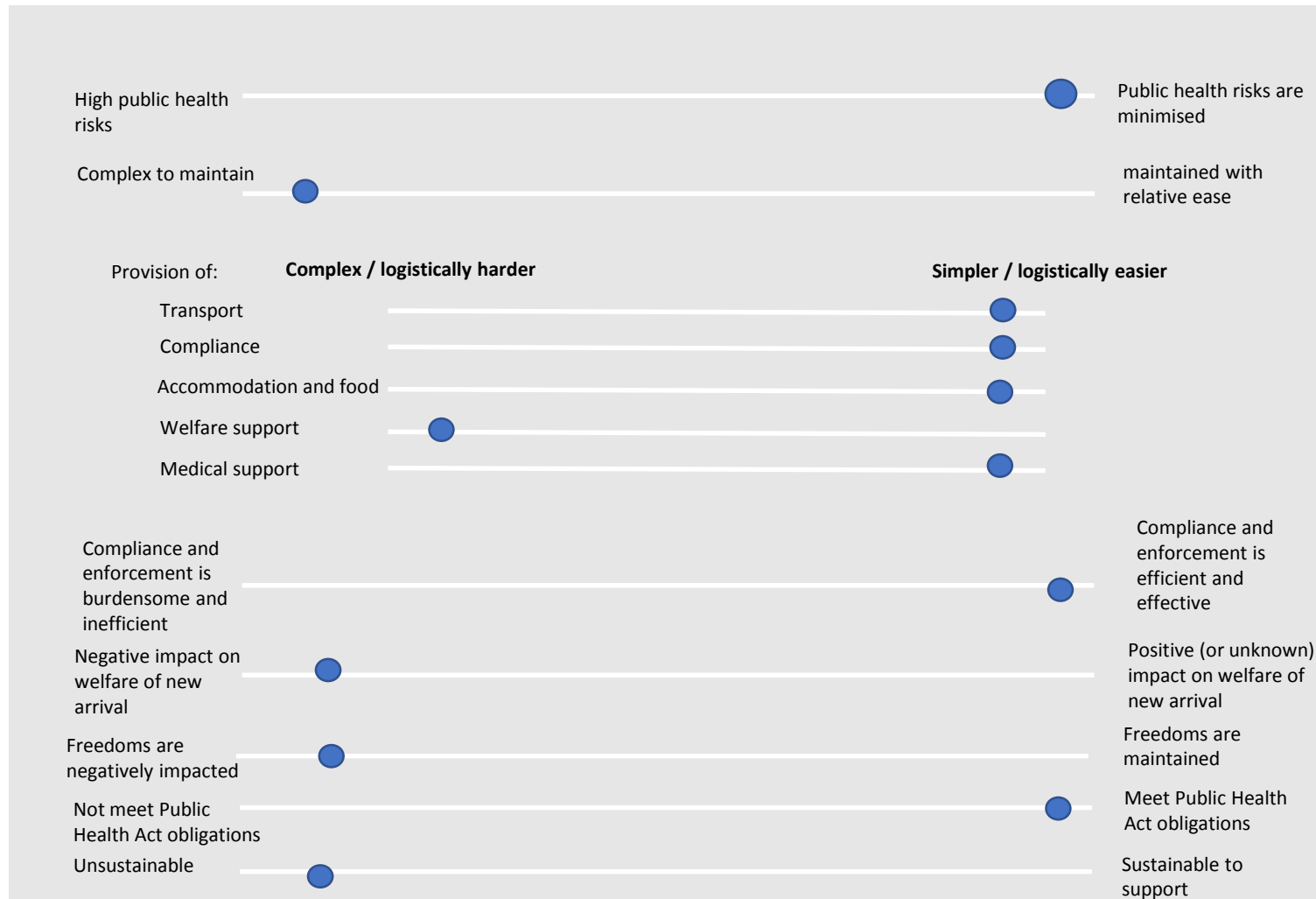
Option 1: Continued hotel quarantine

Assessment - for discussion

Designated hotel for quarantine

Key benefit: Minimising public health risk. Potential compliance risks understood through operation.

Key risk: May not be available or sustainable long term (both workforce and venue)



Discussion questions

- Are there risks of continuing this approach even if DHHS was provided with sufficient finance and workforce support?
- What mitigation strategies can improve unacceptable ratings?
 - i.e. recontract with better suited hotel facilities?

Option 2: Initial hotel quarantine, then home isolation for low risk

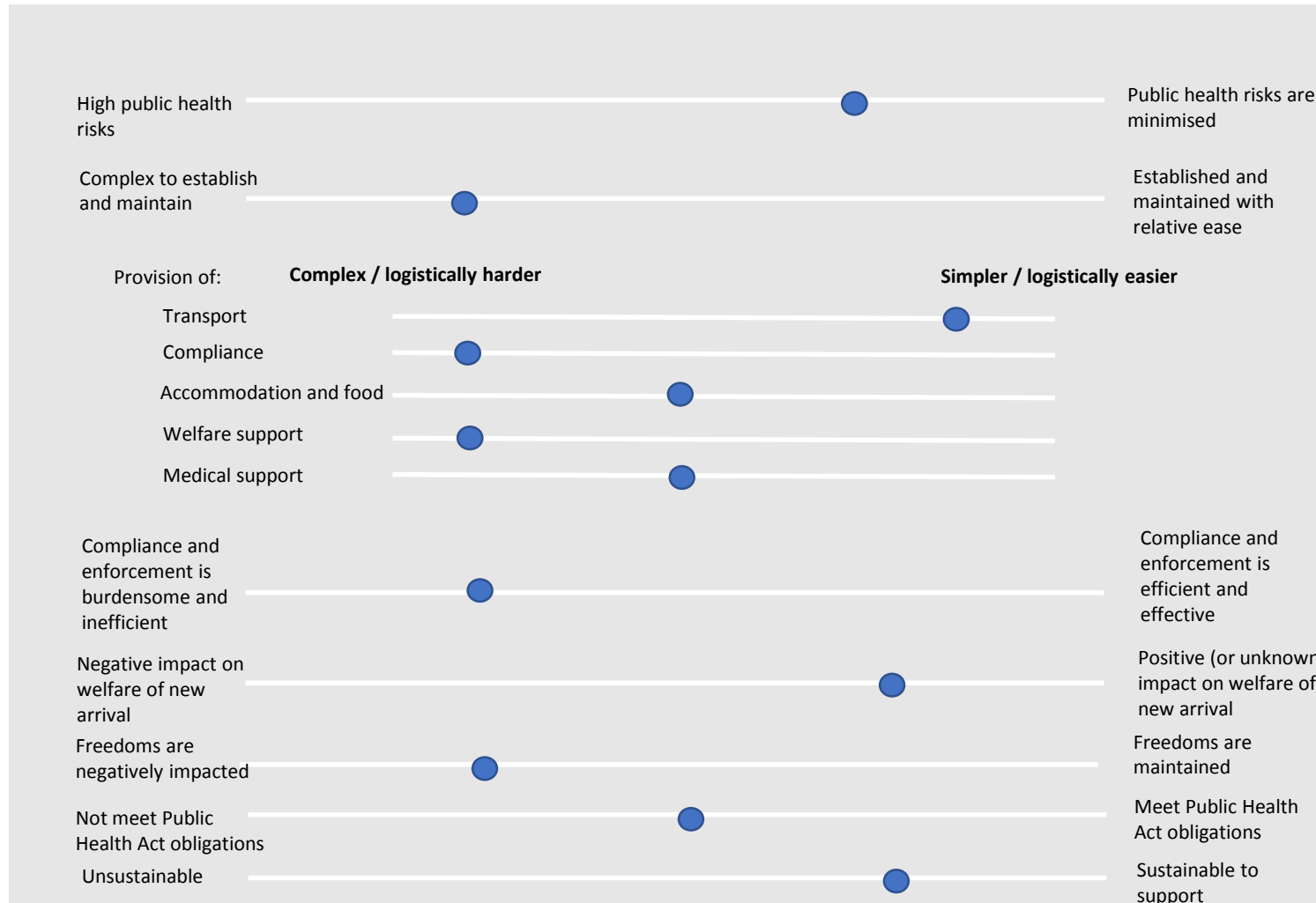
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Risk assessment at designated venue (hotel), if low risk, instructed to home isolate.

Hotel quarantine maintained for high risk

Key benefit: Potentially proportionate to public health risk

Key risk: Fragments oversight of new arrivals who may pose a public health risk



Discussion questions

- Does the initial risk assessment have to be done at a hotel? (noting arrivals are not allowed to linger at airports by the Cwlth)
- Does home isolation shift the cost of enforcement from DHHS to police and health support onto primary care services?
- What mitigation strategies can improve unacceptable ratings?

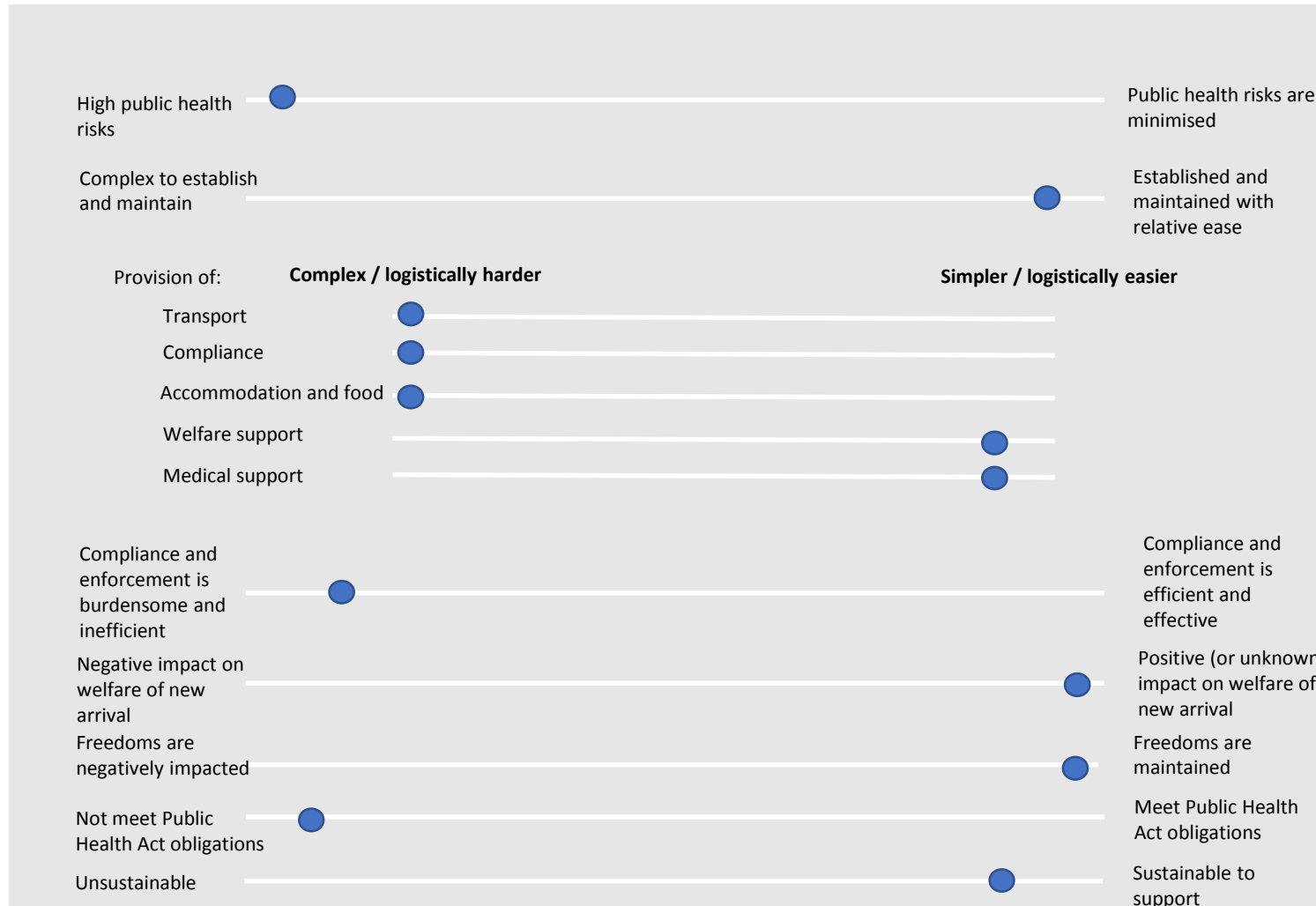
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Key benefit: administratively easy to implement

Key risk: reliant on new arrivals to comply with isolation, no oversight of visitors to new arrivals at home



Discussion questions

- In what circumstances is this approach viable?
- What mitigation strategies that improve unacceptable ratings?

Option 4: Alternative accommodation (optional)

Assessment - for discussion

Alternative accommodation that can house large numbers of people, security perimeter maintain, yet is not a hotel

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Key risk: Not currently available - may not acceptable, or feasible

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● Unsustainable	_____	Sustainable to support

Place hold - OPTIONAL

Discussion questions:

- What are some possible alternative accommodation options?
- Why weren't these used during the initial response?
- (optional) assess an alternative option
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Summary and next steps

High level summary of COVID-19: Hotel quarantine sustainability options against the criteria (DRAFT)

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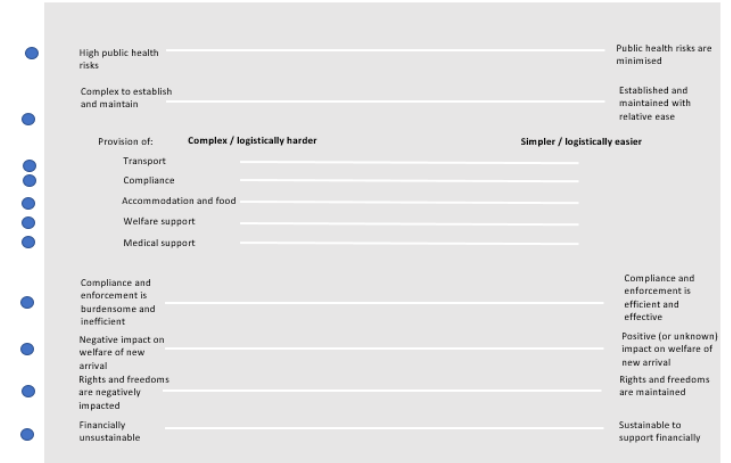
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Assessment - for discussion

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Logistics and administration	<ul style="list-style-type: none"> Minimise complexity, while feasible to deliver services such as: <ul style="list-style-type: none"> Transport Security Accommodation and food Welfare Medical support Minimise risk of non-compliance by new arrivals Maximise utilisation of enforcement and oversight resources (such as Authorised Officers)

FW: CIC-CCC Submission - Sustainable Quarantine Arrangements PACK FOR FEEDBACK

From: "John Spasevski (DHHS)" <REDACTED>
To: "Brett Sutton (DHHS)" <REDACTED>, "Annaliese Van Diemen (DHHS)" <REDACTED>, "Angie Bone (DHHS)" <REDACTED>, "Andrea Spiteri (DHHS)" <REDACTED>, "Jason Helps (DHHS)" <REDACTED>, "Meena Naidu (DHHS)" <REDACTED>, "Pam Williams (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>
Cc: "Melissa Skilbeck (DHHS)" <REDACTED>
Date: Tue, 28 Apr 2020 10:38:10 +1000
Attachments: Attachment 1 - CCC submission - COVID-19 Sustainable Quarantine Arrangements - Detention Notice.docx (37.48 kB); Attachment 2 - CCC submission - COVID-19 Sustainable Quarantine Arrangements - Principles.docx (30.31 kB); Attachment 3 - COVID-19 - Sustainable Quarantine Arrangements - Options.pptx (1.29 MB); CIC - CCC submission - COVID-19 Sustainable Quarantine Arrangements - v0.03-27042020.docx (74.46 kB)

Dear colleagues

Please find attached the latest version of the Sustainable Quarantine submission, the options for which most of us discussed and workshopped on Friday.

Would value your feedback and input on the submission by tomorrow 9am. Tracked changes in the attached would be great.

You can ignore attachments 1 and 2 – these are just extracts from the act and Detention notice.

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

e: <REDACTED> | m: <REDACTED> | p: <REDACTED> | w: www.dhhs.vic.gov.au

From: John Spasevski (DHHS)

Sent: Tuesday, 28 April 2020 12:14 AM

To: Melissa Skilbeck (DHHS) <REDACTED>

Subject: CIC-CCC Submission - Sustainable Quarantine Arrangements PACK FOR APPROVAL

Importance: High

Hi Melissa

Please find attached:

- Submission Template for Exec Board
- Latest version of the submission. Still outstanding: total number of staff; inclusion of most up-to-date numbers (prior to submission), epi data from PH intelligence (due in the morning)
- Attachments 1 and 2
- Attachment 3 – slides. PH data didn't come in time so I can work to include this in the morning.

Secretary's office have asked for the Submission Template (and attachments I guess) by 9am. Hoping you can review in time tomorrow and then we can discuss any feedback or feel free to make direct edits.

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

e: <REDACTED> | m: <REDACTED> | p: <REDACTED> | w: www.dhhs.vic.gov.au

DIRECTION AND DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.
- (2) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.
- (6) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (7) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

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

2 Place and time of detention

- (1) You will be detained at:

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

Room No: _____ (to be completed on arrival at hotel)
- (2) You will be detained until: _____ on ____ of _____ 2020.

3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

Attachment 1 – Current Direction and Detention Notice

4 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless:
- (a) you have been granted permission to do so:
 - (i) for the purposes of attending a medical facility to receive medical care; or
 - (ii) where it is reasonably necessary for your physical or mental health; or
 - (iii) on compassionate grounds; or
 - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

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

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

5 Review of your detention

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

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

6 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

Name of Authorised Officer: _____

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

Attachment 2: Principles under the Public Health and Wellbeing Act 2008

Section 4 (3)

It is the intention of Parliament that in the administration of this Act and in seeking to achieve the objective of this Act, regard should be given to the guiding principles set out in sections 5 to 11A.

Section 5: Principle of evidence based decision-making

Decisions as to—

- (a) the most effective use of resources to promote and protect public health and wellbeing; and
- (b) the most effective and efficient public health and wellbeing interventions—
should be based on evidence available in the circumstances that is relevant and reliable.

Section 6: Precautionary principle

If a public health risk poses a serious threat, lack of full scientific certainty should not be used as a reason for postponing measures to prevent or control the public health risk.

Section 7: Principle of primacy of prevention

- (1) The prevention of disease, illness, injury, disability or premature death is preferable to remedial measures.
- (2) For that purpose, capacity building and other health-promotion activities are central to reducing differences in health status and promoting the health and wellbeing of the people of Victoria.

Section 8: Principle of accountability

- (1) Persons who are engaged in the administration of this Act should as far as is practicable ensure that decisions are transparent, systematic and appropriate.
- (2) Members of the public should therefore be given—
 - (a) access to reliable information in appropriate forms to facilitate a good understanding of public health issues; and
 - (b) opportunities to participate in policy and program development.

Section 9: Principle of proportionality

Decisions made and actions taken in the administration of this Act—

- (a) should be proportionate to the public health risk sought to be prevented, minimised or controlled; and
- (b) should not be made or taken in an arbitrary manner.

Section 10: Principle of collaboration

Public health and wellbeing, in Victoria and at a national and international level, can be enhanced through collaboration between all levels of Government and industry, business, communities and individuals.



Attachment 3

COVID-19: Sustainable Quarantine Arrangements – criteria and options

DRAFT

COVID-19: Sustainable Quarantine Arrangements

Moving towards the current quarantine arrangements

DRAFT

A series of steps – including analysis of epidemiological data and modelling – resulted in the implementation of the prevailing quarantine arrangements around Australia...



The Australian Health Protection and Principal Committee noted that COVID-19 cases in returned travellers were growing...



In Victoria, a Direction and Detention Notice to detain returning travellers was made under the *Public Health and Wellbeing Act 2008* under a declared state of emergency...



All international passengers arriving at Victorian airports or disembarking at maritime ports must go into immediate, strict quarantine for 14 days from the day of their arrival...



All incoming international passengers are transported to designated hotel accommodation, with accommodation costs and essentials met by the Victorian Government

In issuing the Detention Notices, due consideration was given to the relevant rights and responsibilities under the Victorian Charter of Human Rights and Responsibilities.

Charter of Human Rights and Responsibilities

Government must give due consideration to its obligations to individuals under the relevant principles of the Victorian Charter of Human Rights and Responsibilities

Right to liberty

Freedom of movement

Cultural rights

Freedom of religion

Protection of families and children

Right to privacy, family and home

Right to humane treatment when deprived of liberty

Freedom of peaceful assembly and association

Principles – on the spread of infectious diseases; and Administration Principles – espoused within the Public Health and Wellbeing Act, are also relevant to the how quarantine arrangements are constituted and administered.

Public Health and Wellbeing Act Principles

Section 111 – Spread of infectious diseases ‘should be prevented or minimised with the minimum restriction on the rights of any person’

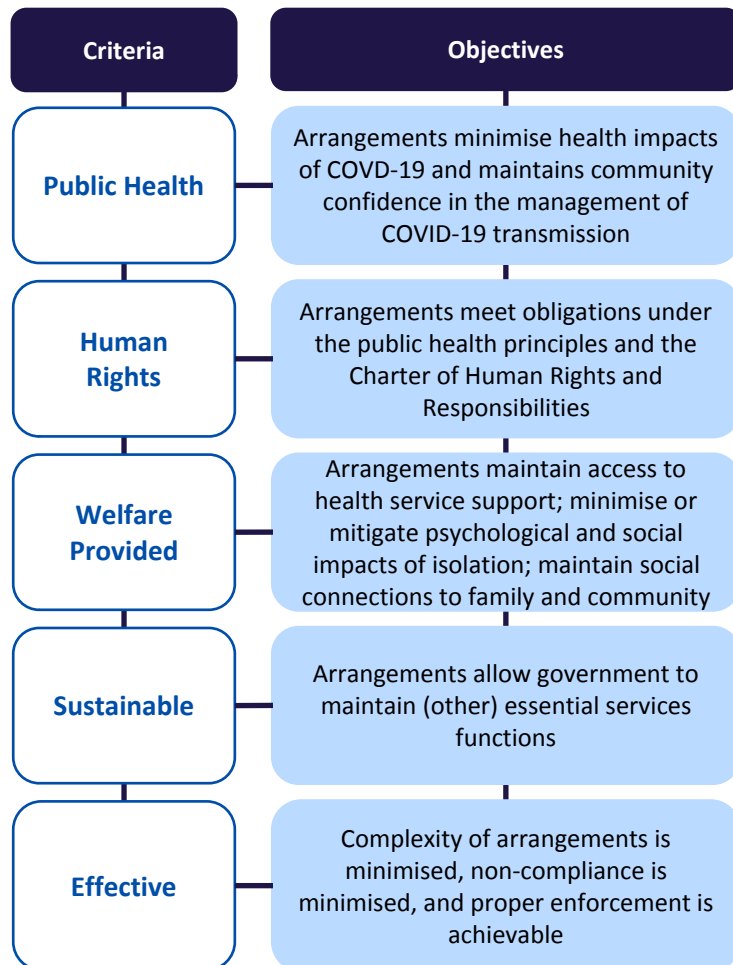
Sections 5 to 10 – Administration Principles (*see Att.2*)

COVID-19: Sustainable Quarantine Arrangements

Key assessment criteria and options

DRAFT

Criteria and objectives: important considerations in understanding features of quarantine arrangements



Three options have been developed that present opportunities along a spectrum of centralised quarantine arrangements and decentralised or home-based quarantine.

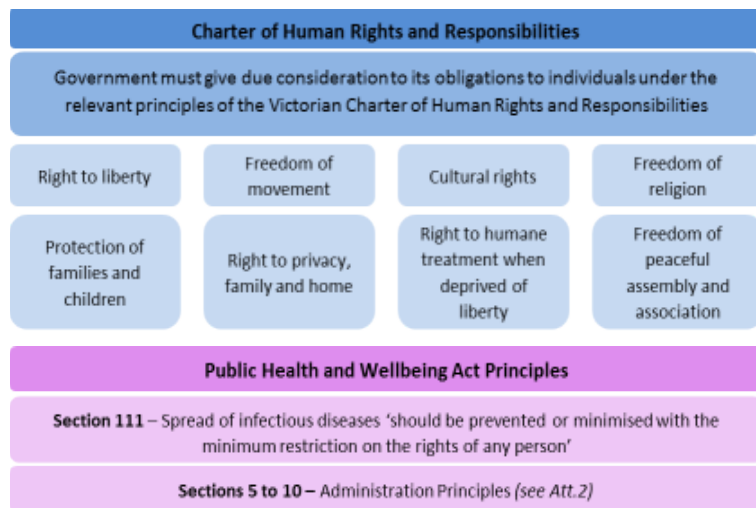
Option 1: Hotel (or similar facility) quarantine	Option 2: Establish initial quarantine for risk assessment of returned travellers	Option 3: Mandatory home-based quarantine (for all returned travellers)
<i>Current model. A centralised facility – currently hotels – where all returning passengers serve mandatory 14 day quarantine</i>	<i>Risk assessment at designated venue (hotel), with home isolation where risks are deemed low and quarantine maintained for higher risk passengers</i>	<i>All international arrivals would be required to home isolate, possibly with greater compliance actions than apply to resident Victorians who have been diagnosed under current Isolation on diagnosis directions</i>
Key benefit: <ul style="list-style-type: none"> Risks of COVID to the broader public are minimised Stronger ability to ensure compliance Logistically simpler for government Simpler provision of medical and other services 	Key benefit: <ul style="list-style-type: none"> Proportionate response to public health risk Those assessed as higher need are able to access medical and other support Better health outcomes compared to hotel quarantine only 	Key benefit: <ul style="list-style-type: none"> Administratively easy to implement at the port of arrival Once cleared, passengers organise transportation Least restrictive and most consistent with human rights Comparatively best health outcomes
Key risk: <ul style="list-style-type: none"> Reduced compliance and safeguarding work in other regulatory functions Significant ongoing cost Poorer health outcomes for travellers Human rights and violation of PHWA principles issues 	Key risk: <ul style="list-style-type: none"> Operationally more complex than current arrangements. Fragments oversight of new arrivals with public health risks Significant additional admin cost due to complaints and exemption request 	Key risk: <ul style="list-style-type: none"> Reliant on new arrivals to comply with isolation Limited oversight of visitors to new arrivals at home Poor public perception regarding managing public health risks

COVID-19: Sustainable Quarantine Arrangements

Preferred option – an amalgam of options 2 and 3

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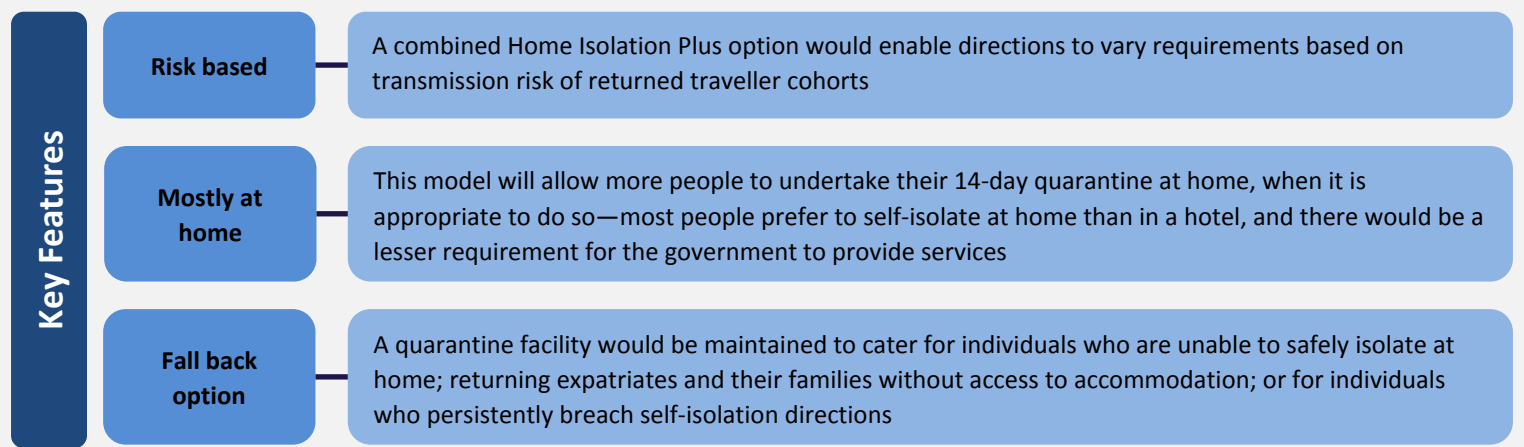
Taking into account the range of considerations, the following option provides and opportunity for further investigation



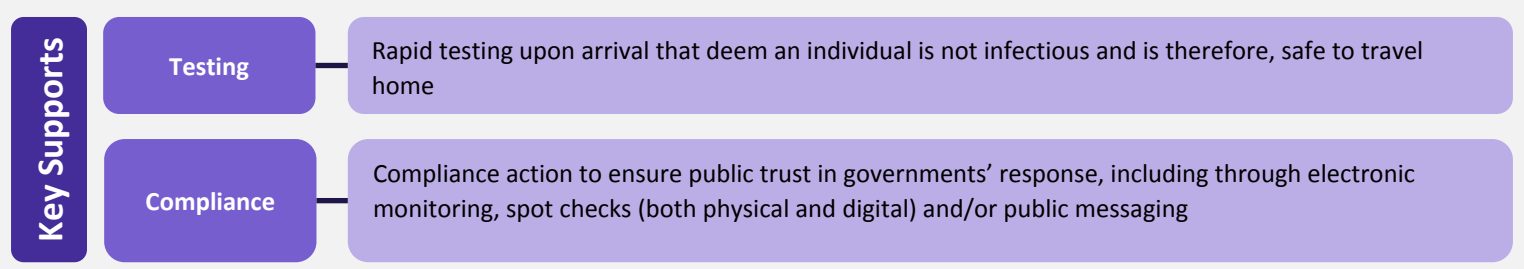
Criteria	Objectives
Public Health	Arrangements minimise health impacts of COVID-19 and maintain community confidence in the management of COVID-19 transmission
Human Rights	Arrangements meet obligations under the public health principles and the Charter of Human Rights and Responsibilities
Welfare Provided	Arrangements maintain access to health service support, minimise or mitigate psychological and social impacts of isolation, maintain social connections to family and community
Sustainable	Arrangements allow government to maintain (or) essential services functions
Effective	Complexity of arrangements is minimised, non-compliance is minimised, and proper enforcement is achievable

Option 1: Hotel (or similar facility) quarantine	Option 2: Establish hotel quarantine for risk assessment of returned travellers	Option 3: Mandatory home based quarantine (for all returned travellers)
Current model. A centralised facility – currently hotels – where all returning passengers serve mandatory 14 day quarantine	Risk assessment at designated venue (hotel) with home isolation where risks are deemed low and quarantine maintained for higher risk passengers	All international arrivals would be required to have isolation, possibly with greater compliance action than apply to resident Victorians who have been diagnosed under current isolation or diagnosis directions
Key benefits: <ul style="list-style-type: none"> Risks of COVID to the broader public are minimised Stronger ability to ensure compliance Logistically simpler for government Single provision of medical and other services 	Key benefits: <ul style="list-style-type: none"> Proportionate response to public health risk Those assessed as higher risk are able to access medical and other support Better health outcomes compared to hotel quarantine only 	Key benefits: <ul style="list-style-type: none"> Administratively easy to implement at the point of arrival Once cleared, passengers organise transportation Least restrictive and most consistent with human rights Comparatively best health outcomes
Key risk: <ul style="list-style-type: none"> Reduced compliance and reorganising work in other regulatory functions Significant ongoing cost Poorer health outcomes for travellers Human rights violation of PRMA principles issues 	Key risk: <ul style="list-style-type: none"> Operationally more complex than current arrangements Fragments oversight of new arrivals with public health risks Significant additional administrative due to compliance and exemption request 	Key risk: <ul style="list-style-type: none"> R reliant on new arrivals to comply with isolation Limited oversight of visitors to new arrivals at home Poor public perception regarding managing public health risks

Preferred Option: Home Isolation Plus – Based on the preliminary assessment, the preferred model, a combination of elements of options 2 and 3, provides an alternative to the current arrangements and warrants further investigation



Key supports for effective operation – to strengthen this approach, additional supports will be necessary, for example



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 a vaccine is available, and immunisation is a condition of entry into Australia.
3. **Approve** Victoria's Chief Health Officer negotiating nationally for a preferred 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 options that address the future public health risk of COVID-19 within a suppression/elimination strategy; balances this risk with the human rights of returned travellers; and maintains public confidence in the response.
3. To put forward a recommended option for Victoria to form part of National Cabinet deliberations and negotiation through Victoria's Chief Health Officer, around ongoing quarantine arrangements for returning travellers.

Key Issues:

Background

4. On 23 March 2020, the Australian Health Protection Principal Committee 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.
5. 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 26 April 2020, at least 59 per cent of all Victorian cases were acquired via travel overseas.
6. 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 will be due to be remade after 11 May 2020, depending on the continuation of the state of emergency. The current direction and detention notice is attached (**Attachment 1**).
7. 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 PWA 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

8. 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 end April 2020 were \$36.9m which does not include the costs of rooms contracted but not filled. It is anticipated that 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 July 2020, based on current projections. *While this spending supports the hotel sector, the ongoing cost is one element of sustainability to consider.*
9. At the time of writing this submission, over 6,500 returned travellers have been detained in Victoria, of whom around 50, or less than one per cent, have returned

positive tests for COVID-19, predominantly due to cruise ship travel. They have resided across 15 hotels. Staffing for this program 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, transport and at the hotels. The operation is supported by Victoria Police.

10. 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 and additional mental health-qualified nurses on duty.
11. Significant numbers of staff from across the above-mentioned agencies and contractors are involved in operating returned traveller quarantine 24 hours a day, since midnight 28 March 2020.
12. 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 will reach approximately 138. Their work will support 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.
13. AOs have been sourced from DHHS (38), along with other VPS agencies (30), local government (52), and other contractors (18), 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 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

14. 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).
15. Currently, government-facilitated and private repatriation flights, in addition to some limited commercial scheduled flights account for on average, 1,625 returned travellers into Victoria per week. Commonwealth and state agencies are working together to provide greater 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.
16. It is expected that 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. However, the relative risk of contracting COVID-19, 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.*

17. 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. While not possible to predict, it is assumed a vaccine for coronavirus will not be available for another eighteen to twenty-four months. Once an effective and safe vaccine is available, a condition of entry into Australia could be evidence of prior immunity or vaccination. Until then, Australia will need to maintain longer-term (for at least two years) quarantine arrangements for returning travellers.
18. Mandatory quarantine arrangements require powers available to the Chief Health Officer under a state of emergency under the PHWA.
19. 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.
20. *Prima facie* hotel-based mandatory quarantine continues to present human rights risks.
21. 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 109 cases. 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.
22. A clear test 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 compliant with the principles set out in paragraph 7. 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.

Options for future quarantine arrangements

23. 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 psychological and social impacts of isolation; 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.

24. Although a myriad of possible options exists, three options have been developed that present opportunities along a spectrum of centralised quarantine arrangements – the current hotel-based model – and decentralised or home-based quarantine. These have then been assessed against criteria above:

- **Option 1 – Maintain hotel (or other leased/contracted facility) quarantine (current arrangements):** as noted above, the current arrangements are unsustainable and pose several risks to the welfare of detainees and to government, due to human rights issues and this is not recommended for further investigation.
- **Option 2 – Establish an initial quarantine for risk assessment of returned travellers:** at a designated venue (e.g. hotel) with home isolation where risks are deemed low and quarantine maintained for higher risk. This model is operationally more complex than the current arrangements and fragments oversight of detainees. 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 individuals quarantined.
- **Option 3 – Mandatory home-based quarantine (for all returned travellers):** All international arrivals would be required to home isolate, possibly with greater compliance actions than apply to resident Victorians who have been diagnosed under current *Isolation on diagnosis* directions. While this option would be administratively easier to implement, current compliance options may need to be expanded to ensure that the public could maintain confidence in managing transmission risk. This option has the potential to be less restrictive in terms of human rights and more compliant with PHWA principles.

A preferred model to investigate further

25. Considering the available options and their performance against the criteria, it is proposed that options 2 and 3 in combination be investigated further.

26. A combined *Home Isolation Plus* option would enable directions to vary requirements based on transmission risk of returned traveller cohorts, and:

- allow more people to undertake their 14-day quarantine at home, when it is appropriate to do so—most people prefer to self-isolate at home than in a hotel, and there would be a lesser requirement for the government to provide services.
- a quarantine facility would be maintained to cater for individuals who are unable to safely isolate at home; returning expatriates and their families without access to accommodation; or for individuals who persistently breach self-isolation directions
- would need to be supported by compliance action to ensure that public trust in the government’s response is maintained—through electronic monitoring, spot checks (both physical and digital) and/or public messaging.

27. The risks and benefits of the three options, and further detail on the preferred model, are also set out **Attachment 3**.

Next steps

28. Should government agree to the preferred option, more detailed development and costing work will be undertaken. Furthermore, the Victorian Chief Health Officer would begin negotiations with other jurisdictions in support of a collaborative approach towards a new quarantine model.
29. Any move to an alternative quarantine model must be viewed within the context of the current suppression strategy and desire to begin to ease 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) must underpin the move to alternative quarantine arrangements.

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 resident but 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, COVID-19 remains most likely to be 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.

Operations Plan - Operation Soteria v2.0 draft

From: "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>
To: "Finn Romanes (DHHS)" REDACTED "Annaliese Van Diemen (DHHS)" REDACTED
 "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>
Date: Fri, 10 Apr 2020 13:15:55 +1000
Attachments: Operations Plan - Operation Soteria - 10 April 2020 v2.0 - draft.docx (438.2 kB)

Finn and Annaliese

Please see attached draft v2.0 Operations Plan – Operation Soteria as requested. The current governance arrangements are included, as is reference to documents that support the operational leads in their functions.

Given the various touch points required within the DHHS COVID-19 structure for this operation, I request the immediate deployment of a SCC Public Health Liaison Officer, reporting to the Public Health Commander, to work across the operational leads to facilitate appropriate connection with the public health incident management functions. This will provide support to the Public Health Commander in relation to this operation, and facilitate links with other SCC functions that support Operation Soteria.

I intend to distribute v2.0 of the operations plan to the Operation Soteria operational leads today for their feedback, before submitting to the Emergency Management Commissioner for his approval.

Regards

Andrea Spiteri
 State Controller- Health

REDACTED

From: Finn Romanes (DHHS) REDACTED
Sent: Thursday, 9 April 2020 4:54 PM
To: Andrea Spiteri (DHHS) REDACTED (DELWP)

REDACTED

Cc: Pam Williams (DHHS) REDACTED
 REDACTED; Braedan Hogan (DHHS)
 Meena Naidu (DHHS) REDACTED
 Merrin Bamert (DHHS) REDACTED Jacinda de Witts (DHHS)

REDACTED Annaliese Van Diemen (DHHS)
 REDACTED Brett Sutton (DHHS) REDACTED

Subject: Request - Governance and Planning for Mandatory Quarantine Programme (aka Operation Soteria)
Importance: High

Dear State Controller and Deputy State Controller

There has been a range of good work by colleagues across DELWP, DHHS, EMV and elsewhere to bring into effect – at short notice – a mandatory quarantine (detention) programme in relation to COVID-19 since midnight Saturday 29 March, including that a number of people have been placed into mandatory quarantine.

There appears to be a lack of a unified plan for this program, and there is considerable concern that the lead roles have not had an opportunity to be satisfied there is a policy and set of processes to manage the healthcare and welfare of detainees, for whom this program is accountable.

There are now a considerable complexity and considerable risk that unless governance and plans issues are addressed there will be a risk to the health and safety of detainees.

Governance

The Chief Health Officer and Deputy Chief Health Officer are formally requesting an urgent review governance of the mandatory quarantine (detention) programme, also known as Operation Soteria, to be conducted this afternoon, with **new and clear arrangements to be established by 8pm this evening**. These arrangements should provide for:

- A clear lead, who could remain the Deputy State Controller Health (currently Chris Eagle)
- A direct line of accountability to the Deputy Chief Health Officer of all sectors of the response, as the role that is legally responsible for this detention regime
- A sector for healthcare and welfare (including a clearly named lead role, which could be the Deputy State Health Coordinator)
- A sector for compliance (which could be the Executive Lead Compliance)
- A sector logistics, including accommodation and transport (which could be Pam William's role or wrap in other agencies as well).

Plan for the mandatory quarantine program (aka Operation Soteria)

The Chief Health Officer and Deputy Chief Health Officer require a **single plan to be produced for review by 10am tomorrow morning Friday 10 April**. This plan must include:

- Arrangements for provision of healthcare and welfare to people in mandatory quarantine;
- Arrangements for compliance oversight and operations in relation to people in mandatory quarantine;
- Arrangements for logistics including accommodation and transport.

The plan will require endorsement by the Deputy Chief Health Officer (Public Health Commander) before provision to any overall lead officer.

The plan will need to show all processes and policy decisions, and manage health and safety of detainees.

It should provide for ways that the Public Health Commander can receive up to date reports on the health and welfare of all detainees.

We are very grateful for all the hard work of the team, and appreciate your help in advance for establishing these necessary steps in the governance and oversight of this program.,

Regards

Finn
Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

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RE: CONFIDENTIAL - Positive COVID-19 Case at Hotel

From: "Meena Naidu (DHHS)" <[REDACTED]>
To: "Finn Romanes (DHHS)" <[REDACTED]> "Merrin Bamert (DHHS)" <[REDACTED]>
 [REDACTED] <[REDACTED]>
Cc: "Simon Crouch (DHHS)" <[REDACTED]>
 "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>, "Jason Helps (DHHS)" <[REDACTED]> "Nick Chiam (DHHS)" <[REDACTED]>
Date: Tue, 31 Mar 2020 13:00:57 +1100

Thanks Finn

AOs advised the hotel and will follow the procedure outlined below.

Kind regards
 Meena

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

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

[REDACTED] [REDACTED]

www.health.vic.gov.au

Executive Assistant:

[REDACTED]



Health
and Human
Services

From: Finn Romanes (DHHS) <[REDACTED]>
Sent: Tuesday, 31 March 2020 12:42 PM
To: Merrin Bamert (DHHS) <[REDACTED]> Meena Naidu (DHHS) <[REDACTED]>
 [REDACTED] <[REDACTED]>@dhhs.vic.gov.au
Cc: Simon Crouch (DHHS) <[REDACTED]> StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Jason Helps (DHHS) <[REDACTED]> Nick Chiam (DHHS) <[REDACTED]>
Subject: CONFIDENTIAL - Positive COVID-19 Case at Hotel
Importance: High

Dear colleagues

Merrin has advised that an individual, who is:

[REDACTED] at The Promenade in Crown

[REDACTED]

Is positive for COVID-19.

Public health command recommendation -

- Note the Chief Health Officer has advised cohorting of positive COVID-19 cases in hotels should ideally be in one hotel only, or if necessary, on one floor of a hotel;
- If a confirmed case is very unwell, they should be in hospital (evidence of pneumonia);
- If a confirmed case is in a room at a hotel they should ideally be separated in a room within a suite, or be able to be in a separate room within a suite;
- PPE is at each hotel, testing kits being discussed between Merrin and Katherine, to link to a process under Phuong Pham's sector;

- It might be important for an AO to be assigned to a given hotel, who can then coordinate everyone knowing at the particular hotel.

In relation to this case:

- Be isolated strictly and not leave the room unless an emergency
- Close monitoring as to remaining in the room – should not leave
- Clear way for the case to seek help if they deteriorate (be able to call the nurse)
- PPE should be used if an authorised officer or other person needs to enter the room (surgical mask, eye protection, gown and gloves)

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

Privileged - LPP

Privileged - LPP

From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Sent: Tuesday, 30 June 2020 10:24 AM
To: Jason Helps (DHHS) **REDACTED**
Cc: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Subject: Operation Soteria Minutes April

Hi Jason

As requested.

I will send May and March in separate emails.

Kind regards

REDACTED

SCC-Vic (State Response Controller Executive Support)
State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
Ph:1300 368 722 (1300 EMV SCC) | Fax: 1300 13 4488 | DX: 210098
Email: sccvic.sctrl@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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Operation Soteria
Op.Soteria-Minutes-2020-04-01-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	1 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1411hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC		VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH) REDACTED		
DJPR	Claire Febey (CF) REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	29/3/2020	Clarification of booking hotels and their capacity (roles & responsibilities) with DJPR & DHHS. 1/4/20 – Still working on.	JH	30/3/2020
2	29/3/2020	Check consistency of information supplied to passengers – (Plane, Airport and Hotel) 1/4/20 – BH updated fact sheets for Airport. Working on a daily newsletter.	RE DA	30/3/2020
3	30/3/2020	Minibars not being removed from Crown Plaza to be followed up. 1/4/2020 – CF Alcohol has now been removed, in for 1 day only.	CF	31/3/2020 Complete
4	30/3/2020	Evacuation planning procedures to be followed up for hotels. 1/4/20 – RE VicPol have what they need.	DJPR / DHHS	31/3/2020

Item	Subject
1.	Situational Awareness Deputy State Controller - Health <ul style="list-style-type: none"> •

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- **RE** – Airport process running smoothly, people processed in a timely manner.
- **RE**
 - Overall the Promenade best set up with a business centre set up. Metropol set up is not ideal for Nurses, room at end of floor where you need to walk through occupied rooms. Working with hotel management. Crown Plaza also has some issues we are working through. DHHS staff are at each site, working with nurses and concierge.
 - If issues are critical re meeting dietary requirement then allowing deliveries.
 - Nurses over run with health and mental health needs, would like to refer people over support via telephone. Allowing nurses to focus on people that may be starting to develop symptoms around COVID.
- CF – DJPR staff on the ground have raised concerns re DHHS having enough staff on the ground to deal with demand issues.
- BH – Can have further discussion offline, the Newsletter under the door with contact number may divert the demand on the ground.
- **RE** – Need to consider if Red Cross, Beyond Blue or Lifeline could assist with Mental Health issues that are arising, will chat offline.
- **RED**
 - Security at Metropol advising people are smoking in rooms, they are letting it go at the moment. Security briefed daily and have strategy if people try and leave their room.
 - One passenger taken away for back treatment, when he returned staff just dropped him off. Will work on a process to deal with this type of thing moving forward.
 - Minor transported this morning and the process worked well.
- **CE** – Are start of shift briefings now in place re use of PPE.
- **RE** – Conducted at Crown Plaza and the Promenade this morning, just about to do one at Metropol.
- **RE** – Works proceeding well 3 points of data, providing directly to **REDACTED** at SCC.
- CF – Can distribute information now and establish a protocol.

DJPR

- Focussed on solving key issues driving people's satisfaction and comfort: smoking, recreation, policy around deliveries, food/dietary requirement.
- Working with DHHS regarding the operating model on the ground and understanding the model of care and how we interact with it (as an agency and through contracting staff).
- Trying to gain an understanding of expected demand for modelling work.

DOT

- Sufficient supply of buses to accommodate any flight schedule changes. AFP supporting well with challenges air side.

VicPol

- **RE** – Operation is going well, concerned if disgruntle passengers decide to leave hotel. Need to understand what response would be like.
- **RE** – Need to understand what staffing levels are stationed at each hotel and contact points.

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- BH – I can be central coordination point, we have Authorised Officers at each hotel 24/7. Can facilitate conversation with DJPR about security and contact points.
- **ACTION** – Security escalation process to VicPol. VicPol response and requirements under detention order.
- **RE** – SCT discussions regarding detainee, isolation, quarantine. Need to be moving forward on proper reference.
- BH – Passengers for internal use with VicPol for this operation.

Other

3.	<p>Planning</p> <p><i>Forward look at following day</i></p> <ul style="list-style-type: none"> • CE - 2 or 3 flights per day with 100 passengers today and around 150 passengers tomorrow. This links into forward planning for hotels.
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> • BH - Cleaning regime after buses have come through to wipe down areas of hotel. • CF – Seeking advice from DHHS on what the cleaning regime should be. • BH – Guidance online, frequency as often as possible. • CF – Would also need practice principals ie. After every intake, people being moved around etc. • RED– Wider issue coming in from other hotels we have contracted with, cleaning companies are saying they will charge more re possible COVID related. • CE – Yesterday we had a confirmed case of COVID that was reported. Yesterday afternoon an agreed process has been set up, DHHS is to advise the Deputy Controller Op Soteria, I will then advise agencies as needed/required. DHHS will follow the normal processes re close contact etc. The Authorised Officer on site will then take charge of actions to be undertaken on site. PPE should be used at all times like any person could be a potential case. Person will then be moved to an appropriate floor.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> •
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • CF – How will cases be reported and how will it be managed with others in the hotel. • BH – We do not release that level of information. • CF – Need to look at the assumption it gets into public domain. Prepare for how it would be handled, could create a spike in mental health issues. • BH – ACTION – Will liaise with CHO about how he would want it to handle it. • RED– DPC can help with communications for passenger information if needed. • BH – Daily newsletter being worked on with linkages to other services, we will go through usual approval processes. • CF – Would be good to include housekeeping arrangements etc.
8.	<p>Other Business</p> <ul style="list-style-type: none"> •

Operation Soteria

Op Soteria-Minutes-2020-04-01-1330hrs



9.	Next Scheduled Meeting – 1330hrs, 2 April 2020
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Actions			
No	Action	Assigned to	Due Date
1.	Security escalation process to VicPol. VicPol response and requirements under detention order.	BH / RE DA	3/4/2020
2.	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	BH	2/4/2020
3.	DJPR & DHHS to share data of key people on the ground and also provide details to agency command / SCC.	RE CF	2/4/2020

Operation Soteria
Op Soteria-Minutes-2020-04-02-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	2 April 2020	Start	1330hrs
Teleconference	9037 8885	End	13:57hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	REDACTED (SE)	DOT	
EMC	Andrew Crisp (AC)	VicPol	REDACTED REDACTED REDACTED REDACTED
State Controller Health		DPC	REDACTED REDACTED
DHHS	Braedan Hogan (BH) REDACTED (Hotel) REDACTED (Hotel)	EMV	REDACTED
DJPR	Claire Febey (CF)	DHHS	REDACTED (Airport)

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
4	1/4/2020	Security escalation process to VicPol. VicPol response and requirements under detention order.	BH RED ACT	On going Meeting later today to develop plan
5	1/4/2020	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	BH	Ongoing Daily newsletter being distributed to advise passengers on information. Measures taken at hotel to mitigate infection control
6	1/4/2020	DJPR & DHHS to share data of key people on the ground and also provide details to agency command / SCC.	RED ACT CF	Data sharing has been landed.

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • Vic has 68 confirmed cases 1036 in total 5 deaths 442 people recovered • Further overview on media talking points for covid19

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- Work done with DJPR on service design. Meeting held yesterday on roles and responsibilities and how operating model works in hotels. Details on service design will be circulated for finalising, the aim is this will alleviate resources to do other programs
- Smoking policy being worked through – should be available shortly.
- Comms being worked through – ensuring standing items are worked on
- Exemptions are noted in a much clearer process. This can now be shared
- Transport directions around intent for supervised visits to funerals
- Also emerging medical needs and transport options, working with DoT for transport options
- Level of staffing at hospitals with some DHHS management
- Considerations still to be given around food
- **REDACTED** Airport - No issues at Airport. 4 Flights today - 117 people will go to crown plaza, 2 flights this morning with 105 passengers no issues

- Smooth operations today at the Promenade and update on Crown, biggest activity was people understanding they knew they were in quarantine.
- Working through people with Anxiety and mental health issues
- **REDACTED** Pan Pacific ready so 4.55 tomorrow getting ready
- FEMO team deployed to support the hospitals and added a GP increased nursing presence and mental health information
- There is a bottle neck about mental health and anxiety issues

DJPR

- Discussion with DHHS over 24 hour service model and supports DJPR are providing at Hotels. – further information to clarify
- Activating Pan Pacific hotel – it will come online tomorrow for passengers arriving in tomorrow's groups
- Provision of basic support and that it is consistent across all hotels and that Agency needs are coordinated and met
- Strong focus on food high degrees of anxiety on dietary requirements and that they are being met , issue with food allergies and safety
- Good idea would be signage on the doors for people with allergies etc
- Will get further advice from DHHS
- Will discuss with hotel management and hotel contractors and staff re provision of food
- Travellers arriving today with kosher needs which is important during Passover
- Food provision will have to come from outside the hotel as very specific requirements re preparation etc
- This group arrive at 6pm this evening
- Focus on delivery of food to ensure that grocery orders and care packages to home is safely delivered
- Communication is now key so that appropriate channels can be met
- Needs to be approved by DHHS so seamless process which is seen as integral
- Follow up on worker health and safety issue on cleaning practices, DHHS staff looked at this, need info on type and frequency of cleaning
- Arrangements will take place once we have advice
- DJPR are working on arrangements regarding funeral funeral arrangements

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Version **DOT**

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"HH:mm" *
MERGEFORMAT }**VicPol**

- **Uncontrolled Copy** - This document is uncontrolled when printed this document is uncontrolled.
- orderly intake of passengers at hotel
- Enjoyed good communications with AFP colleagues
- Preparing ground personnel for Pan Pacific tomorrow
- Planning for other hotels over weekend period

3.	<p>Planning</p> <p><i>Forward look at following day – Air / Sea</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> •
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> • DHHS–undertaking sourcing an ongoing arrangement with PPE so that not at low supply. Need to replenish as a priority • Careful messaging needs to be conveyed around PPE
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • DHHS • Whilst Comms are continuing to be approved then there will be no hold ups • DJPR –have received anecdotal feedback around frequency of comms – information is that it could be a bit better. This issue has been escalated and improved comms is an ongoing priority

8.	<p>Other Business</p> <p>Evacuation Process</p> <p>Need to make sure that everyone is clear on plans</p> <p>DJPR and DHHS all have evacuation plans for each hotel all plans provided</p> <p>Meeting and email will be held with hotel staff for responsibility of evacuation</p> <p>VICPOL – requested daily updates on room allocation for each person under “detention” as constantly moving data. This information is critical in the event of an evacuation</p> <p>DJPR – will start providing this information directly to VicPol and to DHHS (where is only currently provided)</p> <p>VICPOL– REDACTED– question re responsibility around an incident of criminality and has that been worked through.</p> <p>Advice by REDACTED is that this is currently being managed and a flow chart will be provided as to how matters of criminality will be progressed and when VicPol need to become engaged. This will be circulated upon completion</p>
9.	Next Scheduled Meeting – 1330hrs, 3 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op Soteria-Agenda-2020-04-03-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	3 April 2020	Start	1330hrs
Teleconference	REDACTED	End	
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	REDACTED
EMC	Andrew Crisp (EMC)	VicPol	REDACTED REDACTED REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED REDACTED
DHHS	REDACTED	EMV	
DJPR	Claire Febey (CF) REDACTED	DHHS	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
	1/4/2020	Security escalation process to VicPol. VicPol response and requirements under detention order.	ONGOING	Flow chart being developed around police response being developed – progressing, will report back next meeting..
	1/4/2020	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	CLOSED	Daily newsletter being developed to advise passengers on internal information including any confirmed cases. DJPR and DHHS have approved the newsletter and it is currently in the PPO and will be circulated electronically once approved.
	1/4/2020	DJPR & DHHS to share data of key people on the ground and also provide details to agency command/SCC.	CLOSED	Data sharing has been landed. Decision made yesterday that DJPR taking the lead and are working through how this will be managed operationally.

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 560 1251 629" style="list-style-type: none"><li data-bbox="360 560 954 587">• 3 Flights due in today with estimated 131 pax.<li data-bbox="360 592 1251 629">• Since 28 March, 28 flights have been received with a total of 1273 pax.

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- 2 flights have arrived so far today, with all passengers going to the Pan Pacific Hotel.
- 1 Passenger at the Crown Plaza was taken to Royal Melbourne Hospital after presenting with a minor anaphylactic issue.
- Compliance processes are continuing to be bedded down, especially with the operational policy around smoking and exercising.
- Continuing to plan for future needs including PPE and staffing at hotels.

DJPR

- As of 1400 yesterday DJPR data showed – (collecting and managing from hotels and sharing with DHHS and VicPOL) 1119 listed as total passenger arrivals, urgently asking to work with DHHS to reconcile names on manifests to be able to work through the possible gaps and where people have been released to other arrangements or missed.
- **RE** has sent through 8 names that did not present to the hotel to **RED**, who is following up with DHHS. Waiting to hear back and will escalate once a response is received.
- Continued discussions occurring with DHHS regarding food safety, which both covers food preparations and allergies. Working to connect relevant DHHS food safety experts to discuss that the right processes are in place and managed with in the hotels. Noting that a passenger had developed a mild allergy to a food while in the hotel and was taken to hospital. Work is being done to identify whether this was flagged at checked in or whether it was allergic reaction that was an unknown – noting that 32% of passengers are changing their dietary requirements daily rather than just once on check-in which substantially higher than usual.
- A lot of work being done to prepare for the possibility that NSW overflow might be redirected to Melbourne.
 DPC – report just in from National Cabinet – Premier NSW advised that they did not have a capacity issue.
 CF – DJPR will continue to work for the possibility that more passengers may be directed to Melbourne as there are still a substantial number overseas.
 EMC - Is there national coordinated approach that captures the predictions of capacity from all jurisdictions?
RED: No large evacuation scale flights being arranged by DFAT at this time however DFAT are in contact with other national governments to understand the number of Australians coming home or not coming home. Early trigger points for possible overflow needs to be followed up and identified.

DOT

- -

VicPol

- SF and **R** to discuss mental health planning and people from ports offline.

DPC

- For action there is a need to start to gather understanding from agencies the indicative costs of the operation so far. Please send costings directly to **RE** cc SF by 1630 this afternoon. A simple table has been collated to separate the stages of the operation and list the costs

3.	<p>Planning</p> <p><i>Forward look at following day – Air / Sea</i></p> <ul style="list-style-type: none"> DPC forwarded a repatriation tracker dataset to the SCC Intel team. Intel to report back whether this information is more or less than they current receive and is useful in which case this can be forwarded to the Intel team twice daily.
4.	<p>Health and Safety</p> <ul style="list-style-type: none">
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none">
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> Pam Williams coming on board at 50 Lonsdale Street to work on the future mapping for Operation Soteria. <p>DHHS</p> <ul style="list-style-type: none">
7.	<p>Communication</p>
8.	<p>Other Business</p> <ul style="list-style-type: none"> Reminder that everyone in all agencies stays connected through this committee and through the arrangements.
9.	<p>Next Scheduled Meeting – 1330hrs, 5 April 2020</p>

Actions

No	Action	Assigned to	Due Date
1.	Follow up on the passengers that are not on the reconciled DHHS/DJPR hotel quarantine list.	DJPR/DHHS	5/04/2020

Actions			
No	Action	Assigned to	Due Date
2.	SF and R to discuss mental health planning and people from ports offline	SF/R	5/04/2020
3.	All agencies to send indicative costs for the four stages of the operation so far directly to R cc SF by 1630 4/04/2020.	All	4/04/2020
4.	DPC and EMC to look to identify contacts that may be able to assist in gaining information on the numbers of Australian s returning home and capacity trigger points for all jurisdictions. (to discuss offline)	EMC RED	5/04/2020
5.	Intel to report back whether repatriation data from DFAT in is more or less than they current receive and is useful.	Intel Team	5/04/2020

Operation Soteria
Op Soteria-Minutes-2020-04-04-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	4 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1355hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SE)	DOT	REDACTED
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED REDACTED
DHHS	REDACTED	EMV	
DJPR	Claire Febey (CF)	DHHS	REDACTED
SCC Comms	REDACTED		

Op Soteria-Actions List-2020-04-04-1330hrs

No	Meeting Date	Action	Assigned to	Due Date
1.	1/4/2020	Security escalation process to VicPol. VicPol response and requirements under detention order.	ONGOING	Meeting later (today) to develop plan.
2.	1/4/2020	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	ONGOING	Daily newsletter being distributed to advise passengers on information. Measures taken at hotel to mitigate infection control.
3.	3/4/2020	Follow up on the passengers that are not on the reconciled DHHS/DJPR hotel quarantine list.	DJPR/DHHS	5/04/2020
4.	3/4/2020	All agencies to send indicative costs for the four stages of the operation so far directly to RE cc SF by 1630 4/04/2020.	All	4/04/2020
5.	3/4/2020	DPC and EMC to look to identify contacts that may be able to assist in gaining information on the numbers of Australian s returning home and capacity trigger points for all jurisdictions. (to discuss offline)	IN PROGRESS	EMC to follow-up with EMA and set up a t/c meeting with the national group looking at this modelling.
6.	3/4/2020	Intel to report back whether repatriation data from DFAT in is more or less than they current receive and is useful.	Intel Team	5/04/2020
7.	4/4/2020	Deputy Commissioner REDACTED has requested (through SCT) that Operation Soteria gather some data from the impacts of those in isolation and what broader isolation might look like including key risks that might come out of that.	IN PROGRESS	SF working with DHHS RE to collate date and will have that the DEMC by 5/4/2020
8.	4/4/2020	Processes for Premier and Minister referrals from people in hotels reaching out to political officers and how they looped back into the system need to be considered. SF will follow-up and report back to DPC and the group.. Referrals to be sent to D/SRC.	SF	6/4/2020

Item	Subject
1.	<p data-bbox="312 323 600 353">Situational Awareness</p> <p data-bbox="312 369 719 399">Deputy State Controller - Health</p> <ul data-bbox="360 420 1445 955" style="list-style-type: none"> <li data-bbox="360 420 1270 450">• Victoria has 1,115 cases which is 30 is up from yesterday, with 8 deaths. <li data-bbox="360 452 1321 514">• 73 cases in Victoria have an unknown acquisition, 11 up from yesterday, with investigations of the source still being investigated. <li data-bbox="360 516 730 546">• 527 cases have recovered. <li data-bbox="360 548 1445 640">• Premier has established the Crisis Council of Cabinet to be chaired by the Premier and will be a core decision making forum for the Vic government during COVID-19 including implementing outcomes from National Cabinet. <li data-bbox="360 642 1445 764">• Deputy Commissioner REDACTE has requested (through SCT) that Operation Soteria gather some data from the impacts of those in isolation and what broader isolation might look like including key risks that might come out of that. Working with DHHS collating data today. <li data-bbox="360 766 1422 858">• We are in Stage 3 of physical distancing with people reminded not to go away over Easter and for people to stay at home. Physical distancing recommendations will stay in place over Easter. <li data-bbox="360 860 1430 922">• 3 flights have already arrived today with the last one scheduled for 1830 with a total of 327 passengers expected. <li data-bbox="360 925 1035 955">• Last flight will be taken to the Metropol (late change).

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- Straight forward today with no real issues with incoming flights.
- Work being done positioning new hotel into the mix tomorrow and arrangement to support the health and wellbeing for incoming passengers coming into the Park Royal.
- Embedding arrangements and processes with DJPR around the hotels and working with suppliers ensuring enough PPE and equipment as well as rostering expectations as more people are required on the ground going forward.

DJPR

- Made arrangement to bring Park Royal online as well as progressing assessments for other hotels due to the flights coming in from Vietnam that have taken everyone by surprise.
- Three hotels are currently progressing in the site assessments and selection with Mecure being the most progressed.
- Have had conversations with DHHS today around how site selections and assessment are completed going forward making sure that health needs are properly captured. Meeting to be held on Monday.
- Call centre support service calls are now focusing on exit plan advice and how that might be managed and how the calculate their exit state, will their family pick up passengers or is an exit vehicle required. Need to look at next week so communication can be shared on what that might look like.
RE: Exit plan being considered and a meeting will be held Monday to discuss.
- A similarly orderly structure approach to check out/exit needs to be considered given the large amount exiting at the same time in the first cohort.
- Considerations need to happen around cross border implications for those needing to travel onto to second state or territory and whether passengers will need to isolate/quarantine again when arriving at that destination.
RE: There is a National Working Group mechanism as well as a group the EMC has identified that may be able to assist with this information.
 CF – The Cross Border Commissioner has been contacted well placed to discuss arrangements but many not be able to identify different exemptions or rules for these cohorts.
 EMC – Contact EMA in regards to someone doing some modelling around capacity issues at hotels, which there is, request aside from cross border component that a t/c be held with this group to learn from each other. – EMC to follow-up and discuss with EMA.
- A query around rubbish removals from hotels has come through and whether special treatment/disposal of the rubbish is required.
RE: The query has been referred to the public health team and is being considered for advice.

DOT

- Transport operating well at the moment no issues.
- Something for consideration for exit planning that commercial passenger industry to assist given their struggle with sustainability in the current environment.

VicPol

- Police response has gone into a Tier 1 which some normal responses have dropped off, but should not affect the community so more personnel can be put into core policing.

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3.	<p>Planning</p> <p><i>Forward look at following day – Air / Sea</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> •
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> • Reports that security staff at hotels not following good social distancing practises and a few breaches reported. JH – preparing information around OH&S and recommendations around social distancing measures in the next couple of days and will circulate those once completed.
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • DJPR/DHHS clarity around criteria, process and approval with approval being the SRC being worked on and get that out today. <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p>
8.	<p>Other Business</p> <ul style="list-style-type: none"> • Number arriving today have significantly increased which will require the Mecure to be online sooner. The increase means more capacity will be required for tomorrow as the numbers arriving from what were freight flights changed to passenger flights – 374 expected. • RE – Processes for Premier and Minister referrals from people in hotels reaching out to political officers and how they looped back into the system need to be considered. SF will follow-up and report back to DPC and the group. • The discussions at these meetings are considered in confidence and we ask that members from not share the minutes more broadly. • Some housekeeping requirements to assist in efficient management of information we ask that members please send through their email details and contact phone numbers, and anyone who did not receive the minutes from yesterday please let us know so that you may be added to the distribution list.
9.	<p>Next Scheduled Meeting – 1330hrs, 5 April 2020</p>

Operation Soteria
Op Soteria-Minutes-2020-04-05-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	5 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1354hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SE)	DOT	REDACTED
EMC	----	VicPol	REDACTED REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED Pam Williams (PW)	EMV	----
DJPR	Claire Febey (CF)	DHHS	REDACTED (Airport) (CHo)
SCC Comms	----		

Op Soteria-Actions List-2020-04-05-1330hrs

No	Meeting Date	Action	Assigned to	Due Date
1.	1/4/2020	Security escalation process to VicPol. VicPol response and requirements under detention order.	VicPol/DHHS	COMPLETE.
2.	1/4/2020	Preparation on how we manage communications if a confirmed case of a passenger is made known in the media.	DHHS/DJPR	COMPLETE.
3.	3/4/2020	Follow up on the passengers that are not on the reconciled DHHS/DJPR hotel quarantine list.	DHHS/DJPR	5/04/2020 – IN PROGRESS . DHHS required to support DJPR in reconciling outstanding gaps in passenger manifests/hotel quarantine lists.
4.	3/4/2020	All agencies to send indicative costs for the four stages of the operation so far directly to RE cc SF by 1630 4/04/2020.	All	COMPLETE.
5.	3/4/2020	DPC and EMC to look to identify contacts that may be able to assist in gaining information on the numbers of Australians returning home and capacity trigger points for all jurisdictions (to discuss offline).	EMC	TBC – IN PROGRESS . EMC to follow-up with EMA and set up a t/c meeting with the national group looking at this modelling.
6.	3/4/2020	Intel to report back whether repatriation data from DFAT in is more or less than they current receive and is useful.	Intel Team	5/04/2020 – IN PROGRESS .
7.	4/4/2020	Deputy Commissioner REDACTED has requested (through SCT) that Operation Soteria gather some data from the impacts of those in isolation and what broader isolation might look like including key risks that might come out of that.	Deputy SC Health	COMPLETE.
8.	4/4/2020	Processes for Premier and Minister referrals from people in hotels reaching out to political officers and how they looped back into the system need to be considered. SF will follow-up and report back to DPC and the group. Referrals to be sent to D/SC.	SF	COMPLETE.
9.	5/4/2020	State Controller direction required for hotel allocation tomorrow.	SF	5/4/2020 – IN PROGRESS .
10.	5/4/2020	FAQs or scripts to be developed for exit process.	DHHS/DJPR	ASAP – IN PROGRESS .

Operation Soteria

Op Soteria-Minutes-2020-04-05-1330hrs



11.	5/4/2020	State Controller to confirm what type of staff DHHS are requesting via DoT Secretary.	JH	5/4/2020 – IN PROGRESS.
12.	5/4/2020	Share call centre trends document with Intelligence and [REDACTED] (VicPol) directly.	DJPR	6/4/2020 – IN PROGRESS.

Item	Subject
1.	<p data-bbox="312 323 600 353">Situational Awareness</p> <p data-bbox="312 369 719 399">Deputy State Controller - Health</p> <ul data-bbox="360 420 1445 1042" style="list-style-type: none"> • Thank you for everyone's great efforts to date – it is much appreciated. • Victoria has 20 new cases, bringing the State's total to 1,135. • This includes eight Victorian fatalities and 573 people that have recovered. • Yesterday, 282 passengers arrived in Victoria on five flights, with the last flight arriving at 1830hrs. Experiencing only minor issues daily. • Today, 247 passengers are expected to arrive on four flights. The last flight is scheduled to arrive at 1730hrs. • Passengers will be transported to the Metropol or Mercure hotel. • Previous actions were discussed: <ul data-bbox="408 737 1445 1042" style="list-style-type: none"> ○ #2 – A daily newsletter is being distributed to keep passengers informed. Measures being taken at hotel to mitigate infection control. Action complete. ○ #3 – DJPR made progress yesterday to reconcile eight people. There are final gaps still urgently requiring DHHS support. This includes six people who were recorded on flights but not in hotels; and five people recorded in hotels who were not listed on the passenger manifest. DJPR are not able to resolve with the data they have access to. ○ #7 – Any Operation Soteria issues through to the Deputy State Controller – Health. Action complete. ○ #8 – Any referrals to Deputy State Controller – Health.
2.	<p data-bbox="312 1088 456 1118">Operations</p> <p data-bbox="312 1134 1018 1164"><i>Reports on mornings transfers, key issues, items for review</i></p> <p data-bbox="312 1180 392 1209">DHHS</p> <ul data-bbox="360 1230 1445 1678" style="list-style-type: none"> • RE – Mercure Welcome hotel has been activated/ 'online' today, incoming passengers to arrive this afternoon. • No new risks or issues to report. • Continuing transparency of processes regarding hotel selection with DHHS over coming days. • REDACTED (DHHS) will be coming in to work in this space. • Across DHHS and DJPR, a lot of work underway to prepare for the 'exit process.' Preparing travellers to move on from hotels, anticipate complexities that may arise. • Transparency on exemption process. Implementing Federal update to exemptions. • CHo – Would appreciate if we could understand the reconciliation process at the airport – would be good to know. Link in. • Flights in today with no issues. • PW – Trying to improve the way we are working together. • Working through new accommodation offer for healthcare workers. <p data-bbox="312 1694 392 1724">DJPR</p> <ul data-bbox="360 1744 1445 2172" style="list-style-type: none"> • CF – Need to seek decision for allocation tomorrow – this will be an action for immediately after this meeting. • A number of Mercure rooms are too small to accommodate people for 14 days – our view is not to use these rooms to full capacity. • Continue with plan to activate Park Royal tomorrow. • For last minute flight fluctuations, suggest using 100 Mercure rooms. Decision required. • All current contracts with hotels have been provided to the State Controller for review. Shows which hotels have room capacity and also which have greatest room size. • Our government support service (call centre) across quarantine hotels has raised that 'exit' remains a big concern. FAQs or scripts on this matter will be required – detailing arrangements when people can leave to alleviate concerns. • To improve support to DHHS, DJPR are preparing a report from call centre data showing people calling >10 times. This will provide insight on where people are experiencing distress.

	<ul style="list-style-type: none"> Data reconciliation remains an urgent issue to be led by DHHS. Seeking intelligence via DPC with assessing future demand/planning. Forward planning, capacity in Sydney etc. Any future work that can be done around repatriation. Seeking advice on how decision making sits with this group for the broader accommodation project to include healthcare workers. SF will call following meeting. <p>DOT</p> <ul style="list-style-type: none"> No change, running same as yesterday. Query for DHHS – DoT Secretary received a request for staff to go into roster in lieu of authorised officers. Seeking clarity what type of staff you're seeking? JH to follow up offline. <p>VicPol</p> <ul style="list-style-type: none"> Tomorrow inspections at Novotel and Sheraton. Interested in the DJPR trends document. Agreed to share with usual Intelligence email and REDACTED directly. Managing VicPol resources moving forward. Want some resources dedicated to Operation Soteria – currently using those tasked to Operation Sentinel. SF – Anecdotal patterns from hotels were shared with REDACTED Will speak to RE if there's anything we can share. <p>DPC</p> <ul style="list-style-type: none"> Nil.
3.	<p>Planning</p> <p><i>Forward look at following day – Air / Sea</i></p>
4.	<p>Health and Safety</p>
5.	<p>Welfare and Wellbeing</p>
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> <p>DHHS</p> <ul style="list-style-type: none"> Addressed above.
7.	<p>Communication</p> <ul style="list-style-type: none">
8.	<p>Other Business</p> <ul style="list-style-type: none"> Confirm distribution list so that group is receiving minutes. Chris Eagle incoming D/SC for the next four days. Scott Falconer will return after this.



9.	Next Scheduled Meeting – 1330hrs, 6 April 2020
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Operation Soteria
Op Soteria-Minutes-2020-04-06-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	Monday 6 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1351hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	
EMC	Andrew Crisp (AC)	VicPol	REDACTED REDACTED REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED	EMV	REDACTED
DJPR	Claire Febey (CF)	DHHS (Airport)	REDACTED REDACTED
SCC Comms	REDACTED	ADF	

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	3/4/2020	<p>Follow up on the passengers that are not on the reconciled DHHS/DJPR hotel quarantine list.</p> <p>6/04/2020 - Continues as a work in progress, ongoing and no longer required as an action.</p>	DHHS/DJPR	5/04/2020 – ONGOING . DHHS required to support DJPR in reconciling outstanding gaps in passenger manifests/hotel quarantine lists.
2.	3/4/2020	<p>DPC and EMC to look to identify contacts that may be able to assist in gaining information on the numbers of Australians returning home and capacity trigger points for all jurisdictions (to discuss offline).</p> <p>6/04/2020 - EMC followed up with EMA. Raised by DPC as part of national coordination mechanism, which occurred this morning. Agreement for a national approach is key for those passengers travelling home this weekend as to whether they face home quarantine when travelling on to other states. Home Affairs will pursue with ADF better intelligence on flight arrivals.</p>	EMC	TBC – IN PROGRESS . EMC to follow-up with EMA and set up a t/c meeting with the national group looking at this modelling.
3.	3/4/2020	<p>Intel to report whether repatriation data from DFAT is more or less than they current receive and is useful.</p> <p>6/4/2020 - Chris Eagle to follow up</p>	Intel Team	5/04/2020 – IN PROGRESS .
4.	5/4/2020	<p>State Controller direction required for hotel allocation tomorrow.</p> <p>6/04/2020 - Completed for today, further decision today, mark as complete.</p>	RE DA	5/4/2020 – COMPLETED .

5.	5/4/2020	FAQs or scripts to be developed for exit process. 6/04/2020 - More than FAQs/Scripts to be developed, the whole process. Multiple agencies are working on that space and will be connecting on that.	DHHS/DJPR	ASAP – IN PROGRESS.
6.	5/4/2020	State Controller to confirm what type of staff DHHS are requesting via DoT Secretary. 6/04/2020 - Request out to support authorised officers, will confirm offline	JH	5/4/2020 – IN PROGRESS.
7.	5/4/2020	Share call centre trends document with Intelligence and REDACTED (VicPol) directly. 6/04/2020 – Will complete after TC	DJPR	5/4/2020 – IN PROGRESS.

Item	Subject
1.	<p>Operations</p> <p><i>Reports on mornings transfers, key issues, items for review</i></p> <p>DHHS</p> <ul style="list-style-type: none"> 63 passengers in today over two flights, a further 39 on another flight today. All incoming passengers today are being received into Park Royal at the airport, this was the additional hotel stood up today. Continuing to work with DJPR on the resourcing and setup of a growing number of hotels, an additional 3 of the coming days. With increased numbers we are seeing pressures around the exemptions requests and processes at the airport and hotel end. Dietary requirements are a continued discussion. Exit planning is occurring. Increased demand for nursing support at the hotels, additional resources overnight at each hotel, increased mental health resources during the day. CHo: Around issues of transiting passengers. Would be a lot easier operationally on

	<p>the ground if we could get some clarity about where that sits. Flagging this as an emerging issue and consideration for the group now to be worked through.</p> <p>DJPR</p> <ul style="list-style-type: none"> • Focus today is settling into new rhythm with Park Royal. Preparation of the next 3 sites that we would go to as a priority. Seeing a continued fluctuation in passenger arrival numbers. Repatriation flight from San Fran tomorrow redirected from Sydney to Melbourne, seeing a further 200 passengers. • Fluctuations continue at very short notice. Move to immediately stand up 2-3 hotels that are next in our pipeline so that we have appropriate accommodation in place for those fluctuations we expect will continue. • Additional intelligence and data to properly plan for that, will do modelling work in the background to think about what sort of stock we need, rolling use of stock and turning over hotels rather than standing up new ones. • Request urgent direction around State Controller around standing up hotels, in order for other agencies to properly mobilise their staff. • Need to give hotels a minimum of 24 hours' notice to stand up and accept guests, as they are operating in a failed market they do not have staff onsite as they normally would. Complexity of having private security and other contractors in place. • Report back after this meeting after site visits, requesting an urgent decision from the State Controller around the allocation of incoming flights. • CE: It is now Day 9, and we have another 5 days of incoming passengers. We should be in front of the game but we are still trying to catch up. <p>VicPol</p> <ul style="list-style-type: none"> • Nil issues <p>DPC</p> <ul style="list-style-type: none"> • Nil update
2.	<p>Planning</p> <p><i>Forward look at following day – air and sea</i></p> <ul style="list-style-type: none"> • CE: We are up to Day 9 and should have multiple things in place, we need to nail down what is in place, and think about the next 5 days to get us through the initial 14 day timeline. • By Thursday at the latest we need demobilisation sorted out. Ensure people know what is going on over the weekend with first lot of people leaving. Going forward we will have the added complexity of people both arriving and leaving on same days at different hotels. • At least another 16 days assuming flights stop tomorrow. Every day we are here, there is a further 16 days before finishing. Number of weeks before this begins to slow down. • R What is the role of VicPol role at the end of this 14 day cycle? • CE: Haven't got our thinking that far in advance yet – tomorrow and Wednesday these discussions should be taking place. Various agency requirements to be sorted out today and tomorrow. • CF: Focus on people calling call centre was around dietary needs, now volume of calls is about exit planning. Asking DJPR to support people with connection with airlines etc. Need to provide feedback to passengers and clarity around roles.

	<ul style="list-style-type: none"> • RE Indication of when these guidelines might be in place? • JH: Can DJPR provide a list of those that have called, we can work through those. We need to work out modes of exit and work through the various logistics. Will need to work individually with a lot of people especially if they are leaving the state as different border controls exist in different states. • CF: We can support you on providing people who have made enquiries, but we need proactive communications and scripts. Questions regarding specific calculations around periods of quarantine. Pressing – whether or not people will need to complete a second period of quarantine in another state. Timing of their departure and their ability to obtain flights.
3.	<p>Health and Safety/Welfare and Wellbeing</p> <ul style="list-style-type: none"> • CF: Dictions around standing up Park Royal. Different views between DHHS and DJPR between correct and appropriate use of PPE. DHHS concerned about proper preservation of PPE, DJPR concerned about ensuring our staff are supported to use PPE in a way that means they are safe if having direct interface with passengers. • RE Will provide that today, all advice will be consistent with that on the COVID website, critical thing here is application of appropriate physical distancing measures. Staff should not be put in a situation where they require more than a mask and gloves. • CF: Look forward to advice, noting physical distancing measures are in place. Will need to contextualise and ensure briefings are happening in a daily cycle. • CE: CH to send requested information.
4.	<p>Communication</p> <ul style="list-style-type: none"> • Covered above.
5.	<p>Other Business</p> <ul style="list-style-type: none"> • Nil
6.	Next Scheduled Meeting – 1330hrs, Tuesday 7 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	Provide DJPR with advice regarding the correct and appropriate use of PPE	RE	6/04/2020

Operation Soteria
Op Soteria-Minutes-2020-04-07-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Tuesday 7 April 2020	Start	1330hrs
Teleconference	REDACTED	End	000hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC	Andrew Crisp (AC)	VicPol	REDACTED REDACTED REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH)	DHHS (Airport)	REDACTED
DJPR	Claire Febey (CF)	ADF	-
SCC Comms	REDACTED	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 - parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE</i></p> <p><i>7/4/2020 - The second part is trigger points for forward planning to now be held over to later in the meeting. Information received today will impact forward planning.</i></p>	EMC	<p>COMPLETED part 1</p> <p>In PROGRSS Part 2</p>
2.	3/4/2020	<p>Intel to report whether repatriation data from DFAT is more/less than they currently receive and is useful.</p> <p><i>6/4/2020 - Chris Eagle to follow up.</i></p>	Intel / Chris Eagle	COMPLETE
3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p>	DHHS/DJPR	In progress

Operation Soteria

Op Soteria-Agenda-2020-04-07-1330hrs



4.	5/4/2020	State Controller to confirm what type of staff DHHS are requesting via DoT Secretary. <i>6/4/2020 - Request out to support authorised officers, will confirm offline.</i> <i>7/4/2020 – BH and [RE] to take offline to complete.</i>	JH	CLOSED
5.	6/4/2020	Provide DJPR with advice regarding the correct and appropriate usage of PPE. <i>7/4/2020 – [REDACTED] sent that through and completed 6/4/2020.</i>	[REDACTED]	CLOSED

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Ask all to hold off on forward planning discussions until later in the meeting so the advised changes coming through can be discussed all in one hit.

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- Exit planning becoming the priority ensuring the process is well established and how this will be carried out, legally, operationally and with social distancing rules including only two people in a lift at a time. Need to ensure it staged appropriately to minimise the disruption and also facilitate their on journeying and planning for appropriate support to exit in an orderly fashion.
- Embedding down processes for new arrivals, ie individual requirements for each person coming through and ensuring they are all managed appropriately with food, allergies comfort levels exemption requests.
- Mental health discussions continuing to look for opportunities and mechanisms to ensure ongoing mental health is being appropriately managed. Mental health colleagues working with Beyond Blue to provide a targeted service. Brief going to the Minister of Mental Health.

DJPR

- Park Royal and Four Point are the hotels online to receive passengers today with confirmation that the Park Royal will be able to accommodate the large flight coming from DFAT.
- Planning is underway to ensure hotels in the future are online to receive the large repatriation flights.
- Working today to follow-up on Uber eats requests as each time this has previously come up there have been hotel operational reasons why this might be a problem, however there is no issue from a DHHS perspective. Feedback has bought this up again and we will be looking at the policy today.

DOT

- No issues to report.

VicPol

- Issues regarding the late notification of the flights coming in, is there a way to be notified in the first instance as **R** and **RE** manage the logistics.

Other

- -

3.	<p>Planning</p> <ul style="list-style-type: none"> Advice from DFAT was received about an hour ago that all inbound non-scheduled passenger flights to be diverted to alternative ports – looking at Melbourne, Brisbane and Cairns ie the repatriation flights, like the flight of 221 this morning. There were already 3 scheduled possibility of another 3 depending on what port they are diverted to. This means there is a possibility of an extra 1700 people (worst case scenario) in the next 4 days on top of the normal 150-200 people flow. This is a significant spike in activity which will put pressure on agencies, staff, transportation and the scheduling of 14 days for possibility up to 4,500 people in care. Need to look at maximising hotel usage, for example do we identify one of the smaller hotels for COVID positive people. What does the transport look like, where capacity isn't maximised. Can we do more than one flight one hotel, and change it to possibly moving to one flight two hotels depending on the capacity from transport and police. <p>RE – more resources would need to be put into this as estimate 3 minutes per passenger coming off a bus into the hotel. Just need numbers to start planning. Need to work in closely and possibly need to embed a VicPOL member in SCC conversations to understand logistics of the finer details. May need to be a State level operation rather than regional once numbers are better understood.</p> <p>BH – COVID positive people that are identified during stay would make up the passengers in the potential COVID hotel, passengers who are COVID positive, or have symptoms on arrival are sent to hospital.</p> <p>The current passengers that are COVID positive take over a whole floor of a hotel and therefore there is an inability to utilise the other rooms on that floor. This would be mitigated if there was one hotel.</p> <p>CE – numbers have not been confirmed at this stage the numbers mentions are indicative.</p> <p>RE – need numbers to ensure that operational planning can be put in place. Currently have the ability to be able to do this.</p> <p>BH – there will be challenges with sourcing nurses, security, labour and how we resource and support this.</p> <p>CF – 1,774 currently in quarantine. In total 4,874 rooms contracted to date, in total 3,936 rooms 1,200 currently occupied. With an increase in arrivals, next 5 -7 days would fit with current capacity in the Airport and CBD area. New procurement for CBD based rooms will be required to go to Cabinet very quickly.</p>
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> -
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> -

6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • RED: Be mindful of possible media attention to those leaving on Saturday and how we protect them leaving. BH – Still working through this with legal and working around passengers leaving will be exiting people 1201 after midnight. Hopefully little media around for that.
8.	<p>Other Business</p> <ul style="list-style-type: none"> •
9.	Next Scheduled Meeting – 1330hrs, Wednesday 8 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op Soteria-Minutes-2020-04-08-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Wednesday 8 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1349hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC	Apology	VicPol	REDACTED REDACTED REDACTED REDACTED
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH)	DHHS (Airport)	REDACTED
DJPR	Claire Febey (CF)	ADF	REDACTED
SCC Comms	REDACTED	Assurance and Learning	

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 - parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE</i></p> <p><i>7/4/2020 - The second part is trigger points for forward planning to now be held over to later in the meeting. Information received today will impact forward planning</i></p> <p><i>8/4/2020 – CE to followup with the EMC.</i></p>	EMC	<p>COMPLETED part 1</p> <p>In PROGRSS Part 2</p>
3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p>	DHHS/DJPR	In progress

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •

2.	<p>Operations</p> <p><i>Reports on mornings transfers, key issues, items for review</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • New arrivals of 3 flights today with some complexities, running late, an unaccompanied minor and a person of interest. • Meetings this morning with most agencies around the uplift in capacity. • <u>Exit planning</u>: <ul style="list-style-type: none"> ○ Includes organising departure mechanics and what needs to be done when exiting the hotels. ○ Transport piece is working through what passengers will need when they leave and where they are headed. Draft of information that will provided to passengers on their departure being finalised that should be available to share with this group tomorrow. • An walk through exercise will be run on Saturday to go through the exit plan to see the steps and identify any gaps. <p>DJPR</p> <ul style="list-style-type: none"> • WWill be focusing on supporting in the exit planning, and ensuring hotels are read to receive repatriation flights. • Travelodge Docklands and Novotel Melbourne and are almost ready to come online for the repatriation flights. Onsite visits tomorrow to Travelodge in Southbank and Batemans Hill on Collins are being arranged. Reaching out to ensure the right parties on site for these visits. • Will ensure that all the 14 hotels are activated for surge number arrivals in coming days. <p>DOT</p> <ul style="list-style-type: none"> • No further updates. <p>VicPol</p> <ul style="list-style-type: none"> • Incident occurred in Crown Plaza this morning. • Look forward to catching up again to gain more details and have further discussion following on from this mornings' meeting around the plans. <p>Other</p> <ul style="list-style-type: none"> • Forward plan from Melbourne Airport – no confirmed passenger numbers yet for the two flights arriving tomorrow. • The next repatriated flight is scheduled to arrive 0200 on Friday morning. Waiting for more information on numbers. • The larger flight will arrive Saturday with an estimated 440 passengers (no time has been confirmed for arrival), which is largest to come through at one time.
3.	<p>Planning</p> <ul style="list-style-type: none"> • DoT has already given Sky bus the heads up on the repatriated flight coming in.

4.	<p>Health and Safety</p> <ul style="list-style-type: none"> Incident at Crown Promenade where a man had packed his bag and wanted to leave. He was quite angry. Police were in attendance as well as a nurse and mental health support were provided. BH – Health nurses been placed in each of the hotels to assist with mental health as well as the hotline from Beyond Blue. The additional support will hopefully provide alleviation to nurses and GPs.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none">
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> <p>DHHS</p> <ul style="list-style-type: none">
7.	<p>Communication</p> <ul style="list-style-type: none"> RED – Would like to understand how the dry run goes so preparations can start noting that media may be present for this event and there may be an impact of media outlets being outside the hotel. DPC – nothing to report AFP – noting to report
8.	<p>Other Business</p> <ul style="list-style-type: none"> BH – possibly Uruguay cruise ship returning to Australia with 94 Australians and 15 New Zealanders. CF – please keep us on the loop on this so we can ensure we have capacity in hotels RE – will need to work through transport options RE – also what is that going to look like in terms of security. BH still being worked through asnd the information is coming in. There is a possibly a charter flight that we may be able to take through another terminal at Melbourne airport.
9.	<p>Next Scheduled Meeting – 1330hrs, Thursday 9 April 2020</p>



Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op Soteria-Minutes-2020-04-09-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Thursday 9 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1401hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support – Jacqui Kane		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC	Apology	VicPol	REDACTED
State Controller Health		DPC	REDACTED REDACTED
DHHS	Braedan Hogan (BH) Pam Williams (PW)	DHHS (Airport)	REDACTED
DJPR	Claire Febey (CF) Rachaele May (RM)	AFP	REDACTED
SCC Comms		Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.1	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 – Two parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE.</i></p>	EMC	COMPLETED part 1 – DFAT flight and passenger numbers.
1.2		<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p>		In PROGRESS Part 2
3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p> <p><i>9/4/2020 – Still being finalised. Hope to have it complete by tomorrow.</i></p>	DHHS/DJPR	In PROGRESS

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •
2.	<p>Operations</p> <p><i>Reports on mornings transfers, key issues, items for review</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • RE Airport very minor numbers of passengers today. Continue to work on preparations for the big numbers coming through over the coming days. • PW – The exit process is still being worked on. Will be working with DJPR to share the full list of people exiting. Advice that will be provided to those exiting is being finalised and will hopefully be out by tomorrow. <p>DJPR</p> <ul style="list-style-type: none"> • 10 additional staff are currently being trained t to take calls in the call centre to ensure there are enough staff manning the phones in preparation for the increase in numbers of quarantined. • As DHHS own the data for the list of people who will be exiting, DJPR suggest that another way would be for the call centre to call all those that checked-in in time frame (noting that some may not be exiting due to exemptions etc). <p>RE – The DPC preference would be that calls to people not exiting be avoided.</p> <p>ACTION - PW – will contact CF in this afternoon regarding the exit list and data sharing.</p> <p>BH – One issue with the exit data has been that it is received in a 24 retrospective. This process will be easier to share once these issues have been rectified.</p> <p>PW – The exit data will be used to determine who will be finishing quarantine and who needs to receive a notice of 'completion of quarantine'. Logistics are being finalised for the exit strategy with the process around knocking on the door, moving them to the foyer individually to check out and have transport provided.</p> <p>Note that there is the possibility of media being present for the demobilisation process on Sunday, and contingency plans for moving passengers away from the sight are in place, so that people don't gather outside.</p> <p>People will be transported by Sky Bus to the airport and taxis are being utilised to drop people at another preferred location (i.e. train station) or home.</p> <p>DOT</p> <ul style="list-style-type: none"> • Transport is ready and clarification of numbers as soon as possible is key. <p>VicPol</p> <ul style="list-style-type: none"> • Will discuss the consideration of a secondary transportation hub further out to stage departure with DJPR offline. <p>Other</p> <ul style="list-style-type: none"> • .

3.	<p>Planning</p> <ul style="list-style-type: none"> BH – Two additional DFAT flights have been confirmed for Monday from Delhi, with an additional 880 passengers. Additional hotels coming online are being identified, which also requires medical staff, consumables, rostering of staff and security etc. CF – Currently there are 8 hotels active with two more having site visits completed today as well as 4 more coming online. Making a total of 14 hotels to ensure the capacity is ready for the repatriation flights. <p>Rydges has been sourced to be the prepared specifically as the COVID-19 positive hotel. This is in preparation for the flight from Uruguay with the cruise ship passengers that are COVID- 19 positive or may present as positive after arrival.</p> <p>ACTION – CF to circulate a full list of hotels that are currently part of Operation Soteria, once the site visits have been completed, to the group by COB today.</p>
4.	<p>Health and Safety</p> <ul style="list-style-type: none">
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none">

6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> Have been preparing from the advice that Victoria will be receiving 1 large flight every 1-2 days. New advice 15 minutes ago has 2 flights now 'TBC' meaning they may go either Brisbane or Cairns. Suggest that planning continues for the likelihood of receiving the largest numbers, and scaling back if required, ensuring processes are adaptable to change. <p>DHHS</p> <ul style="list-style-type: none"> Flight from Uruguay - The Greg Mortimer (cruise ship) docked with 113 Australians and 14 New Zealanders that will repatriated to Melbourne and is has been confirmed by ADF to arrive 0640 Sunday. There is expected to be up to 70 COVID-19 positive cases arriving in this cohort, so a different approach is being planned. The Deputy CHO has approved the methodology to move forward with approach that the plane will land at the airport and not disembark at the usual tarmac (airport working on an appropriate position). The plane will instead be met by RE and FEMO Teams. Passengers that are symptomatic will be taken to hospital whilst others will be tested (not at the airport as it is not a safe testing environment) and quarantined. NZ is working with DHHS and the team to have the Z+NZ passengers potentially taken straight from the plane to a chartered plane. Seeking clarification on this. Hopefully the clinical health plan for this will be out to the Deputy CHO this afternoon with some work still to be done around the transport process. RE will discuss with R offline.
7.	<p>Communication</p> <ul style="list-style-type: none"> Work being completed on job cards. A daily stand up briefing for each of the hotels being considered.
8.	<p>Other Business</p> <ul style="list-style-type: none"> Rachaele May is now part of the DJPR team working with this group.
9.	<p>Next Scheduled Meeting – 1330hrs, Friday 10 April 2020</p>

Actions			
No	Action	Assigned to	Due Date
1.	DJPR to circulate a full list of hotels that are currently part of Operation Soteria, once the site visits have been completed, to the group by COB today	CF	9/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-10-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	Friday 10 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1414hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	REDACTED
EMC	REDACTED (Deputy EMC)	VicPol	REDACTED REDACTED REDACTED REDACTED
Public Health Commander	Finn Romanes (FR)	DPC	REDACTED REDACTED
DHHS	Braedan Hogan (BH) <i>(DHHS Agency Command)</i> Pam Williams (PW) Menna Naidu (MN) <i>(Quarantine Exemptions)</i>	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Claire Febey (CF) Rachaele May (RM)	Assurance and Learning	

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.1	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 – Two parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE.</i></p>	EMC	COMPLETED part 1 – DFAT flight and passenger numbers.
1.2		<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – [RE] will follow up and confirm ASAP.</i></p>		In PROGRESS Part 2

Operation Soteria

Op Soteria-Minutes-2020-04-10-1330hrs



3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p><i>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</i></p> <p><i>9/4/2020 – Still being finalised. Hope to have it complete by tomorrow.</i></p> <p><i>10/4/2020 – PW still working through process, awaiting approval on pieces of Comms for guests.</i></p> <p><i>FR – DPC Comms have just given approval. Will send in shortly.</i></p> <p><i>SF – please send in to SCC so it can be circulated with minutes.</i></p>	DHHS/DJPR	In PROGRESS
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Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 564 1433 973" style="list-style-type: none"> <li data-bbox="360 564 1177 592">• We need to ensure Actions are followed up promptly and shared. <li data-bbox="360 596 1366 656">• As of the 28th of March until today, there has been 52 flights, 2,503 transferred to quarantine, 5 in Hospital, 31 exemptions issued. <li data-bbox="360 661 1294 688">• BH – data needs further work as it is including commonwealth exemptions. <li data-bbox="360 693 1433 812">• MN – Commonwealth makes some border decisions, Victoria makes its own decisions around detention. In some cases we have aligned with decisions made at the National level, but in other cases we have varied and it has been accepted at the National level that States and Territories aren't bound. <li data-bbox="360 817 1410 877">• FR – Commonwealth works through the State on exemptions. No Parallel exemption process. <li data-bbox="360 881 1374 941">• SF – Will chat with BH offline, we need to clarify these figures, the EMC has been following up on them today. <li data-bbox="360 945 1011 973">• This morning 3 flights were expected with 376 pax.

2.

Operations

Key issues, pressure points, dependencies and information sharing

DHHS

- **BH** – Planning for influx in passengers who have been repatriated, a number of flights from Deli, we also had a large flight from Peru with 270 pax. Travelodge Docklands stood up today, with a pipeline of hotels to come on over next 4-5 days (Batman Hill city, Rydges which will be a COVID-19 positive with the Uruguay flight, Travelodge Southbank)
- Opaqueness around flight data and details we have been receiving from DFAT and Border Force.
- Uruguay flight is arriving at 0640 Sunday morning, planning well progressed and will be shared with Key Stakeholders. Rydges will be almost filled with the 113 passenger arrival, noting 15 are on-flying to NZ. Finalising formal model of care for the passengers, with 24 hour Doctors and Nurses on site.
- **FR** – Deputy CHO is concerned about tightening up the governance arrangements around the legal program being run. I have been asked to work with SF to tighten up the governance arrangements and ensure one plan is established across the streams of healthcare and welfare, compliance and also logistics.
- **FR** - Also we are the authorisers of people in quarantine and release of people.
- **SF** – Draft revised operational plan sent out to some for feedback by Saturday Arvo.
- **MN** – There are increasing numbers of complex scenarios in hotels, requiring permissions to move to hospitals or other facilities. In some cases the hotel environment is not suitable for individuals and we have had to make alternate arrangements. Increasing numbers of unaccompanied minors transiting through who don't have a guardian with them.
- **MN** - Challenges getting enough AO's on the ground, we have been going through a recruitment process for an additional 100 in total.
- **RED** - DOT looking to try and support but we need more information on role and permission. **MN** – will send details.
- **RE** – This morning went smoothly besides the one medical exception.

DJPR - CF

- Site visit conducted at Batman Hill on Collins Street, concerns re small rooms, balconies and safety concerns on gas cook tops. Better suited for accommodation of healthcare and other first responding workers.
- Novotel on Collins and Travel Lodge South Bank are being activated.
- Inspection today at the Marriott which is looking highly suitable.
- If all flights from Deli (some still TBC) come in, we will have a challenging position in terms of hotel supply. We will not be contracting the Grand Hyatt.
- We are actively looking at the Novotel South Wharf, Holiday Inn on Flinders and the Victoria Hotel.
- Can we provide advice that the 3 flights be split across the ports accepting repatriation flights (Cairns, Brisbane and Melbourne) Consider seeking to negotiate proactively around how they are distributed across jurisdictions.
- In terms of the Rydges Hotel taking the Uruguay passengers which consists of some COVID-19 confirmed cases. DHHS will lead this service, DJPR will not have the usual on ground presence but will provide advice on what it can help with.
- Provision of onsite Nurse contact details is vital.
- Will discuss with BH operationalising new policies coming online at the direction of the CHO. Changes recently in the provision of food deliveries for people at significant risk

File
Version

{ FILENAME } of food allergies and the exercise policy. We need to have an implementation plan across each hotel so that they can be activated. Printed { DATE \@ "d/MM/yyyy" } * MERGEFORMAT }
{ TIME \@ "h:mm" } * MERGEFORMAT }

- **BH** – Will ensure the phones are pre purchased and details provided for nurses.
- **BH** – Regarding the implementation of policies, we are looking at job cards and briefings. Also looking at pre-deployment briefings as well to improve this area, and considering arranging a lead over 3 hotels.
- **FR** – Operational Plan high level, request any information produced for provision to people in detention be provided to the Public Health Command for approval.
- **CF** – Working with DHHS on drafting material, BH can you include additional contacts for the distribution list regarding operational

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • CF – could DHHS ensure correct PPE messaging is used at daily briefings on a site by site basis? • BH - will take on board, today we instigated partnering/buddying experienced Team Leaders with new Team Leaders for the 1st shift. Hopefully that will tighten things up, along with other actions that I have articulated are in train.
5.	<p>Communication</p> <ul style="list-style-type: none"> • RE – What is the consideration for Public Safety information in the Comms Plan with the flight coming in from Uruguay? Potential media crowding outside Hotels. Also messaging to families who may be coming into collect people departing on Sunday. • SF – Duly noted, comms are engaged in this process.
6.	<p>Other Business</p> <ul style="list-style-type: none"> • RE – Do we know the numbers of people leaving Sunday? • PW – 462, DJPR are calling all today to establish where it is they need to go. We expect advice later today. • CF – will follow up on volume of calls made. PW could you share the process mapping with agencies so they can have some input. • ACTION – PW to share process mapping for people departing hotels. • RE – Keen to see process for those departing Hotels on Sunday, ensure everyone is getting to see what they need to see and comment on.
7.	Next Scheduled Meeting – 1330hrs, Saturday 11 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	Distribute process mapping for people leaving hotels with Ops Soteria group for information and comment.	PW	11/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-12-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	12 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1356hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	REDACTED
EMC Dep.EMC	Andrew Crisp (EMC) REDACTED	VicPol	REDACTED REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED	SCC Comms	REDACTED REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Claire Febey (CF) Rachaele May (RM)	State Health Commander	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – RED will follow up and confirm ASAP.</i></p> <p><i>11/4/2020 – RE Have been unable to confirm at this stage.</i></p>	DPC - RE	In PROGRESS Part 2

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • In Victoria there have been 3 new cases overnight bringing the total to 1,268, with 14 deaths and 1,015 people recovered. • State of Emergency in Victoria has been extended another 4 weeks until midnight on the 11th of May 2020. The strict enforcement of physical distancing is continuing, with Police the powers to enforce continuing. • Tragically a man passed away yesterday whilst in quarantine accommodation, Police are not treating it as suspicious, the Coroner will be investigating the incident. • Overall statistics to date from the 28th of March are 59 flights 2,808 pax transfer to quarantine. • There are 4 flights coming in today, 2 have already arrived being: <ul style="list-style-type: none"> ○ The Uruguay flight with 112 pax ○ The Kuala Lumpur flight had 79 pax. ○ The Delhi flight is now scheduled to arrive at 2100hrs. ○ The other flight is scheduled to arrive at 1730hrs and now has 83 pax. • RED Further detail on the Uruguay flight, 112 pax, 13 of those were New Zealanders transited. There were 99 Australians, of those 27 are currently negative COVID-19, 72 are positive, 1 was transported to Royal Melbourne Hospital by non-emergency patient transport. After check in at Rydges another patient with chest pain was taken to hospital by non-emergency patient transport. All 20 crew on the flight were cleared, they are staying at the Park Royal tonight and flying out tomorrow.
2.	<p>Operations</p> <p>Key issues, pressure points, dependencies and information sharing</p> <p>DHHS</p> <p>REDA</p> <ul style="list-style-type: none"> • The implementation of Greg Mortimer Repatriation Plan has been the big focus, reports from the airport is that it went very well. Passengers all grateful to be home and happy with the support they received. • Preparing for another large influx of passengers this evening and activating new hotels. • Further to the incident yesterday we have put additional mental health supports in place, looking closely at the need for additional welfare checks and other measures. • Ongoing work continues around dietary requirements and implementation of welfare and recreational breaks. <p>DJPR</p> <ul style="list-style-type: none"> • CF • The big focus today is staff welfare, in terms of the incident yesterday, we need to work closely with DHHS to understand how the supports are being rolled out and how that is going to support DJPR staff on the ground and contractor partners. • A number of people exiting quarantine are not going to be able to travel on easily, this will be a complex issue. We have mobilised the government travel booking system, to assist people trying to make onward travel plans. Some worst case scenarios have people experiencing delays of up to 2 weeks to get flights. We are providing up to 3

days extra accommodation to assist if they can't pay themselves. There are 79 people looking to use this plan, we will use Holliday Inn and Batmans Hill on Collins will be used for overflow.

- Have been talking with DHHS on cleaning practices for the hotels, it is important now that we are starting to empty some and need the supply back online. DHHS has provided guidance, we need clarity on how to implement that in relation to the level of cleaning required. We need to put forward how the guidance will be practically applied and then get receive further feedback from DHHS. This will then allow us to determine how quickly we can get hotels back online.
- Plenty of learnings from today's exiting process, thanks in a huge way to everyone on the ground, everyone is working so flexibly in a dynamic environment.
- **RE** - Please email through the cleaning approach and I will pass it through our Public Health colleagues for feedback.

DOT

- All went well from DOT perspective on the ground.
- There was a request to transport a passenger to hospital, we were able to re-direct it back to appropriate area.
- Requests to look what support V/Line may be able to provide for passengers trying to get back to interstate. Will work on this and send feedback to DJPR were the request came from.

VicPol

- **RE** - Still a dynamic situation around the hotels, implemented the traffic plan and assisted in establishing a media staging zone.
- We are preparing a report to the coroner on the unexpected death.

AFP

- Reiterate the positive comments we got back from the airport on how well it went this morning.

State Health Commander

- Information from the Incident Health Commander is that it was exceptionally well run and very happy with the communication with all the other services on site.

Communications

- **RED** - Social media messaging around out of date food people are being served at hotels, that messaging has been referred to DHHS for response.

EMC

- Would like to reinforce the positive comments that have been made, not only in relation to the Uruguay flight that went very well, but also how the dynamic departures from the hotels has been handled on the ground.
- There has been a fair bit of conversation since the tragic death yesterday. I know in some respects we take that personally, we have all invested a lot in this particular operations. We need to ensure everyone looks after themselves and the people on the ground, there is nothing wrong with putting up your hand if you are not travelling well.



3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • RE – WA recognise a National database is being established. It will be discussed at a meeting on Tuesday which the EMC and Chris Eagle are attending. In the meantime they are urgently seeking information about the number of WA residents in our jurisdiction awaiting repatriation. They are having discussion with Qantas to open up some flights. • RE – I will check with the DHHS directions team. RE – I will chat with RE offline to try and get information to WA this afternoon. • RE – Can AP take up the point on the National approach in the restrictive travel environment? RE – NCM scheduled on Tuesday, which the EMC will be attending and can take it up. • CF – Could we also get a National position on supporting people with provisional accommodation if they are stranded within Australia? DJPR will continue to support on a case by case basis where people have no ability to leave or pay.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • RE – extra support has been arranged for all, please let us know if anything further was required. • CF – Need clarity on supports being provided and if they are for DJPR and contractors. • JH – As discussed last night the offer is on the table for DJPR, provide me a list and we will get it to our service providers, will also provide an overview of services.
5.	<p>Communication</p> <ul style="list-style-type: none"> • RE – WA are enquiring on the number of people requiring repatriation back to WA.
6.	<p>Other Business</p> <ul style="list-style-type: none"> • RE – We have some outstanding enquiries with DHHS on exercise policy and passengers ordering Uber Eats. JH – though they were dealt with, will chat offline. • RE – also need details on concerns raised in social media regarding out of date food at hotels. MM - will send you details • RE – Who will be providing forward scheduling for exits moving forward? • CF – We can provide some general info. • JH – In a transition period at this stage where PW will be the Commander in Charge of that operation moving forward. If you could go through the Health & Human Services Commander at the State Control Team we will link you into that plan and then link you into PW as she takes over more of the work.
7.	<p>Next Scheduled Meeting – 1330hrs, 13 April 2020</p>

Actions

Operation Soteria

Op Soteria-Minutes -2020-04-12-1330hrs



No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-13-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	13 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1358hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	REDACTED
EMC	Andrew Crisp (EMC)	VicPol	REDACTED REDACTED REDACTED REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED REDACTED
DHHS	Pam Williams (PW) REDACTED	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – RED will follow up and confirm ASAP.</i></p> <p><i>11/4/2020 – RED Have been unable to confirm at this stage.</i></p>	DPC - RED ACT	In PROGRESS Part 2

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • Victoria now has 1,281 cases of COVID-19, with an increase of 13 cases since yesterday. There has been 14 deaths and 1,075 people recovered. • Australian COVID-19 cases are sitting at 6,326 with 59 deaths. • Globally there are over 1.8 million cases, with in excess of 113,000. • There was an announcement last night of additional funding (\$59.4m) for the Mental Health System. • The State of Emergency was extended yesterday until midnight on 11 May 2020/
2.	<p>Operations</p> <p>Key issues, pressure points, dependencies and information sharing</p> <p>DHHS</p> <ul style="list-style-type: none"> • JH – Work progressing on structural changes, some reflected in State structure and some in DHHS, to set up a divisional type REOC in the Fitzroy office. It will be for the DHHS component of Operation Soteria and will be led by an Agency Commander specifically for Operation Soteria, a separate Agency Commander will lead Relief and other functions at State level. We are looking at multi agency support for some of the roles. • RE – We have become aware that the crew from the Uruguay flight are unable to leave today due to engine issues, they may need to stay for a week. I have been working with RM on accommodation for the 20 crews. • RE – Implemented a new approach to the identification of high risk dietary needs yesterday evening. Continuing to have a close look at those in hotel quarantine, for the identification of any emerging mental health needs. There are a number in the hotels with significant psychosocial / mental health concerns being raised • PW overseeing the Exit process, and will meet with DJPR tomorrow to go over the areas RM flagged. • RE – Was the exit process smoother today compared to yesterday? • PW – With size yesterday no issues of significant concern. Haven't heard about anything today. • RED – It has been quiet today from a media point of view. • PW – Some are frustrated having already had up to 6 weeks detention before arriving in Melbourne, and some are frustrated with further detention they may be facing (eg. Tasmania). <p>DJPR</p> <ul style="list-style-type: none"> • Exits and arrivals yesterday and today, it would be good to go through learnings at a meeting with DHHS and DJPR. • A debriefing on the Delhi flight would be useful as it took about 8 hours from when they landing until the last person checked in. There are a few things we could do to improve it ahead of the next large flight. • Can DPC confirm if 2 more repatriation flights are confirmed? DPC - not heard anything.

	<ul style="list-style-type: none"> • RED The most recent info we have from Border Force is there is another repatriation flight scheduled from Delhi (approx. 440 pax) on the 17th, but it is still yet to be confirmed. • Contract arranged for hotel room cleaning for COVID-19 confirmed guests. We are still awaiting DHHS response on cleaning protocol for non COVID rooms. • 140 exiting tomorrow with not many interstate transits required. Have 1 unaccompanied minor and will follow up with DHHS offline. • Planning ahead looking at the intake of new arrivals this week, we may need to stand up another hotel tomorrow. Will advise and work through DHHS to get it online from Wednesday. • RE - Is there any forecast document on what we can expect for planning? • RM – We can provide forward planning on what we know around the commercial flights, the biggest question is around the repatriation flights, <p>DOT</p> <ul style="list-style-type: none"> • Excellent cooperation with key stakeholders at the airport. • There were some challenges with the Delhi flight. Landed at about 2000hrs and the first bus didn't get to the Travelodge until about 2330 hours. <ul style="list-style-type: none"> ○ Delay in letting people off, 1 person needed to be taken from the plane before the other passengers could get off. ○ The passengers did not have any immigration cards. ○ Border Force agents were a little under resourced. ○ Because two hotels were being used, it took longer to get the busses loaded as passengers weren't coming out in any particular order. ○ Great feedback for 3 the AFP officers working last night – Top notch people, very helpful and positive, made the evening go well. • SF – We have had sterling feedback about everyone's efforts, please pass on the great feedback to the crews on the ground <p>VicPol</p> <ul style="list-style-type: none"> • Also acknowledge the planning that went into yesterday and what played out over the last 24 hours, it went well. • The Travelodge issues from last night have been discussed. • Egress from Promenade went well once it got going. Important to keep sterile environment around the precinct of the hotels moving forward. • Planning for ongoing egress from hotels, and modelling up resourcing for Soteria. <p>AFP</p> <ul style="list-style-type: none"> • Good feedback on the communication that is occurring and flexibilities in changes.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • SF – As advised earlier by JH, structure changes will be circulated soon. • SF – I will work with RE on a mid-action review, part of it will be data collection and accuracy. We will work on getting it out for people's thoughts.

4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • JH – Have had interest from WA for people needing to get back to WA and Vic people trying to get back from WA. Is there a linkage DOT? • RE – Had been looking at busing people through V/Line to other states, border crossing is potentially a challenge. • RM – When people are checking out, we are trying to assist them with onward travel. Next flight to Perth is not scheduled until 24 April. <ul style="list-style-type: none"> ○ There is an option for a Melb/Syd/Perth flight. ○ It would cost \$76,000 to charter a flight from Qantas. ○ Brisbane and Perth destinations are the destinations people are struggling with. ○ NCM meeting tomorrow, may be best to discuss the process and we could assist with data. • RE – Data on people stranded would be useful for tomorrow. • SF – On Agenda for tomorrow's meeting which EMC and Chris Eagle attending. Send data to State Controller Health, for addition in today's Minutes. RM – Will send data in and update data daily as more calls are made.
5.	<p>Communication</p> <ul style="list-style-type: none"> •
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	<p>Next Scheduled Meeting – 1330hrs, 14 April 2020</p>

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-14-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	14 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1409hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	
EMC	Andrew Crisp (EMC)	VicPol	REDACTED Tim Tully (TT) REDACTED
State Controller Health	Andrea Spiteri (AS)	DPC	REDACTED
DHHS	Braedan Hogan (BH) Pam Williams (PW) Angie Bone (AB)	SCC Comms	REDACTED & a DPC Rep
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</p> <p>10/4/2020 – RED will follow up and confirm ASAP.</p> <p>11/4/2020 – RE Have been unable to confirm at this stage.</p> <p>14/4 – CE still being worked on.</p>	DPC -RED	In PROGRESS Part 2

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 564 1449 1184" style="list-style-type: none"> <li data-bbox="360 564 1449 684">• The EMC, BH, RE and I dialled into a National teleconference (NCM) this morning around current plans and where things are up to, all states having similar problems with capacity and resources. There was a commitment from all to have a joined up approach and share information, there will be weekly meetings. <li data-bbox="360 691 1449 810">• Repatriation flights was the main item, across Australia there has been 19 flights so far with 2,600 people coming in. They advised there are 1 million Australian residents overseas and estimate about 10,000 people have indicated they are wanting to come home in the few weeks. <li data-bbox="360 817 1449 874">• Committee is looking to stagger and staging the flights so that the National capacity can cope with the numbers. <li data-bbox="360 881 1449 966">• In regards to locations with large numbers to return like Delhi, they will look to fly people home in state bunches where possible. The aim is to where possible have people do their quarantine at their home port <li data-bbox="360 973 1449 1058">• 2 weeks ago there was 6,500 people trying to get home. Now only 3 cruise ships left with 159 people trying to return. None of the 3 cruise ships have COVID cases on them. One of the cruise ships has 24 passengers returning to Melbourne tomorrow. <li data-bbox="360 1065 1449 1184">• RE- Home Affairs made some recommendations, there is a coordination task to be completed by the end of the week, one item is where we are unable to bunch people to go directly to their state that there be an airside option to transfer them to their state to serve the quarantine period.

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- BH – People who receive our daily state situation reporting will have seen a section on Intel containing data on the current operation. We are working on tightening up the data reported.
- Work conducted over the weekend and we are still reinforcing around food safety. Daily briefings with Team Leaders at hotels about what the process looks like.
- Working on our ongoing supports in Mental Health at Hotels for passengers and how we screen them.
- Establishing an Operations Centre at the Fitzroy office, standing up an IMT which will report into Dep Controller Health.
- PW – The exit process on the weekend had some things not go smoothly, early unexpected exits effected the flow. Police did a great job with cordoning onlookers away and media at a suitable distance. First day we had 462 out, 2nd day we had approx. 330 out. Smaller groups the last couple of days. We have a chance to re-group and reframe our processes.
- PW sharpening up our medical and mental health work.
- PW – Looking at broader accommodation support, for people in the community. Cabinet Submission being developed.
- AB – A key issue is AO's very stretched as the number of sites increase, looking to get systems into support existing AO's and on board new AO's from other government departments.
- AB – 3 cases of anaphylaxis, detainees taken to hospital for treatment. New processes worked on with food safety team now in place.
- BH – Thanks to all the great work on food safety last week, working with team leaders
- **RE** – Everything going ok, planning on next repat flights.

DJPR

- Thanks to DHHS on food safety policy allowing people to use Uber eats, with the process being co-designed.
- Cleaning commenced today at two of the hotels and will continue tomorrow, they should be back online Thursday.
- There are big intakes on Friday and Sunday, approximately 700 each day.
- Doing further planning on receiving large numbers. Sunday has 2 large flights arriving an hour apart.
- Will put forward for consideration bringing on an additional 2 hotels towards the end of the week.
- Have had complaints from one of the hotels with food quality and quantity issues, we are looking into the hotel.
- Sent out 1st of daily report, happy for feedback and can circulate to the group
- Looking at the data for people who are still here in Victoria unable to onward travel. Some are in vulnerable position and can't afford to travel.
- CE – Will send data daily with minutes.

DOT

•

VicPol

- TT - **REDACTED** has reached out to DHHS for a meeting around expectations for support if needed for security at Hotels.
- TT - Have had some advice for people being allowed out for a walk, perhaps for mental health. Would like advice on what arrangements look like for each hotel.
- BH – Physical exercise policy is enacted across the hotels, managed by the AO's and they work with security to ensure they are supervised with distancing and appropriate PPE. Can send through to VicPol how it is being operationalised.
- TT - Would be happy to get visibility of what arrangements are at each location.
- BH – We are following up and will link you in.
- EMC – Ensure Dep State Controller is invited for meetings outside of these

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Page 4 of 6

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3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • CE - We need to identify what is our total capacity, with hotels. Ins and outs etc. to take back to the National committee. • Due to domestic flight network being nearly non-existent, we need to look at forward planning and engage with airlines in advance. • BH – A limiting factor is resources as well, AO's are an issue. Not just beds, we need to work out what DHHS capacity is with AO's. (Food safety, security and compliance etc.) • CE – As a group we need to identify what our maximum capacity. • RED A couple of smaller jurisdictions to raised their hospital systems max out at a particular point. • RM – we are starting to look at it with our planners, we may need to consider other regional locations/outer metro. Lots of rooms, but not all are suitable for people to stay in 14 day detention. • RM - Would be keen to partake in a broader long term planning strategy discussion on accommodation. • BH – Let's have a conversation today to see who we can bring into the discussion. • CE – We need to have this information by Thursday to feedback to NCM, we need to get it about 80-90% right at least.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> • BH – Our comms team are working with DJPR comms, and will work the Comms person in the Operations centre. Two newsletter have gone out approved by DPC which in psychosocial messaging and other useful information. • Reviewing all the comms to ensure they are fit for purpose and bring them under one plan
6.	<p>Other Business</p> <ul style="list-style-type: none"> • We are up to day 18, RED started to engage with Assurance and Learning to start a mid-review. Look to get something out tomorrow around surveying for continuous improvement.
7.	<p>Next Scheduled Meeting – 1330hrs, 15 April 2020</p>

Actions

No	Action	Assigned to	Due Date
1.			



Operation Soteria
Op.Soteria-Minutes-2020-04-15-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	15 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1358hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC	Apology	VicPol	REDACTED Tim Tully (TT)
State Controller Health		DPC	REDACTED
DHHS	Braedan Hogan (BH) Pam Williams (PW) REDACTED	SCC Comms	REDACTED
DHHS (Airport)	REDACTED REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</p> <p>10/4/2020 – RED will follow up and confirm ASAP.</p> <p>11/4/2020 – RE Have been unable to confirm at this</p> <p>14/4 – (CE) still being worked on stage.</p> <p>15/4 – (CE) work tied up with National Committee</p>	DPC - RE	In PROGRESS Part 2

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •
2.	<p>Operations</p> <p>DHHS</p> <ul style="list-style-type: none"> • PW – <ul style="list-style-type: none"> ○ Setting up REOC and looking at rostering for busy periods ahead. ○ Working on updating the exit plans and a new fact sheets for people. ○ Working on the Welfare cell side and how it links in with the Nurses and Doctors. ○ Jason Helps will be acting in the Commander role for the next 2 days. • RE – Quiet morning, looking at planning for the upcoming week. • CE – Have you discussed with ABF resourcing for customs to prevent delays in the Customs process? • RE – Had briefing after with ABF, they noted it and will be increasing their staffing as appropriate. <p>DJPR</p> <ul style="list-style-type: none"> • Small amount of exits today and arrivals going into Novotel on Collins. • Forward planning for the big days from Friday onwards. • Have shared with CE & BH our early thinking on how to allocate new arrivals into the current hotel stock and have in principal agreement around it. Could circulate it to wider group. • CE – yes happy for it to be circulated. • Looking to bring in some more hotels on next week to cater for flights from Monday onwards. We will work with DHHS on that. • Discussing with BH, what we need to do to support vulnerable people who have left quarantine and can't onward travel. <p>DOT</p> <ul style="list-style-type: none"> • Keen interest in planning for repatriation flights. <p>VicPol</p> <ul style="list-style-type: none"> • TT REDACTED has been working on lining up a security forum. Just to line up some support for their operations/actions. More reports of people leaving rooms for exercise and the like, just need to get a clear line of sight as to what arrangements are in place. • CE – Will work with BH to get the appropriate AO representative for the meeting. • PW – We do have a Recreation policy in place for people having time out of their room. • TT – Trying to ascertain what is being permitted, had a report of someone trying to go to a convenience store. The intent of the security forum is to get an understanding of arrangements. • RE – Have prepared an attendance guideline for members rostered to support Operation Soteria in either ingress/egress or hotel precinct patrols. The document has expectations upon police officers. Happy to share the document with the group.

	<ul style="list-style-type: none"> • RE – The earlier we receive the planning the better it is for moving our people around. <p>AFP</p> <ul style="list-style-type: none"> • Planning towards Friday. <p>DPC</p> <ul style="list-style-type: none"> • Nothing further.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <p>Storing agency plans in one location:</p> <ul style="list-style-type: none"> • CE – Just looking at trying to get all agency plans in one spot so all can see, any thoughts PW. • PW – Did have a high level plan which was provided to Public Health for comment. There is a specific plan around exit which need to be updated. DJPR have a number of process plans and maps that a relevant. • RM – Would support documents all in the on place, to figure out which ones override the other and prevent duplication. • PW – Planning cell is working on that now, in the EOC at Fitzroy. • RE – Keen to have someone embedded ongoing for support and conduit back. Will work offline with PW. <p>Flights coming in</p> <ul style="list-style-type: none"> • 2 out of the 4 Delhi flights being re-routed, possibly Adelaide. • One of the flights has been delayed by 24 hours and will no longer at same time as the Manila flight. • We are going to be running tight in relation to hotel capacity for the next 8 days. • Looking at managing expectations with the National system with regards to our capacity. • R – How is it looking in hotel capacity, be good to know what ingress/egress from hotels is coming up. • RM – Will send through our plan on hotels. With current planning all hotels will be full by Sunday. • CE – Another key part is obtaining departure information for people who need to travel interstate. Domestic travel arrangements are restricted, in particular with Queensland and WA. WA now only has 1 flight a week. The WA Operation are looking at chartering a couple of planes to get 180 Victorians back home.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> • RE – Developing a comms strategy for Operation Soteria, one issue is we have just revised the fact sheet (out dated info / new info from DJPR) and we are trying to get it through approval process quickly. We will need to arrange printing for people exiting over the next few days. PW – please include me in that process.

6.	<p>Other Business</p> <p>Assurance and Learning REDACTED</p> <ul style="list-style-type: none"> • We have been working on a short survey for what is working well and what areas we can improve in, looking for 3 points on each. • Assurance and Learning will be setting the survey up within EM Share, EM Share can also have feedback provided at any time as well. • Proposing to send out a survey today or tomorrow. We are looking to have a quick turnaround so it is a point in time • Detailed security of EM Share process and how information is locked down • Looking for feedback on how broadly do you want it sent out, and the time frame for response. • CE – keen to have distribution to people out in the field. • BH – Widely would be better, have staff who have been out there since day one and more recent starters. • REDACTED – We can work on exporting data into Excel and then share it where you like. We usually create insights / trends, other options can be considered depending on the nature of feedback. • REDACTED – We can see if there are people we need to follow up in a bit more detail if they have said they are happy to be contacted. • REDACTED – The survey is accessed online with a link.
7.	Next Scheduled Meeting – 1330hrs, 16 April 2020

Actions			
No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-16-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	16 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1349hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	-
EMC	Andrew Crisp (EMC)	VicPol	Timothy Tully (TT) REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED REDACTED
DHHS	Braedan Hogan (BH) REDACTED Finn Romanes (FR)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.2	3/4/2020	<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</p> <p>10/4/2020 – RE will follow up and confirm ASAP.</p> <p>11/4/2020 – RED Have been unable to confirm at this</p> <p>14/4 – CE still being worked on.</p> <p>15/4 – (CE) work tied up with National Committee</p>	DPC RED	<p>In PROGRESS Part 2</p> <p>CLOSED</p>

Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 560 1437 622" style="list-style-type: none"><li data-bbox="360 560 1437 622">• Confirmation has been received that the flights from India scheduled 19th and 21st April have been rerouted.

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- Work today will focus on the large flights that are scheduled to arrive from tomorrow, ensuring readiness and that everything is well positioned.
- New hotel to be stood up tomorrow – Novotel South Warf
- 10 nurses from the Alfred and ST Vincent's will now be providing welfare checks across all hotels.
- Working to align reporting data is consistent across all departments as a result of requests from the Ministers Office. Reporting will be attached to the SitRep tomorrow.
- EOC is now up and running at Fitzroy with the core staff group now online. By COB today more staff and functions will be up and running by the end of today including, liaison officers from DJPR and OHP. ADF are currently assisting in version control of plans.
TT- Would be useful to have VicPOL as a liaison officer in the EOC. JH and TT to discuss further off-line.
- No flight this morning. Focus today will be preparations for the scheduled large flights due in the coming days.

DJPR

- Working to ensure the Novotel – South Warf is ready to be stood up tomorrow.
- Contract renewals are due shortly. An audit of the current hotels will be a part of the process leading up to the contract renewals.
- Work continuing on traveller continuing stay after exiting as they are unable to onward travel (e.g. the next WA flight is scheduled 24th April). More detailed data is being sought for these travellers.
- The ability for those in quarantine to be able to order from Uber eats or Menu log should be switched on soon, which will allow travellers to be able to feel in control of their own food preferences and dietary requirements.
- Work being done to prepare for those celebrating Ramadan ensuring that needs may be met.

DOT

- -

VicPol

- Security forum being held this afternoon to establish clear understanding for security at specific locations.

AFP

- -

DPC

- Working on a number of questions raised by the Premiers Office regarding Victorian stranded interstate and those stranded here.

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> -
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none">
5.	<p>Communication</p> <ul style="list-style-type: none"> -
6.	<p>Other Business</p> <p>RE – Comms looking to update the Exiting FAQs to update the responses as some of the arrangement mentioned are now out of date in particular those around public health, currently waiting for a couple of responses to be clarified. FR and R to discuss offline.</p>
7.	Next Scheduled Meeting – 1330hrs, 17 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-04-17-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	17 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC		VicPol	Tim Tully (TT)
State Controller Health		DPC	REDACTED REDACTED REDACTED COVID-19 Comms Team
DHHS	Finn Romanes (FR) Menna Naidu (MN) – COVID Compliance	SCC Comms	REDACTED SCC PIO REDACTED DHHS Strategic Comms Manager
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED)

Actions from Previous Meetings				
No	Meeting Date	Action	Assigned to	Due Date
Nil Actions outstanding				
1.		Situational Awareness Deputy State Controller - Health		
		•		

2.

Operations

Key issues, pressure points, dependencies and information sharing

DHHS

- 3 flights scheduled today with 800 pax. One flight arrived this morning with 423 passengers who have gone to the Crown Metropol, with no issues reported. 2 flights still to arrive.
- Saturday two flights scheduled to arrive with another large flight due in on Sunday.
- MN – still experiencing shortages with Authorised Officer (AO's) and currently training new people to get their cards so there are enough AO's to meet rostering requirements. Interim arrangement will be to have four different groups servicing the hotels to get through this period while there are not enough AO's on the ground.

DJPR

- 111 travellers exiting today and 550 arriving who will be sent to the Novotel South Wharf and Crowne Promenade tomorrow.
- Sunday - Holiday Inn and Marriott depending on the number of arrivals.
- May need to discuss standing up additional properties with the forecast influx.
- Looking at renewing contracts with hotels – DJPR discussed today.
DJPR keen to discuss offline new model for AO's as this would change the current hotel operations with security and logistics.
TT – regarding possibility of standing up new hotels next week, is there a list of properties and whether they are outside the CBD, as well as what order they may be stood-up in.
DJPR has a list of hotels across the state but currently no intention of using regionally based hotels for quarantine purposes. Preferred decision is for quarantine hotels to be located in the CBD.
RM - If transiting passengers requiring quarantine in Melbourne increases over next week we would need to look at increasing hotels and going out to hotels adjacent to existing ones.

DOT

- Feedback on ground this morning with arrivals at the airport was significant volume of passengers has created some challenges in time it took to get them processed.
- The resource level for the AFP escorts has meant we had to hold some buses so that multiple buses could go together just because of the resourcing with AP escorts.
- Commentary surrounding extending contracts we will put an extension in place for SkyBus for the transport solution.

VicPol

- Nothing to report.
TT - on leave for 2 weeks ensured people taking over are briefed and are on the distribution list.

AFP

- Note comment from transport and will chase up and follow up offline.
- Discussions had with Braedon yesterday re support AFP can provide to the standing up of the centre at Fitzroy.

DPC

- Update on announcement on domestic flights the Commonwealth made this morning regarding the establishment of arrangements with Qantas, Jetstar and Virgin to put on 222 return flights a week. 118 of these flights will be between capital cities to support transport of essential workers, freight and those travellers coming from quarantine that are finding it difficult to travel back to their home State.
- Will become fully operational from Monday 20 April for an 8 week period and the airlines have uploaded their flight schedules online.
- Requirement to provide commercially reasonable ticketing prices and there is also provision in the agreement to require carriage of priority passengers, this means that a certain number of seats on flights will be allocated for people exiting quarantine.
- Important for the group to get the data on how many exiting passengers are travelling

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3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> Melbourne passenger numbers received and the repatriation spreadsheet which will be shared after the meeting. Tomorrow 4 flights coming in with 245/roughly 60 people on each flight. Sunday repatriation flight from Manilla is back on – 350 people Monday India flight – 440 full flight.. Pakistan flight looks as though it is getting approval tentative date of arrival next Friday. Forward look is that we will be maxing out accommodation arrangements. Please keep planning for large numbers of arrivals <p>RM - Need to discuss accommodation today to start reaching out to more hotels.</p> <p>REF Need to make sure AOs at airport have sufficient time to issue detention notices properly.</p> <p>Just flagging that detention notices are per person and can take a bit of time to get through and can be quite challenging when large numbers of people are required to move through the airport quickly.</p> <p>AO on plane doing verbal discussion then they sign the notice and take a photo of the notices.</p>
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> FR – running through some content of a draft plan that we can get to everyone – making good progress.
5.	<p>Communication</p> <ul style="list-style-type: none"> REF - a comms strategy has been drafted and will circulate for information and feedback. If we can get feedback this arvo so we can get to DPC for approval. REF at IFP – re transport delays – was slower debussing people at the hotels which delayed the escort vehicles getting back to the airport to pick up. RED will feedback info from R to Skybus so they understand delays were due to debussing at the hotel.
6.	<p>Other Business</p> <ul style="list-style-type: none"> REDA back tomorrow for his rotation.
7.	<p>Next Scheduled Meeting – 1330hrs, 18 April 2020</p>

Actions

No	Action	Assigned to	Due Date
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Actions			
No	Action	Assigned to	Due Date
	DHHS to discuss offline the new model for AO's	RM/MN	18/4/2020
	DHHS to circulate drafted comms strategy for information and feedback by COB today.	RED	18/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-18-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	18 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1356hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	REDACTED
EMC		VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) Finn Romanes (FR)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	-

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
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Nil actions outstanding from previous meetings.

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • 1,319 confirmed cases have been reported in Victoria, an increase of 17 from yesterday. 1,172 have recovered, an increase of 13. Deaths remain at 14. • 6,540 confirmed cases in Australia; an increase of 71 with 2 new deaths reported bringing the national total to 65. • 92% of symptomatic cases are being detected. • Continue to now run in the suppression phase. • 3 flight arrivals yesterday with 813 passengers in total. • 5 flights scheduled today with an estimated 206 passengers (2 of these flights have already arrived at the time of this meeting).

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- The EOC for Operation Soteria is now fully set up at Fitzroy and will be taking the lead for the operational activities associated with the operation.
- The transition process has gone well and work is now being done to identify gaps, clarify data and work through procedures ensuring that there is a continued shared understanding with all involved.
- There is a notably different to look to people now arriving, being made up more of families and people with disabilities, which now also adds complexity to some arrangements such as connected rooms, which will need to be considered going forward. This will be looked at over the next couple of days.
- The draft Comms Plan will be circulated today once approved, noting that this is a first draft and will continue to be worked on for a second version. Important that this goes out to answer many of the questions being asked.
- A Health and wellbeing Plan will also be circulated shortly which will assist in the managing and answering questions around the management of the travellers' wellbeing in many of the processes such as checking-in and exiting.
- Public Health is working hard to get response out to minor questions for specific scenarios.
- Airport procedures are running as expected and working through any issues as they arise.

DJPR

- The 5 flights today will be sent to the Crown Promenade today. Tomorrow the Promenade will still be receiving travellers as well as the Plaza.
- The Plaza has been bought back on-line as there no choices as a result of the numbers returning on repatriated flights. DJPR has being in contact with the Plaza to rectify issues identified previously.
- Discussions will need to occur if the pattern of repatriated flights continues for future hotels planning and strategic planning purposes.

DOT

- Significant numbers arriving yesterday put pressure on processes with a couple of challenges, including busses having to wait for a couple of hours and passengers requiring convenience breaks.
- Would be good to confirm the number of passengers arriving tomorrow as the flight tracker does not have the numbers.

VicPol

- Some issues highlighted last night around the Novotel South Warf and the Pan Pacific with travellers in isolation reported to be freely moving around (20 pax) with general public. Might be worth looking into either a barrier or signage to separate the public from the quarantined areas and those getting fresh air.
RE: – Good idea to have a separate are. Will follow-up as 20 pax is beyond the number for social distancing requirements. There may be complexities around how that is operationalised.
- Buses were delayed due to the check-in capabilities of the Novotel who have only 2 check-in counters which may need to be looked at.

AFP

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- Would like to follow-up on the complaint made regarding AFP resources not being adequate for the bus escorts. Will follow-up with KS off-line.

DPC

- Nil to report.

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3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • EOC structure will be circulated with the minutes. • Soteria Comms Plan will be circulated once it has been approved, later today.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> •
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	Next Scheduled Meeting – 1330hrs, 19 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	ECO structure to be circulated with the minutes.	REDACT	18/4/2020
2.	Soteria Comms Plan will be circulated once it has been approved, later today.	JH	18/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-19-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	19 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1347hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	REDACTED
EMC	-	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) Menna Naidu (MN)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	-

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	18/4/2020	ECO structure to be circulated with the minutes.	REDACTED	COMPLETE
2.	18/4/2020	Soteria Comms Plan will be circulated once it has been approved. 19/4 – Approved in principle by JH will hopefully be circulated later this afternoon.	JH	19/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Victoria has had an increase of 9 confirmed cases reported since yesterday, bringing the total to 1,328. The total number of deaths is now 15, an increase of 1 since yesterday. Nationally 6,574 confirmed cases of COVID-19 and increase of 34, and 68 deaths have been reported increasing by 3 since yesterday. Globally over 2.3 million cases have been reported with 158,691 deaths. 5 flights arrived yesterday with 167 people arriving into quarantine, the last flight coming through at 1900. 4 flights scheduled today with over 400 passengers expected. 2 of those flights have already arrived, 1 from Manila and 1 from Hong Kong this morning, with 351 passengers. Focus today will be transferring the passengers into hotel quarantine. 1 person taken to from the airport to the hospital this morning. No other incidents reported from this mornings flights. Since the 28 March 2020 82 flights have been received and 5,215 people place in quarantine.

2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • Focus today rationalising planning documents and improving FAQs sheets at the hotel level. • Work with DJPR around complaints received about a number of hotels, will work through understanding the issues and what/how people may have been upset and how improvements can be made. SF – If extra assistance is required the offer of DELWP logistic/planning officers can be put through to the DELWP SAC today. • Airport processes running smoothly. Large numbers already been received this morning and will continue to focus on preparing for the large flights expected tomorrow. <p>DJPR</p> <ul style="list-style-type: none"> • The report yesterday regarding quarantined people being out exercising in public in large numbers continues to be investigated, however follow-up has revealed that this was not the case and that there may be some confusion with other hotel guests being out. This will continue to be investigated. • Preparing for large flights with 2 hotels exiting. Staff getting ready for the next influx. • Smoking becoming an increasing issue as a larger proportion of smokers are arriving in the latest flight cohorts. Concern around people smoking in rooms and the possibly of smoke alarms being triggered and people needing to be evacuated as a result. <p>SF -The repatriation tracker should be updated at approximately 1600. If this hasn't been updated will follow-up.</p> <p>DOT</p> <ul style="list-style-type: none"> • Successful meeting discussions with AFP in regards to the escort issues that have occurred, noting that it has been agreed that the processes for escorting from the airport to hotel and return back to airport for further escorts may be delayed due to the check-in processes at some hotels. Both DoT and AFP agree that the check-in process at some hotels will put pressure down the line in the processes. • Great feedback on coordination and communication between the teams received today. <p>VicPol</p> <ul style="list-style-type: none"> • No reports received about people being outside of hotels, which is a good sign. • Assisted with the AFP escorts today. <p>AFP</p> <ul style="list-style-type: none"> • Request that if AFP resources are required that at least 24 hours' notice is provided where possible. • A query has come through whether the taxis being used to take the quarantine passengers, are subject to the same cleaning expectation that the Sky Buses go through after they have transported passengers. MN – will follow-up and ensure this is included in the processes for taxis leaving the hotels with passengers. Would be good to get more information about compliance arrangements, will discuss with RM further offline. ACTION - DHHS and DJPR to discuss compliance arrangements for maintaining a quarantine environment offline
File Version	<p>DPC {FILENAME \p * MERGEFORMAT }</p> <p>Page 3 of 4</p> <p>Printed { DATE \@ "d/MM/yyyy" * MERGEFORMAT } - { TIME \@ "HH:mm" * MERGEFORMAT }</p> <ul style="list-style-type: none"> • Nothing further to report.

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> -
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> -
5.	<p>Communication</p> <ul style="list-style-type: none"> The Communications Plan has been approved in principle and will be circulated later today, with the understanding the version 2 is already being worked on.
6.	<p>Other Business</p> <ul style="list-style-type: none">
7.	Next Scheduled Meeting – 1330hrs, 20 April 2020

Actions

No	Action	Assigned to	Due Date
1.	DHHS and DJPR to discuss compliance arrangements for maintaining a quarantine environment offline.	RM/MN	20/4/2020

Operation Soteria
Op.Soteria-Minutes -2020-04-20-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	20 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Scott Falconer (SF)	DOT	REDACTED
EMC	-	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) Menna Naidu (MN)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Rachaele May (RM)	Assurance and Learning	REDACTED

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	18/4/2020	Soteria Comms Plan will be circulated once it has been approved.	JH	18/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> • Victoria has had an increase of 1 confirmed cases reported since yesterday, bringing the total to 1,329 with 1,196 recovered. The total number of deaths remain at 15. • Press release this morning around the modelling from Monash, Doherty Institute and DHHS found that if there was no physical distancing restrictions in place numbers of cases would have up to 58,000 every day at the peak of the Pandemic, more details are in today's talking points. • 5 flights arrived yesterday with 371 people arriving into quarantine. 1 person taken to from the airport to the hospital was found to have no significant issues and was later released and taken to their hotel. • 4 flights scheduled today with over 549 passengers expected. 2 of those flights have already arrived, and have been processed. • Since the 28 March 2020 84 flights have been received and 5,236 people placed in quarantine. • As at the midnight 18 April 2020 3,041 are in quarantine in Victoria.

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- EOC is now well established and fully operational with all requirements and rostering.
- 2 hotels were rostered on late last night showing the rapid work able to be completed and the on the ground surge force standing up to help out.
- A number of issues that PW and RM will be looking at today around food and exiting with the aim of exiting running very smoothly as there is a day coming up that will have over 700 people exiting quarantine.
- Also working to clarify the multiple permutations of COVID-19 positive and those that are sharing room which has been difficult to manage as it complex and requires an individual assessment.
- A safety officer is now on site at the EOC will be going to each hotel to do an assessment over the few days.
- Standing up 2 hotels yesterday means that the EOC is quite stretched and would be keen to know the expected large number coming in to the future.
SF – JH and SF to attend the EOC this afternoon to discuss the addition positions that may be required in the group of logistics, resources and planners.
RE – What other resourcing requirements apart from AO's are being stretched.
PW – All of them as more hotels come on-line and people that have left their BAU roles return back to those as required.
- A reassessment of all of the hotels that require physical exercising and smoking breaks that had discussions with DJPR about hotel where these breaks are becoming a challenge and potentially looking at the criteria possibly being amended for some hotels particularly with those that have smokers.
- Large numbers continue to test process at the airport but thing moving well and as to be expected. Continue to stay as well as informed as possible with DFAT and ADF regarding the rep flights and what numbers and when they may be expected.

DJPR

- People exiting the Park Royal today.
- 2 new hotels today Holiday In and the Marriott receiving the flights that arrived this morning and are being processed.
- Looking forward across the week to sprinkle people throughout the current real estate as they also get excited and cleaned (taking about 1 day to clean if COVID-19 positive) - Park Royal, Crown Promenade and Mercure.
- Very interested in looking at the repatriation flights coming in and that there is nothing scheduled until Friday. Will look at planning for any surprises and working on strategic planning on real-estate portfolio and operational matters now that EOC is established trying to plan on forecast numbers knowing there is complexity in choosing some real-estate.

DOT

- Operations an well this morning.

VicPol

- Informed the egress this morning has been completed.
- Assisted today with a traveller that had been abusive and threatening, good to know these issues when coming in and can assist.
- A non-related COVID-19 public suicide in Flinders lane. May have been seen by some people and roads are also closed and busses are being diverted around this area.

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"h:mm"} \{*
MERGEFORMAT }**AFP**

- Received a request this morning for an escort from airport to hotel this morning at short notice when all resources were already committed and ask for at least 24 hours notice where possible. Will discuss with DHHS off-line.

DPC

- Operational National Cabinet Meeting scheduled tomorrow afternoon with a couple of

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> Now that the EOC is set up we are seeing a shift in operations with more people able to assist.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> -
5.	<p>Communication</p> <ul style="list-style-type: none"> Over the weekend the revised FAQ's sheets were printed out for distribution to hotels for those exiting and welcome. Newsletter number three will go out this week just confirming with DJPR on the content. Incorporating the feedback on the Comms strategy and will circulate the revised version once feedback is incorporated.
6.	<p>Other Business</p> <ul style="list-style-type: none"> RE -Survey link was set up and sent out last Thursday. 2 responses have been received. A number of observations around communications and collaboration. Would be great to get some responses. Survey will stay open until 0800 tomorrow morning and will provide a summary at the 1330 meeting tomorrow. The survey can be reopened next week to gather further information, after this initial round of responses. RE - will discuss with the policing agencies (off- line after this meeting) the escort expectation/requirements around those going from the airport to hospital and from hospital to the hotel
7.	Next Scheduled Meeting – 1330hrs, 21 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria

Op Soteria-Agenda-2020-04-20-1330hrs



Operation Soteria
Op.Soteria-Minutes-2020-04-21-1330hrs



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Operation Soteria			
Meeting Details			
Meeting Date	21 April 2020	Start	1400hrs
Teleconference	REDACTED	End	1414hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	-
EMC	-	VicPol	REDACTED
State Controller Health	-	DPC	REDACTED
DHHS	Pam Williams (PW)	DHHS Comms	REDACTED
DHHS (Airport)	-	AFP	REDACTED
DJPR	Rachaele May (RM) REDACTED	Assurance and Learning	-

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	18/4/2020	Soteria Comms Plan will be circulated once it has been approved.	JH	18/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Later start today due to the National Coordination Mechanism (NCM) meeting this afternoon.
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> Focus will be on refining processes and working through strategic planning documents. A catalogue of documents is being collated making sure that the most up to date and right processes are included. The ADF have offered resourcing this area as they have people with expertise in this area. Other resource requests for the EOC are being worked through and are coming together. <p>DJPR</p> <ul style="list-style-type: none"> Working with DHHS on the consolidated approach particularly around people exiting with a big day forecast for Saturday. Hoping to better understand the flights (through the repatriation tracker) that may be coming to be able to better plan for the possibility of extra hotels. <p>DOT</p> <ul style="list-style-type: none"> - <p>VicPol</p> <ul style="list-style-type: none"> - <p>AFP</p> <ul style="list-style-type: none"> ADF to contact PW offline in regards to the late notice for an escort from the airport this morning. <p>DPC</p> <ul style="list-style-type: none"> -

3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <p><i>Update from Chris Eagle from the National Coordination Mechanism meeting</i></p> <ul style="list-style-type: none"> • The process for the repatriation flights with prioritisation and coordination of airlines continue but the process changing. <ol style="list-style-type: none"> (1) Commercial flights continue as per normal schedule (2) Government coordinated commercial flights will now be required to provide a manifest prior to departure so that the NCM can best allocate the destination for the flight based on the time of arrival and numbers of traveller to best suit the availability of capacity in each state. (3) Private charter flights will be asked to submit a manifest prior to approval for flight destination / time, as well passengers will be required to have completed medical screening before being able to travel. • NCM is meeting twice daily to discuss inbound flight scheduling. • NCM has Victoria capacity figures at 3,700. We are currently around this number of people in hotels and will likely remain at this level for the next 5-6 days. • 8 flights scheduled from India of which Victoria may be asked to receive two (CE estimate only). Currently 4 flights are in the repat tracker: <ul style="list-style-type: none"> ○ 270 pax – Lahore – Saturday ○ 188 pax – Buenos Aires – Sunday ○ 330 pax – Manilla – Sunday ○ 120 pax - Johannesburg - Thursday • Domestic flights are being monitored for those exiting after 14 days. • Nationally statistic show that in the last 3.5 weeks 18,000 Australians have returned, 5,500 of those have arrived in Victoria, with slightly higher number arriving in Sydney. • Australians still to return: <ul style="list-style-type: none"> ○ 500 – Pacific ○ 2,700 – South East Asia ○ 2,200 Middle East and Africa ○ 450 North America ○ 600 Latin America • Canberra looking to not overload any states and ensuring capacity is monitored.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • -
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • -
7.	<p>Next Scheduled Meeting – 1330hrs, 23 April 2020</p>

Actions

Operation Soteria

Op Soteria-Minutes-2020-04-21-1330hrs



No	Action	Assigned to	Due Date
1.	CE to circulate repatriation tracker data and the new dashboard data being proposed by the National Coordination Mechanism.	CE	21/4/2020

Operation Soteria
Op Soteria-Minutes-2020-04-22-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	22 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1348hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC		VicPol	
State Controller Health		DPC	
DHHS	Pam Williams (PW) Menna Naidu (MN)	SCC Comms	
DHHS (Airport)	REDACTED	AFP	
DJPR		Assurance and Learning	



Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date

Item	Subject
1.	Situational Awareness Deputy State Controller - Health <ul style="list-style-type: none"> •

2.

Operations*Key issues, pressure points, dependencies and information sharing***DHHS**

- **RE** – Quiet morning, 1 flight arriving now. Planning for flights arriving on Saturday.
- MN – Report back from the airport about delays getting baggage of planes.
- PW – AFP raised issue, and an option is Border Force staff may be able to assist, with some at the airport and some at the hotels as people arrive.
- PW – Food delivery is now going to be occurring, we do however have a contract where food is meant to be provided, we continue to see poor customer service in some of the hotels. It would be worth a discussion for things that can be improved in the hotel context before contract renewals/extensions, to tighten up what is expected.
- CE – RM did have some discussions on Friday with one of the hotels.
- **RE** – Would be keen to get feedback for inclusions. **Action: RE** to set up a process for feedback on Hotels.
- PW – Continue to have complexities with guests who become COVID-19 positive as they go onto a different order. Has implications for them and any close contacts leaving, if they live in Vic they go home with relevant protocols in place. It becomes complex with people who need to return interstate. Looking to get all COVID-19 positive cases moved to one hotel. (If they were sharing a room, we will give people an option to not continue sharing a room.). This will assist with the messaging processes and having staff aware of the individual specific needs.
- We have the Rydges and can stand up the Grand Chancellor if required. We may not have many cases after we clear people from San Francisco flight and the Uruguay flight.

DJPR

- Still working based off the repatriation tracker tool.
- Finalising our operating model with a lot of roles and responsibilities, in consultation with DHHS.
- We have nearly approved Uber Eats and food delivery services being provided to guests.

DOT

- Nothing to report.

VicPol

- All going well at this stage.

AFP

- Superintendent has spoken with PW.
- Our Major Incident room is operational from 0700 to 2200 every day and can be contacted on **REDACTED**

DPC

- **RE** – Broader question on a blanket approval for diplomats, is there something being considered? Also wondering if the Comms Strategy has been given to the Comms Bunker as yet?
- **RE** – I understand that the Comms Strategy has gone to DPC.
- MN – Pretty much do have a blanket exemption for International diplomats to self-isolate in their home residence. An exemption has gone through for the diplomats arriving today and tomorrow.

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3.	<p>Planning</p> <p>CE</p> <ul style="list-style-type: none"> DJPR are starting to receive the repatriation schedule. The next large flights are Saturday and Sunday with 1 each day. We have a chance to catch up a little bit, get some processes sorted and empty some rooms out. We then have large flights coming in on Wednesday, Thursday & Friday next week. The flight coming in on Friday is from India and will be the next really big intake.
4.	<p>Health and Wellbeing (staff and travellers)</p>
5.	<p>Communication</p> <p>RE</p> <ul style="list-style-type: none"> The Comms Plan is currently with DPC for sign off. We also understand a newsletter will be going to people in hotel quarantine regarding Uber Eats and schooling sometime this week.
6.	<p>Other Business</p> <ul style="list-style-type: none"> CE – As a group do we still think daily meetings are required? I am suggesting Monday, Wednesday & Friday. Supported by DOT, DJPR, VicPol. PW - Support and we can always be contacted directly if anything urgent arises. CE – In that case we will implement it effective immediately, with the understanding the meeting frequency will be increased if the need arises.
7.	<p>Next Scheduled Meeting – 1330hrs, 24 April 2020</p>

Actions			
No	Action	Assigned to	Due Date
1.	Establish a feedback process for any issues relating to Hotels, to assist with improving Hotel contracts (new/renewals).	KM	24/4/2020

Operation Soteria
Op Soteria-Minutes-2020-04-24-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	24 April 2020	Start	1330hrs
Teleconference	REDACTED	End	0000hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC		VicPol	
State Controller Health		DPC	
DHHS	Merrin Bamert (MB)	SCC Comms	
DHHS (Airport)	REDACTED	AFP	
DJPR	Rachaele May (RM)	Assurance and Learning	
Safety	REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	22/4/2020	Establish a feedback process for any issues relating to Hotels, to assist with improving Hotel contracts (new/renewals).	RED ACT	24/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> •
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> • RE – No arrivals until 1630hrs with 17 on the flight. Planning for the weekend arrivals. • RE – Trialling a new Compliance App today with the smaller numbers coming. Will assist with getting detention photos and enter data. We have also been able to get the flight manifest to assist with preparation. • RE – Has that come from new Commonwealth arrangements? • RE – It's more connected to moving towards use of the Compliance App. • MB – Sunday has big numbers leaving Rydges and we are waiting for information from Public Health on dates going into quarantine/isolation and who is still needing to be under a Direction. • Action: DHHS to provide updated message and script for departing guests who are COVID-19 positive. <p>DJPR</p> <ul style="list-style-type: none"> • Have been ensuring staff take some rest days in preparedness for a big weekend. • Working with DHHS on the exit arrangements for Sunday at Rydges being the COVID hotel. <p>DOT</p> <ul style="list-style-type: none"> • Received feedback regarding yesterday's operation at Park Royal, around the time taken to off-load passengers. Only 1 passenger at a time can use the lift, teams on the ground couldn't understand the logic. If we are to use the hotel again a better process will be required. <p>VicPol</p> <ul style="list-style-type: none"> • Nothing to report.

	<p>AFP</p> <ul style="list-style-type: none"> Nothing to report. <p>DPC</p> <ul style="list-style-type: none"> Nothing to report.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> CE - 4 large flights, 2 over the weekend and 2 at the middle of next week. 365 exiting today and Sunday there is 670 departures, I need to ensure DHHS & DJPR are comfortable with where they are at and sharing information. MB – We have agreed to do the exit planning for Rydges, we are awaiting info from Public Health on those who may need to go onto a quarantine or isolation order (confirming end dates). MB - We need planning from DJPR for the other hotels and where people are going, which needs to be sent to the EOC inbox. We need to understand who is staying within Victoria and who is going interstate. Action: DJPR to adjust process of departure information gathering so it can be shared earlier in the 14 day period MB - We are working on clearer script up front and script for people making the calls at DJPR. In most cases (95% of the time) DJPR can do the exit process. RE – Planning for today and tomorrow are sorted. Don't have the latest figure on calls completed for Sunday, most should be completed. We are still awaiting advice from Public Health around COVID positive people. Will circulate timings and onwards travel details to MB. There are still concerns around vulnerable people who will be leaving quarantine. CE – MB I understood work was going to be done with the City of Melbourne primarily and the broader DHHS normal arrangements (around vulnerable people), is that still work in progress, do you have information to share? MB – Not aware, not being run out of EOC. Had conversation with Braedan and will follow up. Data gathering at the front end will help with case managing earlier. Action: DHHS to confirm arrangements for vulnerable and other departing guests who required short term accommodation RE – Just awaiting confirmation on final numbers for Sunday to arrange buses. Is there any requirements for buses on Sunday for people exiting? MB - Unaware of any large groups leaving. RM – Don't have the answer as yet, will contact you offline if there is a need to arrange that transport. R – Egress on Sunday, are the 4 hotels occurring simultaneously? RM – They will be occurring simultaneously, as the quarantine order allows people to leave from midday onwards, unless they have an earlier flight. MB - Yes that's correct. R – If you could start Mercure exit earlier as we have experienced delays before. E – Is there any ability to dial into any EOC meetings to have better understanding on planning. MB – We were looking at a twice weekly meeting. Perhaps DJPR, VicPol and EOC have earlier meetings for planning (Mon/Wed/Fri). R – May be able to collect emails into one rather than multiple emails saying the same thing. MB – We will talk offline. RE – REDACTED called today and advised Tuesday/Thursday meetings for an EMT run by EOC is being arranged.

4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • MB – Taxi Regulatory body wants more work completed on COVID positive people using a Taxi, at the moment non-emergency patient transport is being used. • RE – Been looking at EM programs of works that have been occurring at the hotels. The hotels don't have COVID related processes in place. We are working with them to reassurance and have some governance over how it would work if there needed to be an evacuation. I have been working with REDA at DHHS. • RE – Looking at length of times people have been working, some of staff will be working through Ramadan and will not be eating or drinking during the day. Just highlighting we can't have people doing long shifts. • R – Also need to look at central point for the reporting of any injuries to inward staff/contractors. • CE – Talked with Andrea Spiteri a few days ago about the work RE is doing, we are really supportive of the work that has gone on. We want to make sure it doesn't become a DJPR process and that it is connected into the EOC and looks broadly at how all the agencies work together. RE do you have a connection into the EOC Safety person? • RE – It would be great to have that connectivity. • MB - EOC now have a Safety role rostered into EOC. • CE – MB share roster with DJPR and RM share roster with EOC.
5.	<p>Communication</p> <ul style="list-style-type: none"> • RE – Do we have a list of trends with calls coming into the call centre? • RM – Can send through, possibly already sent to SCC Intel.
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	Next Scheduled Meeting – 1330hrs, 27 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	DHHS to provide updated message and script for departing guests who are COVID-19 positive.	MB	27/4/2020
2.	DHHS to confirm arrangements for vulnerable and other departing guests who required short term accommodation	MB	27/4/2020
3.	DJPR to adjust process of departure information gathering so it can be shared earlier in the 14 day period	RE	27/4/2020



Operation Soteria
Op Soteria-Minutes-2020-04-27-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	27 April 2020	Start	1330hrs
Teleconference	REDACTED	End	0000hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC		VicPol	REDACTED
State Controller Health		DPC	REDACTED
DHHS	Pam Williams (PW) Menna Naidu (MN) REDACTED	SCC Comms	
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	REDACTED	Assurance and Learning	REDACTED
Safety	REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	22/4/2020	Establish a feedback process for any issues relating to Hotels, to assist with improving Hotel contracts (new/renewals). 27/4 KM – Contracts have been renewed and current for next 21 days. Complete	RED ACT	24/4/2020 Complete
2	24/4/2020	DHHS to provide updated message and script for departing guests who are COVID-19 positive. 27/4 PW – Finalising those, it's extremely complex when COVID Positive has contact with a Non COVID. They are now being moved to Rydges so that there is only one location to deal with complex calls. Starting from today.	RE	27/4/2020 Complete
3	24/4/2020	3.1 DHHS to confirm arrangements for vulnerable guests. 27/4 Complete 3.2 DJPR to confirm arrangements for guests who required short term accommodation. 27/4 KM - Will follow up with Rachaele and advise on Wednesday.	RED ACT	3.1 Complete 3.2 Pending
4	24/4/2020	DJPR to adjust process of departure information gathering so it can be shared earlier in the 14 day period 27/4 Discussion around exit requirements, CE to follow up with Operation Pandora for advanced notice on peoples name who are transiting through. (Action)	RED	27/4/2020 Complete

Item Subject

1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Version 2 of Operation Soteria plan signed off yesterday and distributed.
2.	<p>Operations</p> <p><i>Key issues, pressure points, dependencies and information sharing</i></p> <p>DHHS</p> <ul style="list-style-type: none"> CE – How did the new process go over the weekend? MN – Yesterday went well. PW – Things went well yesterday with people exiting from across 4 hotels including Rydges. Challenge will be on Friday with over 800 people exiting from just 2 hotels. CE – Is the notification time given to people allowing them enough time to make onwards travel plans? RE – We are contacting people 6 days prior to their departure and then again 2 days prior. We try and ascertain onwards travel as early as we can upon their arrival. PW – We are working on forward planning with quiet time until Friday. Rationalising documentation to ensure it is all consistent. PW - Using Rydges for COVID-19 positive cases will reduce the amount of Red floors. MN – Still challenged with bigger flights to get all the work done by AO's. They struggle to get all the work completed, this has a knock on consequence at the Hotels. We run the risk of someone not being issued a detention notice. CE did the iPads help? MN – The challenge is on the big flights, or the flights arriving close together. Pressure on staff and the issue is they may leave some information gathering to be completed at the hotel. CH – Nothing really, noting the pressure points raised. <p>DJPR</p> <ul style="list-style-type: none"> RE – Still reviewing policies and finalising some policies. <p>DOT</p> <ul style="list-style-type: none"> Saturday was very challenging day. We have some real issues around fatigue management with Bus Drivers and the regulations on them for breaks etc. Large flight came in on Saturday, 5 people had exemptions from WA to transit onto New Zealand which we were unaware of. It took time to work out and this started a chain of delays which flowed onto the next flight arriving. Hand over briefing are vital for embedded processes. They started to get detailed info from passengers before check in, rather than triaging after. Queue of 17 busses, delays. Chatted with DHHS and clarified no change to process, it was just the understanding of the people on the ground. <p>VicPol</p> <ul style="list-style-type: none"> Looking forward to Friday 355 ingress, 800 egress we need to make sure we have processes working. <p>AFP</p>

	<ul style="list-style-type: none"> • RE – Support KS comments regarding more notice for transits, 24 hours' notice would greatly assist. Can KS provide clarity on AFP escorting for all passengers and Taxi's to be used in place of SkyBus • RE – Buses are to be used for groups of 10 people or more. Up to DHHS regarding the use of escorts. • RE – Focus is on transiting of passengers within the 14 day period. • MN – If they are travelling by bus, less concerned about AFP escort, but need to be there meeting at the bus. People going by Taxi, ensure Taxi driver knows to drop them at appropriate area. • RE – We just need clarity on what support is required by Wednesday. We would also like 24 hours' notice for forward planning. • RE – Just clarifying if we are talking about people being transported in Taxis before the 14 days is over and the responsibility is on the Taxi driver? • CE – Will get Michael Mefflin at DHHS to get back, as he is working on the articular matter. • MN – Main conversation with Jason Helps around buses. We have had Taxi's transport people to medical, Drivers had to call when they arrive at appointment, wait and then call when they are heading back. The process is used rarely. <p>DPC</p> <ul style="list-style-type: none"> • Nothing to add.
3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • RE – With large numbers entering and exiting, can cleaning protocols be sent to me for review. PW – Will send you details.
5.	<p>Communication</p> <ul style="list-style-type: none"> • Comms strategy is with DPC for approval. Consideration of setting up an IJPIC, believe a better process is to invite DHHS and DJPR people into this meeting.
6.	<p>Other Business</p> <ul style="list-style-type: none"> •
7.	Next Scheduled Meeting – 1330hrs, 29 April 2020

Actions

No	Action	Assigned to	Due Date
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Actions			
No	Action	Assigned to	Due Date
1.	CE to follow up with Operation Pandora for advanced notice on peoples name who are transiting through.	CE	29/4/2020

Operation Soteria
Op.Soteria-Minutes-2020-04-29-1330hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria			
Meeting Details			
Meeting Date	Wednesday 29 April 2020	Start	1400hrs
Teleconference	REDACTED	End	1417hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	VicPol	REDACTED
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	REDACTED
DHHS	Menna Naidu (MN) Merrin Bamert (MB)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	Safety	-
DJPR	REDACTED Rachaele May (RM)	Assurance and Learning	REDACTED
DOT	REDACTED		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.	24/4/2020	DJPR to confirm arrangements for guests who required short term accommodation.	RED	29/4/2020
2.	27/4/2020	Follow up with Operation Pandora for advanced notice on peoples name who are transiting through.	CE	29/4/2020

Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <p>NCM meeting update</p> <ul style="list-style-type: none"> In the past week/10 days a significant dent in the number of people wanting to return to Australia, has been made from South America, Africa and the Philippines. Hot spots still being looked at are India, Thailand and Pakistan. Registered the surge on capacity in Victoria reminding members that Victoria would be at 115% capacity on Thursday, when Sydney is reporting being at 60%. Twice weekly operational meetings will now occur, so issues can be discussed rather than waiting for the weekly strategic meeting.

2. **Operations**

Key issues, pressure points, dependencies and information sharing

DHHS

- A fast track approach has been developed for transiting for those that are automatically transiting internationally it has been agreed that these people can remain airside at the airport and do not require any paperwork from DHHS. A flight arrived today from Fiji, using this approach 100 people will be able to get onto this flight and travel to Doha.
- Getting the passenger manifest early has assisted in the paperwork being completed for those that do have to be detained at the hotel early.
- Still an issue with unaccompanied minors on flights with paperwork not identifying when they are unaccompanied. Will keep a watch on this issue.
- Discussions being had and work in progress for diplomats and how they are transitioned.
- Additional work may need to be done with those seeking to go to the Pacific Islands, particularly if they are coming from a hotel environment, which makes a slightly more complicated release process. Waiting for some policy clarity from public health. If there is no adequate quarantine process in place more work may need to be done here with people which may mean they cannot get on their flights.
- A lot of exemptions are being requested which is putting a lot of pressure on the exemptions team which will challenge those that want things managed quickly.
- AOs will go back to normal arrangements of having an AO at every hotel, on shift with the fly in squad being placed on standby to assist where required.
- Additional resources will also be available for release. With the release for Friday, there is a plan to have a double shift going for the two hotels, 2 sets of AOs and the process will start early at 1000hrs.
- Families will also be released earlier for special transport requirements able to get out early.

RE – would be good to get the AO numbers – MN will email the numbers offline.

DJPR

- Starting to get into a rhythm as things become clearer and more practiced.
- An additional hotel will be stood up tomorrow night – the Stanford. A rekey was undertaken today by a number of agencies.
- The need to look at the renewal of contracts with some of the hotels. Working with DHHS to look at contracts and what new contracts may need to contain.
- Rydges (red hotel) mostly empty, just finalising the contract with the infectious cleaners. Waiting for it to be signed so that the 87 rooms can be cleaned tomorrow or Friday.

DOT

- Some feedback this morning from those going to the Mercure hotel, stating that the challenges were around the large numbers as the hotel lobby is quite small and people were spilling out onto Swanson Street. This will be a logistical challenge for larger numbers. There is also not a lot of room for busses if they are required to wait.

VicPol

- Involved with the rekey at the Stanford today. Great to see agencies working well together.

AFP

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Version

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• No update today.

Page 3 of 4

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DPC

- Commonwealth select committee request sent through this morning. Feedback is required by Friday.
ACTION – CE to provide an update on numbers expected over the next week to be included in the PPO report.

Operation Soteria

Op Soteria-Minutes-2020-04-29-1330hrs



3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> • Everyone has plans well in place over the next few days. Thursday will be especially challenging. • Large scheduled flights coming over the next 13 days include 4 flights, 3 known about (repat tacker) and one scheduled for 12 May – depending on the scheduled flight numbers.
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> •
5.	<p>Communication</p> <ul style="list-style-type: none"> • -
6.	<p>Other Business</p> <ul style="list-style-type: none"> • -
7.	Next Scheduled Meeting – 1330hrs, Friday 1 May 2020

Actions

No	Action	Assigned to	Due Date
1.	Update on numbers expected over the next week to be provided to DPC that will be included in the PPO report.	CE/RE	30/4/2020

Privileged - LPP

Privileged - LPP

From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Sent: Tuesday, 30 June 2020 10:25 AM
To: Jason Helps (DHHS) [REDACTED]
Cc: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Subject: Operation Soteria Minutes March

Hi Jason

As promised. These are all the Minutes for Operation Soteria in March.

Kind regards

[REDACTED]

SCC-Vic (State Response Controller Executive Support)
State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
Ph: 1300 368 722 (1300 EMV SCC) | Fax: 1300 13 4488 | DX: 210098
Email: sccvic.sctrl@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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Operation Soteria
Op.Soteria-Minutes-2020-03-30-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	30 March 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health	Andrea Spiteri (AS)	DPC	REDACTED
DHHS	Braedon Hogan (BH)		
DJPR	Claire Febey (CF)		

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1	29/3/2020 30/3/2020	Clarification of booking hotels (roles & responsibilities) with DJPR & DHHS. Still fine tuning.	JH	30/3/2020
2	29/3/2020	Check consistency of information supplied to passengers – (Plane, Airport and Hotel)	MM	30/3/2020
3	29/3/2020	Clarify who is responsible for gathering intel on international arrivals at ports and airports.	CE / JH	30/3/2020
4	30/3/2020	Longlist of Hotels required to get a better understanding on capacity, location and proximity to services.	BH/CF	31/3/2020

Item	Subject
1.	Situational Awareness Deputy State Controller - Health <ul style="list-style-type: none"> •

2.	<p>Operations</p> <p>Reports on mornings transfers, key issues, items for review</p> <p>DHHS</p> <ul style="list-style-type: none"> • <p>DJPR</p> <ul style="list-style-type: none"> • Will discuss offline a Hotel longlist with BH. • Yesterday went well considering what was required to be achieved in a short amount of time. • A call centre set up to manage passengers at Metro, Promenade, as each with different requirements/needs. Lesson learnt that the line needs to be available 24/7 after increase in demand and provisions were required during the night. • Issues with private security • 3 calls were received from WA on the hotline,. Need to ensure it clearly state the number is for VIC quarantined passengers. <p>DOT</p> <ul style="list-style-type: none"> • Emerging issue around Crown Plaza (scaffolding) providing logistical issues that will need to be worked through together to ensure it remains a practical site. • ACTION – DoT to let VicPOL know who to contact regarding ingress and egress to the site. <p>VicPol</p> <ul style="list-style-type: none"> • Challenges with evacuation plans and support services and ongoing security. • Hotel evacuation plans will need to be built on – however, many of the staff currently working in the hotel may not be familiar with the hotels evacuation procedures are they are new staff helping out in this situation. • Continue to be flexible with working through issues such as flight delays. • Working with DoT for package delivery. • Need to understand the expectation if there was a 000 incidents in the hotels and what the procols would look like. <p>Other</p> <ul style="list-style-type: none"> •
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3.	<p>Planning</p> <p><i>Forward look at following day</i></p> <ul style="list-style-type: none"> • Air - 4 flights expected tomorrow with up to 276 passengers. • Sea
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> • Provision of PPE of 1000 masks provided to the airport. ACTION - clarification that masks were delivered and received by the airport required. • Stock level requirements need to be embedded into processes. • Guidance for PPE practises and usage will be provided to all, plenty of resources available.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> • Issues such as smoking and exercise for people in quarantine are current challenges. • Minibars not being removed from Crown Plaza – ACTION – to be followed up (noting one complaint from passengers was that there was no alcohol in the rooms).
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • All communications are being revised. • Clarifying information on airports. • DC – contact list at border force is work in progress.
8.	<p>Other Business</p> <ul style="list-style-type: none"> • BH working on a data management system provision of platform for delivery of operation as some passengers will become positive and this needs to be managed quickly. • Payment of invoices and contracts need to be managed in each agency. CF – Hotel contracts are complex and contracts have been put in place. • Other entry points such as Avalon airport (potential incoming flights) need to be factored into planning. CE working on this.

9.	Next Scheduled Meeting – 1330hrs, 1 April 2020
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Actions			
No	Action	Assigned to	Due Date
1.	DoT to let VicPOL know who to contact regarding ingress and egress to the site.	CF/REDA	31/03/2020
2.	Clarification that masks were delivered and received by the airport required.	CF	31/03/2020
3.	Minibars not being removed from Crown Plaza to be followed up.	CF	31/03/2020

Operation Soteria
Op.Soteria-Minutes-2020-03-31-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	31 March 2020	Start	1330hrs
Teleconference	REDACTED	End	1400hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health	Andrea Spiteri (AS)	DPC	
DHHS	Braedon Hogan (BH)		
DJPR	Claire Febey (CF) REDACTED		

Actions from Previous Meetings				
No	Meeting Date	Action	Assigned to	Due Date
1	29/3/2020 30/3/2020	Clarification of booking hotels (roles & responsibilities) with DJPR & DHHS. Still fine tuning.	JH	30/3/2020
2	29/3/2020	Check consistency of information supplied to passengers – (Plane, Airport and Hotel) 31/03/2020 -EMC asked that this had been resolved – needs to be clarified DJPR to follow-up.	MM	30/3/2020
3	29/3/2020	Clarify who is responsible for gathering intel on international arrivals at ports and airports. COMPLETE Contact border force re all flights and seaports.	CE / JH	30/3/2020
4	30/3/2020	Longlist of Hotels required to get a better understanding on capacity, location and proximity to services.	BH/CF	31/3/2020
5	30/03/2020	DoT to let VicPOL know who to contact regarding ingress and egress to the site. COMPLETE	CF/ REDA	31/03/2020
6.	30/03/2020	Clarification that masks were delivered and received by the airport required. COMPLETE System now in place.	CF	31/03/2020
7.	30/03/2020	Minibars not being removed from Crown Plaza to be followed up. Meeting today around food and beverage resolving the issue will update next meeting.UPDATE required.	CF	31/03/2020

8	30/03/2020	<p>Evacuation planning procedures to be followed up for hotels. DJPR has prepared some advice for DHHS as to how to customise some measures needed in a quarantine context. Duty mangers are aware of the evacuation procedures. VicPOL require evacuation plans for each hotel and the overlay that has been discussed with DHHS for the quarantine. Evacuation responsibility sits with hotel (Duty Manager). DJPR to update next meeting to confirm that Duty Managers understand and have accepted that they own this responsibility. UPDATE required DJPR.</p> <p>Working with MFB and VICSES that they are connected and understood across all responder agencies. REPORT back at next meeting required.</p>	DJPR DHHS	31/03/2020
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Item	Subject
1.	<p>Situational Awareness</p> <p>Deputy State Controller - Health</p> <ul style="list-style-type: none"> Shift in focus for group now that procedures passengers and procedures to get passengers into quarantine in hotels has been accomplished. Focus now on how to look after the welfare and supervision of these passengers in the longer term.

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- Welfare and supervision going well at the airport. Procedure well in place and things running smoothly and issues being dealt with as they happen.
- Newly formed team at 50 Lonsdale to work on processes for ongoing work in this space eg smoking, physical activity etc.
- A positive case in one hotel has been identified. Working with Hotel re support around this case and the issues around that.
- Contact tracing will occur and assess who they have been in contact with and track those individuals.
- DJPR – need to discuss how we share and manage that communication strategy for positive case to ensure proper procedures are put in place.
- Options on movement to hospital and isolation/quarantine will be assessed on a case to case basis.
- No risk to other via air-conditioning as the virus is not airborne.

DJPR

- Using remaining capacity today at Metropole and Promenade and will be utilising Crown Plaza tomorrow. Thinking through individual issues at each hotel as well as the whole.
- Focus today for DJPR with DHHS, VicPOL and other ensuring best possible data quality is being captured and shared.
- Clarifying policy on what can be delivered and what is possible with staffing. Important work as goods that they want to purchase assists with health and wellbeing.
- Smoking another point to clarify, working with DHHS and if it possible how will they smoke.
- Recreation is also an important need given that people are in spaces that don't have fresh air. But logistics need to be developed around how that might be achieved.
- Food quality also being assessed to ensure the best food quality.

DOT

-

VicPol

- Participated in a t/c regarding deliveries coming in and processes to ensure the delivery.
- Ensure any communications are received through the SPLO PBA email.

Other

- JH and **REDACTED** working on PPE and the supply issues.

3.	<p>Planning</p> <p><i>Forward look at following day</i></p> <ul style="list-style-type: none"> • Air • Sea
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> •
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none"> •
6.	<p>Coordination</p> <p>State Controller – Health / Deputy State Controller</p> <ul style="list-style-type: none"> • <p>DHHS</p> <ul style="list-style-type: none"> •
7.	<p>Communication</p> <ul style="list-style-type: none"> • CE working with the SCC Intel function as the central source of information.
8.	<p>Other Business</p> <ul style="list-style-type: none"> • Look at what has been achieved and don't look at what hasn't been achieved yet and continue with the great work.
9.	Next Scheduled Meeting – 1330hrs, 1 April 2020

Actions

No	Action	Assigned to	Due Date
1.			

Operation Soteria
Op.Soteria-Minutes-2020-03-29-1300hrs



EM-COP Library Filename – { FILENAME * MERGEFORMAT }

Operation Soteria

Meeting Details			
Meeting Date	29 March 2020	Start	1300hrs
Teleconference	REDACTED	End	1330hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support - REDACTED		
Members	Name	Attendees (+ as required)	Name
Deputy State Controller – Op Soteria (Chair)	Chris Eagle (CE)	DOT	REDACTED (KS)
EMC	Andrew Crisp (AC)	VicPol	REDACTED
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	REDACTED Michael Mefflin (MM) REDACTED		
DJPR	Claire Febey (CF)		



Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date

Item	Subject
1.	<p>Situational Awareness</p> <p>DHHS – REDA</p> <ul style="list-style-type: none"> • Only 1 flight remaining for arrival today, all others have arrived. • 1 passenger flagged for potential exemption – not granted.

2.

Operations*Reports on mornings transfers, key issues, items for review***DHHS**

- DJPR Concierge staff and DHHS staff at airport.
- Have staff and nurses at Crown Metropol & Promenade hotels with distribution of passengers between both.
- **Action:** Clarification of booking hotels roles & responsibilities with DJPR & DHHS.
- Currently mapping out end to end process, with roles and responsibilities.
- **RE** – Any concerns around language support or dietary requirements? **RE** – Interpreter services are available if required.
- CF – A number of people have contacted support/hotel concierge line and having discussions around dietary requirements.

DJPR

- Had **REDACTED** on the ground, 17 staff mobilised overnight were critically important.
- **Action:** Check consistency of information supplied on plane, at airport and hotels. Eg. Card on plane says they can continue on next flight leg.
- Positive feedback from passengers around additional supports provided.
- Some concerns from people travelling alone, supports required for health and wellbeing.
- High level of anxiety around recreation and movement. Policy needs to be sorted with DHHS.
- Not enough people on the ground to quickly process passengers at Hotels which delayed the buses.
- **RED** – We are staffing up further, referring recreation query to Public Health for further guidance.

DOT

- Worked well at Melbourne Airport getting buses into place.
- Concur with DJPR that more staff are required at hotels due to delaying buses. Buses had to circle and 2 held at the airport.
- Skybus need confirmation of hotels for tomorrow to plan route.
- Challenge with Air Canada flight due to volume of luggage.
- Clarification of transport arrangements if people need to go to hospital.

VicPol

- **RE** – No issues besides back up of buses.
- Need confirmation of flight time for tomorrow and hotels to be used.
- CF – Reconciliation of today's accommodation to see what stock is available. Both hotels used today will most likely take more tomorrow and Crown Plaza being stood up.
- **RE** – Concern is process for tracking which passengers are at each hotel and when they can be released. Thinking also required around any evacuation that may need to happen at a hotel and the implications for the mixing of groups quarantined on different dates.
- **RE** – **REDACTED** Manager State Intel will be building a single source of truth, if VicPol and DJPR could provide information to StratIntel on data needs and data inputs.

3.	<p>Planning - Forward look at following day</p> <ul style="list-style-type: none"> CE - 729 people arriving tomorrow on 4 flights. CF – No information around arrivals, need to confirm across this group who will be responsible for monitoring ports and other airports. Action: CE & JH – Clarify who is responsible for gathering intel on international arrivals at ports and airports. MM – Qantas flight coming in tomorrow, landing in Perth first, no one disembarking and flight then coming to Melbourne with 60 passengers.
4.	<p>Health and Safety</p> <ul style="list-style-type: none"> CF – We only have enough PPE for DJPR staff, we need more for contractors being used. New hotels will only partake in operation if they can be provided PPE for their staff to use. Need confirmation of managing staff presence on the ground at the airport tomorrow. RE – MM and his team will be managing staff requirements at airport moving forward. JH – Will need to clarify what PPE is required moving on, taking into account social distancing when possible to conserve PPE usage. MM – supplied PPE today at airport for everyone involved in the operation, but will need more from tomorrow.
5.	<p>Welfare and Wellbeing</p> <ul style="list-style-type: none">
6.	<p>Other Business</p> <ul style="list-style-type: none"> CE - Confirmed 1330hrs daily meetings from tomorrow on same number.
7.	<p>Emergency Management Commissioner</p> <ul style="list-style-type: none"> Thank you to everyone for the honest and frank discussion.
8.	Next Scheduled Meeting – 1330hrs, Monday 30 March 2020

Actions

No	Action	Assigned to	Due Date
1.	Clarification of booking hotels (roles & responsibilities) with DJPR & DHHS.	JH	30/3/2020
2.	Check consistency of information supplied to passengers – (Plane, Airport and Hotel)	MM	30/3/2020



Actions			
No	Action	Assigned to	Due Date
3.	Clarify who is responsible for gathering intel on international arrivals at ports and airports.	CE / JH	30/3/2020

Privileged - LPP

Privileged - LPP

From: Jason Helps (DHHS)
Sent: Monday, 18 May 2020 12:35 PM
To: Jacinda de Witts (DHHS) [REDACTED] Melissa Skilbeck (DHHS) [REDACTED]
Cc: Andrea Spiteri (DHHS) [REDACTED]
Subject: FW: OM plan v1

Hi All,

After speaking with Annaliese this morning I have had the opportunity to review and update the plan from an EM perspective, however as stated in my reply to Annaliese I still think it has a long way to go and requires broader consultation across the department before it goes to cabinet, but accept they may be working to other pressures!!!

Jason Helps – State Controller Health

Deputy Director Emergency Operations and Capability | Emergency Management Branch
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

[REDACTED]
www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

From: Jason Helps (DHHS)
Sent: Monday, 18 May 2020 12:32 PM
To: Annaliese Van Diemen (DHHS) [REDACTED]
Subject: RE: OM plan v1

Thanks Annaliese,

I have made relevant tracked changes to the document from the State Controller perspective.

I am a little concerned the document probably still needs for consultation from other within the department before it goes to cabinet, but accept you may be working to time critical deadlines, if so can I suggest we work out a process to socialise it further for the next version as soon as possible.

Regards Jason

Jason Helps – State Controller Health

Deputy Director Emergency Operations and Capability | Emergency Management Branch
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

[REDACTED]
www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

From: Annaliese Van Diemen (DHHS) [REDACTED]
Sent: Monday, 18 May 2020 10:02 AM
To: Jason Helps (DHHS) [REDACTED]
Cc: Simon Crouch (DHHS) [REDACTED]
Subject: OM plan v1

Hi Jason,

As discussed, please find the plan attached.

If you have feedback please respond here and we will incorporate for v1.1.

Initial version going to Cabinet today.

As discussed, if you'd like a State Control representative on each OMT please ensure you have a nominated person and phone number to the logistics team for inclusion in the roster each day. We may then need to discuss whether there is a need to have both a Joint Intelligence and SCC representative on each OMT given we call multiple per day.

Cheers

Annaliese

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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.

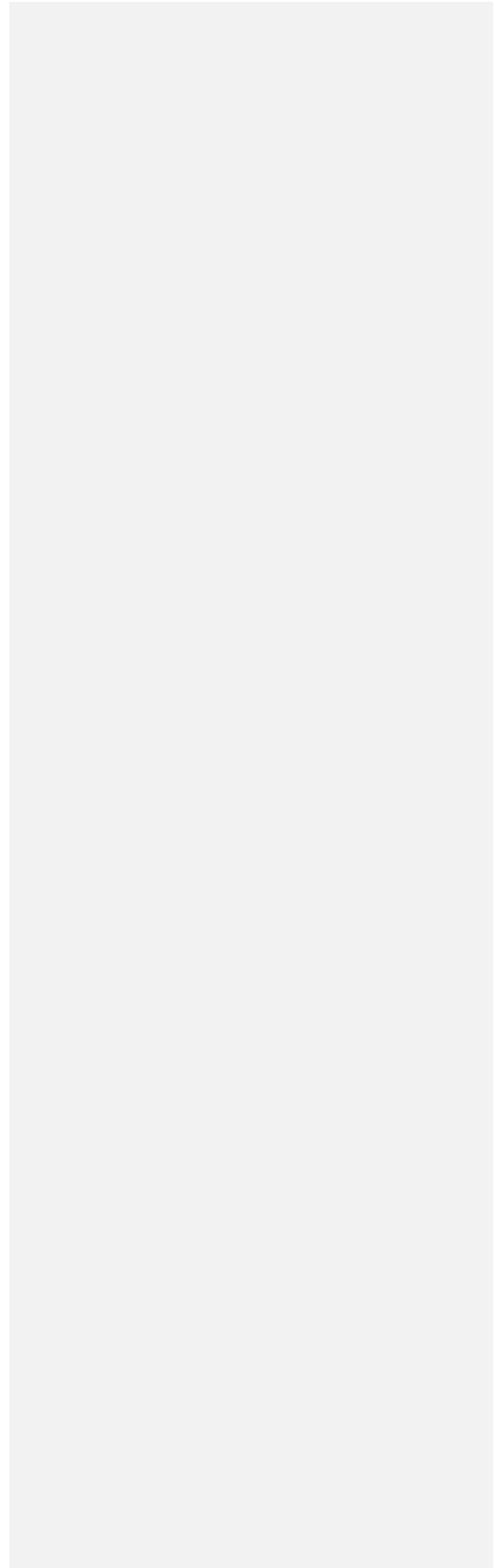
COVID-19 Outbreak Management Plan

Version 1.0 - Update

13 May 2020

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Version Control and approval?



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Executive Summary

Purpose

The purpose of this document is to outline the key components of the public health management of coronavirus disease (COVID-19) outbreaks in Victoria, including triggers for escalation, and current decision-making policies. It describes a standardised list of actions to be taken and describes the elements that may prompt additional actions. It defines roles and responsibilities and articulates concise and clear actions to ensure rapid and effective COVID-19 outbreak management in Victoria.

Context

COVID-19 is an infectious disease caused by a new coronavirus, SARS-CoV-2. COVID-19 was first identified in December 2019 and is currently causing a global pandemic. The first case of COVID-19 in Victoria was detected in January 2020. While travel restrictions and rapid public health responses have largely contained the spread of the virus in Victoria, outbreaks of COVID-19 have occurred and are likely to continue to occur as restrictions are gradually lifted.

Outbreak Management

Rapid, robust outbreak management is critical to ensuring suppression of the COVID-19 pandemic in Victoria. Even with physical distancing measures, COVID-19 outbreaks will occur in facilities, workplaces and other settings that need to continue on-site operations with large numbers of individuals in close contact. Outbreaks may occur in any setting but are of particular concern when they occur in sensitive settings ~~or~~, such as healthcare settings or residential aged care facilities or critical infrastructure. This plan sets out how COVID-19 outbreak management will occur in Victoria, including how all outbreaks will be managed rapidly and effectively.

Key Definitions

Outbreak of COVID-19

In Victoria, an outbreak of COVID-19 is defined as:

- A single confirmed case of COVID-19 in a resident or staff member of a residential care facility, OR
- Two or more epidemiologically [linked cases](#) outside of a household with symptom onset within 14 days.

In sensitive settings other than residential care facilities (see below for examples) [or critical infrastructure](#), a single confirmed case of COVID-19, while not considered to constitute an outbreak, will also attract an immediate control response and active involvement of the Department of Health and Human Services (the department) [or more broadly the State Control Team](#). It is expected that notifications from sensitive settings [or critical infrastructure](#) be discussed by a problem assessment group (described below).

Transmission within one household does not constitute an outbreak but will become part of an outbreak response if linked to a high priority setting.

Linked cases

To be considered linked (and therefore constitute an outbreak), cases must be linked in both time and place. Links may be inter-jurisdictional or international.

- Cases will be considered linked in **time** if symptom onset dates are within 14 days
 - Cases with symptom onsets which are within 28 days of each other should warrant further investigation but will not be considered an outbreak.
- Cases will be considered linked in **place** if they have a common geographical link. For example:
 - They work or reside in the same building or ward/wing of a facility
 - They live in the same household or neighbouring houses or in the same extended family or are linked by a common activity or location (e.g. school, health centre) in a rural Aboriginal community
 - They are patients or residents who have been cared for by the same staff member
 - They are cases in custodial or military settings attended by the same warden or supervisor
 - They reside in the same boarding school
 - They are aircraft passengers who were seated in the same row, or within the two rows in front of or behind another case on a flight of >2 hours duration
 - They attended the same event

For secondary and further transmission generations, cases must be identified as a close contact of, or have an epidemiological link to, a confirmed case linked to the outbreak in order to be included in the outbreak.

The Department of Health and Human services is the Control Agency for the COVID-19 emergency response. The Chief Health Officer is the statutory officer under the *Public Health and Wellbeing Act 2008* for the public health for the public health management of the emergency –and is responsible for outbreak governance.

The State Controller (Class 2) is responsible for the impacts across the broader community that require the coordination of agencies in response to the consequences, the State Controller is responsible for ensuring the Joint Intelligence Unit is linked into the State Control Team for consequence management overall management of the whole of government response in this emergency and is represented by the Joint Intelligence lead in the Outbreak Management Team.

Roles and Responsibilities in an outbreak

Outbreak Management Team

The Public Health Incident Management Team (PHIMT), led by the Public Health Commander, has responsibility for the management of COVID-19 cases and outbreaks. When an outbreak is identified, an Outbreak Management Team (OMT) will be constituted under the guidance of the Deputy Public Health Commander Case, Contact and Outbreak Management. (DPH CCOM) The OMT will include, at a minimum, representatives from the following groups within and external to the PHIMT. Other roles and representatives may be included in the OMT depending on the nature and setting of the outbreak. This may include a pathology lead (e.g. liaison with testing laboratories), environmental lead (e.g. coordinating environmental risk assessment) and other departmental stakeholders (e.g. regulators and commissioning groups).

Outbreak Lead

Generally a Public Health Physician or Infectious Diseases Physician and reporting to the Deputy Public Health Commander, Case, Contact and Outbreak Management (DPH CCOM), the Outbreak Lead will coordinate the response to the outbreak for the duration of the outbreak. The lead will:

1. Chair Outbreak Management Team meetings.
2. Allocate tasks to other leads in the outbreak.
3. Undertake stakeholder management and engagement as required.
4. For high profile or complex outbreaks, undertake the liaison role with the facility/setting, after discussion with the Case and Contact management lead.
5. Endorse any significant control measures. including closure, for approval by the DPH CCOM.
6. Endorse proactive and reactive media lines, for approval by the DPHC CCOM.
7. Ensure the Outbreak Management Plan is being implemented.
8. Monitor outbreak management key performance indicators (KPIs) and escalate issues early where it is identified that additional resources may be required.
9. Identify recommendations for and updates to the Outbreak Management Plan following a hot debrief of the outbreak.

Case and Contact Management Lead

Generally an experienced Public Health Officer and reporting to the Outbreak Lead, the Case and Contact Management Lead will:

1. Ensure comprehensive interviews with confirmed cases (or their next of kin or healthcare provider where relevant) are conducted to confirm the date and timing of symptom onset as well as their infectious period.
2. Implement case management to ensure no further risk to the public from infectious cases
3. Identify contacts and ensure contact management occurs
4. Identify required setting controls, including closure of parts or all of a setting where required, and implement controls as agreed in consultation with the Outbreak Lead and DPH CCOM.
5. Ensure high quality and complete data collection and documentation for cases and contacts is undertaken.
6. Consolidate information collected by the department with that obtained by the facility or setting
7. Ensure information management of test results and clinical information of close contacts and confirmed cases in the Public Health Events Surveillance System (PHESS)
8. Nominate appropriate Public Health Officers to attend site visits with the Outbreak Squad if deemed necessary
9. Coordinate liaison with:
 - Treating medical practitioners for all confirmed cases
 - Nominated outbreak lead at the facility to collect and update information
 - Community stakeholders as required (i.e Aboriginal Community Controlled Health Organisation)
 - Laboratories
10. Identify that escalation criteria have been met and implement subsequent actions.
11. Supervise other Public Health Officers assigned to the outbreak response.

Epidemiology Lead

An officer with training in epidemiology, preferably applied epidemiology, and reporting to the Outbreak Lead, the Epidemiology Lead will:

1. Ensure completeness and accuracy of data capture and management
2. Analyse descriptive epidemiological data and undertake advanced analyses such as logistic regressions as required
3. Provide epidemiological insight to assist with outbreak detection including:
 - Modelled transmission networks to flag possible missed connections between cases
 - Other systems to assist with pattern recognition and outbreak detection
4. Develop visualisation including
 - Construction of epidemiological curves
 - Transmission mapping
 - Timeline mapping

5. Write and maintain appropriate reports including:
 - Outbreak summaries
 - Detailed outbreak reports
 - Case summaries
 - Morning briefings
 - Genomic reports
6. Nominate appropriate epidemiologist and/or information officers to attend site visits with Outbreak Squad if deemed necessary.
7. Consider the requirements for and initial proposals for analytical epidemiological studies to the Outbreak Lead.
8. Supervise other epidemiologists or data entry staff assigned to the outbreak.

DHHS Agency Commander (Representing the State Controller)

The DHHS Agency Commander, will represent the State Controller, the DHHS Agency Commander will:

1. Consider the requirement for broader consequence management to the outbreak
2. Consider what support or relief (including accommodation) is required to assist in the management or control of the outbreak
3. Provide regular contact with WoVG or relevant agencies
4. Nominate sector, regulator or other WoVG officers to attend site visits with Outbreak Squads if deemed necessary
5. Liaise with divisional leads (where relevant) to ensure linkage to local supports and networks

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State Joint Intelligence Lead (SCC representative)

A representative from the Joint Intelligence Unit, and reporting to the Outbreak Lead, the Joint Intelligence Lead will:

1. Manage the intelligence and coordination across whole of government (WoVG) response agencies
2. Support the identification of and contact with appropriate contacts and conduits in relevant organisations, in collaboration with the Outbreak Lead.
- ~~3. Provide regular contact with WoVG or relevant agencies~~
4. Support the OMT and SCT with regular updated intelligence in relation to the outbreak
- ~~5. Nominate sector, regulator or other WoVG officers to attend site visits with Outbreak Squads if deemed necessary.~~

Reporting to the Outbreak Lead, the Communications and Media Lead will:

1. Coordinate all media responses
2. Create proactive and reactive media lines relating to the outbreak
3. All external or public facing communications relating to the outbreak – for example new fact sheets or workplace specific materials
4. Website updates as required pertaining to the outbreak
5. Ensuring all communications are in line with the Communications policies for personal information

Outbreak Squad Coordinator

Reporting to the Outbreak Lead, the Outbreak Squad Coordinator is responsible for the coordination and logistics of any Outbreak Squad deployment and will ensure that all of the relevant professionals who are required to undertake site visits as part of outbreak management. The Outbreak Squad Coordinator will attend all OMT meetings whether or not a Squad is deployed. The Outbreak Squad Coordinator will:

1. Coordinate the logistics required to support the Outbreak Squad.
2. Source appropriate members of the Outbreak Squad in consultation with the OMT.
3. Ensure all members of the Outbreak Squad:
 - a. are available and have appropriate resourcing/equipment
 - b. have appropriate qualifications, training and authorisations to be undertaking field work
 - c. are coordinated and able to undertake the relevant inspection, risk assessments, data collection, interviews, testing and other actions as determined to be necessary by the OMT at the initial meeting in a timely and efficient manner
4. Ensure a safe working environment for Outbreak Squad members.

The Outbreak Squad lead will also liaise with other relevant areas of the PHIMT and/or department to identify the appropriate people or resources required for any given site visit such as:

1. Mobile or outreach testing through Health and Wellbeing Division
2. Infection prevention team for Infection Prevention and Control Consultants
3. Physical distancing team for occupational physicians
4. Joint Intelligence lead for external agency requirements

See appendix 1 for further description of the remit of the outbreak squads.

Administrative Support Officer

Reporting to the Outbreak Lead, the Administrative Support Officer will:

1. Coordinate OMT meetings, taking minutes and documenting actions arising.
2. Create a central point for outbreak documentation ensuring all relevant documents are saved to this location.
3. Supporting the Outbreak Lead and other OMT members with any other administrative tasks.

Additional roles might include a Lab Liaison lead and Environmental or Infection Prevention Control Lead, [divisional EM managers](#).

Key elements of the outbreak response

Identifying an outbreak

Early identification and rapid management of outbreaks is critical to interrupt transmission.

The responsibility for recognising an outbreak depends on the setting. In some settings, including many sensitive settings, prompt recognition of an outbreak is a joint responsibility between a facility and the department.

In most cases, however, identifying an outbreak is a responsibility of the department. Multiple mechanisms to identify linked cases exist, including:

- COVID-19 Clusters spreadsheet on Teams site (COVID-19-Outbreaks-DHHS-GRP)
- Epidemiological insights into data by Intelligence team (e.g. modelled transmission networks to flag possible missed connections between cases, other systems to assist with pattern recognition and outbreak detection)
- Linkage of a case to a critical infrastructure setting by Joint Intelligence Unit
- Analysis of genomic data by the Microbiological Diagnostic Unit – see Appendix 2 for further detail on genomics
- Case/s notified to CCOM team via investigation
- Cases identified via communication with contacts

When cases are identified that clearly meet the definition of an outbreak (a single case in an aged care facility or two cases in the same workplaces) an OMT can be immediately established in consultation with CCOM Operations Lead and the DPH CCOM to determine membership of the OMT. In all other circumstances a Problem Assessment Group should be formed (see below).

Problem Assessment Group (PAG)

A problem assessment group should be convened when any member of the Public Health Incident Management team identifies any of the following:

- Potentially linked cases that would warrant further investigation
- A single case in a sensitive setting (other than an aged care facility)
- A high profile/high media risk case

The group should include the DPHC CCOM (or alternative DPHC/PHC who is a public health physician pending immediate availability), the CCOM Operations lead and the Public Health Intelligence Operations lead for that day. The PAG should determine:

- If an OMT is needed
- Which available officers should be appointed to the OMT based on relevant experience and seniority determined by the complexity of the initial analysis.
- If there are any additional members of the OMT to the core group listed above required
- Any complexities with the situation that may require additional actions

An Outbreak Management Team should be formed immediately if the PAG assesses this is required.

The decision to form an OMT should be sent from the DPH CCOM in email summary to the Public Health Commander [and DHHS Agency Commander](#) within one hour. The Chief Health Officer, Deputy Secretary Public Health Operations and Coordination, [State Controller](#) and the Minister's Office may each be included if there is sufficiently high risk and/or immediate media attention is anticipated.

Initial investigation and response activities are undertaken as part of routine case and contact management and are likely to be completed or commenced prior to the OMT (table 1). A delay in completing these activities, however, should not delay a PAG or OMT convening.

Table 1. Initial investigation and response steps prior to/concurrent with OMT

Investigation step	Responsible
Cases <ul style="list-style-type: none"> - Complete case interviews - Confirm infectious periods - Confirm incubation periods - Confirm acquisition period 	Case and contact lead
Contacts <ul style="list-style-type: none"> - Identify all contacts - Identify high risk contacts/vulnerable contacts 	Case and contact lead
Exposure sites (upstream and downstream) <ul style="list-style-type: none"> - Identify all exposure sites for each case - Document/create exposure sites on PHESS 	Case and contact lead Epidemiology lead

Response step	Responsible
Cases <ul style="list-style-type: none"> - Ensure appropriate treatment and isolation is occurring - Ensure appropriate education has been received, including regarding any legal directions pertaining to isolation requirements 	Case and contact lead
Contacts <ul style="list-style-type: none"> - Notify close contacts - Ensure appropriate quarantine is being undertaken - Ensure appropriate education has been received, including regarding any legal directions pertaining to isolation requirements 	Case and contact lead
Exposure sites <ul style="list-style-type: none"> - Notify exposure sites, provide with relevant cleaning and/or disinfection information 	Case and contact lead

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> - Ensure appropriate PPE and other infection control procedures are being undertaken | |
|----------------------------------------------------------------------------------------------------------------------------------------|--|

Outbreak Management Team

An Outbreak Management Team (OMT) will be established for all identified outbreaks (as per the outbreak definition) and will coordinate the full outbreak response. Many initial responses will occur concurrently as part of routine case and contact management processes, however, the OMT should ensure all of these are documented as part of outbreak reporting processes.

The outcome of the first OMT meeting will be a bespoke Outbreak Management Plan for that outbreak. This plan will be updated daily prior to the Morning OMT meeting with actions updated after that meeting. See Appendix 3 for an example template of this plan.

The OMT will meet at least daily while the outbreak is being actively managed and the Outbreak Lead will brief the DPH CCOM [and DHHS Agency Commander](#) daily on the outbreak, providing a daily summary outbreak report. Escalation will occur as per the below escalation criteria.

The initial outbreak meeting agenda is in Appendix 4.

Outbreak type

All outbreaks require an outbreak management team to be formed for the purposes of managing and reporting on the outbreak. Depending on the source, an outbreak may be either:

- Single point source, for example a single large social event or plane with one highly infectious case causing multiple secondary cases in a group of people who have otherwise dispersed

OR

- Continuing common source – where one person may have introduced the infection into a closed or stable setting such as a residential aged care facility or workplace, but there has been multiple or prolonged exposures due to the fixed nature of the at risk population

Outbreak Squads

Single point source outbreaks may need a single visit or no input at all from an Outbreak Squad, whereas continuing common source settings will almost always need a site visit, and possibly ongoing input.

Outbreak Squad deployment will be based on a range of factors including:

- Level of sensitivity of outbreak setting
- Capacity of outbreak setting to respond
- Concerns or evidence over lack of compliance to required measures
- High case numbers at initial presentation of outbreak, indicating that ongoing transmission has been taking place for an extended period of time.
- An Outbreak Squad Coordinator will attend all OMTs and an active decision will be made whether or not to deploy a squad.

If a site visit is necessary, consideration must be given to which team members need to go.

The decision on timing and number of site visits to the outbreak setting will be made by the Outbreak Lead, based on ongoing assessment of the outbreak, and coordinated by the Squad Lead.

The Outbreak Squad will be operational within the OMT with the Squad Lead reporting to the Outbreak Lead until the outbreak is declared over. Additional information about Outbreak Squads is in Appendix 1.

Daily Activities

The department should maintain active involvement in each outbreak throughout the course of the outbreak. This includes continuing regular daily activities. The outcomes of these activities determine whether further actions or investigations are required.

Step	Responsible
Outbreak management team meetings	Outbreak Lead
Daily contact with cases and close contacts Clearance from isolation or release from quarantine when appropriate Note: the role of a facility or setting depends on the type and reliability. This might range from being asked to provide data, to actually doing the contact tracing themselves. This will be determined by the OMT and based on predetermined criteria.	Case and Contact Management Lead
Daily contact with the facility or setting while the outbreak is 'active' <ul style="list-style-type: none"> - Checking that actions being undertaken - Appropriate communications to staff etc 	As nominated by OMT – pending regular visits or not, dependant on type of facility and major components of DHHS input (eg infection control, or occupational medicine or case management)
Site visit reports for all Outbreak Squad visits	Outbreak Squad Coordinator
Daily outbreak report updates with review of epidemiology curve, hypothesis and other information (eg genomics)	Epidemiology Lead
Daily review of support and relief, and risk and consequences	DHHS Agency Commander
Public Information updates	Communications and Media Lead
Briefing Public Health Command team, the CHO and the Minister for Health	Outbreak Lead
Targeted exposures site/sector/stakeholder communications	As determined by OMT <ul style="list-style-type: none"> - Outbreak Squad - Joint intelligence - Case and Contact Management - Communications and Media

Escalation is the process of involving higher levels of governance to make direct management decisions associated with an outbreak.

Outbreak management decisions should be escalated to the DPHC CCOM and then the Public Health Commander and State Controller in the following circumstances:

- A confirmed case in a sensitive setting
- A significant increase in the number of cases in any one day
- A death associated with an outbreak
- An outbreak that is likely to attract significant media attention
- A case linked to an outbreak that exposes a secondary site (potentially generating a second outbreak location)
- An outbreak involving individuals or organisations where there is evidence of non-compliance or inadequate capacity or capability to comply with DHHS requirements. This may be evidenced through delays in the provision of critical information.
- An outbreak involving individuals or organisations where there is evidence of non-compliance with DHHS legal directions
- An outbreak where there are two or more generations of cases (outside of household transmission) after the first case was identified and notified to DHHS
- Where there are concerns regarding preparedness activities as requested by DHHS or other regulators

Closure of an outbreak

An outbreak is declared over (no longer active) after two full incubation periods (28 days) since the last case is cleared of their infectious period.

Step	Responsible
Determining that the outbreak meets above criteria for being declared over	Outbreak Lead
Closure of outbreak on PHESS	Epidemiology Lead
Finalise Outbreak Report	Epidemiology Lead
Evaluation/discussion	Determined by highest level of involvement in outbreak management Every outbreak should have a final debrief meeting documented, including a rapid evaluation of the OMT and any on-site work by the Outbreak Squad

Outbreaks in Sensitive Settings

Sensitive Settings

Sensitive settings are defined as settings where there is a high risk of rapid transmission of COVID-19 and/or where there are vulnerable people who are at high risk of serious illness or death.

- a. Higher than expected risk of severe impact (eg. negative health outcomes) for cases who contract COVID-19;
- b. Higher than expected number of people contracting COVID-19 (high attack rate) should an outbreak occur;
- c. Higher than expected spread of subsequent infections from an individual case (ie due to local transmission dynamics; higher contact rate, susceptibility and/or transmissibility)

Early detection and rapid management of suspected or confirmed cases in these settings is critical to limit the spread of the virus and reduce the potential for severe illness or death.

The following are considered sensitive settings:

- Residential and Aged Care Facilities (RACF)
- Healthcare settings
- Prison/Justice settings (correctional facilities, detention centres)
- Aboriginal rural and remote communities
- Accommodation with shared facilities
- Defence force operational settings
- Boarding schools and other group residential settings
- Schools
- Childcare centres
- Remote industrial sites with accommodation (e.g. mine sites)
- **Critical Infrastructure**
- Certain high-risk work sites where workers are unable to undertake physical distancing or where outbreaks have been identified in the past:
 - Meat processing or other manufacturing plants
 - Restaurants/industrial kitchens
 - Workplaces with highly casualised workforces (who may be less likely to report symptoms)
 - Critical infrastructure dependent workplaces – such as electricity workers

See Reference materials for further guidance on sensitive settings

Outbreak Coordination

Outbreak Meetings

- Daily outbreak briefing (09:40h on Teams)
 - Chaired by the DPHC CCOM
 - Meeting involving Outbreak Management Team leads, Public Health Commander, Deputy Public Health Commander, [State Controller \(or delegate\)](#), Outbreak Squad Operations and Coordination Director, Public Health Emergency Operations and Coordination Deputy Secretary and Assistant Deputy Secretary.
 - Operational discussions relating to new and currently active outbreaks
 - Discussion of outbreaks of concern

Outbreak Briefings and Reports

- Daily COVID-19 Intelligence Morning Briefing
 - Sent by PH Intelligence to Public Health Command and CCOM/Intelligence Leads, [DHHS Agency Commander and State Controller](#), Outbreak Squad Operations and Coordination Director, Public Health Emergency Operations and Coordination Deputy Secretary and Assistant Deputy Secretary in the mornings (typically between 8-9am)
 - Includes summary statistics and background on currently active clusters
- Individual Outbreak Management Plan
 - This plan will be created after the first OMT meeting and will be updated daily prior to each OMT meeting with actions added immediately after the meeting.
- Daily Outbreak Report – summary report for each active outbreak
 - Sent by PH Intelligence to Public Health Command, [DHHS Agency Commander and State Controller](#), Outbreak Squad Operations and Coordination Director, Public Health Emergency Operations and Coordination Deputy Secretary and Assistant Deputy Secretary (typically between 6-7pm)
- Outbreak Report – finalised upon closure of the outbreak
 - The outbreak report will be a finalised version of the Individual Outbreak Management Plan.
 - Sent by PH Intelligence to Chief Health Officer, Public Health Command, [DHHS Agency Commander and State Controller](#), Outbreak Squad Operations and Coordination Director, Public Health Emergency Operations and Coordination Deputy Secretary and Assistant Deputy Secretary within 2 weeks of outbreak closing

Business rules for distribution of outbreak reports and data requests

Additional requests for outbreak reporting products (or more detailed outputs, e.g. underlying line lists) may be made over the course of the pandemic. The decision to distribute these reports will be guided by the following business rules:

If the request comes from within the IMT sub-structure or from staff within the department, Safer Care Victoria (SCV) or the Victorian Agency for Health Information (VAHI) who are supporting the response AND they have a clear identified need for the outbreak report (e.g. to support planning or response):

- Approval should be sought from the Deputy Public Health Commander CCOM
- If approval is granted, a version of the document should be made available that suits their needs (e.g. deidentified and aggregated but not necessarily the full document)
- Documents should be sent via the Public [H](#)health.Intelligence inbox

Other requests from health services or partner agencies that are more time consuming / complex or have not been done before should be channelled to the COVID19 Information and Intelligence Leadership Team (CIILT) for oversight / prioritisation / recommendation for approval or otherwise to Executive and Technical Lead, Intelligence.

[Requests for support or additional Joint Intelligence Unit products should be forwarded to the State Controller – Health for assessment.](#)

Tips for Liaising with Stakeholders

- Identify a single point of liaison (role / person) in the Department and for the setting – ensure name, role, email and phone number are exchanged
- After an IMT or a teleconference with stakeholders, send a short confirmation of agreed assessment and agreed actions by email

Evaluation

Key Performance Indicators (KPIs)

Following identification of a single case of COVID-19 in a sensitive setting, [critical infrastructure](#), or identification of a suspected outbreak (two or more potentially linked cases) in another setting, the following KPIs should be met:

Within 2 hours

- A written and verbal initial heads-up to Deputy Public Health Commander Case Contact and Outbreak Management, [DHHS Agency Commander](#), Public Health Commander and Outbreak Squad Operations and Coordination Director [responsibility of CCOM Team Lead or other officers who may identify a potential outbreak]
- Problem assessment group has been convened and met to determine the need for an OMT [responsibility of DPHC CCOM]

Within 6 hours (extended business hours) – 50 Lonsdale St

- Outbreak Management Team ~~convened~~[convened](#), and first meeting occurred [responsibility of designated Outbreak Lead]
- Confirm the presence of an outbreak
- Make contact with the setting and commence a risk assessment
- Initial notified case interviews and exposure sites entered into PHESS
- Construct a working case definition
- Determine requirement for site visit
- [Determine external stakeholders who require to be notified](#)
- [Determine support or relief requirements](#)
- [_____](#)

Within 12 hours (extended business hours) – 50 Lonsdale St

- Commence contact tracing of identified contacts
- Outbreak report #1 completed

Within 24 hours – site visit requirements

- Form an Outbreak Squad when required.
- Attend the site.
- Complete a risk assessment to determine whether a closure of the facility / workplace / setting is required or not (if relevant) and provide this information to the OMT lead, Public Health Commander, [DHHS Agency Commander](#), Deputy Public Health Commander Case Contact and Outbreak Management, Outbreak Squad Operations and Coordination Director
- Request a list of close contacts and all attendees within risk period in writing from manager / relevant contact person

- Advise of need for closure in writing (if Deputy Public Health Commander, Case Contact and Outbreak Management determines this is required)
- Advise on immediate environmental controls if closure not warranted
- Ensure cleaning and disinfection requirements have been completed
- Send formal letter to setting manager indicating presence of an outbreak and stating plan/recommendations of the department
- Escalate request for details of all attendees or close contacts in period of risk if not yet received
- Send internal Situational-Background-Assessment-Recommendation (SBAR) email to Secretary, Public Health Commander (PHC), Chief Health Officer (CHO), State Controller, Outbreak Squad Operations and Coordination Director, Public Health Emergency Operations and Coordination Deputy Secretary and Assistant Deputy Secretary and Minister's Office (MO)

Within 48 hours – on site actions

- Review closure decision (if not closed: reconsideration of closure made)
- Ensure definitive environmental cleaning and disinfection review commenced (IPC lead) or controls expectation provided in writing
- Aim to have contacted all close contacts / attendees identified within 48 hours of receipt of initial list, including provision of quarantine/test advice in writing
- Initial literature review on specific controls for that setting tasked to Intelligence if new setting
- Formal report established by Intelligence and specific KPIs established for the outbreak (1-2 based on specific things that work in that setting from literature)

Closure

- Final outbreak report completed
- Debrief documented
- Lessons learnt incorporated into outbreak management plan

Reference Documents

Guidelines

Document	Internal / External	Link to Document
Outbreak specific documentation		
COVID-19 Outbreak management plan (this document)	External	
COVID-19 Outbreak management protocol	Internal	
COVID-19 Outbreak management guidelines for residential care facilities	External	
COVID-19 Outbreak management guidelines for sensitive settings	External	
COVID-19 Outbreak management standard operating procedure	Internal	
COVID-19 PHESS – Cluster Quick Entry Guide	Internal	Link
COVID-19 Outbreak action plan template	Internal	
COVID-19 Intelligence Team Outbreak Plan	Internal	
Supporting documentation		
Case Questionnaire COVID-19 (Novel Coronavirus)	Internal	Link
Case and Contact Management Guidelines	Internal	
COVID-19 Guidelines for Health Services and General Practitioners	External	
Healthcare worker PPE guidance	External	Link
Managing upset, angry, confused or challenging callers	Internal	Link
New Cases Standard Operating Procedures		
New Contact Cases Standard Operating Procedures		
PHESS Summary Notes	Internal	
Screening of visitors for COVID-19 - Advice for sensitive settings	External	Link

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Factsheets

Factsheet	Audience	SharePoint Link
Confirmed Case	External	Link
Suspected Case	External	Link
Close Contact	External	Link
Telephone Interpreter Service	External	Link

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System Requirements

1. PHESS
2. TRIM/EDRM
3. DHHS Intranet
4. Microsoft Teams/SharePoint
5. PureCloud Telephony

Acronyms and abbreviations

CCOM	case, contact and outbreak management
COVID-19	coronavirus disease 2019
IPC	infection prevention and control
KPI	key performance indicators
MDU	Microbiological Diagnostic Unit
PHC	public health commander
RACF	residential and aged care facilities
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SCV	Safer Care Victoria
VAHI	the Victorian Agency for Health Information

Glossary

Confirmed case	A person who meets the case definition. For COVID-19, the case definition is a person who tests positive to a validated SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture
Contact	A person who has been in contact with a confirmed case during their infectious period. Contacts are typically defined as either close contacts or casual contacts
Close contact	A person who has had greater than 15 minutes face-to-face contact (cumulative) or who has shared a closed space for more than two hours with a confirmed case during their infectious period without recommended personal protective equipment (PPE)
Contact tracing	The process of identifying people who are close contacts of a case, and ensuring they are quarantined for the maximum incubation period (14 days) after last close contact with the case.
COVID-19	Coronavirus disease 2019 (the name of the disease). COVID-19 was initially referred to as “novel coronavirus” (2019-nCoV) and is sometimes referred to as just “coronavirus”
<u>Critical Infrastructure</u>	<u>Defined as per the Infrastructure and Essential Services list held by EMV</u>
Exposure site	A location or site to which an outbreak has been linked
Healthcare worker	
Infectious period	The period during which an infected person can transmit an infectious agent to a susceptible person. Also known as the ‘communicable period’. The duration of the infectious period for COVID-19 is unknown. However, for the purposes of isolation and contact tracing, cases are considered to be infectious from 48 hours prior to the onset of symptoms, until they meet criteria for release from isolation.
Isolation	The physical separation of ill people with a communicable disease (e.g. COVID-19) from those who are healthy
Outbreak	Occurrence of more cases of a disease than expected. Specific definitions for a COVID-19 outbreak are provided in this document.
Outbreak control squads	Multi-disciplinary public health teams formed to enable additional and rapid support at outbreak settings to facilitate outbreak control
Pandemic	Worldwide spread of a new disease
PPE	Personal protective equipment. This is clothing or equipment designed to be worn by someone to protect them from the risk of illness. For COVID-19, this usually means a mask, eye protection, gown and gloves.
Quarantine	The physical separation of people who are well but who may have been exposed with a communicable disease (e.g. contacts of a COVID-19 case) and are potentially infectious to see if they become ill.

Sensitive setting	Settings with a high risk of rapid transmission of COVID-19 and/or where there are vulnerable people who are at high risk of serious illness or death.
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2 (the virus that causes COVID-19)

Appendix 1

Public Health Outbreak Control Squad

Key Issues

A new Public Health Outbreak Control Squad function will be established in DHHS to ensure the rapid deployment of public health outbreak control squads to sites of COVID-19 outbreaks.

The squads will be supported by public health services across Victoria to deliver rapid testing, infection prevention and control, ~~and~~ isolation of close contacts and support and relief to ensure effective containment of public health risks.

The new function will work within the Outbreak Management teams, including closely with the COVID-19 Joint Intelligence Unit to enable a whole-of-government response to the outbreak. The public health team within DHHS as a whole will work closely with the COVID-19 Joint Intelligence Unit to provide public health input and support to assist the Unit in its work in identifying and managing potential threats, developing response plans and communications to government, industry and the community.

Establishment

Working closely with the new outbreak joint intelligence unit, the public health team will place new outbreak squads on the ground at outbreak sites. The squads will be supported by public health services across Victoria to deliver rapid testing, infection prevention and control, support and relief, and isolation of close contacts to ensure we can effectively contain any future outbreaks.

The new Public Health Outbreak Control Squads will deliver rapidly responding mobile expertise of infection prevention and control specialists, nurses, epidemiologists, environmental hygienists and others as required to respond to the circumstances of the outbreak.

The squads will deliver a dedicated focus to ensuring testing, contact tracing and deep cleaning is carried out as soon as a potential outbreak is identified. That includes delivering rapid mobile testing at outbreak sites.

In addition to the outbreak control squads, the public health team will increase infection prevention and control activities in relation to COVID-19, including a workforce of infection control outreach nurses employed to focus on both infection prevention and control preparedness in high risk settings, as well as contribution to on the ground outbreak control squads.

Squad composition

A new squad co-ordination and operations director will work with Public Health Command to rapidly stand up a control outbreak squad to provide field support to ensure Outbreak Management Teams can respond to any new COVID-19 outbreak and work closely with the COVID-19 Joint Intelligence Unit to enable a whole-of-government response to the outbreak.

The outbreak control squads will build on the existing public health management process, to enable additional and rapid support at outbreak settings – with the immediate aim of ensuring the public health risks arising from the outbreak are controlled.

The public health response in an outbreak will be led by the Outbreak Management Team, which determines the composition of the team required to manage the public health risks.

Functions of the squads may entail:

- Case and contact management

- Epidemiological data collection and analysis
- Infection control advice
- Testing, including ensuring mobile testing at site

The outbreak control squads will be multidisciplinary public health teams. Composition of the outbreak control squad could include a combination of:

- Lead logistics and coordinator
- Case and contact management – public health officer from the Case and Contact Management (CCM) cell
- Epidemiologist or Information officer– from the public health intelligence Cell
- Infection control outreach nurse – from the Infection Prevention and Control cell
- +/- Mobile testing unit
- +/- translator if required
- [Emergency Management support and relief staff](#)

On the ground staff will usually require at least one Authorised Officer.

The team will be led in the field by the senior member based on the focus of the Squads activities. The Squad will receive direction from and report back to the OMT via the Squad Lead.

Activation of outbreak control squad

The Outbreak Management Team will identify cases or outbreaks requiring rapid, multidisciplinary, on the ground support at the outbreak site, based on a risk assessment approach.

Squad deployment will be based on a range of factors including:

- Level of sensitivity of outbreak setting
- Capacity of outbreak setting to respond
- Concerns or evidence over lack of compliance to required measures
- High case numbers at initial presentation of outbreak, indicating that ongoing transmission has been taking place for an extended period of time.

Engagement with the Outbreak Squad commences at the initial OMT meeting via the Squad Lead. The decision to deploy a squad is made at this initial meeting and, in situations where a Squad is not deployed revisited at subsequent meetings. It is ultimately the decision of the Outbreak Lead.

Pre-deployment briefing

A pre-deployment briefing must take place that provides a situation update on cases and contacts, and information on the setting to date. Roles and responsibilities are expected to be as follows but must be confirmed before deployment:

Roles and responsibilities

Squad member	Roles and responsibilities
Outbreak Squad lead	Management of the squad Logistics Health and Safety
Case and contact management	Interview case and identified close contacts

	Contact management
Intelligence	Data collection and analysis to inform to inform outbreak characterisation and ascertain transmission dynamics
Infection control outreach nurse	Review infection control plans and procedures in place On the ground inspection of facility adherence to infection control guidance Review of PPE use and staff donning/doffing procedures if relevant Make recommendations for improved infection control, e.g. physical barriers and cohorting
Environmental Health Officer	Advise on site set up, systems, environmental cleaning
Emergency Management Officer	Assess support and relief needs Links to Local services, support and trusted networks
Mobile testing unit	Testing of facility staff/residents if appropriate

Informing the outbreak setting of squad deployment

The Outbreak Squad Lead will contact the identified outbreak setting manager/liaison and inform them of the planned deployment of the outbreak control squad to their location. An explanation should be given outlining the reason for the activation and deployment, the legislative environment that supports these activities, an explanation of what the squad intends to do on site, and what the objective is of the visit. Their full cooperation, support and assistance should be sought.

Documentation

The following should be documented by the Outbreak Squad lead and provided to the Outbreak Management Team to form a section of the outbreak report:

- Rationale and decision to stand up outbreak control squad
- Composition of squad including presence of AO
- Date(s) squad deployed to outbreak site
- Form for site assessment – site report
 - Case and contact management
 - Physical distancing
 - Infection control processes
 - Environmental measures including cleaning
 - Data collection
- Recommendations from site visit
- OHS requirements for site visits, including travel arrangements
- Records management processes

Appendix 2 – Use of Genomics

Use of Genomics

Microbiological Diagnostic Unit (MDU) Public Health Laboratory

MDU is currently engaged with the department in a COVID-19 Genomics Collaboration that seeks to improve COVID-19 surveillance through integration of COVID-19 genomic data (obtained by MDU) with epidemiological data (obtained during case investigation by the department). Combined epidemiological and genomic sequence data will be added to an integrated data visualisation tool (named SeeSARS-2) to visualise relationships between SARS-CoV-2 sequences

The degree to which genomic relatedness between sequences can be used to infer transmission networks for SARS-CoV-2 is not yet known. Interpretation of clusters of infection will be dependent on both epidemiologic and genomic data.

MDU epidemiologists and bioinformaticians will:

- Perform genome sequencing on all SARS-CoV-2 positive samples received at VIDRL or MDU
- Within 24 hours of availability, add sequence data to the SeeSARS-2 integrated data visualisation tool to visualise relationships between SARS-CoV-2 sequences
- Examine the combined data to identify additional genomic clusters and, where possible, answer questions posed by the department.
- Allocate a 'genomic cluster ID' to sequences where the degree of genomic relatedness is consistent (supports the existence of a cluster) and provide this information back to the department
- Upload sequences without metadata to public viral sequence databases (GISAID and NCBI)

Clusters of interest and other related topics at a weekly meeting involving representatives of department, MDU and VIDRL.

The Outbreak Intelligence member of the Outbreak Squad is the designated departmental liaison with MDU. Any requests for genomic information from people working on COVID-19 clusters/outbreaks should be sent via email to **REDACTED** vic.gov.au by 12pm on Mondays to allow representatives from MDU sufficient time to comment, including the following information:

- Question being asked of the data (e.g. is Case X genomically linked to Cluster Y)
- Relevant PHESS numbers
- Brief statement on priority/rationale (e.g. name of cluster, level of risk/sensitivity, whether it is in a healthcare setting)

Outbreaks in sensitive settings (with a clear question that can reasonably be answered by the genomic data, given the limitations) will be given the highest priority. Outbreaks involving health care workers and/or healthcare settings will also be given priority.

Documents pertaining to Genomics will be stored in the PUBLIC HEALTH – HEALTH PROTECTION – MDU genomic sequencing folder on TRIM (IIEF/20/1215). This includes:

- Protocol documents
- Meeting minutes
- Genomic data requests

- Genomic reports

Information delineated from genomic investigation will be shared with the department for integration with epidemiological data and use in public health control of COVID-19 under the *Public Health and Wellbeing Act 2008*. Further dissemination, reporting or publication of genomic or epidemiological data will only be performed in collaboration with the department. No data to come from genomic investigation under this project will be shared with external parties without the written permission of the department. The department retains the right to veto publication of genomic information obtained through this project.

Appendix 3 – Outbreak Management Plan template

Purpose

[Insert general purpose and statement relating to use of the report in OMT meetings]

Governance

Outbreak Management team

Functional role	Name:	Mobile No:	Email:
Outbreak Lead			
Case and Contact Lead			
Epidemiology Lead			
Joint Intelligence Lead			
Communications and Media Lead			
Outbreak Squad Coordinator			
<u>Emergency Management</u>			
Administrative Support Officer			

Outbreak Management Team meeting dates

Situation

[Insert overview of the situation]

Epidemiological and clinical investigation

COVID-19 in Victoria

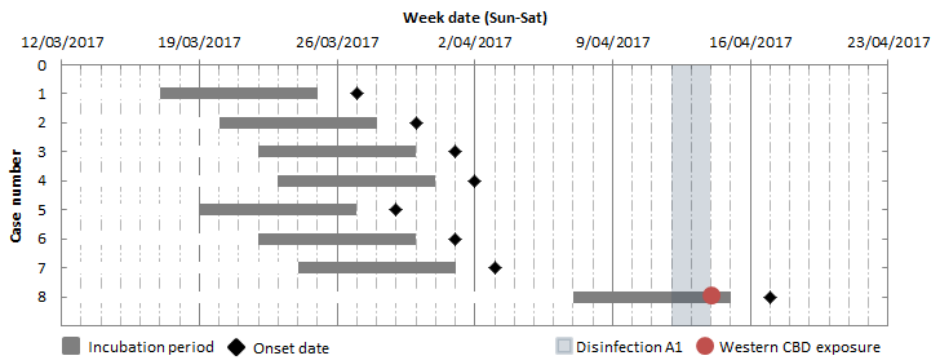
[Insert background epidemiology]

Epicurve

[Insert epidemiology curve. Include at least one incubation period before first confirmed/suspected outbreak case]

[Consider inserting timeline for each case – example for a legionella outbreak is included here]

Figure X [EXAMPLE]: Onset date and incubation period for confirmed and probable cases. Melbourne CBD legionellosis outbreak, as at 5pm 15 May 2017.



Case definitions

Current department case definition

[Include current departmental general case definitions for confirmed cases and testing criteria]

Outbreak case definitions

Confirmed case – outbreak

[Agree a confirmed case definition for the outbreak that incorporates person, place and time]

Suspected case – outbreak

[Agree a suspected case definition for the outbreak that incorporates person, place and time]

Person under investigation – outbreak

[Agree a description of a person under investigation for the outbreak that incorporates person, place and time]

Rejected case

[Insert relevant criteria based on epidemiological, clinical and/or laboratory evidence]

Case follow-up

[Describe case follow-up procedures for both business hours and after hours follow-up]

Case finding

[Describe active case finding activities]

Case summary

Total confirmed cases	
Sex distribution	
Age (median, range)	
Date of first notification	
Date of first symptom onset	
Total hospitalisations	
Current hospitalisations	
Total ICU admissions	
Current ICU admissions	
Deaths	

Line list

[Include a line list of each case – can be an attachment if necessary]

Environmental investigation

[Include details of any relevant environmental investigations – eg activities at a given setting, abattoir]

Hypothesis

[Develop a hypothesis for the outbreak that can be tested using epidemiological analysis if necessary]

Control measures

[Describe any control measures taken]

Stakeholder mapping

[List identified stakeholders]

Risk communication

Key events

[Include information on internal communication, including briefings and communication with the Minister's Officer. Detail when media releases and press conference are released/take place]

Escalation point	Date of escalation
Deputy Public Health Commander CCOM	
Public Health Commander	
<u>State Controller</u>	
Chief Health Officer	
Minister's Office	

Communication with exposed settings

[Add dates and details of any communication with workplace/health facility/aged care facility/school etc.]

Chief Health Officer Alert

[Link to CHO alert if developed and issued]

Key messages – health professionals

[Develop and record key messages]

Key messages – general public

Develop and record key messages]

Timeline of outbreak

Date	Action

OMT meeting actions list

Action	Due date	Responsible person

Appendix 4

Initial OMT meeting agenda

Step	Responsible
Welcome and introductions	Outbreak Lead
Overall situation report, - confirmation of cases and current epidemiological information - proposed case definition for the outbreak in time, person, place	Epidemiology Lead
Case and contact management actions to date	Case & Contact Management Lead
Risk assessment to determine: - Further information required regarding cases? o Expedite genomics if required - Further information required regarding contacts? o Broaden or change definition? - Further information required regarding exposure site/s? o Site maps o Rosters o Sampling o Plans and procedures o Infection control/hygiene/social distancing plans - Whether site visit is necessary at one or more sites by an outbreak squad?	All – a decision will be made as to the need for an Outbreak Squad.
Hypothesis for transmission	All – guided by Epidemiology Lead
<u>Support and Relief</u>	<u>EM Lead</u>
Control measures - Isolation of cases - Quarantining of close contacts - Environmental measures in place - Setting closure considered - Active case finding strategy discussed (including screening)	

<p>Identification of relevant stakeholders and agencies to contact/seek details for</p> <ul style="list-style-type: none"> - Government – internal and external - Industry - Regulators - Unions - Media - Exposure sites 	<p>Outbreak Lead supported by Joint Intelligence Lead and other members</p>
<p>Risk communication</p> <ul style="list-style-type: none"> - Agree reporting requirements, including outbreak reports, TRIM file etc - Media and communications plan and immediate requirements. 	<p>Epidemiology Lead Communications and Media Lead</p>
<p>Actions and agreed timelines</p>	<p>Outbreak Lead</p>

Privileged - LPP

Privileged - LPP

From: Andrea Spiteri (DHHS) [REDACTED]
Sent: Friday, 24 April 2020 7:30 PM
To: Andrew Crisp (DJCS) [REDACTED] SCC-Vic (EMC Executive Officer) <sccvic.emceo@scc.vic.gov.au>
Cc: Jason Helps (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]
Subject: Operation Soteria plan v2.0 - for approval to distribute

Hi Andrew

Please see attached Operation Soteria plan v2.0 as discussed today for your approval to distribute. Please note that while annexures are referenced in the document, they are live operational documents subject to constant update, therefore referenced in the plan but not attached in the version for approval.

Please let me, or Jason over the weekend, know if you have any queries. We propose to continue to develop content representing the other agencies responsibilities in the next version.

Kind regards
Andrea

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 DHHS Commanders State Controller - Health	Andrew Crisp	

Abbreviations/Acronyms

ABF	Australian Border Force
AFP	Australian Federal Police
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 Deputy State Controller (Operation Soteria) 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 daily (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 Deputy State Controller – Health. Membership includes:

- State Controller - Health
- Deputy 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.

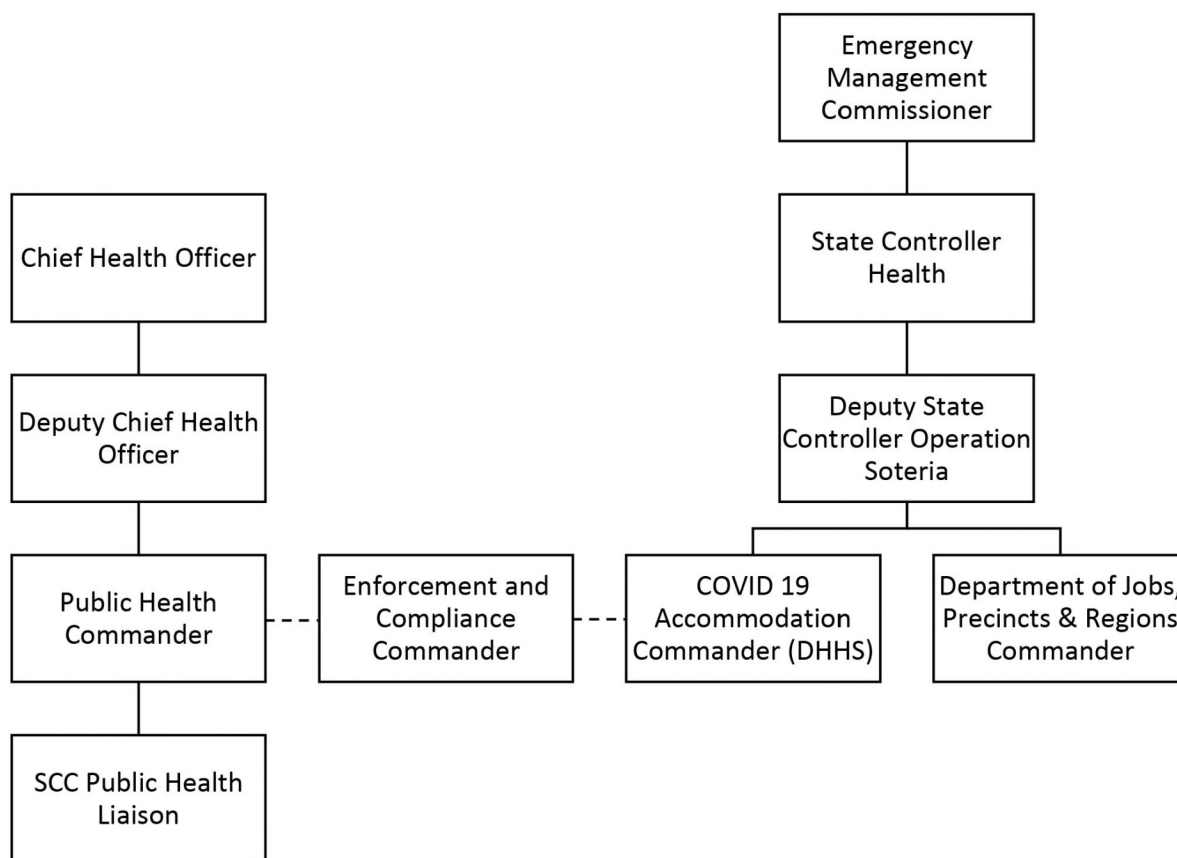


Figure 1: Operation Soteria governance structure

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, Commander COVID-19 Accommodation, the State Health Coordinator and the State Controller – Health.

The State Controller - Health (through the Deputy State Controller Operations Soteria), operating through the 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)
- Marshall passengers in an area that is secure and be able to facilitate health screening
- Establish arrivals area for transport
- Marshall Passengers for boarding
- Assist boarding of passengers onto bus transport airside
- Escort bus transports to accommodation

2.6 AFP

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

2.7 Department of Foreign Affairs and Trade

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

2.8 Department of Transport (DoT)

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

2.9 Ambulance Victoria

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

2.10 Victoria Police (VicPol)

- Victoria Police provide support to AFP, DHHS and DJPR for enforcement and compliance issues.
- Provision of support to private security as required

REDACTED
s7(3)(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: 24 April 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

3.7.1 Enforcement and compliance information

Further information is available at the links below

- [At a glance: Roles and responsibilities](#)
- [Authorised officers: Operational contacts](#)
- [Authorised officers: Powers and obligations](#)
- [Authorised officers: Charter of Human Rights obligations](#)
- [Authorised officers: Responsibilities at the Airport](#)
- [Authorised officers: Responsibilities at the Hotel](#)
- [Authorised officers: Responsibilities for departure from mandatory detention](#)
- [End of Detention Notice](#)
- [End of Detention Notice \(confirmed case or respiratory illness symptoms\)](#)
- [Compliance and Infringements](#)
- [Authorised officers: Occupational Health and Safety](#)
- [Unaccompanied minors](#)

- [Direction and Detention Notice – Solo Children](#)
- [Ensuring physical and mental welfare of international arrivals in individual detention \(unaccompanied minors\)](#)
- [Management of an unwell person at the airport](#)
- [Transfer of an uncooperative person](#)
- [Request for exemption or temporary leave from quarantine](#)
- [Permission for temporary leave from detention](#)
- [Requests for to leave room/facility for exercise or smoking](#)
- [Hospital transfer plan](#)
- [Hospital and Pharmacy contacts for each hotel](#)

4 Operations

Section approver: COVID-19 Accommodation Commander.

Last review date: 24 April 2020

4.1 Purpose

This set of standard operating procedures 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. This set of procedures is 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 achieve Operation Soteria.

4.2 Method

This plan will outline the operational (including basic health and welfare) arrangements for people in mandatory quarantine as part of Operation Soteria. This has been conducted through:

- **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 Quarantine 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 regular welfare calls and special needs identified. 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 EOC is to ensure appropriate and timely coordination and resourcing of the international Ports of Entry into Victoria, and the 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 Standard Operating Procedures (SOP) has been developed which outlines the activities, actions and forms required to provide safe, efficient and effective Port of Entry and Quarantine Hotel operations. This set of SOPs is designed to be a 'one stop shop' for Team Leaders and members, and EOC staff for the provision of day to day activities and services.

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

- **Annex 2:** Operation Soteria – Operations Standard Operating Procedures

5 Health and Welfare

Section approver: Public Health Commander.

Last review date: 24 April 2020

5.1 Purpose

The health and welfare of persons in detention is of 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 3, 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 translators

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

5.3 Guidelines

The 'Guidelines for managing COVID-19 in mandatory quarantine' have been developed to ensure that public health management principles and processes are outlined for each stage of the mandatory quarantine process. 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.

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](#)

Further information is available at the links below

- [Infection control and hygiene](#)
- [Personal protective equipment](#)
- [Authorised officers: Occupational Health and Safety](#)
- [Hospital transfer plan](#)
- [Nutrition and food safety \(including allergies\),](#)
- [Process for people with food allergies,](#)
- [Meal order information for people with food allergies,](#)
- [Food Safety Questionnaire](#)

Further information is available at the links below:

- [Hospital and Pharmacy contacts for each hotel](#)
- [Standards for healthcare and welfare provision](#)
- [Provision of welfare](#)
- [Separation of people in travelling parties to promote effective quarantine: options for accommodation](#)
- [Health and welfare assessments \(arrival, during detention, preparation for discharge\)](#)
- [Confirmed cases of COVID-19 in people in mandatory quarantine](#)
- [Escalation and Reporting of health and welfare concerns](#)
- [Infection control and hygiene](#)
- [Personal protective equipment](#)
- [Food allergies](#)
- [Nutrition and food safety \(including allergies\),](#)
- [Process for people with food allergies,](#)
- [Meal order information for people with food allergies,](#)
- [Food Safety Questionnaire](#)
- [Release Process 'Running Sheet'](#)
- [Welfare survey](#)
- [COVID-19 Victorian Hotel Isolation: Reimbursement Form for meal purchases](#)
- [Register of permissions granted under 4\(1\) of the Direction and Detention Notice](#)
- [Operations contact list](#)
- [Outline of agency involvement across the stages of enforced quarantine](#)

6 Information and Data Management

6.1 Information management systems

The number of secure databases used for the storage and handling of confidential data on people in detention is minimised to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this operation:

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

6.2 Data access, storage and security

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

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

6.2.1 Privacy

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

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

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

6.2.2 Sending information by email

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

6.2.3 Electronic security of passenger/detainee information

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

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

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

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

6.3 Medical records

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

6.3.1 Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record captures the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

6.3.2 Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. The records will belong to DHHS and can be required to be provided at any time by the medical service contractor to DHHS for review, from the Best Practice software.

These records should be stored securely and should not be accessed by anyone not providing care for the person. Specifically, these medical records must only be accessed or viewed by an AHPRA-registered health practitioner employed by DHHS to provide services to people in detention, an authorised officer, or the Public Health Commander, State Controller - Health, DHHS Commander COVID-19 Accommodation or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller - Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment, they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID-19 (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

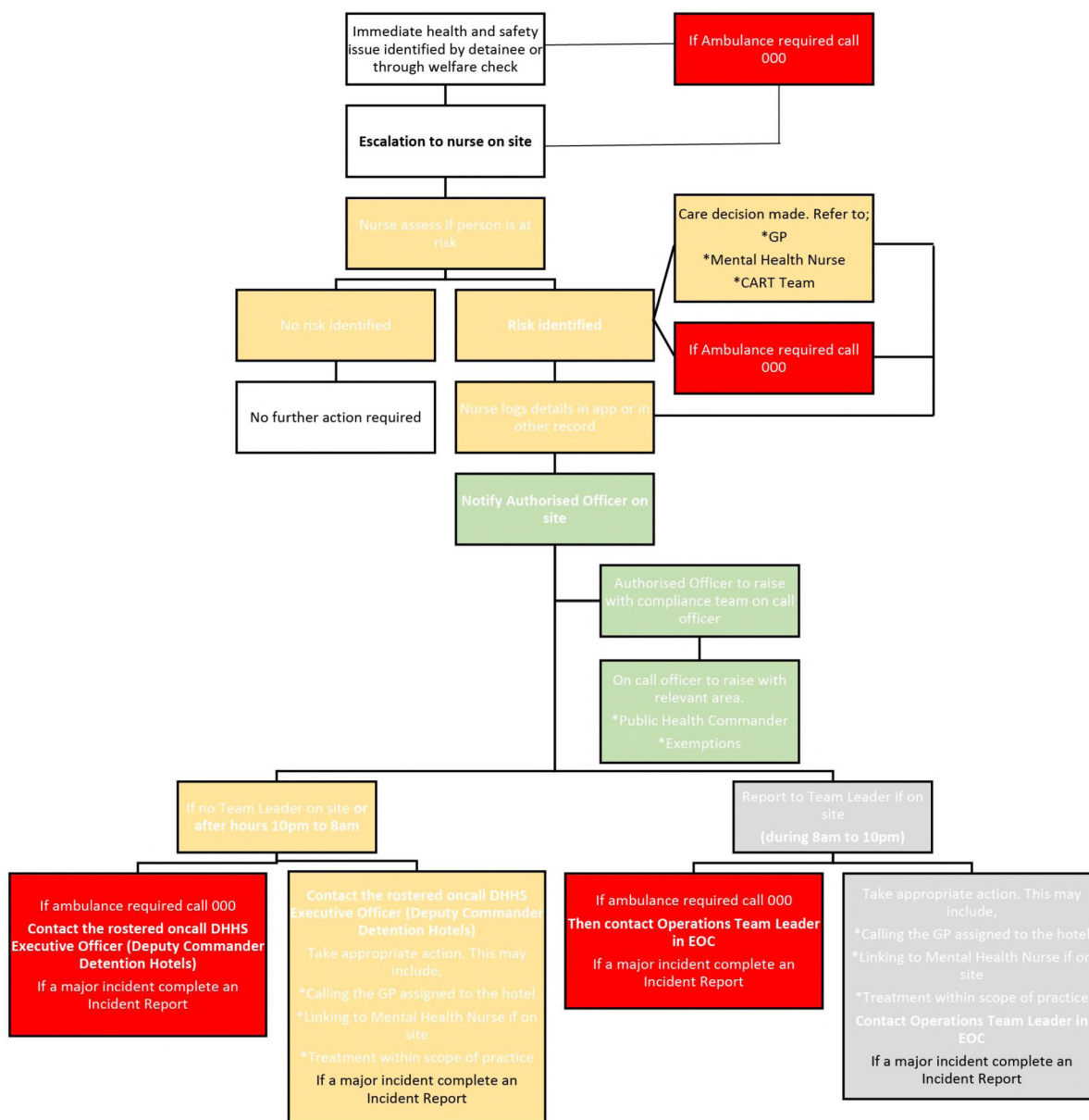
7 Issues escalation and incident reporting

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

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

7.1 Hotel escalation process

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



7.2 Incident reporting

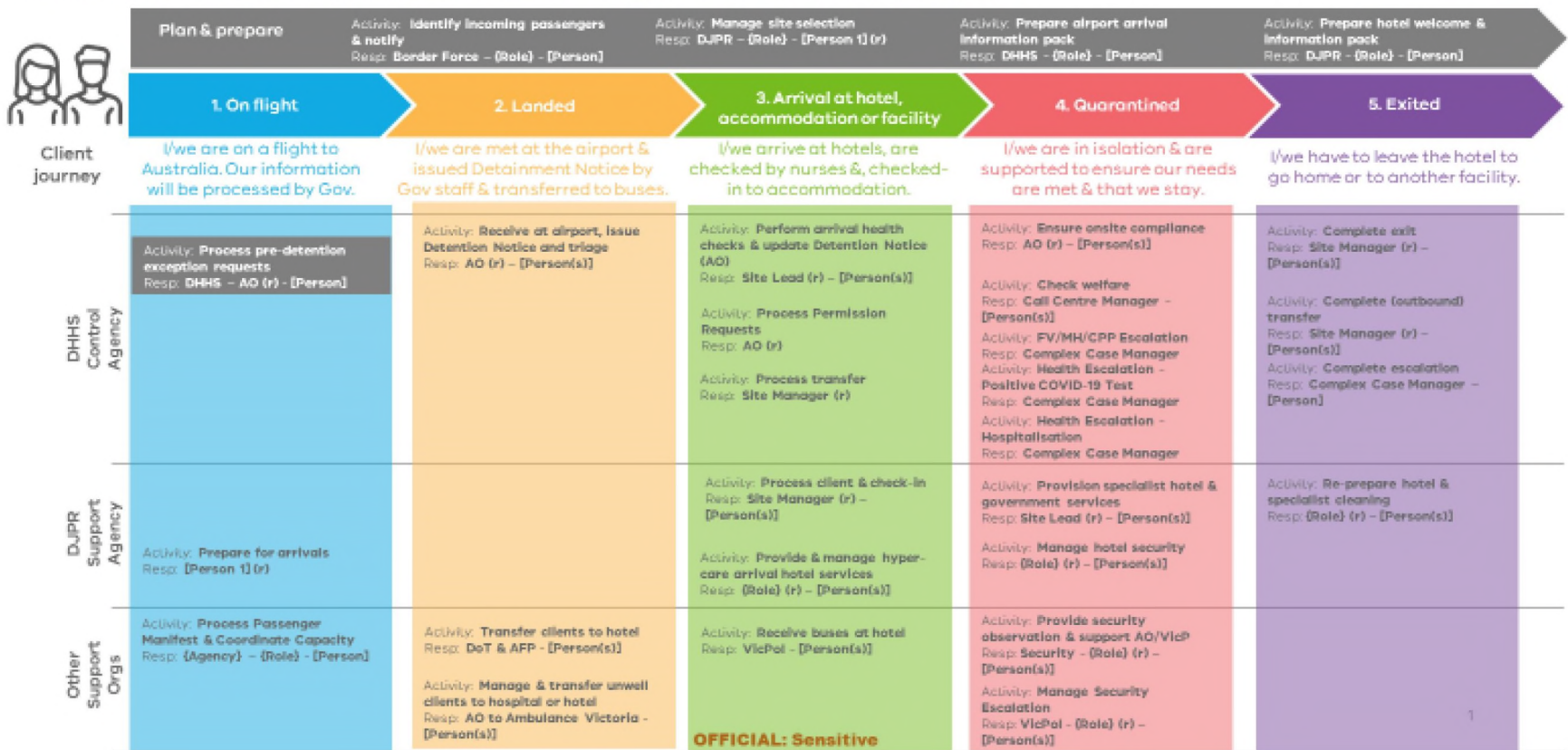
The incident reporting process and template in **Appendix 4** outlines the Department of Health and Human Services management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other 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

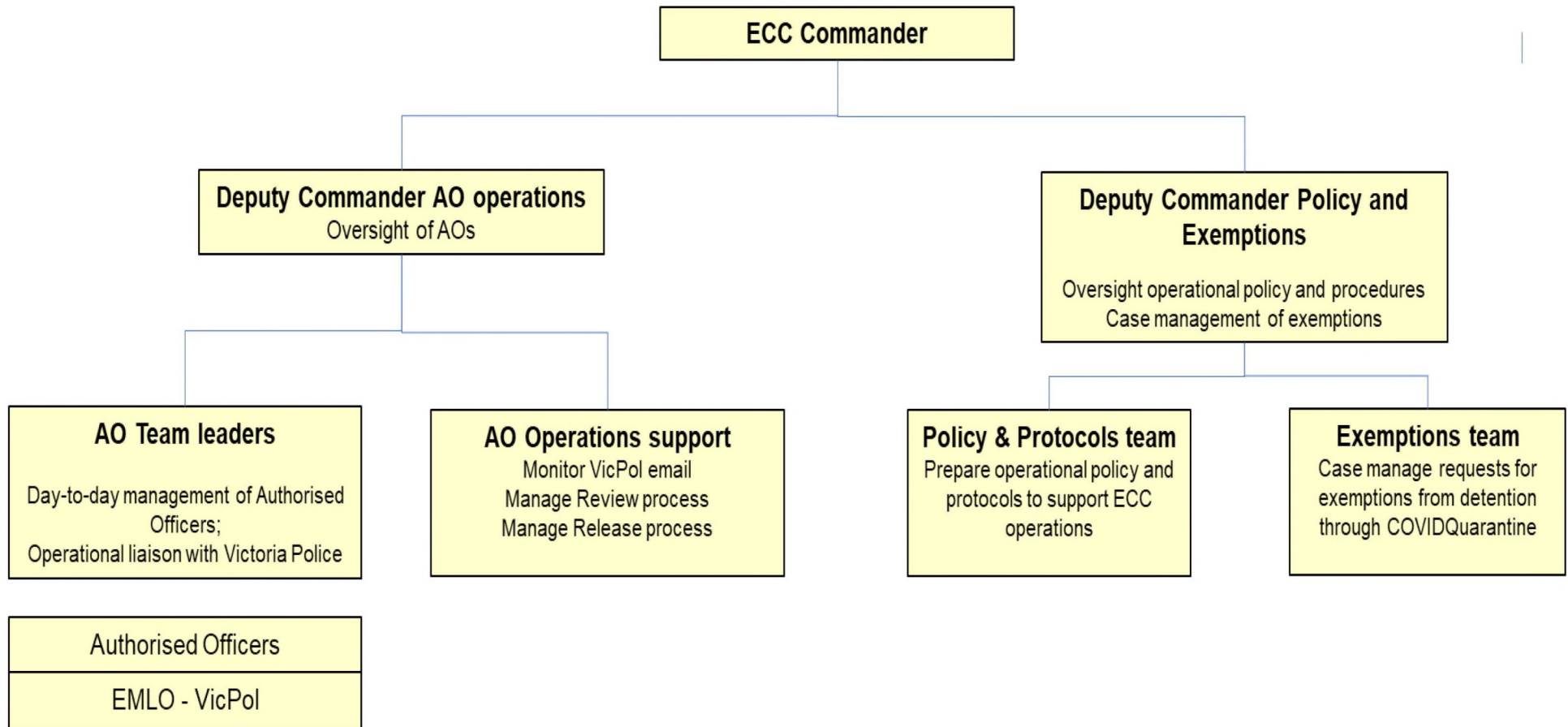
Compulsory quarantine service architecture Activity and responsibility details

Objectives of service:

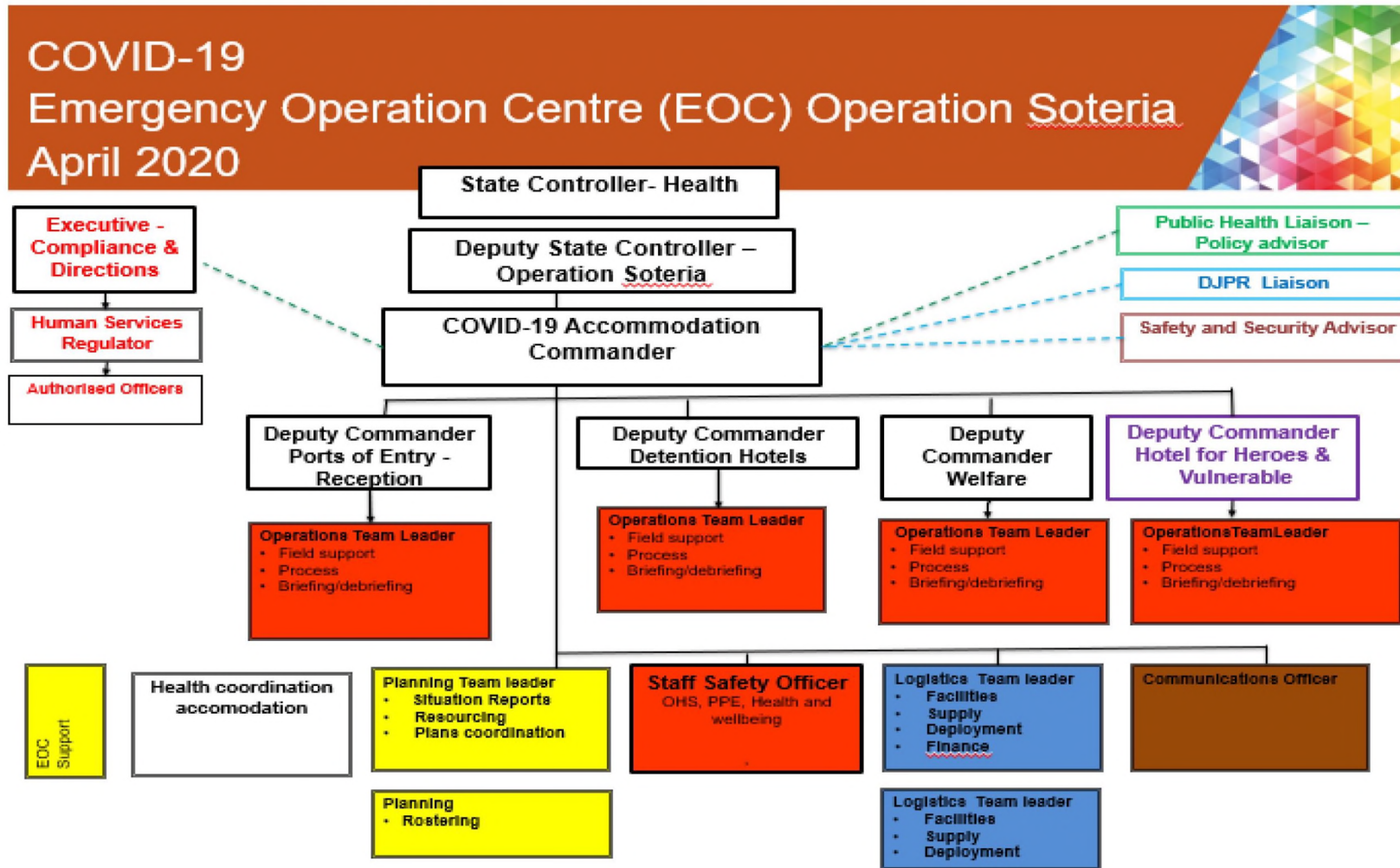
1. Legally detain people
2. Protect their health & wellbeing and those around them
3. Provide as comfortable an experience as reasonable
4. Mitigate flow-on demand to health system



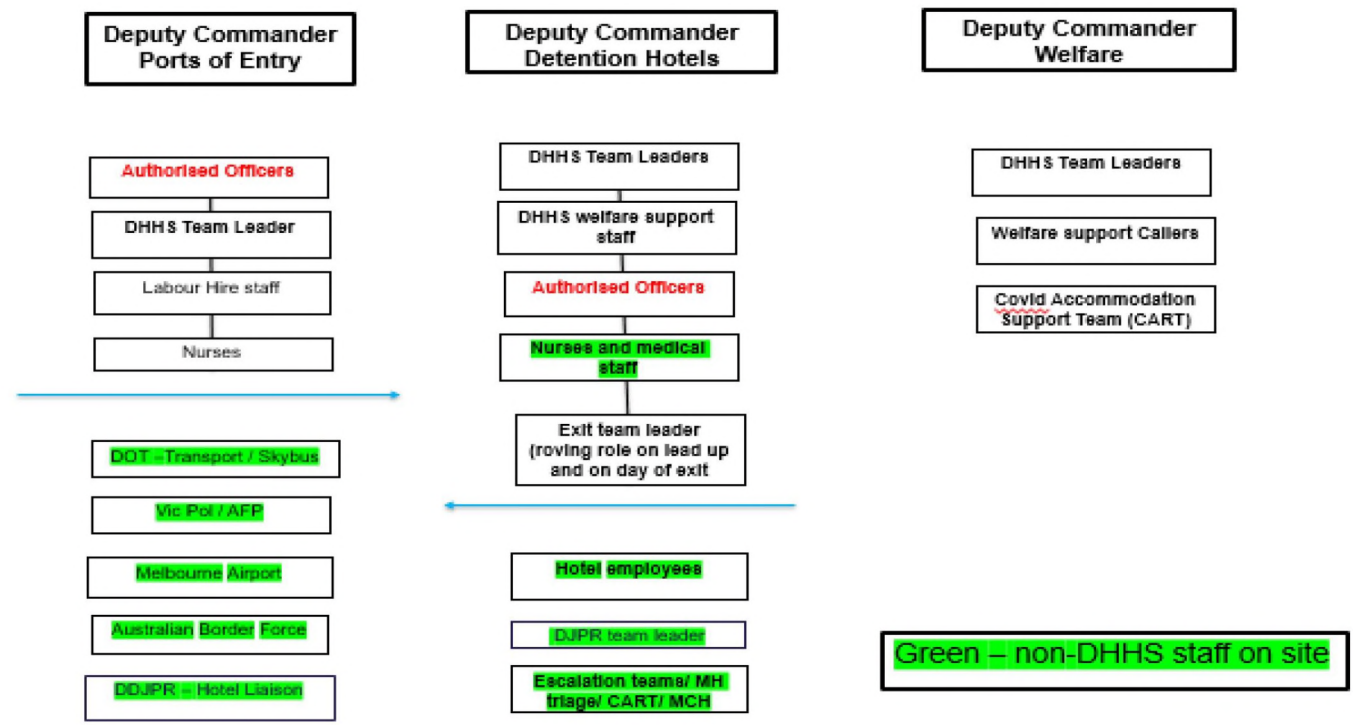
Appendix 2 - Enforcement and Compliance Command structure



Appendix 3. Emergency Operations Centre Structure



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 21 April 2020.

2. Reviewing and endorsing incident reports

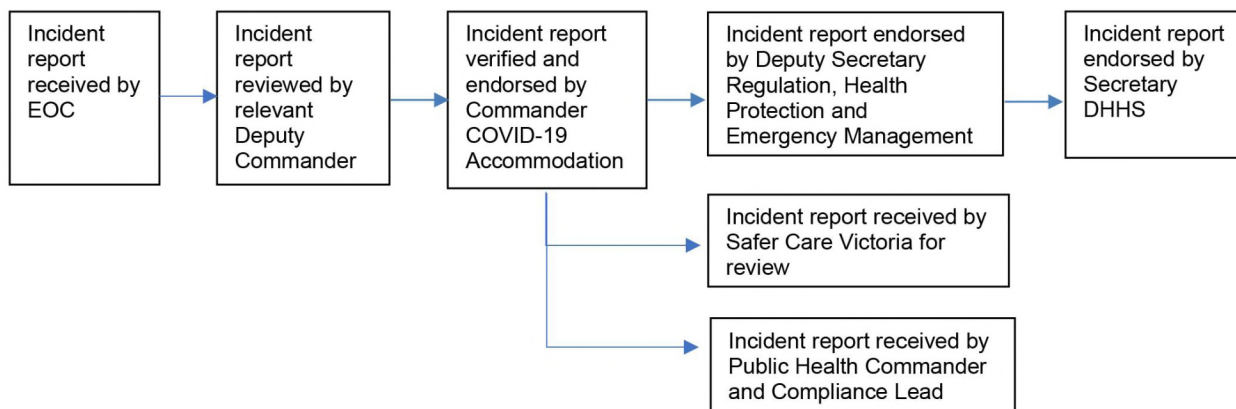
This section outlines the steps required for reviewing and endorsing incident reports, once provided to the DHHS Commander COVID-19 Accommodation via dhsopsotertiaeoc@dhhs.vic.gov.au following verbal report via phone from the relevant Deputy Commander. Figure 1 below provides an overview of the process.

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 dhsopsotertiaeoc@dhhs.vic.gov.au following verbal report via phone. 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 COVID-19 Accommodation is also responsible for sending the report to Safer Care Victoria, the Public Health Commander 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@dhs.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 by mobile 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 COVID-19 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 COVID-19 Accommodation verifies and endorses the incident report.

The Commander COVID-19 Accommodation is responsible for escalating an incident report to the Deputy Secretary Regulation, Health Protection and Emergency Management to endorse, and sending the report to the Public Health Commander, the Compliance Lead and Safer Care Victoria via irtreviews@safercare.vic.gov.au for review.

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

2.5. File the completed incident report

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

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

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

2.6. Incident report records management and privacy

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

2.7. Local investigation and causal analysis

The Commander COVID-19 Accommodation will ensure that the incident is subject to an appropriate level of local investigation and causal analysis and that, where relevant, an improvement strategy is prepared.

Incident investigations should:

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

3. Privacy

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

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

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

3.1. Sending information by email

For communication within the department, there are risks to privacy in sending information by email. These include misdirection due to errors in typing the address and the ease of copying, forwarding, amending or disclosing emailed information to others. Care should be taken with the list of addressees, and the title 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 a 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

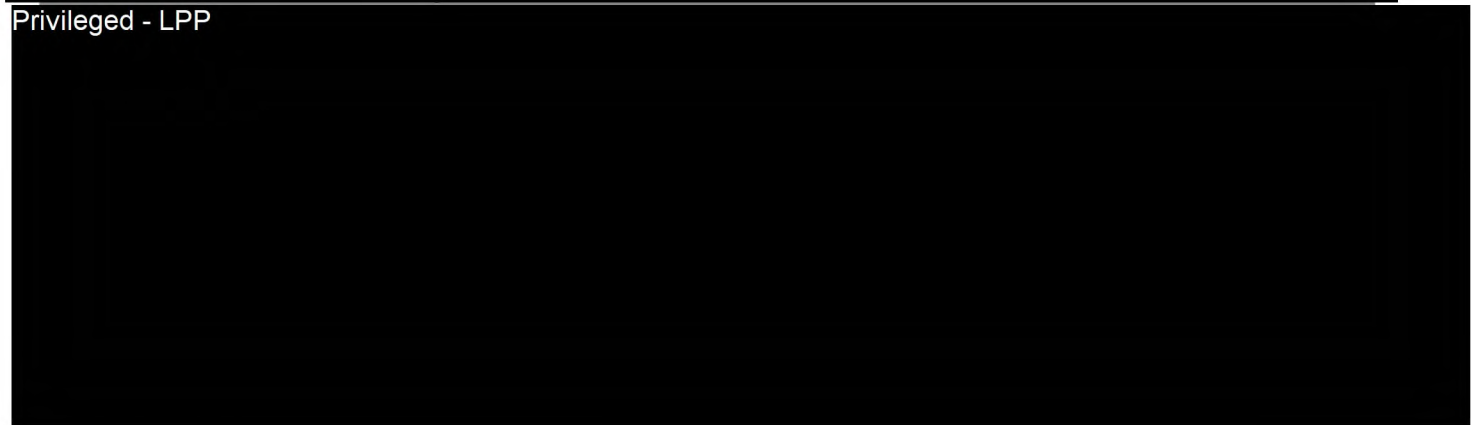
Delegated authority full name and signature	
Delegated authority job title	
Date incident report endorsed	
Delegated authority phone number	
Delegated authority email address	
Comments (optional)	

9. Incident report authorisation - Secretary

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

Privileged - LPP

Privileged - LPP



From: Finn Romanes (DHHS) REDACTED
Sent: Friday, 17 April 2020 9:21 PM
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) REDACTED
Subject: For Information / Holding pattern - Draft Healthcare and Welfare Plan for Operation Soteria
Importance: High

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 RE 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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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 Health and Human Services Regulation and Reform Regulation, Health Protection and Emergency Management Department of Health and Human Services	p. REDACTED e. REDACTED
REDACTED	State-wide Manager - Regulatory Compliance & Enforcement Human Services Regulator Health & Human Services Regulation & Reform Branch Regulation, Health Protection & Emergency Management Division Department of Health & Human Services	p. REDACTED m. REDACTED e. REDACTED
Noel Cleaves	Manager Environmental Health Regulation & Compliance Environmental Health Regulation & Compliance Unit Health Protection Branch Regulation, Health Protection & Emergency Management Division Department of Health and Human Services	t. REDACTED m. REDACTED e. REDACTED

At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

Table 1 Roles and responsibilities of staff at hotels

Role	Responsibility	Authority
Authorised Officers under the <i>Public Health and Wellbeing Act 2008</i> at airport and hotels	<p>Primary responsible for:</p> <ul style="list-style-type: none"> administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020) meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention). <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>
Hotel site lead	<ul style="list-style-type: none"> Supports the health and well-being of staff, Liaises with airport command and staff from other departments and agencies represented at the hotel Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required Ensures appropriate records management processes are in place. 	
Medical staff	<ul style="list-style-type: none"> Provide 24 hour on-call medical support subject to demand Provide welfare to detainees through a daily welfare check — welfare officers email covid-19.vicpol@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues Provide a satisfaction survey for residents to complete each week. 	Contracted by DHHS.

Department and hotel staff	<ul style="list-style-type: none"> • Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs • Deliver hyper-care (concierge) services onsite • Manage contracts with accommodation providers • Manage transport arrangements from the airport • Manage material needs including food and drink. 	
-----------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and mediation skills to help persons settle into the new environment.

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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 ¹ is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

Authorised officer* and Chief Health Officer obligations

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

¹ Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance)¹

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

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

Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

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

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

** A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

Support email for users: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

Authorised officers and powers

Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the 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

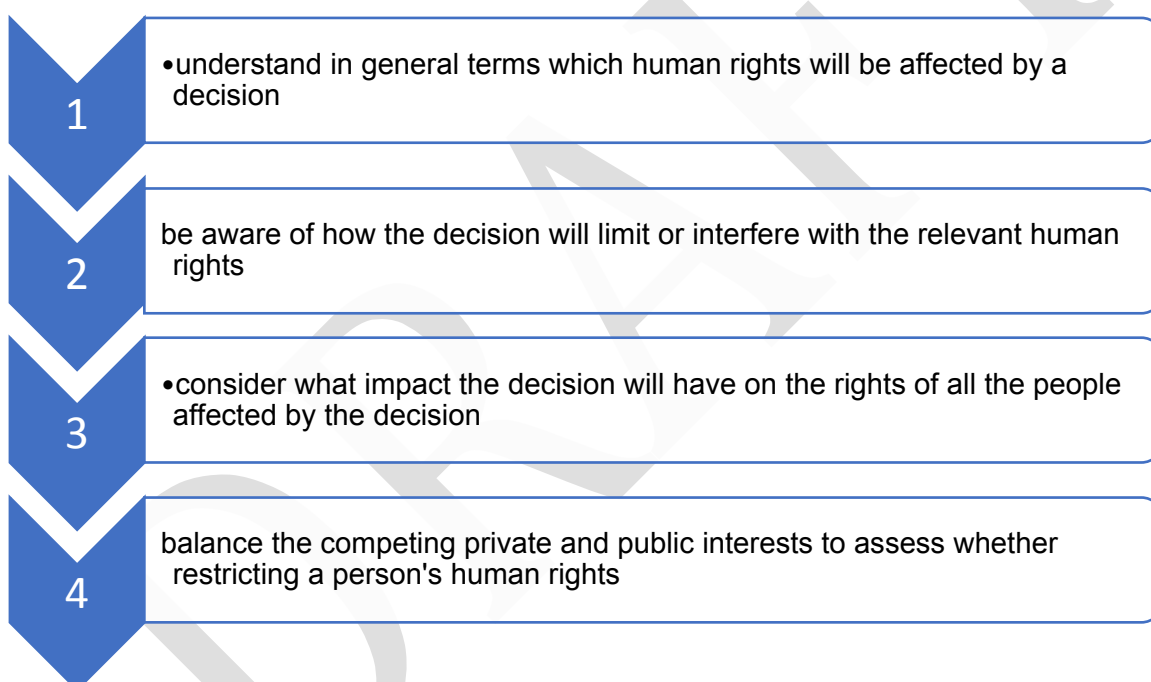
Key points

- 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
Right to life	<ul style="list-style-type: none"> • This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
Right to protection from torture and cruel, inhuman or degrading treatment	<ul style="list-style-type: none"> • This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
Right to freedom of movement	<ul style="list-style-type: none"> • while detention limits this right, it is done to

Charter Right	Obligation
	<p>minimise the serious risk to public health as a result of people travelling to Victoria from overseas</p>
Right to privacy and reputation	<ul style="list-style-type: none"> • this includes protecting the personal information of persons in detention and storing it securely
Right to protection of families and children	<ul style="list-style-type: none"> • this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
Property Rights	<ul style="list-style-type: none"> • this includes ensuring the property of a person in detention is protected
Right to liberty and security of person	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • this includes treating persons in detention humanely.



Airport








Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers* Responsibility	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> • must declare they are an Authorised Officer and show AO card 	Yes Section 166
	<ul style="list-style-type: none"> • must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and: <ul style="list-style-type: none"> – explain the reasons for detention – warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply – remind the person they must keep their detention notice. • if practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel. 	Yes. If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] (mandatory AO obligation).

	<ul style="list-style-type: none"> ensure the Direction and Detention Notice: <ul style="list-style-type: none"> states the name/s of the person being detained, date of birth and mobile phone number (if applicable) states the name of AO contains signature of person being detained contains signature of AO contains the hotel name at which the person will be detained contains date the person will be detained till (14 days). 		
	<ul style="list-style-type: none"> record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application² request person subject to detention present to AO at hotel 		
	<ul style="list-style-type: none"> facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is REDA) 	Yes	Section 200(5)
	<ul style="list-style-type: none"> provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information) 		
	<ul style="list-style-type: none"> record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues. 		
	<ul style="list-style-type: none"> use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice. 		
	<ul style="list-style-type: none"> check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure). 		

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

² The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

Supplementary roles

Authorised Officer review of transport arrangements to hotel

While these matters are not mandatory compliance obligations, as a matter of good practice AO should check the following:

Direction and detention notice	Sufficient physical distance	Vehicle is sanitised	Is PPE required?
<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 >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

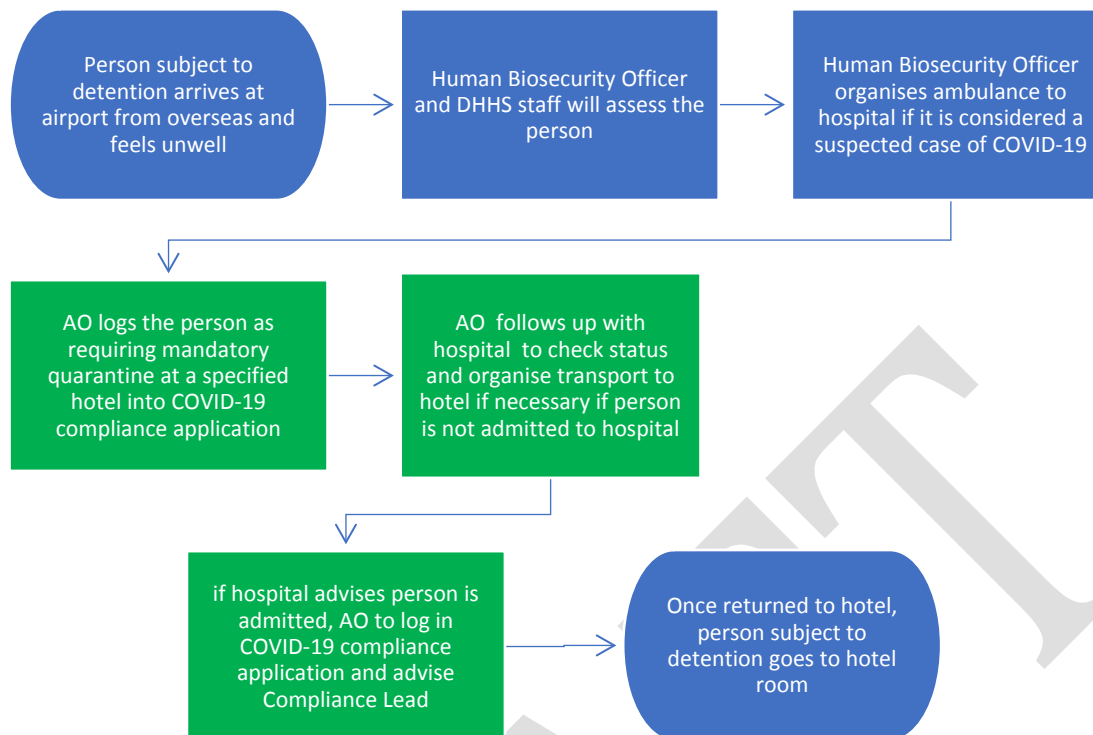
The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

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 **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 should provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

Non-compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

Compliance Lead to undertake review each day

- A Compliance Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- A Compliance Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
 - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
 - number of detainees present at the hotel
 - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
 - being cleared of COVID-19 results while in detention
 - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
 - consideration of the human rights being impacted – refer to 'Charter of Human Rights' obligations
 - any other issues that have arisen.

Decision making

To inform decision-making, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
 - person's health and wellbeing
 - any breaches of self-isolation requirement
 - issues raised during welfare checks (risk of self-harm, mental health issues)

- actions taken to address issues
- being cleared of COVID-19 results while in detention
- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application** . This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

Mandatory reporting (mandatory AO obligation)

A Compliance Lead will give written notice to the Chief Health Officer as soon as is reasonably practicable that:

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

The notice to the CHO must include:

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

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

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

Possible release from detention based on review

The daily review by the Compliance Lead could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander). These matters will be referred to the Physical Distancing Compliance Lead and Public Health Command for review and decision.

Grant of leave from detention

Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

Considerations

Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

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

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

COVID-19 Escalation procedure for requests for leave from people in quarantine

Persons emailing covidquarantine@dhhs.vic.gov.au

People in detention should email their request, with as much detail as possible, to COVIDdirections@dhhs.vic.gov.au

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed to vary their quarantine (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will forward the request on to the COVIDQUARANTINE email address.
 - NB All requests from people in quarantine that do not relate specifically to requesting an exemption from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward the request to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex requests should be escalated by email to the relevant Compliance Manager assigned to that hotel (see AO Hotel Roster) and cc'd to COVIDQUARANTINE
- If the Compliance Manager;
 - makes a decision they delegate the implementation of that decision accordingly and cc COVIDQUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person the Compliance Lead will also cc SEMC.
 - does not believe they are authorised to make a decision on the request they should escalate it to the Compliance Lead (Anthony Kolmus) and cc COVIDQUARANTINE.
- If the Compliance Lead;
 - makes a decision on the request they delegate the decision accordingly and cc COVID QUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person, the Compliance Lead will also cc SEMC
 - does not believe they have the authority to make the decision (e.g. any exemptions relating to travelling interstate or overseas must go to the CHO/DCHO), the matter is to be escalated directly to COVIDQUARANTINE with a recommendation and seeking a decision from the CHO/DCHO.
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs the Compliance Lead who delegates implementation of the decision and notifies SEMC as relevant.
- Details of the exemption given should also be forwarded to the COVID Policy area for consideration as a potential future protocol.

Recommendation for leave by on-site nurse, medical practitioner of welfare staff

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
 - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under “Persons emailing covidquarantine@dhhs.vic.gov.au’ above.

Urgent medical attention

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

Other requests

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance.

Physical health (exercise) – see procedure at end of this chapter

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:
 - willingness and availability of security to facilitate exercise
 - site layout and capability to ensure persons are in a cordoned off area
 - maintaining infection control.

- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- should complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, or
- enter in Compliance Application if available.

Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any 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 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

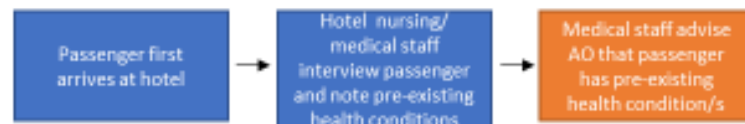
Arrival at Hospital designated CoVid19 AV Reception area

Patient managed under routine AIRBORNE & CONTACT
transmission based precautions in a negative pressure room

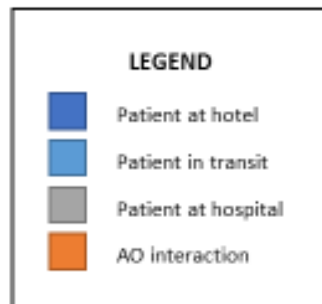
Routine AIRBORNE & CONTACT transmission based precautions
include: **PPE:** Gown Gloves, P2/N95 mask, eye protection
(when entering isolation room or transporting patient)
Patient: Surgical mask – if leaving isolation room

Process to transfer passengers to hospital (planned)

WHEN PASSENGER ARRIVES AT HOTEL



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

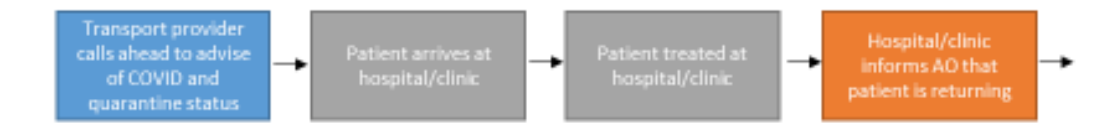
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

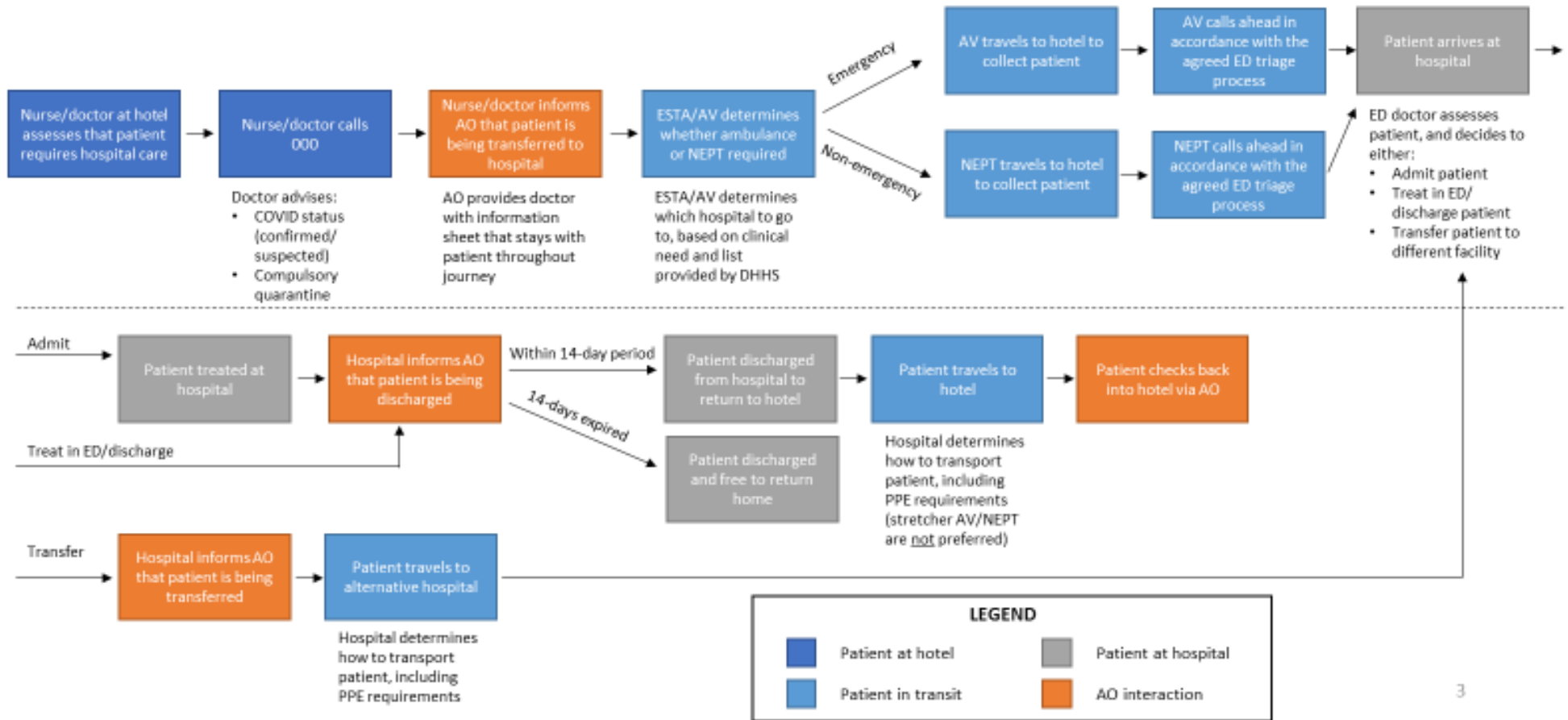


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

Process to transfer passengers to hospital (unplanned)



Compliance

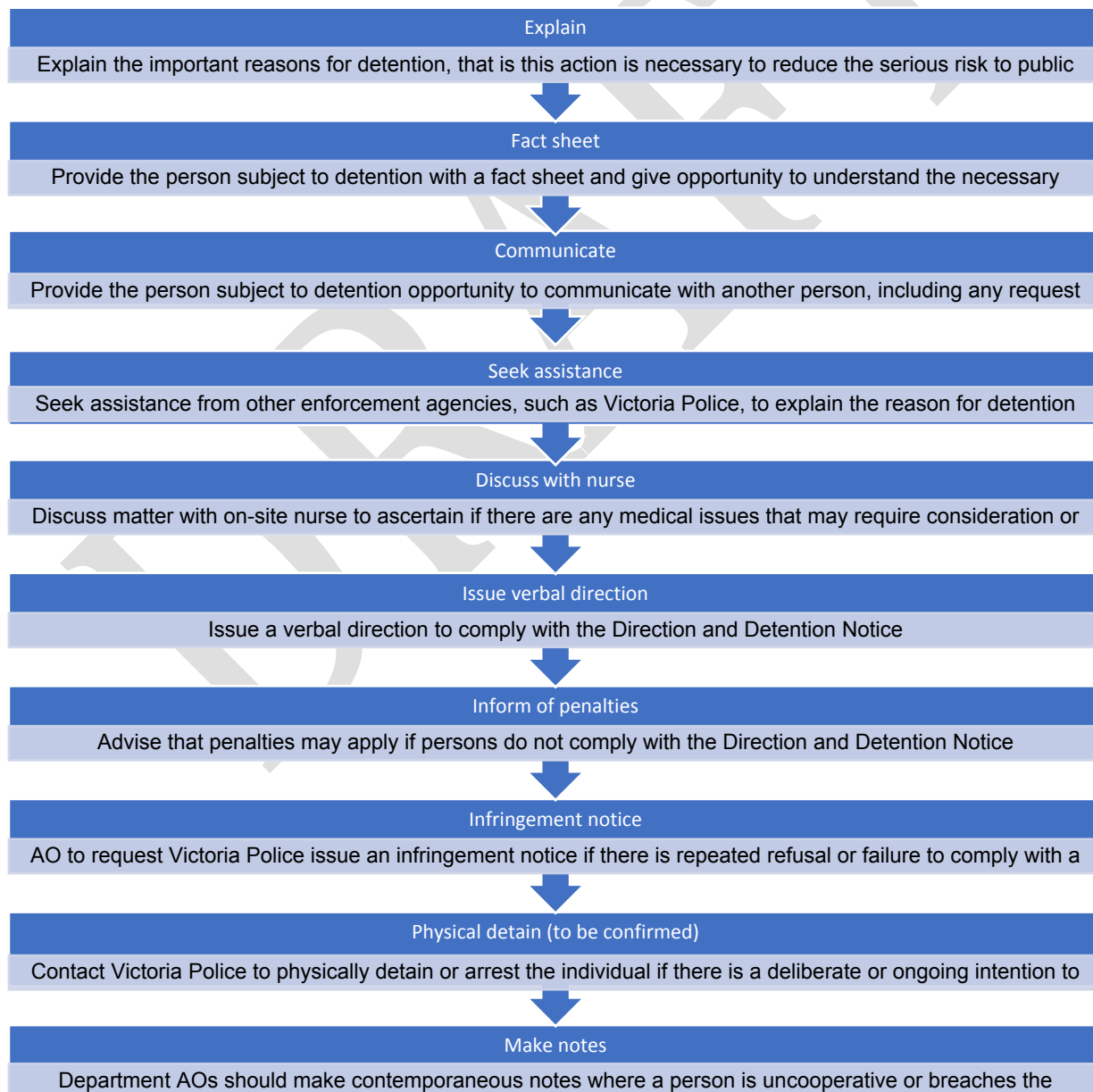
Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on 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).

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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.

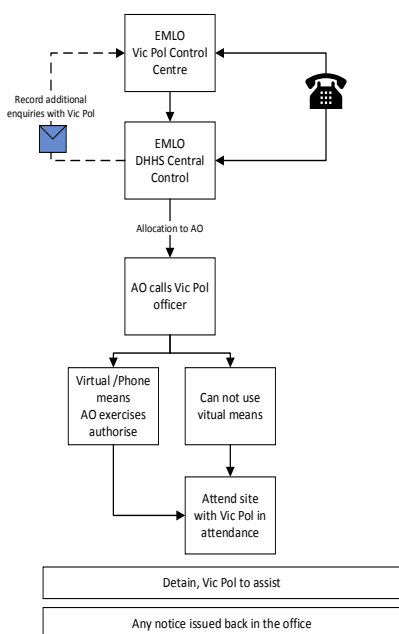
Fatigue

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 Soap and water	Always
Physical distancing of at least 1.5 meters	Always

Known risks and hazards

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

Appendix 1 - Permission for temporary leave from detention

PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: _____
 _____ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

Name of facility: _____

Time of admission/appointment: _____

Reason for medical appointment: _____

- (b) where it is reasonably necessary for physical or mental health:

Reason leave is necessary: _____

Proposed activity/solution: _____

- (c) on compassionate grounds:

Detail grounds: _____

- (4) The temporary leave starts on _____
 and ends on _____ [insert date and time].

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

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

Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

Specific details

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

Offences and penalties

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

Before you provide the Permission for Temporary Leave from Detention

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
 - for the purposes of attending a medical facility to receive medical care; or
 - where it is reasonably necessary for your physical or mental health; or
 - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

When you are provide the Permission for Temporary Leave from Detention

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

NB If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

Appendix 3 Guidance: Exemptions under Commonwealth law



Australian Government
Department of Health

Coronavirus disease
(COVID-19)

Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia **must** continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

Aviation crew

International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)
Coronavirus Disease (COVID-19)

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- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
 - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
 - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at www.health.gov.au/state-territory-contacts.

Where can I get more information?

For the latest advice, information and resources, go to www.health.gov.au.

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

Appendix 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 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 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

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Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, **all** arrivals into Australia **must** continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

Aviation crew

International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
 - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
 - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at www.health.gov.au/state-territory-contacts.

Where can I get more information?

For the latest advice, information and resources, go to www.health.gov.au.

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

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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 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 Nurse assessment within 8 hours GP review (if required) within 24 hours
Non-urgent issue requiring review and management	Nurse review within 4 hours GP review (if required) within 12 hours
Urgent request by quarantined individual or mental health concerns	Nurse / mental health nurse review as soon as practicable (within 30 minutes) GP review within 1 hour
Emergency: serious health concern / life-threatening issue	Immediate - call 000 ASAP

Information and data management

There should be a minimum number of secure databases used for the storage and handling of confidential data on people in detention. This is to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this program:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software;
- Paper records (until transitioned to systems above).

The State Controller Health (or delegate) and Public Health Commander (or delegate) should be able to access any record within these systems to enable oversight of the health and welfare of people in detention.

The Department of Jobs Precincts and Regions (DJPR) will provide a list of people arriving internationally that populates PHESS and the Dynamic CRM Database. In turn, medical information is then stored in PHESS and Best Practice. Welfare and Compliance information is stored in the Dynamic CRM Database. Within 24 hours of arrival, both the Dynamic CRM Database and PHESS will contain a complete list of people in detention. PHESS will be the complete record for all medical and compliance records for a person who was in detention in Victoria as part of this program.

An Intelligence Cell will be introduced into the EOC to oversee reporting arrangements.

Medical records

Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record should capture the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. These records should be stored securely and should not be accessed by anyone not providing care for the person. Specifically, these medical records must only be accessed or viewed by an AHPRA-registered health practitioner employed by DHHS to provide services to people in detention, an authorised officer, or the Public Health Commander or State Controller Health or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

Follow-up of results

It is the responsibility of the doctor who orders any test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they are not able to do so, they must handover this task to the next doctor on-call, inform the nurse, and record this in the medical record. A list/spreadsheet of all individuals in mandatory quarantine who have had COVID-19 swabs should be sent to the department each day by the DHHS Team Leader. This will also serve as a safety net for the department to notify the patient if the treating doctor hasn't already.

If a detainee has been reviewed by their personal GP or has received a specialist consult via telehealth whilst detained, a letter from the GP/specialist must be provided within four hours following the review and documentation of this consult, outcome and plan should be transcribed into the Best Practice medical record. The name of the external reviewing doctor, time and contact details must also be documented into the detainee's DHHS notes by the hotel general practitioner. There must be clear communication and documentation regarding who will follow up and review any plans made by external clinicians.

Provision of healthcare

Medical care

Access to regular general practitioners and specialists

A person in detention should be able to access care through their normal general practitioner and specialist through telehealth arrangements if they request it. If that is to occur, the person should indicate who their provider is and should provide the contact details of the general practitioner to the nursing lead / Team Leader for their time in detention, so that the general practitioner can act as an advocate for, and communicate with, the nursing team about the health of the person in detention.

Provider of general practice services

General practitioners (GPs) are provided by Medi7 and Doctor Doctor. **[MORE DETAILS – point of contact, contact information, ABN]**

General practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24-hour medical support to individuals in mandatory quarantine. GPs should be engaged at a ratio proportionate to the burden of healthcare problems across the hotels. **The directors of the contracting companies should teleconference with the Deputy State Health Coordinator twice weekly to review workload and vary this ratio if necessary.**

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

GPs are contactable via the nurses at each location. From 6pm on a weeknight, the nurse may contact the on-call GP. The on-call GP can provide telehealth services as required or attend the relevant hotel. Over weekends and on public holidays, a group of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

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

Clinical lead for general practice services

Medi7 has now appointed a clinical lead to oversee and coordinate the doctors working across all hotels participating in mandatory quarantine each day. The number of doctors per cluster of hotels is reviewed each morning before determining where each doctor is allocated. The Medi7 GPs can report issues to the clinical lead and seek advice and additional support. **The Medi7 clinical lead should update and report concerns to the Deputy State Health Coordinator.**

Pathology and pharmacy services

Pharmacy arrangements

Specific pharmacies in proximity to each hotel should be engaged to allow for prompt procurement of necessary medications and equipment for quarantined individuals. The address, contact details, and operational hours of the pharmacy for each hotel should be distributed to all staff working in that hotel and should be easily accessible. Each hotel should know which pharmacy can be used for urgent scripts out of hours, if their usual pharmacy cannot provide this service.

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

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

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

Prescriptions

Both prescribed and over-the-counter (OTC) medications can be ordered from the pharmacies described above. A record should be kept of all medications dispensed to quarantined individuals.

Prescribing benzodiazepines

When prescribing benzodiazepines for anxiety in mandatory detention, GPs should exercise a high degree of caution. Care should be taken to ensure that benzodiazepines are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications. These medications should only be required after careful history taking and assessment, to individuals who are regularly prescribed them. If they are required to be prescribed, no more than four (5mg) tablets should be prescribed at any time. Repeat prescriptions for benzodiazepines should not be given unless there is clear justification.

All new medication prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics must be discussed with the medical clinical lead by the prescribing general practitioner. A risk assessment should be performed by the prescribing general practitioner and medication changes should be documented and followed up by the prescribing doctor or handed over to the shift doctor next on call. General practitioners will take full responsibility and indemnity for all new prescriptions or medication changes.

Pathology arrangements

Swabs

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

Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by **REDACTED** 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 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 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions) Residents with a history of mental illness	Daily phone call
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispr)

For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.

Automated text messages are sent to all passengers in Tier 3 via Whispr.

Individuals may be moved between risk tiers throughout their quarantine period as need dictates.

Requirement for a welfare check

As part of the welfare check process, quarantined individuals should be provided with a satisfaction survey (available at **Appendix XX**) to complete each week. This satisfaction survey is more comprehensive than the regular daily welfare check. Any concerns raised on the survey should be escalated to the DHHS Team Leader for action.

Each individual in mandatory quarantine should receive a welfare check each day by a DHHS welfare officer (employee or contractor). A welfare check will allow people in detention to be assessed for medical and social issues. Concerns can be flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. Referrals to the nurse, social supports, mental health and other services can be made as a result.

Welfare checks are made from the DHHS welfare call centre by a DHHS welfare officer – the **script for these checks is in Appendix XX**.

Smoking

Smoking is not permitted within the hotel rooms. The following actions should occur:

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;

- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
 - The Authorised Officer is aware and grants permission;
 - They are accompanied by security, who are provided PPE to wear;
 - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
 - They return immediately to their hotel room.
- Smokers should be provided with the Quitline number to access telephone counselling - 13 78 48
- People can also contact their regular general practitioner via telehealth for support.

Fresh air and exercise

Individuals in quarantine should have access to fresh air where feasible.

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

Exercise is important for physical and mental health, particularly in the mandatory quarantine environment. Requests for exercise equipment / yoga mats should be facilitated where possible, but equipment should be thoroughly cleaned and disinfected after use. Resources for exercise routines and yoga/meditation should ideally be provided to individuals in mandatory quarantine upon request.

Alcohol and drugs

Alcohol is permitted within hotels. Excessive alcohol consumption should be discouraged and should not be facilitated.

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

- Request nurse or medical review.
- Provide numbers for support services.
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about acute alcohol withdrawal, confusion or mental state/mental illness, escalate for urgent medical review (consider calling 000).

Note: Alcohol should not be provided to persons who are under 18 years of age (including in the hotel room minibar).

Nutrition and food safety (including allergies)

Individuals in quarantine should be provided with a well-balanced and plentiful diet, with options provided for those with specific dietary requirements.

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

- Ensure that food allergies are recorded and communicated to the catering providers.

If there are substantial concerns that someone is not eating, this should be flagged with the medical team, and appropriate review/referral arranged (e.g. for mental health assessment).

Food allergies

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

Food safety process

Food safety questionnaires (along with the welfare questionnaire) should be distributed to individuals at the airport. Individual with specific dietary requirements (who are eligible for this process) should be contacted and advised of the process for self-organising suitable meals (through uber eats and by submitting a claim following their stay). Uber Eats Drivers should drop meals off at the hotel, and security staff should deliver the meals directly to the requestors' rooms. The Uber Eats Driver/Rider should not drop the delivery to the person's room directly.

Please refer to the following documents for further details:

- Process for people with food allergies
- Food safety questionnaire

Care packages

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in mandatory quarantine. The reason for quarantine is to prevent risk of COVID-19 transmission from people in detention to other parties and does not mean a person needs to be prevented from receiving packages.

The care package should be provided to the hotel reception or other party for conveyance to the person in mandatory quarantine and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in quarantine without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

Safety and family violence

If there are concerns about family violence / the safety of women and children the following should occur:

- Arrange for separate rooms for the person to be assessed and access phone support services (separate rooms may also be indicated for the remainder of the quarantine period)
- Refer to CART
- Refer to phone support services
- Engage case worker to contact person and make an assessment

Social and communications

- All residents should have access to **free** wifi/internet.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.

- Toys and equipment should be provided for small children if possible.

Negative permission/exemption outcomes

When a person submits a request for release from detention (temporary or permanent) that is denied/declined, a CART team support worker should be present (on the phone) to provide support (if the person consents to this, and if CART are already working with the person).

- The CART team can support the person before and after the exemption discussion with the doctor which is a separate discussion, in anticipation of some emotional distress upon hearing the outcome.
- The CART worker can help the person gain insight into the public health risk, understand the information they are receiving, and provide insight into what they can and can't do whilst they remain a public health risk.
- This will also inform the doctor/nurse and CART team of further risk management and support required for the person going forth.

Assessment in preparation for exit

All persons departing mandatory quarantine will be offered a health check with a nurse 24-48 hours prior to exiting. This health check is voluntary. This will consist of questions about symptoms of COVID-19 and a temperature screening.

If a person screens positive on the health check:

- They will not be detained longer than the 14 day mandatory quarantine period
- A swab will be sent and they will be informed that they need to self-isolate after exiting, until the result of the swab is known
- If they do not have appropriate accommodation to self-isolate after release, they will be assisted to find such accommodation

If a person screens negative on the health check, no further action will be taken.

Infection control and hygiene

COVID floors/hotels

Each hotel should have a COVID-19 positive floor or area (a **"RED ZONE"**). Any person who is a confirmed case should be relocated to this area of the hotel when the test result is known. Appropriate signage, PPE and other consumables should be available at the entrance to this area of the hotel. Where there are large numbers of confirmed cases arriving on a flight, a COVID hotel may be considered. Where the infrastructure allows, suspected cases may also be moved to an area of the hotel away from well individuals.

Personal protective equipment

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

PPE should be available in the donning section of the hotel. Biohazard bags for waste disposal, and hand hygiene stations, should be available at the doffing section of the hotel.

PPE protocols should be available to all staff working in the hotels, so that there is clear instruction on what type of PPE to wear and in what circumstances, how to don and doff it, and how to dispose of it.

Laundry

Staff may wear PPE when handling dirty laundry. Laundry should be washed on the highest possible setting and thoroughly dried before use. Staff should not overly handle the linen – it should be put straight into the washing machines. Staff should follow hand hygiene procedures after handling dirty linen.

Cleaning

Though not directly medical care, all quarantined individuals have the right to a safe and comfortable room and environment. Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the quarantined individual with cleaning their room. In rare instances the quarantined individual may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the quarantined individual is not capable of doing so themselves. Any persons for whom there is a concern about room hygiene and safety should be flagged to the team leader.

Please refer to the department document 'Cleaning and disinfecting to reduce COVID-19 transmission'.

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

COVID-19 in people in mandatory quarantine

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

Overall actions

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE**.
- A designated COVID-19 hotel should be available when there are large numbers of cases coming off of flights (e.g. high risk repatriation flights with a high burden of suspected or confirmed COVID-19).

Personal protective equipment (PPE)

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

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

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

Current infectious cases

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

Recovered cases

- In the situation that an individual states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.
- The onus on them is to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- The department will decide on a case-by-case basis whether evidence from other sources (from testing done overseas) can be considered sufficient proof to inform clinical and public health decision-making.
- If they meet the criteria for release from isolation (see below) and the testing and medical reports provided are considered sufficient by the department, they may be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation.

Release from isolation

Criteria for release from isolation

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

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

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

Process for release from isolation

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

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

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

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

Exit planning for individuals with confirmed COVID-19

Non-emergency ambulance transport

When a confirmed case of COVID-19 who is considered still infectious but is stable is assessed as appropriate for transition to isolation in their home, Ambulance Victoria will be requested by the Operational lead for mandatory quarantine to provide a non-emergency patient transport for that person to a destination in Victoria that is the assessed appropriate home isolation location

If there are multiple persons to be transitioned to home isolation on the same day, subject to compliance-related logistics being able to be handled and any privacy considerations being met, it is permissible for two or more potentially infectious confirmed cases of COVID-19 to be transported together in one NEPT, i.e. to cohort confirmed cases

Room sharing - COVID incongruent couples

In instances where one person in a room share situation is a confirmed case and one person is COVID-19 negative, the confirmed case should self-isolate in a separate room away from the person who does not have COVID-19. The quarantine period (but not the mandatory detention period) for the COVID-negative person starts from their last contact with the confirmed case while the confirmed case is infectious. This may mean that they need to self-isolate for an additional number of days after the mandatory detention period ends, but they may do this in their own homes or in alternate accommodation, not in detention.

Room sharing - well persons

In instances where two or more well people who are not suspected or confirmed cases of COVID-19 wish to share a room in advance of check-in at the hotel, this can be facilitated.

If this request is made after the persons have been initially been in separate rooms for a period of time, they should be informed that this may increase their risk of infection with COVID-19 if the other person is incubating the infection, and that COVID-19 infection may result in serious illness and death in some

cases. If the persons still insist, then it must be documented in the database that the risks have been discussed with them (e.g. by a nurse), before facilitating this request.

Exit arrangements

The following table documents the exit management plans for quarantined individuals in different scenarios.

Scenario	Exit plan
Well person who has served 14 days of quarantine	<ul style="list-style-type: none"> • Can leave – gets end of detention notice (universal version).
Confirmed case of COVID-19 who has met criteria for release from isolation (i.e. is declared no longer infectious)	<ul style="list-style-type: none"> • Can leave – must not be prevented from leaving if the AO is aware they are cleared and the person demands to leave – they are non-infectious and therefore not a public health risk. • Gets clearance from isolation letter from PHC (as per Isolation (Diagnosis) Direction).
Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days	<ul style="list-style-type: none"> • Must stay in detention.
Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period	<ul style="list-style-type: none"> • Can leave detention but is now subject to the Isolation (Diagnosis) Direction. • Safe travel should be arranged by EOC to place of home isolation in Victoria (mask, stay separate, go straight to home; but preferred travel by non-emergency patient transport with PPE'd ambulance officers) • Not permitted to travel interstate / not permitted to fly domestically but no detention order needed to prevent that (in keeping with all other confirmed cases) • If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified
Well close contact of a confirmed case of COVID-19 (i.e. room-mate at hotel), where the room-mate has reached the end of their 14 day detention period	<ul style="list-style-type: none"> • Case and Contact Sector to do assessment, assign a new 14 day period (from date of last contact with infectious case) and issue a requirement to quarantine until that 14 days ends – factsheet, lodge new date in PHESS, reverting person to effective close contact status • No detention order required, and no legal order preventing flying, but must be advised by CCM Sector not to fly and needs to quarantine • If lives interstate, DHHS could offer hotel if person would otherwise be homeless.
Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period.	<ul style="list-style-type: none"> • Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation). • DHHS Case and Contact Management to follow-up result to convey (as DHHS oversaw this testing so is obliged to follow-through).

DRAFT

Reporting / escalating concerns

Principles

- Decisions about medical care should be left to the nurses and doctors and should not be determined by any other staff.
- In any emergency situation, the priority is to call 000 before notifying any other managing or governing figure.
- If there is any doubt over whether an issue or concern should be escalated to senior management, escalate the concern.

Clinical escalation

This is described in **Appendix 2**.

Escalation for mental health concerns

Chain of escalation for mental health concerns and issues

The following table indicates the chain of escalation for concerns about the mental health of people in mandatory quarantine.

Situation	Responded to by	Escalated to	Reported to
Non-urgent mental health concern	Nurse or GP Regular healthcare provider by telemedicine	Mental health nurse Psychiatric triage	Medical lead General practitioner
Repeated mental health concerns / acute mental health concern	Mental health nurse or GP, urgent review Psychiatric triage urgent review Daily physical welfare review thereafter	Ongoing mental health nurse management	Welfare lead Medical lead Compliance lead
Risk of self-harm / serious mental health concerns	Immediately phone 000 → Emergency Department Call GP/nurse to attend urgently	Emergency inpatient tertiary care	Welfare lead Team leader Medical lead Compliance lead Deputy Public Health Commander

Specific events to escalate

The following mental health-related events or situations should lead to an escalation to the Deputy Commander - Welfare at EOC who will also notify the Deputy Public Health Commander:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required.

Escalation for medical reasons

An escalation flowchart is at **Appendix 2**.

Nurse or doctor to escalate

In the following circumstances, the nurse / general practitioner should call the DHHS Team Leader:

- There is any practical issue arising from the medical consultation that needs the assistance of DHHS;
- A patient needs to access an alternative medical or welfare service such as mental health nursing, a medical specialist or acute hospital care;
- A patient needs to be admitted to hospital in an emergency;
- A patient has suffered any form of life-threatening injury or health event;
- A patient has died.

DHHS Team Leader to escalate

The following concerns or events must be escalated by the DHHS Team Leader to the Deputy Commander - Welfare at EOC within one hour, who will also notify the Deputy Public Health Commander within two hours:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required;
- A serious act of non-compliance;
- A new COVID-19 diagnosis;
- An acute medical deterioration;
- Any hospital admission or emergency transfer to hospital;
- A serious risk to the health and safety of a person in mandatory quarantine (or a staff member);
- Serious illness/harm/injury (including assault) to a person in mandatory quarantine;
- A severe allergic reaction (anaphylaxis);
- A death.
- An unauthorised absence from mandatory detention (a missing person)
- A fire or other emergency in a hotel;
- A potential outbreak of COVID-19 or another infectious disease.

Daily health and welfare report to Public Health Commander

A daily health and welfare report should be provided to the Deputy Public Health Commander for Physical Distancing. This is to ensure oversight and accountability for the mandatory quarantine process. This report should include but is not limited to the following:

- Total number of people in mandatory detention
- Total number of confirmed COVID-19 cases (cumulative and new)
- Total number requesting exemptions to leave mandatory quarantine (temporary and permanent)
- The number of persons in mandatory detention receiving:
 - A nurse review
 - A mental health assessment
 - A GP review
 - Referral to hospital

- A 000 call
- The number of persons awaiting:
 - A mental health assessment
 - A GP review
- The number of persons in the following groups:
 - Significant psychiatric history - mild/moderate/severe mental health issues (as per the risk stratification)
 - Serious/life-threatening medical conditions (e.g. anaphylaxis, stage 4 cancer)
 - Age < 16 years or > 70 years
 - Pregnant women
- The number of calls from the hotels to:
 - 000
 - VicPol
 - Other DHHS phone lines
- The number of risk incidents logged in the database.
- Other major concerns flagged.

Audit

Healthcare audit

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. This should be reported to the EOC Commander and Deputy Public Health Commander. The audit process may consist of, but is not limited to, the following:

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

Welfare audit

Audit of welfare procedures should be performed by the Welfare Lead at the EOC on a regular basis. The audit process may consist of:

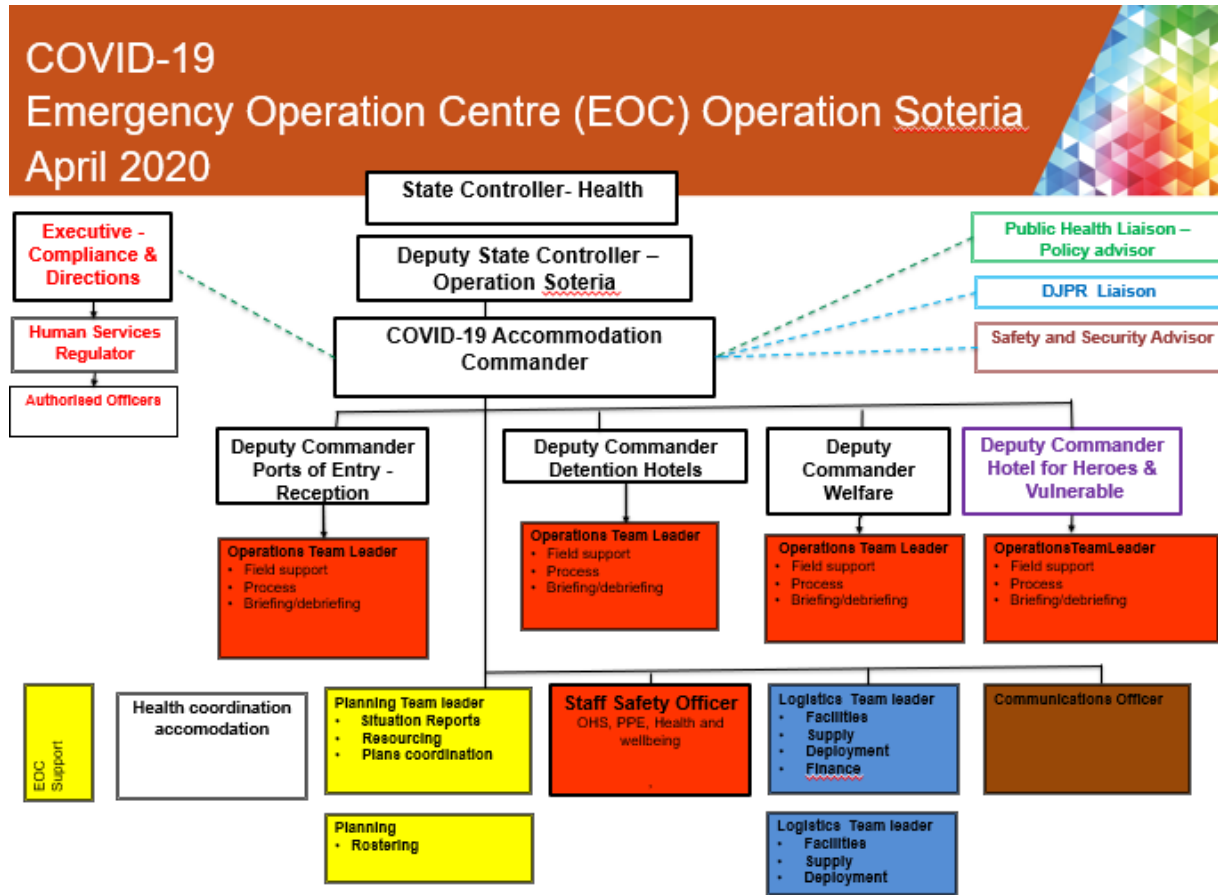
- Review of weekly satisfaction surveys;
- Feedback from staff;
- Audit of welfare check calls (review of a sample of recorded calls).

Appendices

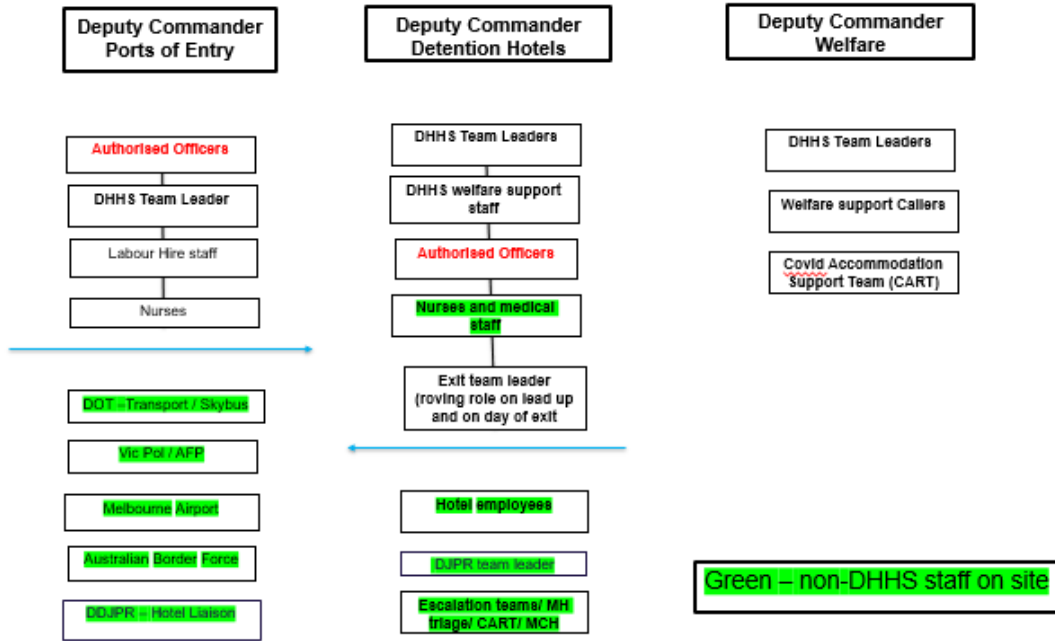
List of possible appendices / supporting documents to add:

- Compliance plan (Meena's team – AO operational guide)
- Nursing operational guide
- GP operational guide
- Team leader operational guide
- Sample daily health and welfare report
- Welfare survey
- Weekly satisfaction survey
- Welfare call centre guide / script
- Hotel isolation medical screening form
- COVID-19 assessment form
- Nursing documentation (from YNA)
- COVID-19 testing factsheet
- COVID-19 return travellers testing at VIDRL
- Swab record spreadsheet
- Escalation pathway/governance flow diagram
- Transfer to hospital flow chart
- Unwell passenger at airport flow chart
- HBO airport protocol
- Mental health documents
- Flow chart of command structure (EOC/PHC etc. etc.)

Appendix 1 - Governance

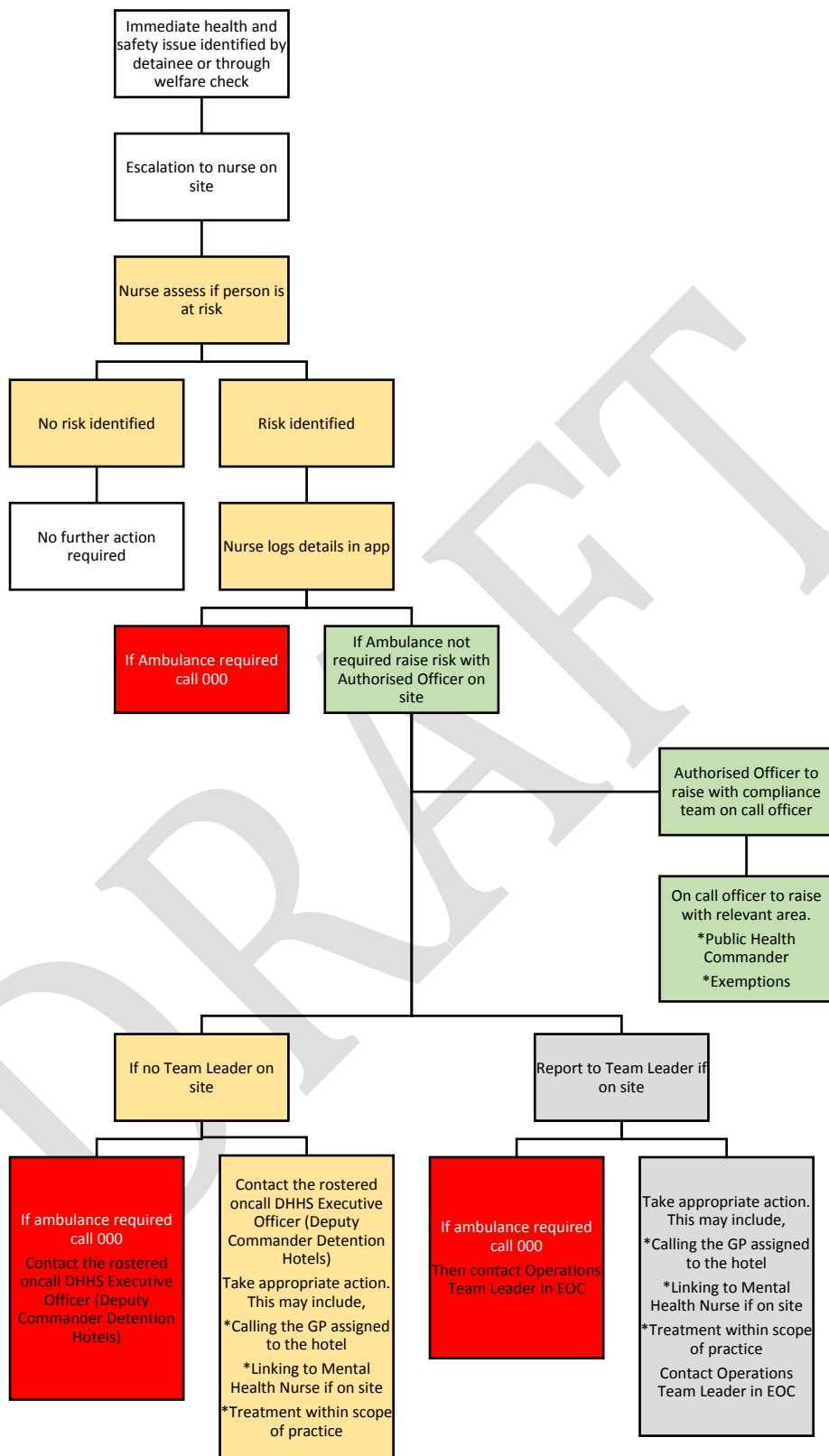


Operation Soteria – on site teams

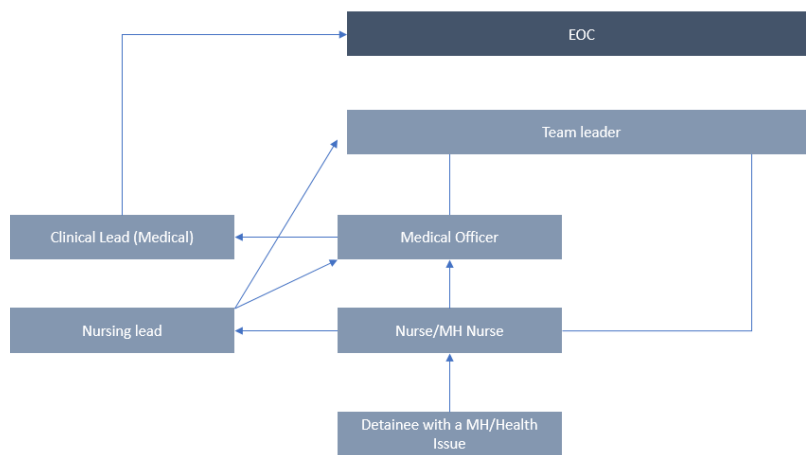


DRAFT

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)

DRAFT

Privileged - LPP

Privileged - LPP

From: Finn Romanes (DHHS) <REDACTED>
 Sent: Friday, 17 April 2020 2:00 PM
 To: Jason Helps (DHHS) <REDACTED>; Chris Eagle (DELWP) <REDACTED>
 Cc: Meena Naidu (DHHS) <REDACTED>; Annaliese Van Diemen (DHHS) <REDACTED>
 Subject: For information - Exit of people from quarantine
 Importance: High

Hi Jason and Chris

The current view on exit from quarantine and suspected cases and confirmed COVID-19 cases. This has been incorporated into the draft health and welfare and compliance plan, which will be the real place to read it and make sure it meets needs of all parties / departments. Coming to you shortly!

In relation to people who are potentially infectious (suspected) and confirmed to be infectious (and not yet 'cleared' for release from isolation) and transport the preferred option is non-emergency patient transport, with ambulance staff wearing PPE.

However, REDACTED has pointed out that could be lots of people on a particular day, 14 days post Greg Mortimer group arriving. We are hopeful many of those may be classed as non-infectious at day 14, but still working on that.

So we may need to develop a non-NEPT transport option, to get people to a safe home isolation setting, where those driving are protected. One option might be a private car driven by a household member of the infectious person, wearing PPE.

I might ask REDACTED and REDACTED's area of Public Health Command to advise as to how to design a non-NEPT option that is safe for transport, if they agree such is possible. Will send through to them now.

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

1. Well person who has served 14 days of quarantine
 - a. Can leave - gets end of detention notice (version 'universal' updated on Monday attached)
2. Confirmed case of COVID-19 who is cleared (met release from isolation criteria, i.e. is declared no longer infectious)
 - a. 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
 - b. Gets clearance from isolation letter from Annaliese (as per Isolation (Diagnosis) Direction).
3. Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days
 - a. Must stay in detention (this was clarified as the position by CHO today)
4. Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period
 - a. Can leave detention and falls under the Diagnosis (Isolation) Direction
 - b. 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)
 - c. 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)
 - d. If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified
5. Well close contact (room-mate at hotel) of a confirmed case of COVID-19 where the room-mate has reached end of their 14 day detention period
 - a. 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
 - b. No detention order required, and no legal order preventing flying, but must be advised by CCM Sector not to fly and needs to quarantine
 - c. If lives interstate, DHHS could offer hotel if person would otherwise be homeless
6. Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period
 - a. Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation)
 - b. DHHS Case and Contact Management to follow-up result to convey (as DHHS oversaw this testing so is obliged to follow-through)

Privileged - LPP

Privileged - LPP

From: Melissa Skilbeck (DHHS) <[REDACTED]>
Sent: Monday, 13 April 2020 10:21 AM
To: Jason Helps (DHHS) <[REDACTED]>; Andrea Spiteri (DHHS) <[REDACTED]>
Subject: RE: Structure Improvements

Thanks
 Case and contact tracing needs absolute focus from PH – so that's the key point to define – if we can describe the rest as SCT ops and strengthen comms to ensure other parts of SHIMT are not in the dark
 Need to be clear about comms vs intelligence functions – and new intelligence function at DPC vs Merita role in DHHS and where SCT comms fits. I think we need to be clear what accom needs – newsletters to guests, internal team comms, sit rep/intelligence reports, media mgt
 My understanding is the database/app was developed but failed – but Meena will have latest info on that

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

From: Jason Helps (DHHS) <[REDACTED]>
Sent: Monday, 13 April 2020 8:57 AM
To: Melissa Skilbeck (DHHS) <[REDACTED]>; Andrea Spiteri (DHHS) <[REDACTED]>
Subject: Structure Improvements

Hi Melissa we are progressing work on our State Structure to reflect more detail and the full roles of Operation Soteria,

I have identified a couple of obvious conflicts in the various structures,

- Ports of Entry Vs Operation Soteria – It is really unclear to all, including those operation staff (Including Directors) who they report to, early on there was a Ports of Entry lead in the PH team – [REDACTED] focussed on docks and some early flights, there was a conflict even then with operation staff needing to link in with both Case and Contact staff but also EM re logistics, welfare and relief, this conflict was manageable with small numbers. However with the formation of Operation Soteria and the significant increase in the planning and logistics involved, along with the need to lead a multi-agency response(which will likely increase) the lead now sits with Operation Soteria (SCT and then Pams Team). The Physical Distancing Cell led by Finn should be utilised as an advice and policy link for Operation Soteria along with other areas but not have operational responsibility. There will possibly be a tension here as I know HP see the responsibility for detainees sitting under the CHO under the PH&W Act, however I believe that ultimately the responsibility sits with the department and regardless we need clear operational responsibility which can sit with Operation Soteria to support the CHO's responsibilities. Unless we make the separation of operational Vs advice/policy I think there is a risk of missing things, duplication and conflicting advice to operational staff. We can achieve a good link to policy and advice through a dedicated PH lision officer sitting with Operation Soteria.
- Communications – This is still not right, I think we need a review of Comms and who has the lead under different circumstances, I don't have an opinion on the right model but again in recent days the role at SCT has been ignored and not consulted/informed, so this needs to be addressed, particularly given the responsibilities of the State Controller and EMC under the EMMV in regards to communications. There is a tension with DPC role that complicates this but regardless internally we need to review the comms structure and have a better link at SCT level.
- Intelligence – There was a missed opportunity where we had originally planned ton set up a dedicated IT platform at State level for all Operation Soteria information (all departments and Agencies) on returning passengers throughout their time in detention, I'm not sure how this opportunity was lost but I believe PH did not want the program? We are now seeing the issues with not having a single source of truth for data, whilst there are now better links across agencies with Intel again I think we should review intel links, resourcing and lead responsibilities.

Happy to chat more on this later.

Jason

Privileged - LPP

Privileged - LPP

From: REDACTED
 Sent: Sunday, 12 April 2020 9:28 AM
 To: REDACTED; Jason Helps (DHHS) (REDACTED); 'SCC-Vic (State Controller Health' <scv.vic.sctrl.health@scc.vic.gov.au>
 Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED
 Subject: Feedback from infection control consultant

Hi
 Just to let you know I have spoken with REDACTED REDACTED engaged to support the onboarding of Rydges hotel and R informed me that all nurses are feeling confident and comfortable with the current arrangements (from an infection control perspective). Nurses are clear on the process of physical distancing, donning and doffing of PPE, and process for undertaking health assessments.

REDACTED will be on the ground for as long as required and has been requested to escalate early if any concerns become evident throughout the day.

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

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

Privileged - LPP

Privileged - LPP

From: Finn Romanes (DHHS) <REDACTED>
Sent: Saturday, 11 April 2020 9:45 PM
To: Annaliese Van Diemen (DHHS) <REDACTED>
Cc: Jason Helps (DHHS) <REDACTED>; Clare Looker (DHHS) <REDACTED>
Subject: Plan for Tomorrow Morning - Greg Mortimer
Importance: High

Dear Annaliese

Great work from all Jason cheers – plan attached.

As discussed and agreed Annaliese, have just inserted a comment as you requested that the Chief Human Biosecurity Officer should be given an update by the DHHS representative, in order that human health pratique is legally granted or addressed if you require it.

REDACTED
Annaliese <REDACTED>

Regards

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

Greg Mortimer - Uruguay Medi-vac Operations Plan

Draft at 11 April 2020 – 19:00

Jason Helps

State Controller – Health

Dr Annaliese van Diemen

Acting Chief Health Officer

This Plan is to be read in conjunction with;

Operation Soteria – Operations Plan (Draft)

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Purpose

To outline arrangements for the safe return and processing of around 113 passengers (likely 100 Australian residents; 13 New Zealand Residents) from Uruguay to Victoria, Australia at 0640 on Sunday 12 April 2020.

Information on potential arrivals

It is understood that this flight contains over 70 people who are reported to be confirmed cases of COVID-19 who were passengers from the Greg Mortimer cruise ship, on which a total of 90 positive cases of COVID-19 have been identified.

Approximately 34 people within the cohort of 113 likely arrivals have not yet been tested. Within the cohort, there are 25 passengers over the age of 70, and at least five passengers who have been admitted to hospital and might have a higher risk of deterioration, should they have ongoing active COVID-19 infection. Please note, the manifest provided with clinical status is from 5 April 2020 and may not reflect the current situation.

The company overseeing the repatriation has provided an undertaking to the Department of Foreign Affairs and Trade that at the time of boarding, only people who are well or have minor illness will be permitted to board. DFAT reported that, as of the evening of 11 April 2020, 112 persons boarded the plane and it took off as scheduled.

It is likely that some of the asymptomatic passengers are also potentially COVID-19 positive, thus pose a significant risk to the current strategy for managing cases in Victoria. The mitigation plan for this risk will be to ensure that any person disembarking from this flight is either assisted to repatriate to New Zealand or transported to mandatory quarantine in Victoria for a 14-day period from arrival.

This plan has been developed in support of the wider Operation Soteria.

Governance

As the control agency the Department of Health and Human Services (DHHS) has overall responsibility.

Public health activities, including quarantine, pratique, human biosecurity assessment, detention orders and judgments on public health risk, are the responsibility of the Public Health Commander or delegate in the Public Health Incident Management Team.

Coordination and logistics elements are the responsibility of the State Controller – Health and the Deputy State Controller – Health (Operation Soteria).

Communications (Public Information) will require endorsement of the Chief Health Officer (CHO) and/or State Controller – Health and approval by the Department of Premier and Cabinet.

Roles and Responsibilities

Commonwealth

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

Australian Border Force (ABF) coordinates the return of passengers during their flight and will work with the airport to ensure a private hangar is made accessible for processing passengers & their luggage. Baggage will only be searched by exception.

The Australian Federal Police (AFP) supports ABF and other agencies in the management of any compliance, public disruption or criminal issues. AFP will also escort the buses from the airport to the quarantine accommodation (Rydges).

Department of Health and Human Services (DHHS)

DHHS, as the control agency for this emergency has responsibility for the oversight and coordination of Operation Soteria, including all operations for this specific repatriation.

Public Health Command

DHHS Public Health Command will outline and endorse appropriate processing, transport, personal protective equipment (PPE) usage and quarantine requirements for positive and non-positive passengers from the repatriation flight and provide health advice to the Field Emergency Medical Officer (FEMO), Department of Agriculture, Water and Environment Biosecurity Officers and other key stakeholders involved in their care.

Public Health Command will ensure detention orders are made through the Compliance Team of the public health response.

State Health Coordination

DHHS Health Coordination will maintain situational awareness of impacts to health services as a result of the repatriation event and ensure appropriate implementation of the model of care determined for those in isolation.

The receiving hospital identified for this repatriation flight is Royal Melbourne Hospital (RMH). The Alfred Hospital may receive patients if RMH is at capacity.

Agency Command

DHHS Agency Command (emergency management operations) is responsible for supporting passengers at the airport and receiving hotel (Rydges) and will work with the Department of Transport to coordinate non-emergency transport of passengers to their assigned quarantine hotel and manage their stay throughout the 14-day isolation period.

Passengers will remain in quarantine at Rydges for 14 days isolation period or until they are able to be released if COVID-19 positive following clinical review and clearance.

State Health Commander (Ambulance Victoria)

The State Health Commander will task Ambulance Victoria and Field Emergency Medical Officers to support the assessment of all passengers, as well as care and transportation of passengers who are COVID-19 positive requiring urgent medical care at hospital, as well as transportation of passengers who are symptomatic and require testing prior to transport to hotel quarantine.

Field Emergency Medical Officers (FEMO), supported by nurses will conduct screening of passengers and will determine:

- Those who require additional medical supports and transfer to hospital;
- Those who are stable but symptomatic and require COVID-19 testing at hospital;
- All others who will be transferred to the COVID-19 positive hotel.

Department of Jobs, Precincts & Regions (DJPR)

DJPR has responsibility for sourcing appropriate accommodation contracts to support mandatory passenger isolation for 14 days upon returning from an international location – including ensuring appropriate passenger food requirements (noting that DHHS is responsible for food safety) as well as any additional grocery requirements (to the hotel only). DJPR manages contracted security which works under the direction of the DHHS authorised officer. DJPR will also provide support to passengers for the duration of their stay through the Government Support Service contact centre. DJPR will not have a physical presence at COVID-19 confirmed hotels - providing remote hotel management support. This includes managing the flow of information and actions between the Government Support Service contact centre, hotels and DHHS.

Department of Transport (DoT)

The Department for Transport (DoT) will provide transport through **Skybus** for passengers who do not require Ambulance Victoria transport (see below criteria) and can therefore be transported directly from the Tullamarine Airport to the hotel identified for cohorting of COVID-19 positive individuals, which is: Rydges on Swanston (701 Swanston St Carlton).

Logistics & Resources

On-site verbal briefing will be provided by the DHHS Divisional Commander on Sunday 12 April ahead of the operation.

DHHS emergency operations, working with the airport Incident Management team, will make available:

- Access to the airport chaplain (by phone for COVID-19 positive cases or face-to-face in a separate room for asymptomatic cases (physical distancing measures applied)).
- Interpreter service (for medical documents expected to be in Spanish).

- Personal protective equipment for DHHS staff and other agency staff and their contractors, FEMOs, and nurses (see DHHS Health Service and General Practitioner guidelines, as per DHHS website).

Ambulance Victoria will have five vehicles mobilised airside for hospital transfers and 8 paramedics and will have additional cars available if required. These numbers may change depending on patient condition.

Ambulance Victoria will arrange a pre-briefing for the FEMO team. This will outline the role of the FEMO team and ensure that no testing will be undertaken on-site and any passenger who is assessed to be medically unwell will be referred to Royal Melbourne Hospital.

Phasing of patient transport

Before landing

Menzies Aviation will contact the DHHS representative at the airport to provide an assurance call from the plane on the final screening during flight, prior to arrival. The DHHS representative will liaise directly with the Chief Human Biosecurity Officer (the Acting Chief Health Officer) to confirm on-descent information on the health status of the arrivals and crew, including obtaining comfort that pratique is able to be granted on human health grounds. If there are any issues identified, the DHHS representative will liaise with the CHBO and the Biosecurity Officer Team Leader.

On Arrival Pratique

The BO will meet the aircraft to verify on-arrival disinsection requirements have been met to grant pratique. In the event this requirement is not met an on arrival disinsection direction will be provided and will be supervised by a BO.

Phase one: Airport intake & health screening - AFP, ABF, DHHS

Information required from Australian Border Force for the successful intake of passengers and triage includes:

- Identification of COVID-19 positive cases;
- Clinical history of all passengers;
- Family composition (to configure for hotel).

Passengers will disembark Pier F – Terminal 4 (currently unused). FEMO, nurses, AV and Skybus will be deployed and waiting here.

All persons on the flight will be assessed and transported airside, they will not go through the terminal. Setup of Airport arrangements are at Attachment 1.

Health screening – passengers and crew

All passengers and crew need to be wearing a single use facemask (surgical mask).

All passengers and crew are to participate in health screening by the on-site nurse and/or Field Emergency Medical Officer, with support as required through Ambulance Victoria staff. This screening includes a temperature check and questions about respiratory symptoms.

All persons and crew on the flight must be safely and rapidly screened for symptoms and severity of COVID-19, and categorised into the following groups:

- If the health screening result is **NEGATIVE** and the passenger is not confirmed COVID-19 positive, the passenger will be triaged to DHHS/concierge staff. If the individual is crew member, they will require to self-isolate and will not be detained at the hotel.
- If the health screening result is **POSITIVE** and the passenger is already known to be a confirmed case of COVID-19 and they have **immediate medical needs**, they will be triaged through Ambulance Victoria via the on-site Commander for transfer to hospital. Distribution of patients will be dependent on number and receiving hospital capacity (Royal Melbourne, Alfred as back-up).

- If the health screening result is POSITIVE and the passenger is not already known to have COVID-19 infection, the Human Biosecurity Officer will be engaged for further assessment with the FEMO and where appropriate triaged through Ambulance Victoria via the on-site Commander for transfer to hospital (Royal Melbourne, Alfred as back-up) for assessment and testing.
- Indicative capacity at RMH is a limit of two intubated persons and 20 admissions from this flight.

All passengers who are directed to go straight to the hotel will remain masked on transport to Rydges. DHHS will ensure that all passengers are handed a detention notice and an information sheet as they disembark the plane.

DHHS staff will contact passengers during this period to ensure they have access to adequate medical and support services as required.

Health screening – crew

Airline crew do not need to be handed the detention notice unless they have symptoms consistent with COVID-19, as determined by the FEMO/HBO.

Crew members will be assessed by the FEMO/DHHS nurses. If they screen positive for symptoms consistent with COVID-19, their management will be discussed with the Human Biosecurity Officer. If they are a suspected case of COVID-19, they will be handed the detention notice, they will be taken to RMH for testing/further management, and they will be required to complete 14 days of quarantine as per the detention notice. Crew members who are well will be required to isolate at a hotel until returning to the flight.

Please note COVID-19 testing will not be carried out at the airport.

Manifest

The manifest document must be completed at the time of disembarkation by the authorised DHHS officer and provided to the HBO.

PPE and infection control

DHHS will source and provide PPE to all staff and contractors working with the passengers.

Melbourne Airport will be responsible for removal of PPE waste.

Single use facemasks must be provided to all passengers prior to disembarkation and must be worn until the passenger or crew member arrives at their final destination – i.e. hotel, hospital.

Summary of public health advice for different population groups

The management of the following groups needs to be specifically considered:

1. Well passengers, regardless of COVID status – After completing screening these passengers will board skybus and transit directly to Rydges hotel.
2. Unwell passengers or passengers with mild COVID symptoms - These passengers will be transported by AV to RMH for further assessment. If their COVID-status is unknown they will be tested at RMH.
3. Well airline crew – These passengers can transit to the PARKROYAL Melbourne Airport where they will be accommodated to undertake isolation until their next flight. A skybus has been arranged for transit.
4. Unwell airline crew – Airline crew who are unwell or screen positive for symptoms will be sent to RMH via AV for testing and further assessment. They will be handed a detention notice and will be required to undertake 14 days of mandatory quarantine.
5. Well NZ passengers – These passengers will be transferred tail to tail to their next flight. They will be required to wear a single-use face mask in transit to the next flight.
6. Unwell NZ passengers – These passengers who are unwell or screen positive for symptoms will be sent to RMH via AV for testing and further assessment. They will be handed a detention notice and will be required to undertake 14 days of mandatory quarantine.

Follow-up of unwell passengers at the hospital

The DHHS authorised officer should record the details, clinical status and planned destination for each passenger and crew member. This should be provided to the HBO when the operation is complete.

Phase two: Airport concierge & triage support - DHHS

All passengers who will be entering detention will be provided with a detention notice outlining their requirement to self-isolate by the on-site Authorised Officer. This will not apply to people immediately transiting to New Zealand as organised.

If possible, DHHS will segregate positive COVID-19 passengers from negative COVID-19 passengers on different hotel floors.

DHHS will ensure that factsheets about the requirement to self-quarantine for 14 days will be available to all passengers travelling to Rydges. They will also be provided with a needs screening form to identify any health, welfare or relief needs and a package of food and water to support them prior to and during their transport to Rydges.

Positive cases requiring hospitalisation and symptomatic cases requiring testing will be transferred to the Royal Melbourne Hospital by Ambulance Victoria.

Phase three: Transport - DoT, DHHS, AFP, DJPR, VicPol, AV

- A. Positive requiring hospitalisation – Ambulance Victoria
- B. Positive not requiring hospitalisation - Skybus
- C. Symptomatic case requiring testing – Ambulance Victoria
- D. Asymptomatic – Skybus
- E. Transport from hospital (testing only) to hotel – non-medical transport (TBD)

Passengers must wear a single use facemask at all times during transport.

DoT have facilitated transport and Skybus is ready to support. AFP will escort the buses during transit to Rydges.

PPE will be provided for the drivers, at least two rows behind the drivers will be empty and excluded from use so social distancing will be maintained.

Phase four: Self-isolation (Model of care at Rydges) - DJPR, DHHS, VicPol

DJPR will not have a physical presence at Rydges.

DHHS will support passenger check-in at Rydges, including manifest reconciliation.

Mandatory quarantine for 14 days.

Phase five: Transitioning out of self-isolation (exit strategy) - DHHS

Consistent with Operation Soteria exit plan.

Privileged - LPP

Privileged - LPP

From: Finn Romanes (DHHS) [REDACTED]
Sent: Friday, 10 April 2020 8:46 PM
To: [REDACTED]; sccvic.sctrl.health@scc.vic.gov.au; operationsoteria@em.vic.gov.au
Cc: Pam Williams (DHHS) [REDACTED]; Meena Naidu (DHHS) [REDACTED]
Subject: RE: Draft exit of accommodation arrangements

Great document.

Comments from PHC in the attached, to join those from colleagues at DOT.

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency
[REDACTED]

Department of Health and Human Services
State Government of Victoria

From: [REDACTED]
Sent: Friday, 10 April 2020 8:24 PM
To: sccvic.sctrl.health@scc.vic.gov.au; operationsoteria@em.vic.gov.au
Cc: Pam Williams (DHHS) [REDACTED]
Subject: RE: Draft exit of accommodation arrangements

Please find attached feedback from Department of Transport on the draft Exit of Accommodation Plan.

Regards

RE

[REDACTED]
[REDACTED]
Metro Surface Transport
Department of Transport

525 Collins Street Melbourne VIC 3000

[REDACTED]
transport.vic.gov.au



From: sccvic.sctrl.health@scc.vic.gov.au <sccvic.sctrl.health@scc.vic.gov.au>
Sent: Friday, 10 April 2020 7:13 PM
To: operationsoteria@em.vic.gov.au
Cc: Pam Williams (DHHS) [REDACTED]
Subject: Fw: Draft exit of accommodation arrangements

Hi All,

Please find attached the draft Exit of Accommodation plan discussed today for your review.

Please provide any comments or suggestions back to this email by 1000hrs tomorrow.

Thanks

RED

SCC-Vic (State Controller - Health)
State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
[REDACTED] | DX: 210098
Email: sccvic.sctrl.health@scc.vic.gov.au | Web: https://cop.em.vic.gov.au

From: [REDACTED]
Sent: Friday, 10 April 2020 7:04 PM
To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>

Subject: FW: Draft exit of accommodation arrangements

From: REDACTED
Sent: Friday, 10 April 2020 6:36 PM
To: REDACTED
Cc: Pam Williams (DHHS) <REDACTED>
Subject: FW: Draft exit of accommodation arrangements

Hi RED

Please find attached the draft exit of accommodation arrangements document for circulation, I believe, per your discussion with Pam Williams.

Have a great weekend.

REDA

REDACTED
Deputy Manager | Emergency Operations
Emergency Management Branch | Regulation, Health Protection and Emergency Management
Department of Health and Human Services | 50 Lonsdale Street Melbourne VIC 3000

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

From: REDACTED
Sent: Friday, 10 April 2020 6:35 PM
To: Pam Williams (DHHS) <REDACTED>
Subject: Draft exit of accommodation arrangements

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

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Purpose

This document is intended to outline the arrangements for the safe and efficient exit from accommodation of people under detention in Operation Soteria (“residents”) who have reached the end of their 14-day14 day enforcedmandatory quarantine period.

Scope

The following aspects are in scope:

- Individuals who are subject to a current 14-day14 day detention notice and are in enforcedmandatory quarantine in a Victorian Government contracted hotel
- Individuals who have completed the 14-day14 day mandatory quarantine

The following aspects are out of scope:

- Individuals who are subject to a 14-day14 day detention which is being completed at a location other than a Victorian Government contracted hotel
- Individuals who are subject to a 14-day14 day quarantine due to exposure to COVID-19 or another cause but are not subject to a detention notice

Review

This process will be reviewed constantly during the activation of Operation Soteria and will be amended as necessary.

Identification of exiting residents

Case file and clinical review

- Responsibility: DHHS
- Time frame: No less than two (2) days prior to detention completion

DHHS reviews the case file for residents and identifies residents that are due to complete the 14-day14 day detention period. These are submitted to DJPR (GSS).

Liaise with resident to confirm departure details

DJPR will arrange circulation of the “Release from mandatory quarantine” factsheet to all residents completing detention (Factsheet is reproduced in Appendix 2).

DJPR will make contact with each resident to confirm the details of their departure. This is intended to identify each resident and understand where they are planning to go after they complete their detention period, and how they intend to get there, to ensure transport and supports can be put in place as required.

- Responsibility: DJPR (GSS)
- Time frame: No less than two (2) days prior to detention completion

GSS makes calls to residents to:

- Identify identity
- Capture transport booking details
- Check accommodation arrangements following stay
- Identify homeless or other interstate risk issues (if an issue is identified, escalate to DHHS CART function)
- Provide list of departed guests to DJPR grocery team
- Identify if assistance is required for travel arrangements

If no answer is received to the call, GSS will escalate to the DJPR site manager.

Travel arrangements and coordinate departure

Identify assistance required

For guests requiring assistance with travel arrangements, DJPR will provide assistance to make appropriate travel arrangements and assist in linking guests to necessary services.

- Responsibility: DJPR (GSS)
- Time frame: Two (2) days prior to detention completion

The finalised list of residents will then be provided by DJPR (GSS) to [CPV \(DoT\) DoT for the purposes of arranging transport to the airport](#). DJPR (GSS) will book the taxis/CPVs required for any local transport.

Develop exit plan

It is the role of [CPV \(DoT\) DJPR \(GSS\)](#) to coordinate [local](#) transport logistics ([ie: taxis](#)) and guest departure time slots, and develop an exit plan for provision to [DoT \(for airport transfers\)](#), State Control and DHHS (semc@dhhs.vic.gov.au). [DoT requires notification of the exit plan, including number of residents requiring transport to the airport, atleast two \(2\) days prior to the day of departure.](#)

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Release notices and check-out

Prepare and distribute release notices

[For completion by Meena's area] A compliance form with the date and time quarantine will cease will be distributed to exiting residents up to 24 hours prior to the exit time.

- Responsibility: DHHS
- Time frame: Up to 24 hours prior to detention completion

Sign out by an authorised officer

[For completion by Meena's area] The DHHS authorised officer will confirm the period of detention with each resident and ask them to sign the compliance form. The resident will then be checked off a master list as they exit the hotel.

Notify hotel and finalise accounts

DJPR site managers will share the list of departures with the hotel, who will contact guests and ensure any outstanding payments are made.

- Responsibility: DJPR / Hotel
- Time frame: 24 hours prior to detention completion

Welfare and room checks

Review case file and assess symptoms

DHHS will review the case file and ensure each guest has completed the ~~14-day~~14 day detention. A voluntary symptom and welfare check will be offered to each resident to assess for any COVID-19 symptoms.

If COVID-19 symptoms are identified:

Escalate to on-site nurse for assessment and testing; notification to on-site DHHS Authorised Officer.

No COVID symptoms identified:

On-site DHHS Authorised Officer provides Authority to Leave letter to guests and marks them on the exit manifest

- Responsibility: DHHS
- Time frame: <24 hours prior to detention completion

Check room

The room is physically checked for damage, missing or left items.

- Responsibility: DJPR
- Time frame: At point of departure

Exit arrangements – asymptomatic residents

The exit arrangements are intended to reduce the potential for physical distancing breaches and to enable an orderly exit.

Hotel cordon

Victoria Police shall be requested the day prior to exit day, to attend on the morning of departure and cordon off the hotel pick up / drop off point to provide clear and uninhibited access and egress for departing residents. Media and other unauthorised persons should not be permitted access to the private property in the vicinity of the hotel exit.

- Responsibility: DJPR
- Time frame: <24 hours prior to detention completion

Airport transfers – terminal / carpark

~~Visitors-Residents~~ requiring transfers to Melbourne Airport shall be transported by Skybus (arranged by DoT).

- Responsibility: DoT

Taxi / train arrangements

~~Visitors-Residents~~ will be encouraged to [depart](#) via taxi to their home location or to a nearby railway station and will be given Cabcharge vouchers (to a value limit of \$200), and a taxi will be arranged for them [by DJPR \(GSS\)](#).

- Responsibility: DHHS

Private vehicle pickup

Residents will be discouraged from being picked up by family or friends in the immediate vicinity of the hotel. Any person picking up a resident will need to arrange a rendezvous outside the police cordon.

- Responsibility: Victoria Police

Departure on foot

Residents wishing to depart the hotel on foot may do so at their allocated departure time.

No suitable transport available

If a resident presents with no suitable transport options, the issue will be escalated to [CPV \(DeT\)/DHHS](#).

Movement from hotel rooms to the lobby for exit

Guests will be notified that their departure time has arrived, and they may leave by a knock on the door from security staff and will be escorted to the lobby ensuring physical distancing.

Exit arrangements – ~~symptomatic~~ suspected and confirmed cases

Exit arrangements

~~[for confirmation by Public Health] Symptomatic (suspected)~~ Suspected and confirmed cases who have completed their ~~14-day~~ 14 day detention will still be eligible to exit ~~enforced mandatory~~ quarantine at the ~~hospital hotel~~ but will be required to continue ~~to isolate quarantine~~ until clearance according to the Chief Health Officer's direction.

These cases and any other exiting residents from the same room will be given appropriate personal protective equipment (gloves and a surgical mask) prior to exit, and will be permitted to exit, one room at a time, after all other guests have exited.

Transport arrangements for symptomatic and confirmed cases

~~[for confirmation by Public Health] Symptomatic (suspected)~~ Suspected and confirmed cases who have exited may be transported by a private vehicle or will be provided transport by a Non-Emergency Patient Transport (NEPT) provider. NEPT services will be booked by the on-site nurse and charged to DHHS.

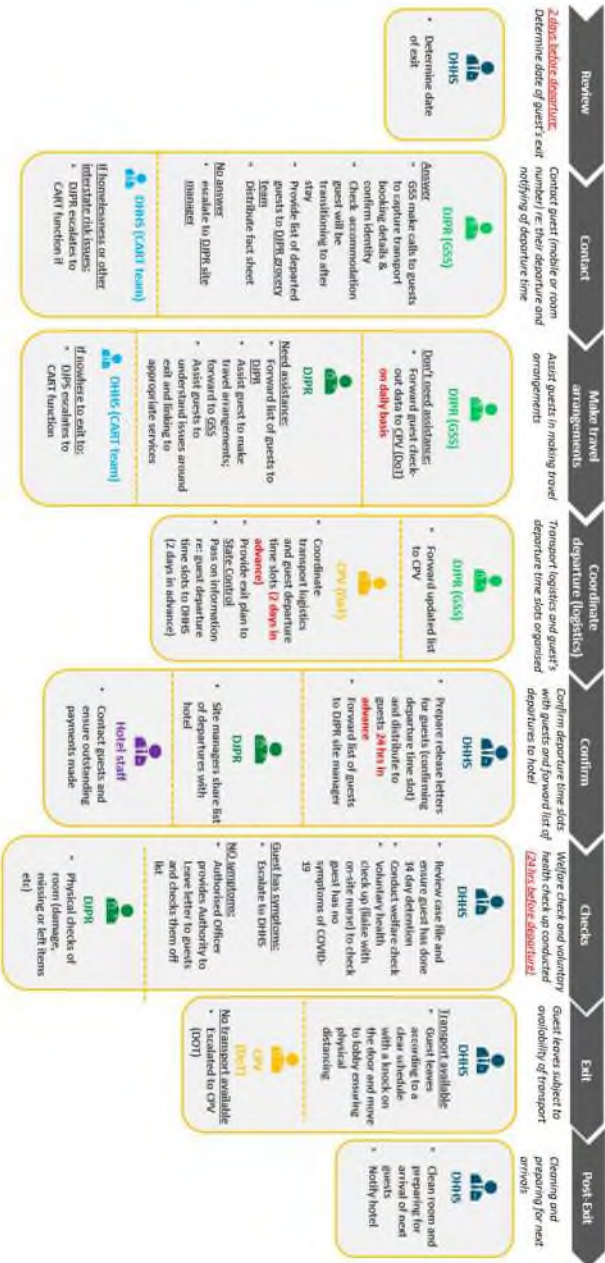
Accommodation for airport departures

~~[subject to confirmation by DJPR/DHHS]~~ If exiting residents identify that they have a flight departing from Melbourne Airport the day following their exit date, they can be provided accommodation if required at the Park Royal or Holiday Inn at Melbourne Airport. They can then depart their quarantine site via the airport transfer bus ~~(arranged by DoT)~~ and check in to their hotel prior to their flight.

Appendix 1: Exit of accommodation flow chart

Exit of accommodation – key stages and responsibilities

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



Commented [R1]: Please update this flow chart to reflect the comments made in the plan Eg:

(i) Box 4 "Co-ordinate departure logistics" - DoT will co-ordinate transport requirements to the airport. Any local transport (ie: taxi/CPV) will need to be scheduled/arranged by DHHS/DJPR who have accounts established with Booking Service Providers

(ii) Box 7 "Exit" - if a resident does not have a transport option this must be escalated to DHHS, not DoT.

Appendix 2: Release from mandatory quarantine factsheet

Advice prepared as at 10 April 2020

Summary

This information is for returned travellers who are nearing the end of their 14 days of mandatory quarantine. It is to help you plan and prepare for your release from quarantine, and to enable you to make necessary arrangements.

The Department of Health and Human Services (DHHS) is preparing for your departure now, with the aim of ensuring the process is smooth and timely for all involved.

Please read this document carefully and ensure that you understand the release process, and what you need to do now to get ready for release.

Timing

When will I be released?

Travellers in mandatory quarantine will be able to leave by midnight on the day the detention notice expires. You will not be kept in quarantine past this time. The day your quarantine expires is as follows:

Day you arrived in Victoria	Day and time when your quarantine order expires
Sunday 29 March 2020	Midnight Sunday 12 April 2020
Monday 30 March 2020	Midnight Monday 13 April 2020
Tuesday 31 March 2020	Midnight Tuesday 14 April 2020
Wednesday 1 April 2020	Midnight Wednesday 15 April 2020
And so on	

What time period will checkout happen on the release day?

The release period will be from 12 pm on the day the detention notice expires. People in mandatory quarantine must not leave their rooms on that day until they are asked to do so by staff.

Will everyone leave at the same time or together?

People will be organised to leave in a planned and staged process during the day. Because we are likely to have many people departing on the same day, we need to factor in transport arrangements, where you need to travel to and maintaining physical distancing as you check out.

Can I request the time I get to check out?

You will receive a call from the Government Support Service in the lead up to your release day to arrange transport. You will be able to submit your preferences for release times. Preferences will be accommodated where possible and according to need (e.g. if you need to catch an onward flight).

What is the latest time I can leave?

No person will be kept in mandatory quarantine past midnight on the day the detention notice expires.

Checkout process

What does the release process entail?

The release process will consist of an organised check out procedure (the [compliance checkout](#)). This will mean people will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the checkout process. You will also need to settle any monies owing to the hotel for additional meals and drinks if you have not already done so. Physical distancing must be maintained throughout this process.

What happens during the compliance checkout?

Prior to your departure, you will be given a compliance form with your documented end date and time of quarantine. The Department of Health and Human Services authorised officer will confirm the period of detention with you and will ask you to sign the compliance form. You need to be signed out by an authorised officer before you can leave.

Will I be given any proof that I have completed mandatory quarantine?

You will be given a letter from the Victorian Department of Health and Human Services as proof that you have completed the required quarantine period in Victoria, and the time period in which you completed it.

Health check

Will there be a health check before leaving?

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release. This is voluntary and you are not obliged to complete this check.

What happens if I have a temperature or symptoms at the health check or before leaving?

If you have a temperature or other symptoms of coronavirus (COVID-19) before leaving or at the health check, this will not affect the completion of your detention. You will not be detained for longer than the [14-day 14 day](#) quarantine period, even if you have symptoms consistent with coronavirus (COVID-19) (see below). However, if you do have symptoms at the health check, when you are released you will need to seek medical care and self-isolate as appropriate, as do all members of the community.

Things to start planning now

Transport for Victorians

If you live in metropolitan Melbourne, an authorised driver will be available to take you to your destination at no cost to you. If you live outside metropolitan Melbourne, the driver will be available to take you to an appropriate public transport connection, to meet a family member or friend to take you home, or to the airport to collect your car. Family and friends are not permitted to meet you at the hotel for health and safety reasons, but your driver can take you to an arranged meeting point within the Melbourne metropolitan area

Transport onwards or interstate

If you live interstate, you can make your onward travel arrangements now.

If you need to book a flight to somewhere else, including interstate, please make this booking now. If you have trouble booking a flight, the Government Support Service can assist. Call them on **1800 960 944** for assistance. Please be aware that states and territories have their own quarantine arrangements in place, and some states may

Commented RE: This is inconsistent with the information outlined in the section titled "Private Vehicle Pickup" which indicates pick-up is permissible outside the VicPol cordoned off area

require a second [14-day/14 day](#) quarantine period for travellers coming from Victoria. Just because you have completed 14 days of quarantine in Victoria does not automatically mean you will be exempt from [14-day/14 day](#) quarantine in other states. We recommend you call the Commonwealth Government's National Coronavirus Helpline on **1800 020 080** to find out travel requirements and restrictions that may be in place at your destination.

If I am going to the airport to fly out the next day, where can I stay?

If you need somewhere to stay before catching a flight in the coming days, please contact the Government Support Service on **1800 960 944** as soon as possible. We may be able to assist you with accommodation.

My car has been at the airport for 14 days longer than expected – will there be a late fee?

If you parked in a Melbourne Airport operated carpark, the airport has agreed to waive any overstay parking fees associated with travellers who have been in mandatory quarantine.

How do I get my luggage?

Any luggage which is not in your room will be provided to you when you complete the compliance check out.

I've been given some toys/games/chocolates - can I take them with me?

You can take with you any items that you have been given during your stay. Please note that doesn't include items belonging to the room such as linen, pillows, and appliances.

Lost property – who do I contact if I leave something behind?

If you have left something behind please contact the Government Support Service **1800 960 944** and they will assist in locating your property. Please take time to do a complete check of your room (including the room safe and under furniture) prior to check out.

Restrictions

What measures should I take when I leave?

You must still take the same precautions as everyone else in Victoria once you are released from quarantine. Physical distancing and strict hygiene measures are still required, as you can still become infected with coronavirus (COVID-19) after release. A summary has been provided with this fact sheet, but these restrictions change over time, so you should regularly visit the department's physical distancing webpage:
<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>.

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Do the current restrictions apply to me?

There are currently measures in place in Victoria called the 'Stay at Home' Directions. These apply to everyone in Victoria, even if you have completed a [14-day/14 day](#) quarantine. If you can stay home, you must stay home. You can be fined for breaching these directions.

Coronavirus infection

Am I still at risk of coronavirus (COVID-19) infection?

Just because you have completed quarantine does not mean you are not at risk of getting infected with coronavirus (COVID-19) in the community. You must still practise stringent hand hygiene and physical distancing, and must stay at home unless necessary to go out.

For more information, visit the department's physical distancing webpage:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

For more information on the directions, see: <https://www.dhhs.vic.gov.au/state-emergency>

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Am I still considered high risk for infection with coronavirus (COVID-19)?

According to the existing evidence, the longest incubation period for coronavirus (COVID-19) is 14 days. Your travel history is no longer considered a risk factor for infection with coronavirus (COVID-19), as you have completed the required 14 days of quarantine. However, you will now face the same risks as others in the community and are required to comply with current guidelines for the broader community.

What if I have been diagnosed with coronavirus (COVID-19) while in quarantine?

If you were diagnosed with coronavirus (COVID-19) during the quarantine period, you are required to self-isolate until you meet the discharge from self-isolation criteria as per current guidelines. However, you will be released from mandatory quarantine. If you do not have somewhere that you can safely self-isolate, please ask during your welfare check for assistance in arranging accommodation while you are in isolation.

What if I am awaiting a coronavirus (COVID-19) test result?

If you are awaiting a coronavirus (COVID-19) test result, you are considered a suspected case. You will still be released from mandatory quarantine. You will, however, be required to self-isolate at your home or in other accommodation until the result of your test is known. If you need assistance with arranging accommodation to self-isolate in, please ask during your welfare check for assistance in arranging accommodation while you are in isolation.

If I am a suspected or confirmed case and I want to travel home, what precautions do I need to take?

Arrangements will be made for residents who are suspected or confirmed cases to checkout separately from other residents. You will be given a face mask to wear when you leave your room. You must take appropriate physical distancing and infection control precautions at checkout, when leaving the accommodation and when travelling home. You should travel by private car where possible, sit in the rear seat and wear a face mask. You must self-isolate until you are discharged from isolation by the department and your treating doctor. If you are a suspected case, you must self-isolate until you receive your test results.

What should I do if I develop symptoms after release?

If you develop fever or acute respiratory symptoms after you are released from quarantine, you should stay at home and call your GP or the coronavirus (COVID-19) hotline (**1800 675 398**) for advice. If you are very unwell you must seek medical review.

Other

Who can I go to if I have other questions?

If you have further questions which aren't addressed in this document, or other specific needs, please ask at your welfare check before release so we can assist you to access help. You can also contact the Government Support Service on **1800 960 944**.

How can I access support if I am feeling anxious?

There are a range of support services available in the community that you can access:

- **Beyond Blue** offers practical advice and resources at beyondblue.org.au. The **Beyond Blue Support Service** offers short term counselling and referrals by phone and webchat on **1300 22 4636**.
- **Lifeline** offers tips, resources and advice, as well as crisis and suicide support. **Phone: 13 11 14 (24 hours/7 days). Text: 0477 13 11 14 (6pm – midnight AEDT, 7 nights). Chat online: www.lifeline.org.au/crisis-chat (7pm - midnight, 7 nights)**
- **Phoenix Australia, the Centre for Post-Traumatic Mental Health**, offers advice, tips and resources at phoenixaustralia.org

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What if I need to get a prescription before I am released?

If you need to get an urgent prescription filled before you are released from quarantine, please ask during the welfare check at least 24 hours before your release day. If it is not urgent, you will be asked to fill the prescription yourself after you have been released from quarantine.

What if I need medical care after I am released?

After your release, your medical care should be managed by your usual healthcare provider. If requested, the details of any medical treatment you received while in quarantine can be provided to your regular doctor.

We appreciate that this has been a difficult period for you. Thank you for doing your part to protect Australia from coronavirus.

Physical distancing requirements in Victoria – as at 9 April 2020

Please refer to the website regularly for updates: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

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Personal actions to reduce your exposure

- Stay at home. Don't visit friends, and don't visit family at this time.
- You should only be outside for one of the following four reasons:
 - shopping for what you need - food and essential supplies
 - medical, care or compassionate needs
 - exercise in compliance with the public gathering requirements
 - work and study if you can't work or learn remotely
- Do not travel overseas, interstate, take a cruise or travel domestically in Victoria unless absolutely necessary.
- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and for smokers, quitting.
- Do not participate in community gatherings including community sport. Gatherings of more than two people are not allowed except for members of your immediate household and for work or education purposes.

Take the following hygiene actions:

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 percent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Do not share drink bottles, crockery or cutlery.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a distance of at least 1.5 metres is kept between yourself and others.
- Get vaccinated for flu (influenza). This will help reduce the strain on the healthcare system as it deals with coronavirus. Vaccines are now available from your GP and pharmacy.
- Clean and disinfect high touch surfaces regularly e.g. phones, keyboards, door handles, light switches, bench tops.

Prepare for quarantine or self-isolation

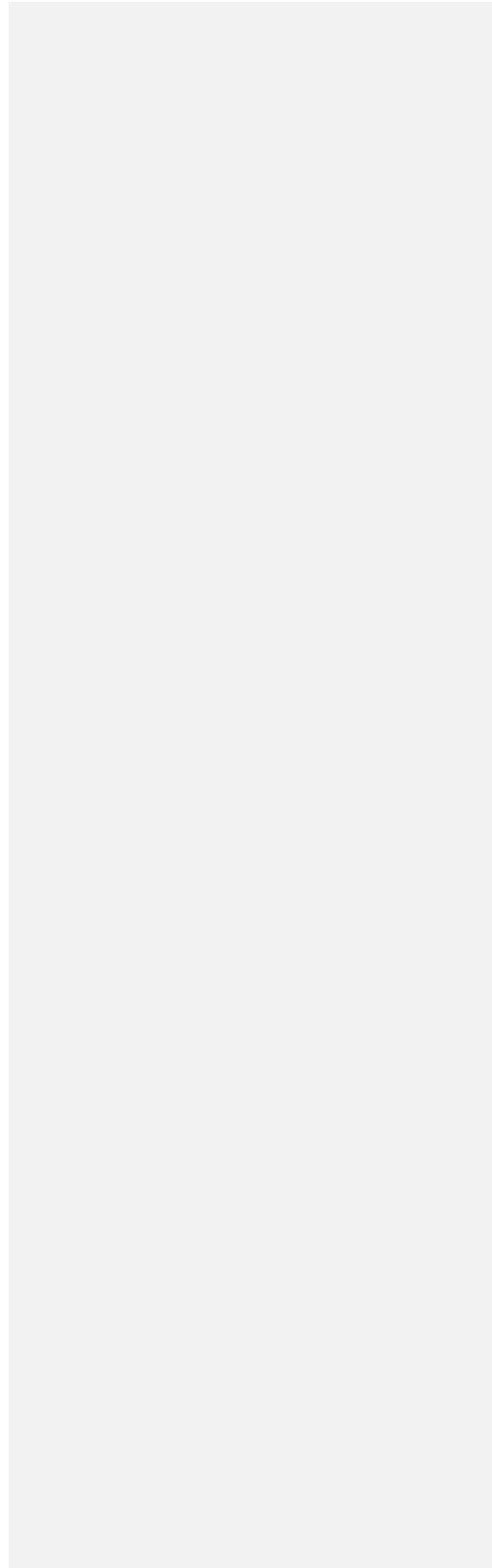
- Shop for what you need, and only what you need.
- Ensure you have enough non-perishable food for you and your family for 14 days.
- Ensure you have enough medication for you and your family for 14 days.
- Plan with friends and family how you would manage if you need to self-isolate for 14 days.

Take personal action to protect your community

- If you have had close contact with a person with coronavirus (COVID-19), you must quarantine for 14 days. You will be notified by the Department of Health and Human Services and advised of what you must do.
- If you're in quarantine or isolation, you can't:
 - leave that place except in an emergency.
 - allow other people into the home if they don't live there.
 - be closer than 1.5 metres to others in the home.
- Stay at home and avoid all gatherings of more than two people including yourself. This minimises the chances of transmission, protects the health system and saves lives.
- You should only be outside for one of the following four reasons:
 - shopping for what you need - food and essential supplies
 - medical, care or compassionate needs
 - exercise in compliance with the public gathering requirements
 - work and study if you can't work or learn remotely
- If you are with other people e.g. in supermarket, you must observe the rule of 1 person for every 4 square metres to ensure a safe physical distance. Keep 1.5 metres away from others.
- The Victorian Government has already ordered the closure of a range of facilities including hotels, pubs and clubs (excluding bottle shops within those venues), casinos, cinemas, nightclubs, entertainment venues, gyms and indoor sporting centres. See: [Directions from Chief Health Officer](#).
- There are now further closures of non-essential businesses, limitations on certain activities, and closure of a range of venues, attractions and facilities where large numbers of people would otherwise be in close proximity.
- If you need to leave your home, keep the time short.
- Do not attend places of worship unless you are attending a funeral or wedding.
- Weddings may be held in places of worship (or other venues), but only with the couple, celebrant and two witnesses in attendance.
- Funerals may be held in places of worship, funeral parlours or other venues, with a maximum of ten mourners in attendance.
- Do not take part in community sports, including golf.
- Do not go camping or hiking. Many sites have been closed including high visitation sites, historic sites and camp sites. For more information check the Parks Victoria website.
- Where possible, use debit and credit cards instead of cash and make use of online and self-serve transactions (for example, Myki top ups).
- If using a change room do not share items like towels and soap bars, and wash your hands after changing.
- Only travel when necessary and use public transport in less busy periods if you can. Walk or cycle if possible.
- If you are elderly or vulnerable avoid public transport.
- Ride in the back of taxis, uber and ride shares.

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- Any gathering of more than 2 people except for members of your immediate household and for work or education purposes, is a risk for transmitting coronavirus and is not allowed.



Privileged - LPP

Privileged - LPP

From: Jason Helps (DHHS) <REDACTED>
Sent: Thursday, 2 July 2020 8:53 PM
To: Jason Helps (DHHS) <REDACTED>
Subject: Fwd: Operation Soteria Plan - Follow up Request

Jason Helps
 Dep Director Emergency Operations and Capability
 Emergency Management Branch
 Department of Health and Human Services
 REDACTED

From: Jason Helps (DHHS) <REDACTED>
Sent: Monday, April 13, 2020 8:25 pm
To: Finn Romanes (DHHS); Simon Crouch (DHHS); Andrea Spiteri (DHHS)
Cc: Braedan Hogan (DHHS); REDACTED (DHHS); Merrin Bamert (DHHS); Pam Williams (DHHS)
Subject: Operation Soteria Plan - Follow up Request

Dear Public Health Commander,

I write in response to the below email to the State Controller and Dep State Controller in relation to a formal request from the Chief Health Officer and Dep CHO.

The State Controller, as formally requested, forwarded a plan to the Public Health Commander for review on **Friday 10 April**.

As per the attached email on Sat 11 April the Public Health Commander (Finn) responded that the plan required further work (without specifics), I subsequently requested the Public Health Commander provide comments into the document or provide a resource to work with our team to complete the plan.

On Sunday 12 April via attached email I advised Public Health Commander (Simon) that the plan was still sitting with Finn for specific feedback or a resource to capture Public Health content.

I know this has been a particularly busy period, however given the considerable concern raised by PHC in the original email I request a Public Health resource or comments be provided back to the State Controller as a matter of priority to assist in the completion of this plan.

The operational cell of Operation Soteria will move to the Fitzroy office from tomorrow under a dedicated DHHS Commander (Operation Soteria) and this plan will be the guiding principles of that operation.

Andrea will return to the State Controller role tomorrow if you require any clarity in relation to the plan or request.

Regards Jason

Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
 REDACTED
www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

From: Finn Romanes (DHHS) <REDACTED>
Sent: Thursday, 9 April 2020 4:54 PM
To: Andrea Spiteri (DHHS) <REDACTED>; Chris Eagle (DELWP) <REDACTED>
Cc: Pam Williams (DHHS) <REDACTED>; Meena Naidu (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>; Braedan Hogan (DHHS) <REDACTED>; Jacinda de Witts (DHHS) <REDACTED>; Annaliese Van Diemen (DHHS) <REDACTED>; Brett Sutton (DHHS) <REDACTED>
Subject: Request - Governance and Planning for Mandatory Quarantine Programme (aka Operation Soteria)
Importance: High

Dear State Controller and Deputy State Controller

There has been a range of good work by colleagues across DELWP, DHHS, EMV and elsewhere to bring into effect – at short notice – a mandatory quarantine (detention) programme in relation to COVID-19 since midnight Saturday 29 March, including that a number of people have been placed into mandatory quarantine.

There appears to be a lack of a unified plan for this program, and there is considerable concern that the lead roles have not had an opportunity to be satisfied there is a policy and set of processes to manage the healthcare and welfare of detainees, for whom this program is accountable.

There are now a considerable complexity and considerable risk that unless governance and plans issues are addressed there will be a risk to the health and safety of detainees.

Governance

The Chief Health Officer and Deputy Chief Health Officer are formally requesting an urgent review governance of the mandatory quarantine (detention) programme, also known as Operation Soteria, to be conducted this afternoon, with **new and clear arrangements to be established by 8pm this evening**. These arrangements should provide for:

1. A clear lead, who could remain the Deputy State Controller Health (currently Chris Eagle)
2. A direct line of accountability to the Deputy Chief Health Officer of all sectors of the response, as the role that is legally responsible for this detention regime
3. A sector for healthcare and welfare (including a clearly named lead role, which could be the Deputy State Health Coordinator)
4. A sector for compliance (which could be the Executive Lead Compliance)
5. A sector logistics, including accommodation and transport (which could be Pam William's role or wrap in other agencies as well).

Plan for the mandatory quarantine program (aka Operation Soteria)

The Chief Health Officer and Deputy Chief Health Officer require a **single plan to be produced for review by 10am tomorrow morning Friday 10 April**. This plan must include:

1. Arrangements for provision of healthcare and welfare to people in mandatory quarantine;
2. Arrangements for compliance oversight and operations in relation to people in mandatory quarantine;
3. Arrangements for logistics including accommodation and transport.

The plan will require endorsement by the Deputy Chief Health Officer (Public Health Commander) before provision to any overall lead officer.

The plan will need to show all processes and policy decisions, and manage health and safety of detainees.

It should provide for ways that the Public Health Commander can receive up to date reports on the health and welfare of all detainees.

We are very grateful for all the hard work of the team, and appreciate your help in advance for establishing these necessary steps in the governance and oversight of this program.,,

Regards

Finn
Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

RE: Operations plan

From: "Jason Helps (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=36c6e26ea9e04c7283eff39892b7f07c-jhel3007">
To: "Simon Crouch (DHHS)" [REDACTED]
Cc: "Andrea Spiteri (DHHS)" [REDACTED]
Date: Sun, 12 Apr 2020 11:09:51 +1000
Attachments: Fw_ Minutes from Operation Soteria meeting 10_4_2020.msg (197.12 kB); Fw_ Operation Soteria.msg (129.02 kB)

Hi Simon,

The current version of Operation Soteria sits with Finn for Public Health Commander specific feedback or a resource to work with us to add PH content , see attached emails, along with the Comms plan which we are still awaiting.

Regards

Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

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www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

From: Simon Crouch (DHHS) [REDACTED]
Sent: Sunday, 12 April 2020 9:30 AM
To: Jason Helps (DHHS) [REDACTED]
Subject: Operations plan

Hi Jason

Annaliese mentioned that she was sent a draft of v2 of the operational plan for Operation Soteria. Please can you forward onto me (as well as v1 which it is replacing)?

Thanks
Simon

Dr Simon Crouch BA MBBS MA MPH PhD FAFPHM
COVID-19 Public Health Commander
Health Protection Branch | Regulation, Health Protection and Emergency Management
Department of Health and Human Services | 50 Lonsdale Street, Melbourne, Victoria 3000
t. [REDACTED]
w. www.dhhs.vic.gov.au | [he/nim](https://www.facebook.com/nim)

Fw: Minutes from Operation Soteria meeting 10/4/2020

From: "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>
To: "Jason Helps (DHHS)" [REDACTED]
Date: Sun, 12 Apr 2020 11:03:05 +1000
Attachments: Op Soteria Minutes-2020-04-10-1330hrs.docx (66.16 kB)

SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
 [REDACTED] | DX: 210098

Email: sccvic.sctrl.health@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Sent: Friday, 10 April 2020 5:37 PM
To: Finn Romanes (DHHS) <[REDACTED]>
Subject: Fw: Minutes from Operation Soteria meeting 10/4/2020

Hi Finn,

Can you please send through the Communications piece that was mentioned at the 1330 hrs tele conference, so I can distribute this to the wider group.

Thank you

[REDACTED]

SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
 [REDACTED] | DX: 210098

Email: sccvic.sctrl.health@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Sent: Friday, 10 April 2020 5:11 PM
To: operationsoteria@em.vic.gov.au <operationsoteria@em.vic.gov.au>
Cc: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Subject: Minutes from Operation Soteria meeting 10/4/2020

Dear all

Please find attached the minutes from today's (10/4/2020) Operation Soteria meeting.

Kind regards

[REDACTED]

On behalf of

[REDACTED]

SCC-Vic (Deputy State Response Controller Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
 [REDACTED] | DX: 210098

Email: sccvic.srctrl@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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Operation Soteria
Op.Soteria-Minutes-2020-04-10-1330hrs



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Operation Soteria

Meeting Details			
Meeting Date	Friday 10 April 2020	Start	1330hrs
Teleconference	REDACTED	End	1414hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	REDACTED	DOT	REDACTED
EMC	REDACTED (Deputy EMC)	VicPol	REDACTED
Public Health Commander	Finn Romanes (FR)	DPC	REDACTED
DHHS	Braedan Hogan (BH) <i>(DHHS Agency Command)</i> Pam Williams (PW) Menna Naidu (MN) <i>(Quarantine Exemptions)</i>	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	AFP	REDACTED
DJPR	Claire Febey (CF) Rachaele May (RM)	Assurance and Learning	

Actions from Previous Meetings

No	Meeting Date	Action	Assigned to	Due Date
1.1	3/4/2020	<p>DPC/EMC to identify contacts to assist in gaining information on numbers of Australians returning home and capacity trigger points for all jurisdictions.</p> <p><i>6/4/2020 - Home Affairs will pursue with ADF better intelligence on flight arrivals.</i></p> <p><i>7/4/2020 – Two parts to this action now with the first component being completed that better reporting for numbers are being received from DFAT.- COMPLETE.</i></p>	EMC	COMPLETED part 1 – DFAT flight and passenger numbers.
1.2		<p>DPC/EMC to follow-up the quarantine expectations in other jurisdiction once passengers have completed their quarantine in Victoria.</p> <p><i>9/4/2020 – EMC mentioned at SCT that he was expecting a spreadsheet to be shared later today that that provided the jurisdictional quarantine requirements. – IN PROGRESS</i></p> <p><i>10/4/2020 – RE will follow up and confirm ASAP.</i></p>		In PROGRESS Part 2

Operation Soteria

Op Soteria-Minutes-2020-04-10-1330hrs



3.	5/4/2020	<p>Exit process to be developed by multiple agencies in anticipation of individuals leaving hotel quarantine.</p> <p>7/4/2020 – Hope to be finalised this afternoon. BH to follow up today.</p> <p>9/4/2020 – Still being finalised. Hope to have it complete by tomorrow.</p> <p>10/4/2020 – RE still working through process, awaiting approval on pieces of Comms for guests.</p> <p>FR – DPC Comms have just given approval. Will send in shortly.</p> <p>RE – please send in to SCC so it can be circulated with minutes.</p>	DHHS/DJPR	In PROGRESS
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Item	Subject
1.	<p data-bbox="312 468 600 495">Situational Awareness</p> <p data-bbox="312 514 719 541">Deputy State Controller - Health</p> <ul data-bbox="360 564 1433 973" style="list-style-type: none"> <li data-bbox="360 564 1177 592">• We need to ensure Actions are followed up promptly and shared. <li data-bbox="360 596 1366 656">• As of the 28th of March until today, there has been 52 flights, 2,503 transferred to quarantine, 5 in Hospital, 31 exemptions issued. <li data-bbox="360 661 1294 688">• BH – data needs further work as it is including commonwealth exemptions. <li data-bbox="360 693 1433 812">• MN – Commonwealth makes some border decisions, Victoria makes its own decisions around detention. In some cases we have aligned with decisions made at the National level, but in other cases we have varied and it has been accepted at the National level that States and Territories aren't bound. <li data-bbox="360 817 1410 877">• FR – Commonwealth works through the State on exemptions. No Parallel exemption process. <li data-bbox="360 881 1374 941">• RE – Will chat with BH offline, we need to clarify these figures, the EMC has been following up on them today. <li data-bbox="360 945 1011 973">• This morning 3 flights were expected with 376 pax.

2. **Operations**

Key issues, pressure points, dependencies and information sharing

DHHS

- **BH** – Planning for influx in passengers who have been repatriated, a number of flights from Deli, we also had a large flight from Peru with 270 pax. Travelodge Docklands stood up today, with a pipeline of hotels to come on over next 4-5 days (Batman Hill city, Rydges which will be a COVID-19 positive with the Uruguay flight, Travelodge Southbank)
- Opaqueness around flight data and details we have been receiving from DFAT and Border Force.
- Uruguay flight is arriving at 0640 Sunday morning, planning well progressed and will be shared with Key Stakeholders. Rydges will be almost filled with the 113 passenger arrival, noting 15 are on-flying to NZ. Finalising formal model of care for the passengers, with 24 hour Doctors and Nurses on site.
- **FR** – Deputy CHO is concerned about tightening up the governance arrangements around the legal program being run. I have been asked to work with **RE** to tighten up the governance arrangements and ensure one plan is established across the streams of healthcare and welfare, compliance and also logistics.
- **FR** - Also we are the authorisers of people in quarantine and release of people.
- **RE** – Draft revised operational plan sent out to some for feedback by Saturday Arvo.
- **MN** – There are increasing numbers of complex scenarios in hotels, requiring permissions to move to hospitals or other facilities. In some cases the hotel environment is not suitable for individuals and we have had to make alternate arrangements. Increasing numbers of unaccompanied minors transiting through who don't have a guardian with them.
- **MN** - Challenges getting enough AO's on the ground, we have been going through a recruitment process for an additional 100 in total.
- **RED** - DOT looking to try and support but we need more information on role and permission. **MN** – will send details.
- **RE** – This morning went smoothly besides the one medical exception.

DJPR - CF

- Site visit conducted at Batman Hill on Collins Street, concerns re small rooms, balconies and safety concerns on gas cook tops. Better suited for accommodation of healthcare and other first responding workers.
- Novotel on Collins and Travel Lodge South Bank are being activated.
- Inspection today at the Marriott which is looking highly suitable.
- If all flights from Deli (some still TBC) come in, we will have a challenging position in terms of hotel supply. We will not be contracting the Grand Hyatt.
- We are actively looking at the Novotel South Wharf, Holiday Inn on Flinders and the Victoria Hotel.
- Can we provide advice that the 3 flights be split across the ports accepting repatriation flights (Cairns, Brisbane and Melbourne) Consider seeking to negotiate proactively around how they are distributed across jurisdictions.
- In terms of the Rydges Hotel taking the Uruguay passengers which consists of some COVID-19 confirmed cases. DHHS will lead this service, DJPR will not have the usual on ground presence but will provide advice on what it can help with.
- Provision of onsite Nurse contact details is vital.
- Will discuss with BH operationalising new policies coming online at the direction of the CHO. Changes recently in the provision of food deliveries for people at significant risk of food allergies and the exercise policy. We need to have an implementation plan across each hotel so that they can be activated.

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- **BH** – Will ensure the phones are pre purchased and details provided for nurses.
- **BH** – Regarding the implementation of policies, we are looking at job cards and briefings. Also looking at pre-deployment briefings as well to improve this area, and considering arranging a lead over 3 hotels.
- **FR** – Operational Plan high level, request any information produced for provision to people in detention be provided to the Public Health Command for approval.
- **CF** – Working with DHHS on drafting material, BH can you include additional contacts for the distribution list regarding operational

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3.	<p>Planning</p> <p><i>Forward look at following day/s</i></p> <ul style="list-style-type: none"> •
4.	<p>Health and Wellbeing (staff and travellers)</p> <ul style="list-style-type: none"> • CF – could DHHS ensure correct PPE messaging is used on a site by site basis? • BH - will take on board, today we instigated partnering/buddying experienced Team Leaders with new Team Leaders for the 1st shift. Hopefully that will tighten things up, along with other actions that I have articulated are in train.
5.	<p>Communication</p> <ul style="list-style-type: none"> • RE – What is the consideration for Public Safety information in the Comms Plan with the flight coming in from Uruguay? Potential media crowding outside Hotels. Also messaging to families who may be coming into collect people departing on Sunday. • RED – Duly noted, comms are engaged in this process.
6.	<p>Other Business</p> <ul style="list-style-type: none"> • RE – Do we know the numbers of people leaving Sunday? • RED – 462, DJPR are calling all today to establish where it is they need to go. We expect advice later today. • CF – will follow up on volume of calls made RED could you share the process mapping with agencies so they can have some input. • ACTION – RED to share process mapping for people departing hotels. • RE – Keen to see process for those departing Hotels on Sunday, ensure everyone is getting to see what they need to see and comment on.
7.	Next Scheduled Meeting – 1330hrs, Saturday 11 April 2020

Actions			
No	Action	Assigned to	Due Date
1.	Distribute process mapping for people leaving hotels with Ops Soteria group for information and comment.	RE	11/4/2020

Fw: Operation Soteria

From: "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scv.vic.gov.au>
To: "Jason Helps (DHHS)" <[REDACTED]>
Date: Sun, 12 Apr 2020 11:03:33 +1000

SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
 [REDACTED] | DX: 210098
 Email: sccvic.sctrl.health@scv.vic.gov.au | Web: <https://cop.em.vic.gov.au>

From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scv.vic.gov.au>
Sent: Saturday, 11 April 2020 8:46 AM
To: [REDACTED]; Finn Romanes (DHHS) [REDACTED]
Subject: Re: Operation Soteria

Good Morning Finn,

It is agreed that more work is needed, it would be helpful if you could provide comments into the document where you have a view on deficiencies or provide a resource to work with the DHHS Commander on this today.

Unfortunately we are all time poor and have competing priorities and need to consult to ensure all agencies are comfortable with the plan, working together today on this would ensure both PHC and SCT are sufficiently comfortable with the final product.

I look forward to either your specific comments or a resource to progress this.

Regards

Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
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From: Finn Romanes (DHHS) <[REDACTED]>
Sent: Saturday, 11 April 2020 7:47 AM
To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scv.vic.gov.au>
Cc: Pam Williams (DHHS) <[REDACTED]>; Meena Naidu (DHHS) <[REDACTED]>; Melissa Skilbeck (DHHS) <[REDACTED]>; Jacinda de Witts (DHHS) <[REDACTED]>; Annaliese Van Diemen (DHHS) <[REDACTED]>
Subject: Operation Soteria

Attention - Deputy State Controller Health

Dear [REDACTED]

Look forward to some more good work today in relation to planning for the mandatory quarantine programme.

The overall operational plan draft sent through yesterday needs a lot more work and isn't sufficiently detailed at this stage to be able to be endorsed in principle by Public Health Command / Chief Health Officer.

We will work to agree sections that need more detail, especially around healthcare and welfare of people in mandatory detention.

Grateful if you can indicate who you feel the lead is for healthcare aspects - is that the Deputy State Health Coordinator?

Finn

Dr Finn Romanes
 Public Health Physician
 Department of Health and Human Services

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To: "Jason Helps (DHHS)" [REDACTED]
Date: Sun, 12 Apr 2020 11:03:33 +1000

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State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
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Regards

Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

[REDACTED]
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SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
 Ph: [REDACTED] Fax: [REDACTED] DX: 210098
 Email: sccvic.sctrl.health@scv.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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Cc: Pam Williams (DHHS) [REDACTED]; Meena Naidu (DHHS) [REDACTED]; Melissa Skilbeck (DHHS)

[REDACTED]; Jacinda de Witts (DHHS) [REDACTED]; Annaliese Van Diemen (DHHS)

Subject: Operation Soteria

Attention - Deputy State Controller Health

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Finn

Dr Finn Romanes
 Public Health Physician
 Department of Health and Human Services

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Privileged - LPP [REDACTED]

Privileged - LPP [REDACTED]

From: Michael Mefflin (DHHS) [REDACTED]
 Sent: Wednesday, 8 April 2020 8:00 PM
 To: Andrea Spiteri (DHHS) [REDACTED]; Jason Helps (DHHS) [REDACTED] Braedan Hogan (DHHS) [REDACTED]
 Subject: FW: Welcome - Public Health Command - Physical Distancing and Planning Cluster

fyi

From: Finn Romanes (DHHS) [REDACTED]
 Sent: Wednesday, 8 April 2020 7:25 PM
 To: [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; Meena Naidu (DHHS) [REDACTED]; Melody Bush (DHHS) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]; Michael Mefflin (DHHS) [REDACTED]; Sandy Austin (DHHS) [REDACTED]
 Subject: Welcome - Public Health Command - Physical Distancing and Planning Cluster

Dear colleagues

Annaliese has requested a reshuffle of workstreams within the PHC function, and indicated she would like the following four workstreams to cluster under the role I'm filling (Dep PHC Planning) –

- Mandatory quarantine programme
- Ports of entry
- Physical distancing policy and advice
- Public health strategy

So welcome to a new virtual cluster of workstreams and functions within the overall public health command banner, which is the *Physical Distancing and Public Health Planning* group.

Lots of people are working on arrangements from across the department, including very senior and experienced folk and newcomers who have brought exceptional energy to the place. I'm coordinating the function for DCHO / CHO but by no means line managing people, so thank you for putting up with it all, and accepting my attempts at leadership along the way.

Annaliese has asked for clarity on the distinction – where possible – between operations and strategy / policy, although these four areas above are varied as to how much is which. This has led me to create a kind of 2x4 table: four workstreams, two key roles in each.

Public Health Command - Physical Distancing and Planning				
Workstream	Role	Person	Role	Person
Lead	Deputy Public Health Commander Physical Distancing and Public Health Strategy	Finn Romanes		
Mandatory quarantine	Operations - Executive lead for Compliance	Meena Naidu	Policy and strategy lead	[REDACTED]
			Medical officer	[REDACTED]
Ports of entry	Operations - Director for Ports of Entry	Merrin Bamert / Michael Mefflin	Policy and strategy lead	[REDACTED]
			Medical officer	[REDACTED]
Physical distancing policy	Operations - Director for Public Advice on Physical Distancing	Sandy Austin / Melody Rush	Policy and strategy lead	[REDACTED]
Public health strategy	Evidence lead	[REDACTED]	Policy and strategy lead	[REDACTED]

The operating model is planned to be:

- We work across these four workstreams.
- Each workstream has a clear operational lead (public health strategy not really being operational, so [REDACTED] is nominally one of many doing great work in strategy) and I'm deploying people in a parallel strategy / policy role to support each one of those roles and to be my 'policy right arm' to make sure the workstream has good documentation and policy in place.
- For example Meena is the executive lead for compliance, and [REDACTED] is helping with assisting me, Meena and her team with policy, troubleshooting, many other things.
- [REDACTED] yet to join us.

Next steps

- Please let me know if the table below is wrong, or a key lead is missing.
- Please link to your operational or strategic partner, and introduce yourself to the rest of the group.
- Please let us all know your thoughts.

I'll schedule a quick stand-up tomorrow, noting that there is quite a lot of differences in the work in the top two streams (quarantine/ports) and the policy/strategy (bottom two) streams so I won't make everyone listen to and input on everything.

Thank you all

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

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From: Anna Peatt (DHHS) [REDACTED]
Sent: Saturday, 4 April 2020 1:01 PM
To: Noel Cleaves (DHHS) [REDACTED]
Cc: Jason Helps (DHHS) [REDACTED]; Anthony J Kolmus (DHHS) [REDACTED]
Subject: FW: AO and Police interoperability

Grateful if you can provide any comments on this to Jason.

Jason when do you need this by? Anna

From: Jason Helps (DHHS) [REDACTED]
Sent: Saturday, 4 April 2020 11:22 AM
To: Anna Peatt (DHHS) [REDACTED]
Subject: FW: AO and Police interoperability

Hi Anna,

I got an out of office from Meena, are you able to comment on this?

Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
[REDACTED]
www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

From: Jason Helps (DHHS)
Sent: Saturday, 4 April 2020 11:20 AM
To: Meena Naidu (DHHS) [REDACTED]
Subject: FW: AO and Police interoperability

Hi Meena,

Can you have a quick look at this, my main query is do our AO's issue an infringement or do VicPol on our behalf, any other comments in relation to the process and I will feed it back to [REDACTED]

Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
[REDACTED]
www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

From: [REDACTED]
Sent: Saturday, 4 April 2020 10:59 AM
To: Jason Helps (DHHS) [REDACTED]
Subject: AO and Police interoperability

OFFICIAL: Sensitive

Hi Jason

As discussed. The main issue is interoperability between AO's and Police.

Thanks

Regards

[REDACTED] Superintendent | NWM REM
State Emergencies & Support Command

[REDACTED]

OFFICIAL: Sensitive

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From: Nick Chiam (DHHS) <[REDACTED]>
Sent: Thursday, 2 April 2020 9:07 PM
To: Pam Williams (DHHS) <[REDACTED]>
Cc: Andrea Spiteri (DHHS) <[REDACTED]>; Blake Miles (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; Braedan Hogan (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: PROTECTED: Transition of Operation Soteria to continuing operating model

Pam

In confidence – Draft working documents not for distribution

I have written confirmation of approval of your appointment. Congratulations. I've packaged together background information – most is draft still as we discussed.

Attached is the original operations plan for the Operation.

Please find attached the draft service architecture which has Chris Eagle (SCC lead for Operation Soteria), Claire Febey and Andrea's comments in that steps out the operations plan and off which we are developing more detailed activity descriptions. It was out for final comments today but we will have to follow up tomorrow to get these, so still moving.

Also attached is proposed Operations structure to transition to my team has developed with the EM EOs (Merrin and Braedan) and tested with Meena Naidoo (compliance lead) and Finn Romanes (representing CHOs) but needs validation. As discussed, this reflects current staffing on the ground with proposed management roles including yours to which to transition.

And attached is the confidential draft Physical Distancing Plan from the Public Health planning team that incorporates the enforcement and compliance roles of DHHS and others. As at 9.30am 1 April.

Below is my email outlining the scope of my team's work.

As noted, Andrea has suggested to meet her and Jason at the SCC in the morning. I am happy to talk from mid-morning – maybe after you flu shot?

Cheers

Nick

PROTECTED

From: Nick Chiam (DHHS)
Sent: Tuesday, 31 March 2020 10:34 PM
To: Andrea Spiteri (DHHS) <[REDACTED]>; Braedan Hogan (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>; Merrin Bamert (DHHS) <[REDACTED]>; Annaliese Van Diemen (DHHS) <[REDACTED]>; Finn Romanes (DHHS) <[REDACTED]>; Meena Naidu (DHHS) <[REDACTED]>
Cc: Melissa Skilbeck (DHHS) <[REDACTED]>; Greg Stenton (DHHS) <[REDACTED]>; Marg Burge (DHHS) <[REDACTED]>; Ray Baird (DHHS) <[REDACTED]>; Diane White (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>
Subject: Proposed scope of work: Transition of Operation Soteria to continuing operating model

Andrea, Annaliese and colleagues,

I know you have more pressing matters, so I'll be brief: as you all know I and my team were asked in by Andrea yesterday to work alongside your teams that are delivering Operation Soteria to see if we could help plan and coordinate the transition it to a more sustainable, continuing operating model.

After engagements today, I propose to deliver the following – **for your feedback (should you have time to consider) with the aim of identifying early any gaps or where we are misaligned to your expectations:**

Proposed Scope

Work with various Public Health streams, Emergency Accommodation and the State Controller and current Operations teams to develop and implement a more sustainable operating model for the continued management by DHHS of Operation Soteria with other agencies, particularly DJPR, including:

1. **Operating Model Design & Delivery**
 - a. End to end process map, incl. activities against service phases, data and system requirements (Draft developed with feedback hopefully by Weds am)
 - b. Clarify ongoing roles and responsibilities within DHHS and partners (i.e. DJPR) – working Weds to engage DJPR
 - c. Coordinate further detailed operating model design incl. processes, workflows and operational policies – beginning this week and occurring over next couple of weeks
2. **Transition Plan and establishment of continuing operations**
 - a. Role profiles and capability requirements (incl gap analysis) for new teams – Draft structure and key roles by Weds COB (or Thurs pending agreement on R&R with DJPR)
 - b. Oversee technology delivery and management – BTIM leading with Public Health Intelligence team. Today we agreed the key requirements for collecting and housing the source of truth in FESS linked to a CRM to manage health check services and BTIM

- development is underway.
- c. Resourcing and recruitment plan – Immediate resourcing happening this week with plan by end of week
- d. Handover strategy and timelines (from temporary EM operational leads to new management) – By end of week.

All done with intent to begin to handover operational responsibility to a new management and expanded/new teams while strengthening the connections to the Public health decision making, planning and operational roles and the emergency accommodation program and other departments, as soon as possible.

I think it's feasible to work towards some operational handover by the end of the week, but my best assessment is that we won't like be fully transitioned to the new model by Friday.

Thanks to all the teams for making the time to try to bring us up to speed today.

Cheers

Nick Chiam
Deputy Secretary
Organisational Transformation
Department of Health & Human Services
5, 2 Lonsdale Street, Melbourne Victoria 3000
m. **REDACTED** e. **REDACTED**

OFFICIAL: Sensitive

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



Client journey

1. On flight I/we are on a flight to Australia. Our information will be processed by gov

2. Landed I/we are met at the airport & issued Detainment Notice by Gov staff & transferred to buses

3. Arrival at hotel, accommodation or facility I/we arrive at hotels, are checked by nurses & checked-in to accommodation.

4. Quarantined I/we are in isolation & are supported to ensure our needs are met & that we stay.

5. Exited I/we have to leave the hotel to go home or another facility.

	0. Plan & prepare	1. On flight	2. Landed	3. Arrival at hotel, accommodation or facility	4. Quarantined	5. Exited
DHHS Control Agency			Activity: 2.1 Receive at airport, issue Detainment Notice and triage Lead: Site Manager (r) – [Person(s)]	Activity: 3.1 Perform arrival health checks & update Detainment Notice Lead: Site Manager (r) – [Person(s)] Activity: E.1 Process Exemption Request Lead: AO (r) Activity: E.2 Process transfer Lead: Site Manager (r)	Activity: 4.1 Ensure compliance Lead: Site Manager (r) – [Person(s)] Activity: 4.2 Check welfare Lead: Call Centre Manager - [Person(s)] Activity: E.3 FV/MH/ CPP Escalation Lead: Complex Case Manager Activity: E.4 Health Escalation - Positive COVID-19 Test Lead: Complex Case Manager Activity: E.5 Health Escalation - Hospitalisation Lead: Complex Case Manager	Activity: 5.1 Complete exit Lead: Site Manager (r) – [Person(s)] Activity: 5.2 Complete transfer Lead: Site Manager (r) – [Person(s)] Activity: 5.3 Complete escalation Lead: Complex Case Manager – [Person]
DJPR Support Agency		Activity: 1.1 Prepare for arrivals Lead: [Person 1] (r)		Activity: 3.2 Process client & check-in Lead: Site Manager (r) – [Person(s)] Activity: 3.3 Provide & manage hyper-care arrival hotel services Lead: {Role} (r) – [Person(s)]	Activity: 4.3 Provision specialist hotel & government services Lead: {Role} (r) – [Person(s)] Activity: 4.4 Manage hotel security Lead: {Role} (r) – [Person(s)]	Activity: 5.4 Re-prepare hotel & specialist cleaning Lead: {Role} (r) – [Person(s)]
Other Support Orgs		Activity: 1.2 Process Passenger Manifest & Coordinate Capacity Lead: {Agency} – {Role} - [Person]	Activity: 2.2 Transfer clients to hotel Lead: DoT & AFP - [Person(s)] Activity: 2.3 Transfer unwell clients to hospital Lead: Ambulance Victoria - [Person(s)]	Activity: 3.3 Receive buses at hotel Lead: VicPol - [Person(s)] PROTECTED	Activity: E.6 Manage Security Escalation Lead: VicPol - {Role} (r) – [Person(s)] Activity: 4.5 Provide security observation & support AO/VicP Lead: Security - {Role} (r) – [Person(s)]	



Operation Soteria

**Forced Quarantine
for all Australian Arrivals
from Midnight 28 March 2020
State of Victoria**

Operations Plan

Approved for distribution by:

Emergency Management Commissioner	Signature	Date / Time
Andrew Crisp	Signed and scanned	28/3/2020 2000

Operation Soteria

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	Authorised for Release	Date
0.1	Draft for initial discussion	REDACTED / REDACTED		Andrew Crisp	27 March 2020
0.2	Draft for release as version 1.0	REDACTED / REDACTED	Operation Soteria Coordination Meeting	Andrew Crisp	28 March 2020 1815 hours
1.0	Final Version released			Andrew Crisp	28 March 2020 2000 hours

Operation Soteria

1. SITUATION

Prime Minister Scott Morrison has announced that all passengers who arrive in Australia after midnight on Saturday 28 March 2020 will go into mandatory quarantine in hotels for a fortnight.

- Passengers will be quarantined in the city in which they land, irrespective of where they live
- Two thirds of Australia's coronavirus cases are from people travelling from overseas
- Defence personnel will help State and Territory Police enforce self-isolation rules

1.1 Background

- Australian National Cabinet has directed that all passengers returning to Australia from international destinations are to undergo 14 days enforced quarantine.
- Expected volume of international passenger arrivals is 1500 per day.
- Direction from the Chief Health Officer is pending
- Heightened measures to curb the spread of COVID-19
- Assume small window of opportunity will lead to a spike in arrivals
- Primary port is assumed as Melbourne Airport.
- Alternate ports of entry may include Essendon Airport (Corporate Charter); Port of Melbourne, Geelong Port, Portland Port, Western Port (Cargo); Station Pier (passenger)
- Control for every movement upon arrival remains the authority of the Chief Health Officer

1.2 Authorising Environment - TBC

Public Health and Wellbeing Act 2008 (Vic)

Supporting documentation – Detention Notice issued pursuant to Public Health and Wellbeing Act 2008 (Vic) Section 200 (*to be provided - Appendix 1*)

1.3 Definitions

Passengers: Are all individuals who arrive in Australia after midnight on Saturday 28 March 2020 and who are quarantined in hotels for 14 days

2. MISSION

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

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3. EXECUTION

- **Purpose.** Slow the spread of COVID-19 through Victoria
- **Method.** Implement enforced quarantine of passengers arriving internationally into Victoria.
- **End state.** All passengers that have arrived internationally to Victoria are quarantined for 14 days in order to mitigate the spread of COVID-19 within the Victorian community.

3.1 Phases to achieve identified objectives

3.1.1 Preliminary Actions

- During this period, all preparatory activities, to receive and comfortably accommodate arriving passengers that support each of the phases to be completed

3.1.2 Phase 1 – Reception

- Begins when passengers arrive via international airport or maritime port, separated from the general population to prevent transmission, transit through customs and prepared for travel to quarantine locations.
- This phase ends once passengers have embarked on bus transport

3.1.3 Phase 2 – Transport

- Begins with buses leaving international airport or maritime port.
- It involves the transit of passengers to quarantine accommodation in vicinity of COVID testing centres.
- This phase ends once passengers exit transport vehicles

3.1.4 Phase 3 – Accommodation

- This phase begins when reception party receives passengers for quarantine.
- This will involve 14 days of isolation within commercial hotel/motel solutions in vicinity of their entry points.
- This phase ends once 14 days has lapsed and members are reviewed for approval to exit quarantine accommodation.

3.1.5 Phase 4 – Return to the Community

- This phase begins when the member is reviewed for exit by quarantine management
- This will involve an assessment whether the passengers are safe to be allowed into the Victorian community.
- This phase ends once the member has been briefed on their health responsibilities and exits quarantine.

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3.2 Preliminary Phase

- Information is developed, distributed and executed as per communications plan
- All resources (physical and human) are in position ready to execute phases as required

3.3 Phase 1 – Reception

REDACTED
s73(e) the member otherwise considers the prohibition or restriction appropriate

REDACTED
s73(e) the member otherwise considers the prohibition or restriction appropriate Department of Health and Human Services (DHHS) are lead State-side

3.3.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.3.2 Airside Operations

3.3.2.1 AFP/ABF

- Melbourne airport security and customs liaison
- Provide passengers with required information about Direction/requirements
- Collection of entry data (manifest)
- Marshall passengers in an area that is secure and be able to facilitate health screening

3.3.2.2 DHHS

- Provision of and conduct of health screening and other well-being services (including psycho-social support)
- Provision of personal protective equipment for passengers
- Registration and initial needs identification of passengers for State-side use/application
- Provision of information pack for passengers [Joint contributions: DHHS/Department Jobs, Precincts and Regions (DJPR)/VicPol]

3.3.2.3 AFP/ABF

- Establish arrivals area for transport
- Marshall Passengers for boarding
- Assist boarding of passengers onto bus transport airside
- Escort bus transports to accommodation

3.3.2.4 Department of Transport (DoT)

- Manage bus transport State-side to accommodation

3.3.2.5 VicPol

- REDACTED
s73(e) the member otherwise considers the prohibition or restriction appropriate
- REDACTED

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3.3.3 State-side Operations

3.3.3.1 DHHS and DJPR

- Reception parties established and coordinated at all identified accommodation

3.3.3.2 VicPol

REDACTED
 379(e) the member otherwise considers the prohibition or restriction appropriate

3.4 Phase 2 – Transport

Note: DoT are lead

3.4.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.4.2 DoT

- Skybus and other DoT solutions tasked in accordance with projected arrivals
- Ensure transport of passengers between point of entry and accommodation

3.4.3 AFP

- Escort passengers to assigned accommodation
- Transfer manifest to VicPol on arrival at accommodation

3.4.4 VicPol

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

3.4.5 DHHS and DJPR

- Prepare for incoming passenger accommodation registration

3.5 Phase 3 – Accommodation

3.5.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.5.2 DJPR

- Manage accommodation contracts
- Manage private security contracts to enforce quarantine requirements at accommodation
- Reception parties established to coordinate movement of passengers from transport into accommodation (with DHHS)
- Detailed identification of, capture and management of special/social needs (with DHHS)

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- Management of services for all passengers including food and amenities

3.5.3 DHHS

- Passenger data reconciled with airside entry data
- Detailed identification of, capture and management of special/social needs (with DJPR)
- Establish FEMO teams at accommodation points to undertake initial health screening
- If required, social workers to provide support to passengers with complex needs
- Provision of psycho-social first aid
- Access to 24/7 nursing support for emerging health needs
- Provision of regular welfare calls to all quarantined passengers

3.5.4 VicPol

- Provision of support to private security as required

3.6 Phase 4 – Return to the Community

3.6.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.6.2 DHHS

- Conduct of health reviews to allow release back into the community
- Outgoing passenger responsibilities brief
- Arrangements for any ongoing Psycho-social support

3.6.3 DoT

- Provision of transport to passengers to original destination/transit node

3.7 Strategies and tactics proposed to achieve tasks and objectives

3.7.1 Coordinating Instructions

3.7.1.1 Timings

Preliminary Phase

- Arrival data and maritime ports confirmed no later than 28 1000 Mar 20
- Transport confirmed no later than 28 1300 Mar 20
- Quarantine Accommodation confirmed no later than 28 1600 Mar 20
- International terminal at Tullamarine prepared for quarantine by 28 2200 Mar 20

Phase 1

- Reception party at international airport and maritime port no later than one hour prior to scheduled flights/vessel arrivals

Phase 2

- Transport in position no later than 1 hour prior to scheduled flights/vessel arrivals

Phase 3

- Service provision is in place for passenger quarantine for a minimum of 14 days

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Phase 4

- Release party in place to meet passenger needs for an effective return to community

3.7.1.2 Locations

Airports

- Tullamarine

Maritime Ports

- TBC

Quarantine Accommodation

- TBC

3.8 Daily arrivals schedule – *see Appendix 2*

3.9 Synchronisation matrix - *See Appendix 4*

4. COORDINATION

State Control Centre is the central coordination point for all phases

4.1 Communications Plan (Lead DHHS - Marita Tabain)

4.1.1 Authorisation of communications plan by DPC

4.1.2 Communications plan to incorporate:

- To returning citizens/residents
- To returning citizens/residents family
- Media release plan

4.2 Planning Points of Contact – *See Appendix 3*

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Appendix 1

Detention Order pending

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Appendix 2

DAILY TIMINGS (AS AT 28 1609 MAR 20)

Arrivals for 29 March 2020

Passenger arrivals MEL (Tullamarine)

Flight Number	Sched. Date	Depart. Airport	Sched. Arrival time	Aircraft type	Gate	Pax	Comment
QR994	29/3/2020	DOH	0700	77W	9	17	Doha
AC037	29/3/2020	YVR	0835	789	7	119	Vancouver
CZ321	29/3/2020	CAN	0940	333	16	38	Guangzhou
MU737	29/3/2020	PVG	1000	789	18	18	Shanghai Pudong
NZ123	29/3/2020	AKL	1050	77W	11	100	Auckland 1 X UNACCOMP. MINOR
QR904	29/3/2020	DOH	1830	351	9	200	Doha
Total Passengers						492	

Flights in transit 28 March 2020 – Flight tracking on time as at 1955 hrs 28 March 2020

Flight Number	Sched. Date	Depart. Airport	Sched. Arrival time	Aircraft type	Gate	Pax	Comment
CX163	28/3/2020	HKG	2252		16		Hong Kong

Operation Soteria

Appendix 3

Contacts List

Department	Contact Name	Email	Phone
State Control Centre – Deputy Controller Class 2 – Health.. Operation Soteria	Chris Eagle	REDACTED	
Department of Transport	REDACTED TED TED	REDACTED	TBA TBA
Department of Jobs, Precincts and Regions	Claire Febey REDACTED	REDACTED	TBA REDACTED
Department of Health and Human Services - SCC	Michael Mefflin	REDACTED	TBA
VicPol	REDACTED ED ED	REDACTED	REDACTED TBA
Department of Premier and Cabinet – Communications	Marita Tabain REDACTED ED		TBA REDACTED
Department of Premier and Cabinet	REDACTED	REDACTED	TBA
Department of Health and Human Services – Melbourne Airport Representative			
Emergency Management Victoria	REDACTED REDACTED ED	REDACTED	REDACTED
ADF	REDACTED TED	REDACTED	REDACTED

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Appendix 4

Outline of agency involvement across the stages of enforced quarantine

Function	Lead agency	Preliminary Stage	Stage 1 : Receive passengers at point of entry	Stage 2: Move passengers from point of entry to accommodation	Stage 3: Accommodate passengers for 14 days	Stage 4: Release of passengers from accommodation	
Command and Control	SCC	Queue and trigger DHHS as required	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	
	DHHS	Plan/organise	Operational command	Operational command	Operational command	Operational command	
Process	Australian Border Force/ Australian Federal Police	Preparation	Receive and process passengers (airside). <small>REDACTED (s73a) the member otherwise considers the pr</small>				
Process	DJPR	Preparation		Transfer of responsibility from DJPR to DoT	Assist DHHS	Assist DHHS	
Transport	DoT	Organisation of transport for stage 2	Position buses at the point of entry, ready for stage 2	Receiving transfer of responsibility from DJPR. Executive move of passengers from point of entry to accommodation	Transfer of responsibility to DHHS	Prepared to provide transport solutions for passengers to their home/intended residence while in Victoria	
Accommodation	DHHS	Organisation of transport for stage 3	Confirm readiness of accommodation, ready for stage 3	Receive travellers at accommodation	Receiving responsibility from DoT Manage, monitor and respond to passengers at accommodation	Manage release of passengers	
Strategic Messaging	DPC	Conduct messaging to: <ul style="list-style-type: none"> passengers any persons intending to receive passengers general public media 	Monitoring adverse media/public reaction (external stakeholders)				
Security	VicPol	Prepare for response, contain	Support containment and respond as needed				
Health and Wellbeing	DHHS	Prepare for support	Supporting				

Hotel quarantine operations structure [DRAFT]

For discussion



Detention related functional structure (i.e. hotels)

Emergency management

Operations leadership and oversight

Compliance leadership and oversight

Public health leadership and oversight

Operations and logistics

Compliance and enforcement

Health and medical

Site operations, management and logistics [hotel]

Site operations, management and logistics [airport]

Welfare line

Exemptions, complex cases and facilitation

Policy and guideline development

Data, reporting and systems

Public health policy and oversight

Nurse, GP and other health services agency staff labour hire

Chief Health Officer

Occupational health and safety

Comms and media

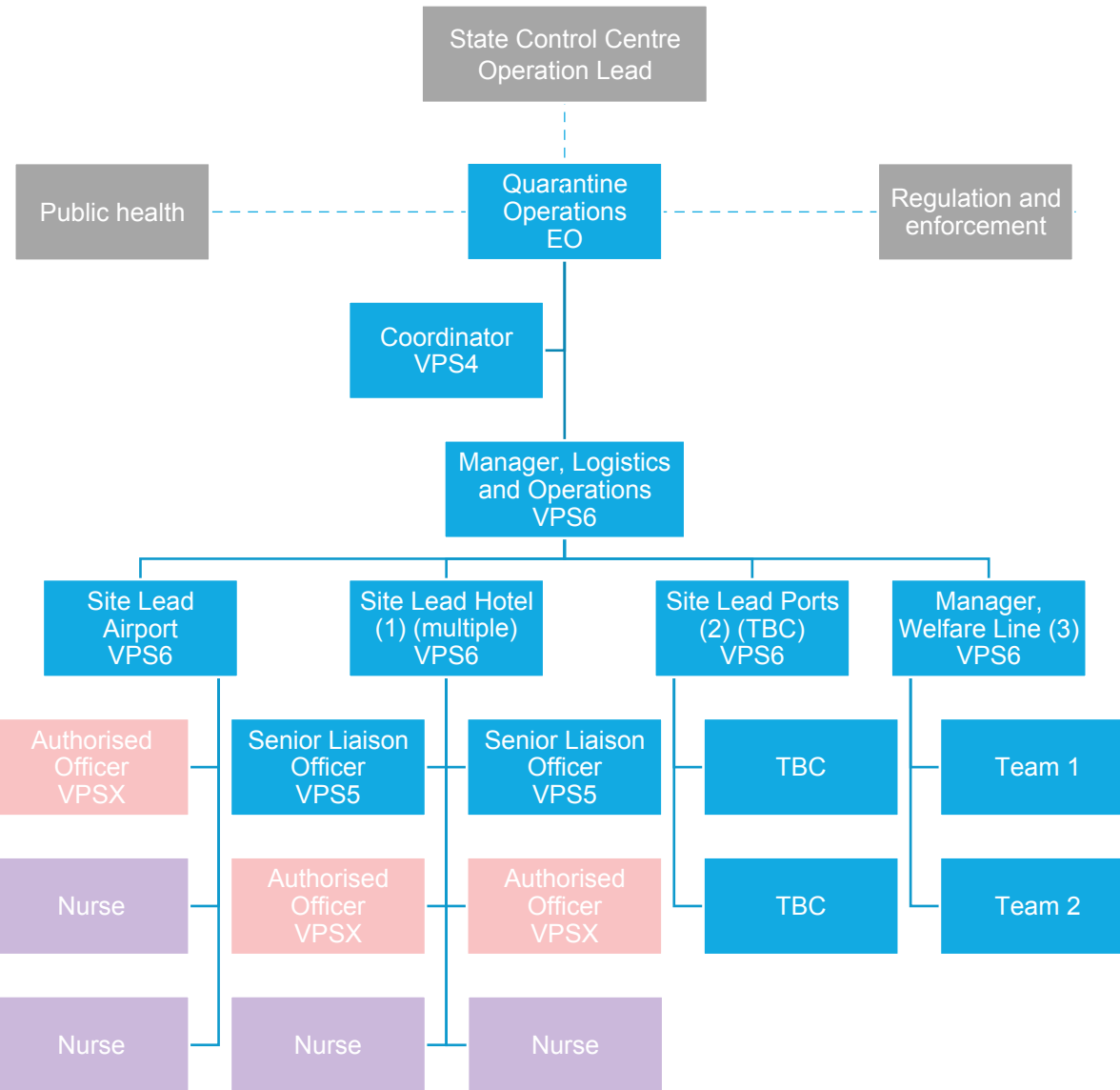
COVID-19 call centre / inbox

DJPR1800

Important support functions

Operation and logistics structure

Oversight, public health directions and decisions, advice on complex cases and to nurses and doctors.



Enforce compliance and detention under public health order; lead policy development and operationalisation; facilitate regulatory and legal advice; manage exemption processes; deploy authorised officers for 'on the ground' compliance and monitoring; oversee data and reporting.

Important notes

Note (1): some parts of structure may need to duplicate for multi-site deployment and rostering (e.g. hotel site lead structure).

Note (2): future capacity may be required to replicate processes at ports.

Note (3): at peak, indicative FTE for Welfare line could reach up to 40 FTE, although, unclear about shared capacity across similar functions across DHHS (TBD).

- New operations function (TBD)
- REHPEM compliance resource
- Public health and labour hire
- Other established functions

Roles [DRAFT]

Role	Class.	Basic description
Lead	EO	Leadership and oversight
Project / admin	TBD	Administrative, facilitation and coordination support
Manager, Operations and logistics	VPS6	Lead / manage operations and logistics across airports, hotels and welfare line, including rostering, equipment, escalation and liaison with central functions.
Welfare Line	VPS6	Manage call centre, rostering, script management, DHHS internal liaison
Site lead (airport)	VPS6	Command and control representative; liaise and coordinate with counterparts across jurisdictions/services, manage AOs and nurses on site.
Site lead (hotels)	VPS6	Command and control representative; liaise and coordinate with counterparts across jurisdictions/services, manage AOs and nurses on site.
Senior liaison	VPS5	On the ground logistics, coordination, walk arounds, answering questions, surge support
Authorised Officers	VPSX	Execute the public health order and administer associated detention and compliance activities
Nurses / doctors	Contacto	As per contract

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
 - 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 / Matthew)
 - 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 4m² and increased cleaning requirements
- Introduced a restriction social sport gatherings
- Limited attendees at weddings (5 people) and funerals (10 people)

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

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

Stage 3 restrictions

These restrictions 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

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

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 (03) **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

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 REDACTED on how widely this has been deployed REDACTED

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
- 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. **REDACTE** is writing this now. **REDA** – 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.
- 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.

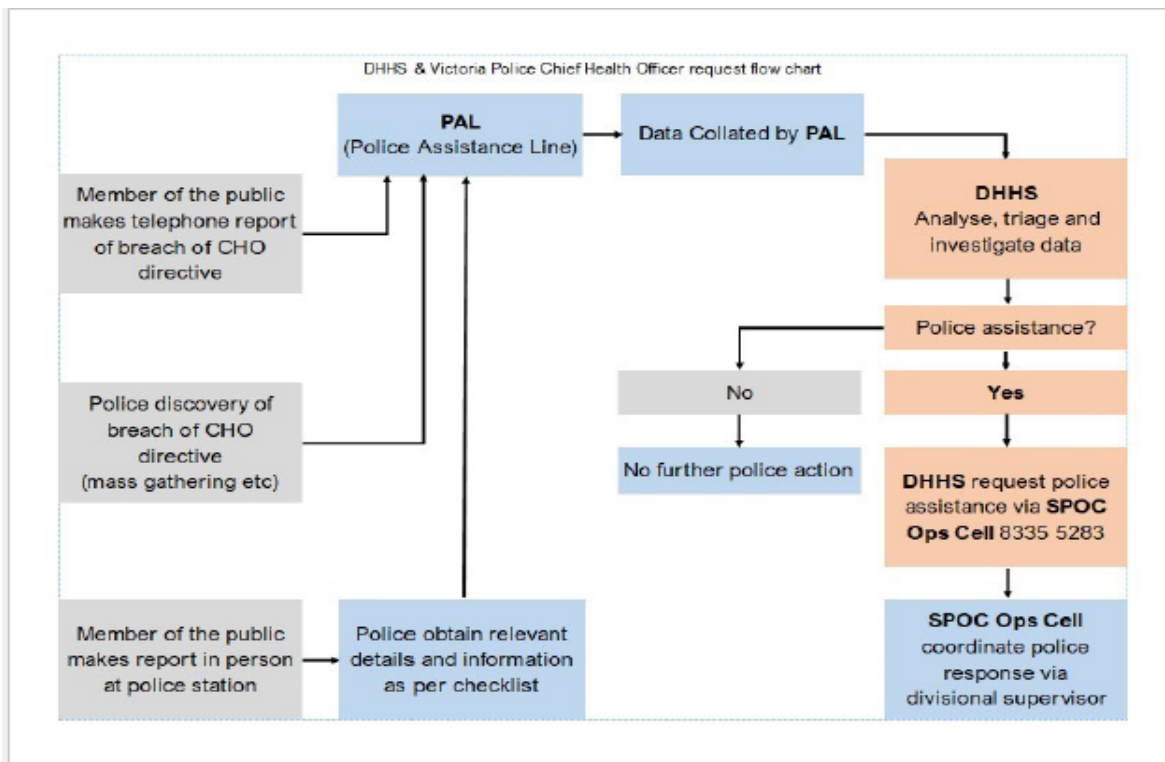
Protocols for investigating and managing potential breaches of Directions

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 gathering¹ 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:19.vicpol@dhhs.vic.gov.au). Or to the DHHS EMLO at the SPOC. The DHHS EMLO at the SPOC needs to work

¹ 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 **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 **REDACT** 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 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 8335 5283.

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 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 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 AO² 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 process

AO should consider the Charter of Human 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.

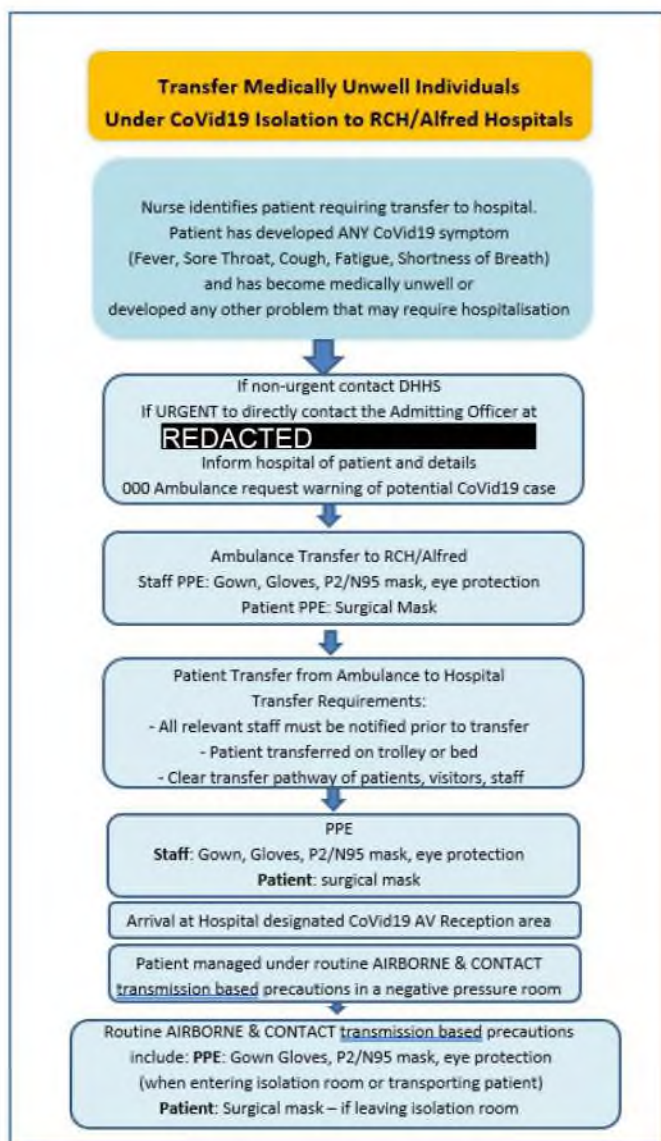
Actions to detect and test for COVID-19 amongst people in mandatory detention

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

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 REDAC (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 [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.

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 - [REDACTED]

- 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 – [REDACTED] / 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.

References

1. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia. *New England Journal of Medicine*. 2020 Jan 29;
2. Lai A, Bergna A, Acciarri C, Galli M, Zehender G. Early phylogenetic estimate of the effective reproduction number of SARS-CoV-2. *Journal of Medical Virology* [Internet]. 2020 Mar 3 [cited 2020 Mar 27];jmv.25723. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/jmv.25723>
3. Choi SC, Ki M. Estimating the reproductive number and the outbreak size of Novel Coronavirus disease (COVID-19) using mathematical model in Republic of Korea. *Epidemiology and Health* [Internet]. 2020 Mar 12 [cited 2020 Mar 27];e2020011. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32164053>
4. Imai N, Cori A, Dorigatti I, Baguelin M, Donnelly CA, Riley S, et al. Report 3: Transmissibility of 2019-nCoV. [cited 2020 Mar 23]; Available from: <https://doi.org/10.25561/77148>

5. Wu JT, Leung K, Leung GM. Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modelling study. *The Lancet*. 2020 Feb;395(10225):689–97.
6. Jung S, Akhmetzhanov AR, Hayashi K, Linton NM, Yang Y, Yuan B, et al. Real-Time Estimation of the Risk of Death from Novel Coronavirus (COVID-19) Infection: Inference Using Exported Cases. *Journal of Clinical Medicine* [Internet]. 2020 Feb 14 [cited 2020 Mar 27];9(2):523. Available from: <https://www.mdpi.com/2077-0383/9/2/523>
7. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). 2020.
8. Wu Y, Guo C, Tang L, Hong Z, Zhou J, Dong X, et al. Prolonged presence of SARS-CoV-2 viral RNA in faecal samples. *The Lancet Gastroenterology & Hepatology* [Internet]. 2020 [cited 2020 Mar 27];0(0). Available from: [https://doi.org/10.1016/S2468-1253\(20\)30083-2](https://doi.org/10.1016/S2468-1253(20)30083-2)
9. van Doremalen N, Bushmaker T, Morris D, Holbrook M, Gamble A, Williamson B, et al. Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. *medRxiv*. 2020 Mar;2020.03.09.20033217.
10. Cai J, Sun W, Huang J, Gamber M, Wu J, He G. Indirect Virus Transmission in Cluster of COVID-19 Cases, Wenzhou, China, 2020. *Emerging Infectious Diseases* [Internet]. 2020 Jun;26(6). Available from: http://wwwnc.cdc.gov/eid/article/26/6/20-0412_article.htm
11. Seah I, Agrawal R. Can the Coronavirus Disease 2019 (COVID-19) Affect the Eyes? A Review of Coronaviruses and Ocular Implications in Humans and Animals. *Ocular immunology and inflammation* [Internet]. 2020 Mar 16 [cited 2020 Mar 27];1–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32175797>
12. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet*. 2020 Mar 28;395(10229):1054–62.
13. Luo S-H, Liu W, Liu Z-J, Zheng X-Y, Hong C-X, Liu Z-R, et al. A confirmed asymptomatic carrier of 2019 novel coronavirus (SARS-CoV-2). *Chinese Medical Journal* [Internet]. 2020 Mar;1. Available from: <http://journals.lww.com/10.1097/CM9.0000000000000798>
14. Bai Y, Yao L, Wei T, Tian F, Jin DY, Chen L, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. *JAMA - Journal of the American Medical Association*. American Medical Association; 2020.
15. Yu P, Zhu J, Zhang Z, Han Y, Huang L. A familial cluster of infection associated with the 2019 novel coronavirus indicating potential person-to-person transmission during the incubation period. *The Journal of infectious diseases* [Internet]. 2020 Feb 18 [cited 2020 Mar 27]; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32067043>
16. Nishiura H, Kobayashi T, Suzuki A, Jung S-M, Hayashi K, Kinoshita R, et al. Estimation of the asymptomatic ratio of novel coronavirus infections (COVID-19). *International Journal of Infectious Diseases* [Internet]. 2020 Mar;0(0). Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1201971220301399>
17. Zhao S, Cao P, Chong MKC, Gao D, Lou Y, Ran J, et al. The time-varying serial interval of the coronavirus disease (COVID-19) and its gender-specific difference: A data-driven analysis using public surveillance data in Hong Kong and Shenzhen, China from January 10 to February 15, 2020. *Infection Control & Hospital Epidemiology* [Internet]. 2020 Mar;1–8. Available from: https://www.cambridge.org/core/product/identifier/S0899823X20000641/type/journal_article
18. He X, Lau EHY, Wu P, Deng X, Wang J, Hao X, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *medRxiv*. 2020 Mar 18;2020.03.15.20036707.
19. Li R, Pei S, Chen B, Song Y, Zhang T, Yang W, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). *Science* [Internet]. 2020 Mar;eabb3221. Available from: <https://www.sciencemag.org/lookup/doi/10.1126/science.abb3221>
20. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Annals of internal medicine* [Internet]. 2020 Mar; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32150748>
21. Yang X, Yu Y, Xu J, Shu H, Xia J, Liu H, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. *The Lancet Respiratory Medicine*. 2020;0(0).

22. Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention. *JAMA* [Internet]. 2020 Feb; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32091533>
23. Cao Q, Chen YC, Chen CL, Chiu CH. SARS-CoV-2 infection in children: Transmission dynamics and clinical characteristics [Internet]. Vol. 119, *Journal of the Formosan Medical Association*. Elsevier B.V.; 2020. p. 670–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32139299>
24. Bi Q, Wu Y, Mei S, Ye C, Zou X, Zhang Z, et al. Epidemiology and Transmission of COVID-19 in Shenzhen China: Analysis of 391 cases and 1,286 of their close contacts. *medRxiv*. 2020 Mar;2020.03.03.20028423.
25. Cao Q, Chen YC, Chen CL, Chiu CH. SARS-CoV-2 infection in children: Transmission dynamics and clinical characteristics [Internet]. Vol. 119, *Journal of the Formosan Medical Association*. Elsevier B.V.; 2020. p. 670–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32139299>
26. Ferguson NM, Laydon D, Nedjati-Gilani G, Imai N, Ainslie K, Baguelin M, et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Available from: <https://doi.org/10.25561/77482>
27. Chang SL, Harding N, Zachreson C, Cliff OM, Prokopenko M. Modelling transmission and control of the COVID-19 pandemic in Australia. 2020.
28. Lauro F di, Kiss IZ, Miller JC. The timing of one-shot interventions for epidemic control. 2020; Available from: <https://doi.org/10.1101/2020.03.02.20030007>
29. Kucharski AJ, Russell TW, Diamond C, Liu Y, Edmunds J, Funk S, et al. Early dynamics of transmission and control of COVID-19: a mathematical modelling study. *The Lancet Infectious Diseases* [Internet]. 2020 Mar;0(0). Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1473309920301444>
30. Lai S, Ruktanonchai NW, Zhou L, Prosper O, Luo W, Floyd JR, et al. Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak in China. *medRxiv*. 2020 Mar;2020.03.03.20029843.
31. Prem K, Liu Y, Russell T, Kucharski AJ, Eggo RM, Davies N, et al. The effect of control strategies that reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China. *medRxiv*. 2020 Mar;2020.03.09.20033050.
32. Hellewell J, Abbott S, Gimma A, Bosse NI, Jarvis CI, Russell TW, et al. Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts. *The Lancet Global Health*. 2020 Feb 1;8(4):e488–96.
33. Kretzschmar M, Rozhnova G, van Boven M. Effectiveness of Isolation and Contact Tracing for Containment and Slowing Down a COVID-19 Epidemic: A Modelling Study. *SSRN Electronic Journal* [Internet]. 2020 Mar 6 [cited 2020 Mar 26]; Available from: <https://www.ssrn.com/abstract=3551343>
34. Domenico L di, Pullano G, Coletti P, Hens N, Colizza V. Expected impact of school closure and telework to mitigate COVID-19 epidemic in France [Internet]. [cited 2020 Mar 27]. Available from: www.epicx-lab.com/covid-19.html
35. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report-46. 2020.
36. Fong MW, Gao H, Wong JY, Xiao J, Shiu EYC, Ryu S, et al. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Social Distancing Measures. *Emerging Infectious Diseases*. 2020 May;26(5).
37. Bootsma MCJ, Ferguson NM. The effect of public health measures on the 1918 influenza pandemic in U.S. cities. *Proceedings of the National Academy of Sciences of the United States of America* [Internet]. 2007 May;104(18):7588–93. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17416677>
38. Wu JT, Cowling BJ, Lau EHY, Ip DKM, Ho LM, Tsang T, et al. School closure and mitigation of pandemic (H1N1) 2009, Hong Kong. *Emerging Infectious Diseases* [Internet]. 2010 Mar;16(3):538–41. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20202441>
39. Cowling BJ, Lau MSY, Ho LM, Chuang SK, Tsang T, Liu SH, et al. The effective reproduction number of pandemic influenza: Prospective estimation. *Epidemiology* [Internet]. 2010 Nov;21(6):842–6. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20805752>

40. Kawano S, Kakehashi M. Substantial impact of school closure on the transmission dynamics during the pandemic Flu H1N1-2009 in Oita, Japan. PLoS ONE [Internet]. 2015 Dec;10(12):e0144839. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26669757>
41. Sato T, Akita T, Tanaka J. Evaluation of strategies for control and prevention of pandemic influenza (H1N1pdm) in Japanese children attending school in a rural town. Simulation using mathematical models. [Nihon kōshū eisei zasshi] Japanese journal of public health [Internet]. 2013;60(4):204–11. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23909187>
42. Chen T, Huang Y, Liu R, Xie Z, Chen S, Hu G. Evaluating the effects of common control measures for influenza A (H1N1) outbreak at school in China: A modeling study. PLoS ONE [Internet]. 2017 May;12(5):e0177672. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28542360>
43. Chen T, Zhao B, Liu R, Zhang X, Xie Z, Chen S. Simulation of key interventions for seasonal influenza outbreak control at school in Changsha, China. The Journal of international medical research [Internet]. 2020 Jan;48(1):300060518764268. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29569977>
44. Ahmed F, Zviedrite N, Uzicanin A. Effectiveness of workplace social distancing measures in reducing influenza transmission: A systematic review [Internet]. Vol. 18, BMC Public Health. BioMed Central Ltd.; 2018. p. 518. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29669545>
45. Asfaw A, Rosa R, Pana-Cryan R. Potential Economic Benefits of Paid Sick Leave in Reducing Absenteeism Related to the Spread of Influenza-Like Illness. Journal of Occupational and Environmental Medicine [Internet]. 2017 Sep;59(9):822–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28692009>
46. Piper K, Youk A, James AE, Kumar S. Paid sick days and stay-At-home behavior for influenza. PLoS ONE [Internet]. 2017 Feb;12(2):e0170698. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28151940>

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 Disability Y/N Significant Mental Health Diagnosis Y/N	
Medications:	
Regular Medical Clinic/Pharmacy:	
General Practitioner:	
Next of Kin	Contact Number:

Covid-19 Assessment Form

Name	DOB	Room	Date of Admission	mobile	

Ask patient and tick below if symptom present

Day	Date	Fever	Cough	SOB	Sore Throat	Fatigue	Needs further review (nurse assessment)	Reason (if needs further assessment)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

11								
12								
13								
14								

Appendix 5 – Welfare Survey

Survey questions – daily check-in

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

Script

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

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

Introductory questions

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

--

--

2. Are you a lone occupant in your hotel room? Yes/No if No:

a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

Name	Relationship	Age (children/dependents)

3. Have you or your fellow occupants had to leave your room for any reason? If so, what was the reason? YES /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.

Privileged - LPP

Privileged - LPP

From: Finn Romanes (DHHS) <[REDACTED]>
 Sent: Tuesday, 31 March 2020 1:38 PM
 To: Mat Williams (DHHS) <[REDACTED]>;
 Cc: Merrin Bamert (DHHS) <[REDACTED]>; Phuong Pham (DHHS) <[REDACTED]>; Nick Chiam (DHHS) <[REDACTED]>; Louise Galloway (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
 Subject: Advice from FEMO - Medical assessment and management arrangements for hotel-based detention
 Importance: High

Dear Mat and Merrin and colleagues

[REDACTED] is providing FEMO support to the mandatory detention sector, which today is being assisted (partly coordinated thank you!) by you Merrin. [REDACTED] has a great experience in this.

[REDACTED] is urgently requesting provision of basic equipment to the response –

- Testing kits;
- PPE (surgical face masks;
- Pathology bags;
- Test kits;
- Thermometers;
- Oximeters;
- BP cuffs;
- Hand sanitiser.

[REDACTED] is also advising other approaches –

- A floor to be dedicated to any positive cases;
- No separate air-conditioning;
- Allow some rest breaks outside – that are supervised – on a regular basis at least once a day – could be critical to the welfare of people there;
- Peter is also requesting a locum general practice arrangement is established, in order to assist and backup the FEMO.

Mat – are you able to link Phong’s sector to ensure this equipment is sourced and made available to nurses and doctors at the sites?

Merrin – when you can you consider the advice given, which is very valuable and sensible.

Nick – any support you can give to assist Merrin staffing – at the director level – the oversight of these arrangements would be valued.

Louise – I think you are involved with sourcing medical / locum care to these arrangements and progressing that is appreciated.

ALL [REDACTED] has drafted a medical, testing and hospital transfer plan which he will send through and we can incorporate into the Physical Distancing Plan, once we have it.

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency

[REDACTED]
 [REDACTED]
 [REDACTED]
 Department of Health and Human Services
 State Government of Victoria

Privileged - LPP

Privileged - LPP

From: Finn Romanes (DHHS) <[REDACTED]>
Sent: Tuesday, 31 March 2020 12:42 PM
To: Merrin Bamert (DHHS) <[REDACTED]>; Meena Naidu (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>
Cc: Simon Crouch (DHHS) <[REDACTED]>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Jason Helps (DHHS) <[REDACTED]>; Nick Chiam (DHHS) <[REDACTED]>
Subject: CONFIDENTIAL - Positive COVID-19 Case at Hotel
Importance: High

Dear colleagues

Merrin has advised that an individual, who is:
 [REDACTED] at The Promenade in Crown
 [REDACTED]
 [REDACTED]

Is positive for COVID-19.

Public health command recommendation -

- Note the Chief Health Officer has advised cohorting of positive COVID-19 cases in hotels should ideally be in one hotel only, or if necessary, on one floor of a hotel;
- If a confirmed case is very unwell, they should be in hospital (evidence of pneumonia);
- If a confirmed case is in a room at a hotel they should ideally be separated in a room within a suite, or be able to be in a separate room within a suite;
- PPE is at each hotel, testing kits being discussed between Merrin and Katherine, to link to a process under Phuong Pham's sector;
- It might be important for an AO to be assigned to a given hotel, who can then coordinate everyone knowing at the particular hotel.

In relation to this case:

- Be isolated strictly and not leave the room unless an emergency
- Close monitoring as to remaining in the room – should not leave
- Clear way for the case to seek help if they deteriorate (be able to call the nurse)
- PPE should be used if an authorised officer or other person needs to enter the room (surgical mask, eye protection, gown and gloves)

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency

[REDACTED]
 [REDACTED]

Department of Health and Human Services
 State Government of Victoria

Privileged - LPP

Privileged - LPP

From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Tuesday, 31 March 2020 7:52 AM
To: Jason Helps (DHHS) <[REDACTED]>; Finn Romanes (DHHS) <[REDACTED]>
Subject: Fwd: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

Hi Finn,

We do need the work on smoking policy completed as a priority - happy to help find you stuff if needed.

Braedan
 Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services

[REDACTED]

From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Tuesday, March 31, 2020 7:49:33 AM
To: Claire Febey (DEDJTR) <[REDACTED]>; SCC-Vic (State Controller Health) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>; Chris Eagle (DELWP) <[REDACTED]>
Subject: Re: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

Thanks Claire,

Public Health [REDACTED] and Legal/Compliance are drafting a position on smoking this morning.

Recreation is also being worked on and will go through the same clearance.

I'm rostered off today so Jason will be your primary contact.

Braedan

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services

[REDACTED]

From: Claire Febey (DEDJTR) <[REDACTED]>
Sent: Tuesday, March 31, 2020 7:47:26 AM
To: Braedan Hogan (DHHS) <[REDACTED]>; SCC-Vic (State Controller Health) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>; Chris Eagle (DELWP) <[REDACTED]>
Subject: RE: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

Braedan, team

There are three issues I'd like to progress urgently with you and the team today, that are likely to increase anxiety and tension for people currently in quarantine:

- **Smoking**, in line with my email of this morning, I am seeking direction from State Control on how arrangements can be made to support people to smoke at agreed times and under appropriate conditions – (DHHS action required);
- **Deliveries**, you have already advised that deliveries of food and other goods pose no issue, but we are having challenges finding a way to implement this that works for hotels, Victoria Police and staff on the ground, I will look at this again today and consider an increase to staffing to enable this (DJPR action required);
- **Recreation**, we have requested advice from State Control on what provision can be made for recreation. My advice yesterday was that it would be difficult from an operational perspective, however I would like to revise that advice. Creating the opportunity for movement and fresh air during a 14 day quarantine will be important to wellbeing and mental health. Subject to advice from State Control we recommend a provision for recreation outside of rooms is made urgently, and will explore options today should this be supported by State Control – (DHHS action required).

Thanks so much in advance for your quick support to move forward on these issues.

Cheers

Claire

From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Monday, 30 March 2020 4:43 PM
To: Claire Febey (DEDJTR) <[REDACTED]>; Chris B Eagle (DELWP) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: RE: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

Hi Claire,

Thanks for sending this through – we will need to work through some of these not urgent issues tomorrow – but see my responses below.

Keen to also have a discussion about staffing levels at the hotel to ensure effective coverage.

Give me a call if you have any questions.

Braedan Hogan
Deputy Director, Strategy and Policy
Emergency Management Branch
Regulation, Health Protection & Emergency Management Division
Department of Health and Human Services
50 Lonsdale Street Melbourne Victoria 3000
p [REDACTED]
e [REDACTED]

From: Claire Febey (DEDJTR) <[REDACTED]>
Sent: Monday, 30 March 2020 1:32 PM
To: Chris Eagle (DELWP) <[REDACTED]>
Cc: State Emergency Management Centre SEMC (DHHS) <semc@health.vic.gov.au>; Braedan Hogan (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements
Importance: High

Hi Chris

There are a few important things we need to urgently progress together today [actions highlighted for ease].

- **Roles and responsibilities.** May be able to review later tonight but likely tomorrow
 - As you and Jason (and others) have flagged there is an urgent need to agree roles and responsibilities between DHHS and DJPR in line with your role as the Control Agency.
 - We have prepared a first draft for your consideration (attached) that describes roles and responsibilities in the 'current state' of delivery.
 - Please note this is a draft for discussion – I'm completely open to working through the detailed requirements and arrangements from your perspective. It's just a starting point.
 - I recommend that we consider this as the possible arrangement for the next 7-10 days.
 - We will also prepare a 'steady state' option that we can move to for ongoing implementation which I expect would increase the control and delivery of this function by DHHS.
 - Can you please review this and provide your feedback as soon as possible today.
- **Hotel complaints.** – attached
 - We have prepared some advice on how to manage complaints at the hotel.
 - Please review and update the two sections requiring DHHS advice.
- **Data collection / management.** – See previous email from me
 - We are progressing this urgently.
 - The speed and light staff approach of the reception process in the first 1-2 days has meant that data entry is lagging and we have urgent quality issues.
 - As your team has flagged, we also need to coordinate which agency is collecting what, and for what purpose.
 - Can we please meet with your lead on this today at ~3pm to agree immediate steps.
 - As a next step we also need your advice on how to log and close items for escalation.
- **Smoking policy.** – Public Health Command are working on a solution
 - There was a security issue overnight (see summary below).
 - We have had more smokers arriving in today's groups.
 - DHHS staff on the ground have assisted with the immediate provision of nicotine replacement products (thank you).
 - But we need to determine our ongoing policy today regarding smoking so that we can provide consistent advice to people.
 - It is logistically possible to support people to leave their room under supervision at agreed times to smoke.
 - Can you please provide DHHS direction on whether arrangements can be made under the order for people to smoke.
 - If yes, we will prepare a logistics solution for your consideration.
- **Recreation policy.** Public Health Command are working on a solution
 - As flagged on the SCC call people are highly anxious about not being able to leave their room to exercise.
 - We recommend from an operational perspective that they not be able to leave.
 - However given the health and human rights issues associated with this, can you please provide direction on whether a provision can be made for movement outside of rooms.
 - If yes, we will prepare an approach for your consideration.
 - If not, we will prepare advice on in room options for your approval in collaboration with DHHS colleagues.
- **On site Victoria Police presence.** Being discussed with VicPol by DHHS
 - DJPR still recommends that Victoria Police is present 24/7 at each hotel.
 - We had one security incident last night (see below).
 - Security incidents will increase throughout the quarantine period.
 - We strongly recommend that private security is not adequate given they have no powers to exercise.
 - Can you please escalate our request for a permanent police presence at each hotel and provide updated advice.
- **Delivery of food from outside.** No issues from us – as long as the passenger is paying and arrangements are in place to delivery and maintain distancing. Also note this will have an impact on cleaning and unsure of frequency – can you advise?
 - There have been requests for delivery of food from home or companies such as UberEats.
 - Can you please provide a direction on whether delivery of food / perishable items from outside is allowed.
- **Evacuation planning.** – Crown should adjust current evacuation planning to facilitate physical distancing and the role of security to ensure compliance.
 - We recommend the preparation of tailored evacuation plans for each site.
 - Please provide direction on additional and specific measures that need to be included in evacuation plans in the context of quarantine.

I note that DHHS is also making arrangements for the two unaccompanied minors that will arrive today. Thank you for your work on this and please advise of any additional provisions that are required of DJPR to support their care.

Chris, thanks so much in advance and happy to talk all of the above through when your and / or the team is ready.

Claire

Claire Febey
Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000
T: [REDACTED] M: [REDACTED]
[REDACTED]

Email from Unified Security to Katrina Currie regarding security incident at Crown Metropole on 30/3/20

Hi Katrina,

I hope you are well, at 0307Hrs we had a significant issue, where [REDACTED] from room [REDACTED] decamped from [REDACTED] room, as [REDACTED] was in need of a cigarette.

The [REDACTED] in question was quite agitated and highly augmentative, [REDACTED] refused direction from officers and egressed to the ground floor.

Officers contacted our night shift Duty Manager in relation to the situation.

At 0309Hrs, Duty Manager greeted the **RE** in question, after a brief discussion the **RE** complied with directive and was escorted back to **R** accomodation.

As indicated during our meeting the officers are complying with hands off Policy

Regards

Government of Victoria, Victoria, Australia.

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Privileged - LPP

Privileged - LPP

From: Braedan Hogan (DHHS) <[REDACTED]>
 Sent: Monday, 30 March 2020 10:09 PM
 To: Nick Chiam (DHHS) <[REDACTED]>
 Cc: Jason Helps (DHHS) <[REDACTED]>
 Subject: FW: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements
 Importance: High

Nick – see attached and below the roles and responsibilities work that DJPR have completed today.

I just reviewed, and Jason will have a review after discussing us taking over the Operation yesterday (see attached email) – but this is far beyond what we were thinking there ongoing role would be.

As mentioned, DHHS under the EMMV is responsible temporary accommodation – so in my mind all but sourcing the hotels would transfer to us.

I think it is critical that we make the call on the location of the hotels based on clinical and logistical factors. There is another accommo program being developed by Annette at FSV that will have a much wider take up and spread.

At the end of the day – Jason and I wear happy taking the whole thing over and wearing the risk as we had control – we have learnt that over the past two days that not being involved in the DJPR design work has hampered the smooth running of the program and added complexity.

Happy to chat tomorrow as you get your head into the space.

Braedan

[Braedan Hogan](#)
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000
 p. [REDACTED] m. [REDACTED]
 e. [REDACTED]

From: Claire Febey (DEDJTR) <[REDACTED]>
 Sent: Monday, 30 March 2020 1:32 PM
 To: Chris Eagle (DELWP) <[REDACTED]>
 Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Braedan Hogan (DHHS) <[REDACTED]>
 Hadingham (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
 Subject: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements
 Importance: High

Hi Chris

There are a few important things we need to urgently progress together today [actions highlighted for ease].

- **Roles and responsibilities.**
 - As you and Jason (and others) have flagged there is an urgent need to agree roles and responsibilities between DHHS and DJPR in line with your role as the Control Agency.
 - We have prepared a first draft for your consideration (attached) that describes roles and responsibilities in the 'current state' of delivery.
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 - If yes, we will prepare a logistics solution for your consideration.
- **Recreation policy.**
 - As flagged on the SCC call people are highly anxious about not being able to leave their room to exercise.
 - We recommend from an operational perspective that they not be able to leave.
 - **However given the health and human rights issues associated with this, can you please provide direction on whether a provision can be made for movement outside of rooms.**

- o If yes, we will prepare an approach for your consideration.
- o If not, we will prepare advice on in room options for your approval in collaboration with DHHS colleagues.
- **On site Victoria Police presence.**
 - o DJPR still recommends that Victoria Police is present 24/7 at each hotel.
 - o We had one security incident last night (see below).
 - o Security incidents will increase throughout the quarantine period.
 - o We strongly recommend that private security is not adequate given they have no powers to exercise.
 - o **Can you please escalate our request for a permanent police presence at each hotel and provide updated advice.**
- **Delivery of food from outside.**
 - o There have been requests for delivery of food from home or companies such as UberEats.
 - o **Can you please provide a direction on whether delivery of food / perishable items from outside is allowed.**
- **Evacuation planning.**
 - o We recommend the preparation of tailored evacuation plans for each site.
 - o **Please provide direction on additional and specific measures that need to be included in evacuation plans in the context of quarantine.**

I note that DHHS is also making arrangements for the two unaccompanied minors that will arrive today. Thank you for your work on this and please advise of any additional provisions that are required of DJPR to support their care.

Chris, thanks so much in advance and happy to talk all of the above through when your and / or the team is ready.

Claire

Claire Febey
 Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000
 T: REDACTED
 REDACTED

Email from Unified Security to Katrina Currie regarding security incident at Crown Metropole on 30/3/20

Hi Katrina,

I hope you are well, at 0307Hrs we had a significant issue, where a [REDACTED] from room [REDACTED] decamped from [REDACTED] room, as [REDACTED] was in need of a cigarette.

The [REDACTED] in question was quite agitated and highly augmentative, [REDACTED] refused direction from officers and egressed to the ground floor.

Officers contacted our night shift Duty Manager in relation to the situation.

At 0309Hrs, Duty Manager greeted the [REDACTED] in question, after a brief discussion the [REDACTED] complied with directive and was escorted back to [REDACTED] accomodation.

As indicated during our meeting the officers are complying with hands off Policy

Regards

 Government of Victoria, Victoria, Australia.

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Hotel quarantine complaints protocol for the call centre

Callers should be directed to dial 9 for hotel concierge for complaints regarding the following issues:

- Meals
- Laundry service
- Trash removal

If callers are dissatisfied with the hotels response, the call centre should direct them that **nothing further can be done** at this stage, **UNLESS the complaint is about a health concern** such as dietary requirements or other allergies (e.g. where it applies to detergents or linens as part of the laundry service), at which point the issue should be escalated to the Crown relationship manager to pursue with hotel management.

If callers have complaints about quarantine conditions that can't be actioned:

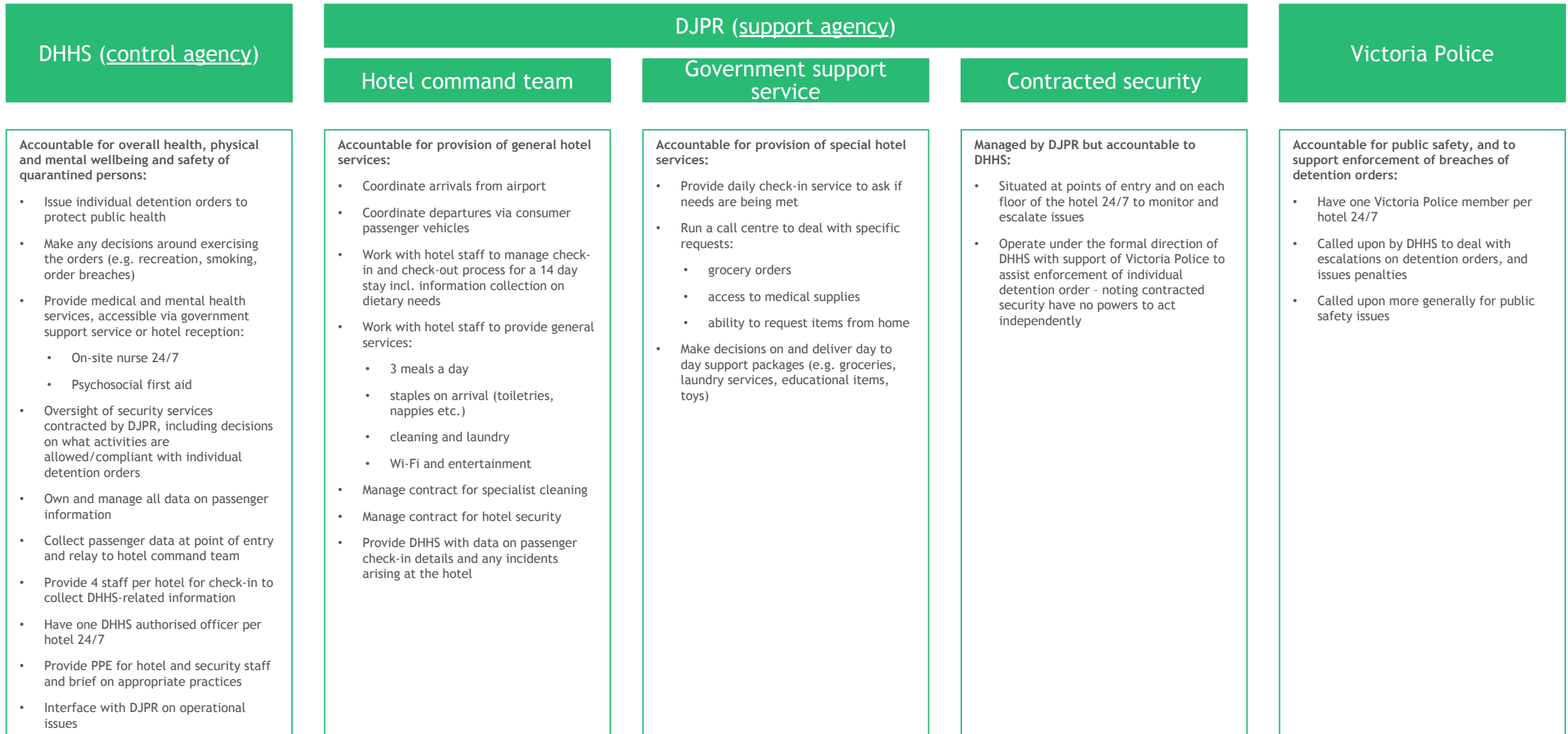
- The call centre should respond in line with a standard script that will be developed by Comms. This might include complaints about the size of rooms, or not being able to go outside.
- The exception to this is where callers call about **mental health concerns** because of these conditions. In this instance, the call centre should then call the **on-site nurse** to refer them to the patient [need DHHS advice/support] or call **000 if it is an emergency**.

If callers indicate they intend to breach detention requirements, the call centre should notify DHHS/VicPol [need DHHS advice/support]

If callers have complaints that can be actioned, such as deliveries not coming:

- call centre would then pass on the action to the relevant DJPR support area.
- DJPR is working on a contact list of escalation points for different hotels and issues.

Overview of roles and responsibilities



Team setup and governance map

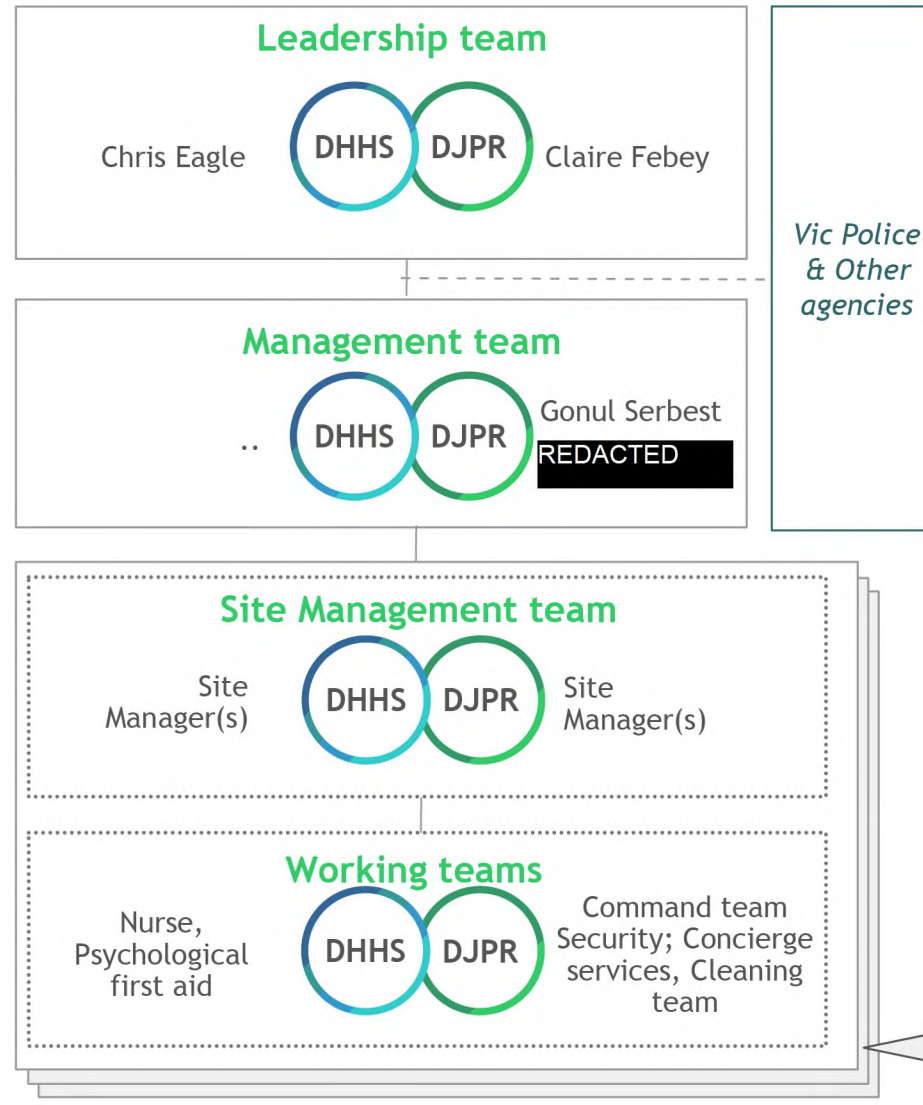
DHHS ROLES & RESPONSIBILITIES (CONTROL AGENCY)

- Holds ultimate responsibility
- Define health, physical and mental wellbeing and safety approaches
- Ensure alignment with stakeholders
- Resolve health blockers / issues

- Manage health operations across all sites
- Support resolution of operational issues

- Manage delivery of onsite health, physical and mental wellbeing and safety

- Administer health and wellbeing support to quarantined persons



DJPR ROLES & RESPONSIBILITIES (SUPPORT AGENCY)

- Make key decisions regarding overall support operations (not health related)
- Ensure alignment with stakeholders
- Resolve operational blockers / issues, provide guidance as needed

- Manage support operations across all sites
- Support resolution of operational issues
- Ensure communication towards leadership

- Manage the onsite work and schedules, including Command, Security and Government Support Service teams
- Ensure communication towards mgt.

- Deliver operational support to quarantined persons

Multiple hotels reporting into management team

RACI matrix to help guide key decisions

Role	Allocate flights / hotels	Check in			Stay						Check out		
		Coordinate arrivals	Check-in to hotel	Check health / mental well being	Sets health guidelines	Manage guest services / operations	Manage hotel services	Manage health/mental wellbeing	Manage security escalations	Manage serious escalations	Check health / mental well being	Check-out hotel	Coordinate departures
Lead					A								
DHHS	Mgr.	I		C	R	C		C			I	C	
	Site Mgr.	C	C	A	C	C	C	A	I	I	A	C	C
	Nurse	I	I	R	I	C	I	R	I	I	R	I	I
DJPR	Claire		A			C							A
	Gonul		R	C	I	I	A	C	I	C	R	I	C
	REDACTED												
	Site Mgr		C	C	I	I	R	C	I	R	C	I	C
	Team		I	I		I	I	I	I	I	I	I	I
Hotel	Mgr		C	A		I	I	A				A	C
	Team		I	R		I	I	R				R	I
Other	Private Security								A				
	Vic Police										A		

R Responsible: makes the decision
 A Accountable: owns result
 C Consulted: input is required/requested
 I Informed: across outcome of decision

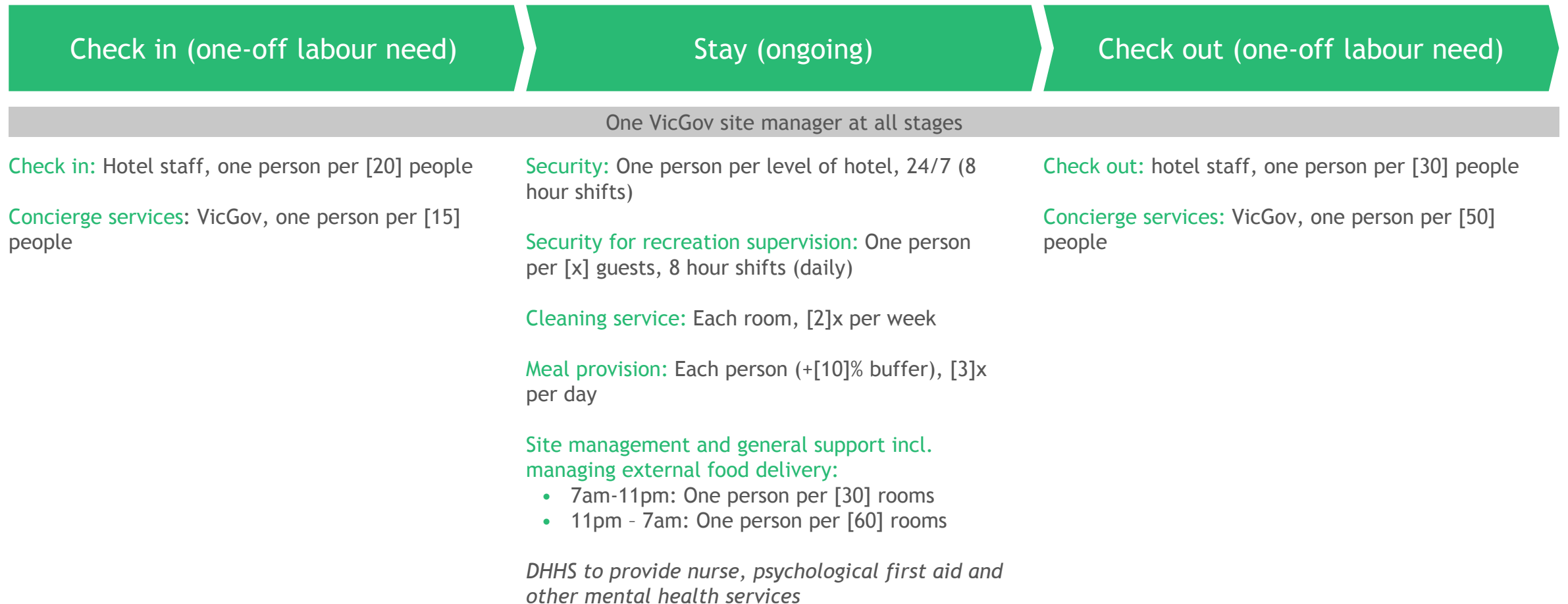
Options for the provision of accommodation and guest related services

Major services required	Service provider options			If DJPR, preferred resourcing model?
	Hotel	DHHS	DJPR	
Check-in / check-out	✓		✓	<ul style="list-style-type: none"> 3rd party labour, coordinated via REDACTED
Security, incl. recreation supervision	✓		✓	<ul style="list-style-type: none"> 3rd party labour, coordinated via REDACTED
Room cleaning and meal provision	✓		✓	<ul style="list-style-type: none"> 3rd party labour, coordinated via Gonul Serbest
Site management and general support (i.e., hotel command team plus general support i.e. Uber Eats deliveries)			✓	<ul style="list-style-type: none"> Available DJPR team members + 3rd party labour, coordinated via REDACTED
On-site health checks		✓		<ul style="list-style-type: none"> N/A
Concierge / guest services (incl. room deliveries, general queries)	✓		✓	<ul style="list-style-type: none"> 3rd party labour, coordinated via REDACTED (offsite)



Preferred approach

Back-up: Hotel staffing requirements



DJPR - DHHS role clarity

From: "Jason Helps (DHHS)" <[REDACTED]>
 To: "Claire Febey (DEDJTR)" <[REDACTED]>
 Cc: "[REDACTED] (DEDJTR)" <[REDACTED]>, "Braedan Hogan (DHHS)" <[REDACTED]>, "Andrea Spiteri (DHHS)" <[REDACTED]>, "Chris Eagle (DELWP)" <[REDACTED]>, "Andrew Crisp (DJCS)" <[REDACTED]>, "Melissa Skilbeck (DHHS)" <[REDACTED]>, "[REDACTED] (DHHS)" <[REDACTED]>, "Michael Merrin (DHHS)" <[REDACTED]>
 Date: Sun, 29 Mar 2020 16:57:53 +1100

Dear [REDACTED],

As you are aware The Department of Health and Human Services (DHHS) is the Control Agency for the COVID-19 Pandemic, and at this time I am the State Controller – Health appointed by the Control Agency under the *Emergency Management Act*. Prof Brett Sutton is the Chief Health Officer leading the Public Health response under the *Public Health and Wellbeing Act*.

As the Control Agency, DHHS has overall responsibility for all activities undertaken in response to this emergency. The response to the direction for all passengers returning to Victoria after 11.59 p.m. 28/03/20 requiring to be quarantined in approved accommodation is being led by Dep State Controller Chris Eagle as "Operation Soteria".

As discussed today I am extremely grateful to the support DJPR have provided to date, your team have demonstrated flexibility, good planning and expertise which has contributed to making the first day as successful as it could be. I also look forward to your team continuing to support Operation Soteria.

It is important however that we clarify some roles and responsibilities and work on a transition plan over the next day or so. Chris Eagle will work with you on this. Many of the roles DJPR provided in the planning, and operationally today will need to transition to the Deputy State Controller and DHHS as the Control Agency. I would like to clarify that, at a minimum, I would request DJPR continue to provide the valuable work in procurement of hotels and the services required to support people under the direction to detain, I don't underestimate the complexity of this task in the current environment. It will be vital that DHHS make the operational decisions in regards to which hotels we utilise and when, along with other decisions which require a risk assessment by the Chief Health Officer or delegated Authorised Officer.

It was a pleasure to discuss this with you today and I sense the value of working closely on this for both agencies.

Please contact me again if I can assist or if a resolution cannot be reached during the handover process.

Regards

Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch
 Department of Health and Human Services [REDACTED]

[REDACTED] | [REDACTED] | e[REDACTED]@dhhs.vic.gov.au
www.dhhs.vic.gov.au | www.emergency.vic.gov.au | <https://twitter.com/VicGovDHHS>

Privileged - LPP

Privileged - LPP

From: Meena Naidu (DHHS) <[REDACTED]>
 Sent: Monday, 30 March 2020 12:31 PM
 To: Braedan Hogan (DHHS) <[REDACTED]>; John Spasevski (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>
 Cc: [REDACTED] (DHHS) <[REDACTED]>; Merrin Bamert (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>; Andrea Spiteri (DHHS) <[REDACTED]>
 Subject: hotel issues for resolution

Hi all

Further to Merrins email last night, we are starting to get a fuller picture of how things are working on the detention front. There are a number of things that require quick resolution:

- There is an issue with no/insufficient DHHS presence to coordinate non-compliance resources. Eg hotel, health practitioners. We understood someone from EMB was going to be at the hotels, but don't know who it is – or if that was just yesterday.
- Hotels are on skeleton staff which means there are limited hotel staff to meet detention queries on dietary requirements etc – going to the AOs instead
- Early feedback is there may be insufficient nurses for the number of people detained – I'm not sure what the issue is
- We have not yet been able to confirm the detainees in order to do the 24 hour review – no reconciliation as yet between airport and hotel
- VicPol have not yet agreed to have 24/7 support and some detainees have already tried to leave. Concern private security is not sufficient to assist AOs to people leaving
- AOs not sure what to do with people with immediate issues eg those who smoke.
- Possible daily communications for those being detained – maybe some sort of newsletter?
- Yet to have a process to deal with people that need to be removed from room for welfare concerns. Not all will be about medical issues and not sure about how we move people without PPE
- Translation services

Merrin and I can work through some of these things, with support from legal, but there are still a number of coordination issue to work through. Who is best to assist us?

Kind regards
Meena

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

[REDACTED]

[REDACTED]



Privileged - LPP

Privileged - LPP

From: Claire Febey (DEDJTR) <[REDACTED]>
Sent: Sunday, 29 March 2020 8:55 PM
To: Chris Eagle (DELWP) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Cc: [REDACTED] (DHHS) <[REDACTED]>; Braedan Hogan (DHHS) <[REDACTED]>;
 StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: URGENT issues for resolution by DHHS tonight

Chris, [REDACTED]

Thank you for your quick advice.

While our recommendation and request is still for Vic Pol (or DHHS) to be onsite overnight, I will follow the escalation protocol that you have outlined below for tonight, and we can revisit these issues as you have suggested in more detail tomorrow.

I'm also keen to learn about the gaps that you have identified, and absolutely agree we should formalise this in a shared plan as a matter of urgency.

Finally one point of clarification from our end with my apologies – PPE (masks) was delivered to the hotel today. This information wasn't relayed at our end of day briefing due to key staff still being involved in processing arrivals, and so my advice to you was incorrect. Thank you so much for your efforts to deliver PPE today.

Thanks again for your quick response.

Claire

Claire Febey
 Executive Director, Priority Projects Unit | Office of the Secretary
 Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000
 [REDACTED]

From: Chris B Eagle (DELWP) <[REDACTED]>
Sent: Sunday, 29 March 2020 8:47 PM
To: Claire Febey (DEDJTR) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Cc: [REDACTED] (DHHS) <[REDACTED]>; Braedan Hogan (DHHS) <[REDACTED]>; semc@health.vic.gov.au
Subject: RE: URGENT issues for resolution by DHHS tonight

Hi Claire,

I have just spoken to [REDACTED] regarding below.

In relation to over night point of contact, as discussed, Nurses for medical requirements, the DHHS Duty Officer can be contacted on [REDACTED] for any other urgent items. We encourage concierge to email SEMC for any non-urgent items, [REDACTED] and Braedan will at in the morning.

With the security staff, there should be no reason they need to exercise any power of arrest or restraint. We ask they do as they would normally do, and verbally request any traveller who has left their room to return. This can be done under the social distancing principles which will not put guard in any danger.

If the traveller ignores advice or becomes threatening, then the guard should contact Vicpol on 000.

Tomorrow we can go through other items, as well as a few other gaps we have identified. I am keen to start writing this up in an agreed operational plan so everyone has a common operating picture, but also so when people change the service continues.

Cheers,

Chris

Chris Eagle | Deputy Chief Fire Officer | Port Phillip Region
 Forest Fire Management Victoria | Department of Environment, Land, Water and Planning
 609 Burwood Hwy, Knoxfield, Victoria, 3180

[REDACTED] E: [REDACTED]



From: Claire Febey (DEDJTR) <[REDACTED]>
Sent: Sunday, 29 March 2020 8:02 PM
To: Chris B Eagle (DELWP) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>; semc@health.vic.gov.au
Cc: [REDACTED] (DHHS) <[REDACTED]>; Braedan Hogan (DHHS) <[REDACTED]>; Andrew Crisp (DICS) <[REDACTED]>; EMC Executive Officer <scvic.emceo@sc.vic.gov.au>; semc@health.vic.gov.au

Subject: URGENT issues for resolution by DHHS tonight
Importance: High

Chris, Jason, team

Thanks so much once again for your collaboration and support today as we move toward a clear set of roles and responsibilities in the days ahead.

We had an operational debrief this evening to identify any outstanding issues for resolution tonight and plan for tomorrow.

Can I please request urgent action by DHHS to resolve four issues tonight:

- **Presence of Vic Pol and DHHS at our Crown Promenade and Crown Metropole (and future properties) overnight.**
 - We request that Victoria Police is present 24/7 at each hotel, starting from this evening.
 - We ask that DHHS urgently make that request as the Control Agency.
 - Private security contractors have no powers to exercise and have been instructed only to monitor and escalate issues to Victoria Police.
 - Thus a permanent presence is necessary rather than patrols or an on call presence both immediately and for the duration of the quarantine. DJPR has no powers to negotiate this so request this is urgently managed by DHHS.
- **DHHS staffing at each active hotel.**
 - Today's operational experience has shown us that four DHHS staff are needed at a minimum when people are arriving by groups in transport.
 - We estimate a starting team of 12 should be rostered to assist with the registration process as we unload people.
 - We also request a DHHS team and senior leader allocated to each hotel for the duration of the quarantine period.
 - Each hotel will need to be treated as a standalone operation with appropriate DHHS leadership and escalation points.
 - We request DHHS on call contact points (name and mobile numbers) for tonight, and advice tomorrow on ongoing on call and overnight staffing provisions.
- **Health support and escalation of urgent issues.**
 - We request that a Nurse be stationed 24 hours a day at each hotel, commencing from tomorrow.
 - We note that for tonight direct contact numbers have been provided for two Nurses that are working the evening shift.
 - Can we please have urgent confirmation of ongoing arrangement for escalation of urgent and non-urgent health issues, and how these will be logged and resolved by DHHS.
 - Noting that we had three health issues today (including one that was urgent) and no clear way to allocate and resolve these through DHHS.
- **PPE for staff.**
 - We need PPE urgently for DJPR staff on the ground in hotels.
 - We will not be able to continue staffing this operation if it is not confirmed and provided.
 - We also request urgent advice from DHHS on a fair and equitable approach to the distribution of PPE to contractors, including security and hotel staff. Specifically anyone who is interacting directly with arrivals (e.g. at the reception desk).

Finally, a matter for resolution tomorrow. We need to work with DHHS to urgently agree a policy for recreation and smoking.

Team, I'm available to talk each of these issues through as needed, but otherwise requesting your urgent advice and resolution on each issue.

I will send you an update shortly on our overnight staffing arrangements and contact points.

Thanks so much in advance.

Claire

Claire Febey
 Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000
 Personal Information
 REDACTED

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Privileged - LPP

Privileged - LPP

From: [REDACTED] (DEDJTR) <[REDACTED]>
 Sent: Saturday, 28 March 2020 7:33 PM
 To: Michael Mefflin (DHHS) <[REDACTED]>
 Cc: Jason Helps (DHHS) <[REDACTED]>; [REDACTED] (DEDJTR) <[REDACTED]>; [REDACTED] (DEDJTR) <[REDACTED]>
 Subject: PPE for staff at the airport

Hi Michael,

I've spoken with [REDACTED] at the SCC and he has confirmed that 80 bottles of hand sanitiser, 1,500 face masks and 500 pairs of gloves will be available for the operation tomorrow. He instructed me that this was handed to DHHS as the control agency for distribution as required.

I understand from earlier discussions with Braedan and Jason that masks will be provided to all passengers on the buses but wanted to confirm that PPE will be available for staff at the airport and at hotels as required?

Thanks,

RE

REDACTED
 Director, Office of the Secretary
 DJPR State Agency Commander
 Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000

T: [REDACTED]
[REDACTED]

djpr.vic.gov.au



[LinkedIn](#) | [YouTube](#) | [Twitter](#)

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Fwd: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

From: "Braedan Hogan (DHHS)" <[REDACTED]>
To: "Jason Helps (DHHS)" <[REDACTED]> "Finn Romanes (DHHS)"
Date: Tue, 31 Mar 2020 07:51:35 +1100

Hi Finn,

We do need the work on smoking policy completed as a priority - happy to help find you stuff if needed.

Braedan
 Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services
 [REDACTED]

From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Tuesday, March 31, 2020 7:49:33 AM
To: Claire Febey (DEDJTR) <[REDACTED]>; SCC-Vic (State Controller Health) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: Re: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

Thanks Claire,

Public Health Colman's and Legal/Compliance are drafting a position on smoking this morning.

Recreation is also being worked on and will go through the same clearance.

I'm rostered off today so Jason will be your primary contact.

Braedan

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services
 [REDACTED]

From: Claire Febey (DEDJTR) <[REDACTED]>
Sent: Tuesday, March 31, 2020 7:47:26 AM
To: Braedan Hogan (DHHS) <[REDACTED]>; SCC-Vic (State Controller Health) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: RE: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

Braedan, team

There are three issues I'd like to progress urgently with you and the team today, that are likely to increase anxiety and tension for people currently in quarantine:

- **Smoking**, in line with my email of this morning, I am seeking direction from State Control on how arrangements can be made to support people to smoke at agreed times and under appropriate conditions – (DHHS action required);
- **Deliveries**, you have already advised that deliveries of food and other goods pose no issue, but we are having challenges finding a way to implement this that works for hotels, Victoria

Police and staff on the ground, I will look at this again today and consider an increase to staffing to enable this (DJPR action required);

- **Recreation**, we have requested advice from State Control on what provision can be made for recreation. My advice yesterday was that it would be difficult from an operational perspective, however I would like to revise that advice. Creating the opportunity for movement and fresh air during a 14 day quarantine will be important to wellbeing and mental health. Subject to advice from State Control we recommend a provision for recreation outside of rooms is made urgently, and will explore options today should this be supported by State Control – (DHHS action required).

Thanks so much in advance for your quick support to move forward on these issues.

Cheers

Claire

From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Monday, 30 March 2020 4:43 PM
To: Claire Febey (DEDJTR) <[REDACTED]>; Chris B Eagle (DELWP) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] <[REDACTED]> (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: RE: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

Hi Claire,

Thanks for sending this through – we will need to work through some of these not urgent issues tomorrow – but see my responses below.

Keen to also have a discussion about staffing levels at the hotel to ensure effective coverage.

Give me a call if you have any questions.

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]
 [REDACTED]

From: Claire Febey (DEDJTR) <[REDACTED]>
Sent: Monday, 30 March 2020 1:32 PM
To: Chris Eagle (DELWP) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Braedan Hogan (DHHS) <[REDACTED]> <[REDACTED]> (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements
Importance: High

Hi [REDACTED]

There are a few important things we need to urgently progress together today [actions highlighted for ease].

- **Roles and responsibilities.** May be able to review later tonight but likely tomorrow
 - As you and Jason (and others) have flagged there is an urgent need to agree roles and responsibilities between DHHS and DJPR in line with your role as the Control Agency.
 - We have prepared a first draft for your consideration (attached) that describes roles and responsibilities in the 'current state' of delivery.
 - Please note this is a draft for discussion – I'm completely open to working through

the detailed requirements and arrangements from your perspective. It's just a starting point.

- I recommend that we consider this as the possible arrangement for the next 7-10 days.
- We will also prepare a 'steady state' option that we can move to for ongoing implementation which I expect would increase the control and delivery of this function by DHHS.
- **Can you please review this and provide your feedback as soon as possible today.**
- **Hotel complaints. – attached**
 - We have prepared some advice on how to manage complaints at the hotel.
 - Please review and update the two sections requiring DHHS advice.
- **Data collection / management. – See previous email from me**
 - We are progressing this urgently.
 - The speed and light staff approach of the reception process in the first 1-2 days has meant that data entry is lagging and we have urgent quality issues.
 - As your team has flagged, we also need to coordinate which agency is collecting what, and for what purpose.
 - **Can we please meet with your lead on this today at ~3pm to agree immediate steps.**
 - As a next step we also need your advice on how to log and close items for escalation.
- **Smoking policy. – Public Health Command are working on a solution**
 - There was a security issue overnight (see summary below).
 - We have had more smokers arriving in today's groups.
 - DHHS staff on the ground have assisted with the immediate provision of nicotine replacement products (thank you).
 - But we need to determine our ongoing policy today regarding smoking so that we can provide consistent advice to people.
 - It is logistically possible to support people to leave their room under supervision at agreed times to smoke.
 - **Can you please provide DHHS direction on whether arrangements can be made under the order for people to smoke.**
 - If yes, we will prepare a logistics solution for your consideration.
- **Recreation policy. Public Health Command are working on a solution**
 - As flagged on the SCC call people are highly anxious about not being able to leave their room to exercise.
 - We recommend from an operational perspective that they not be able to leave.
 - **However given the health and human rights issues associated with this, can you please provide direction on whether a provision can be made for movement outside of rooms.**
 - If yes, we will prepare an approach for your consideration.
 - If not, we will prepare advice on in room options for your approval in collaboration with DHHS colleagues.
- **On site Victoria Police presence. Being discussed with VicPol by DHHS**
 - DJPR still recommends that Victoria Police is present 24/7 at each hotel.
 - We had one security incident last night (see below).
 - Security incidents will increase throughout the quarantine period.
 - We strongly recommend that private security is not adequate given they have no powers to exercise.
 - **Can you please escalate our request for a permanent police presence at each hotel and provide updated advice.**
- **Delivery of food from outside. No issues from us – as long as the passenger is paying and arrangements are in place to delivery and maintain distancing. Also note this will have an impact on cleaning and unsure of frequency – can you advise?**
 - There have been requests for delivery of food from home or companies such as UberEats.
 - **Can you please provide a direction on whether delivery of food / perishable items from outside is allowed.**
- **Evacuation planning. – Crown should adjust current evacuation planning to facilitate physical distancing and the role of security to ensure compliance.**
 - We recommend the preparation of tailored evacuation plans for each site.
 - **Please provide direction on additional and specific measures that need to be included in evacuation plans in the context of quarantine.**

I note that DHHS is also making arrangements for the two unaccompanied minors that will arrive today. Thank you for your work on this and please advise of any additional provisions that are required of DJPR to support their care.

Chris, thanks so much in advance and happy to talk all of the above through when your and / or the team is ready.

Claire

Claire Febey
Executive Director, Priority Projects Unit | Office of the Secretary
Department of Jobs, Precincts and Regions
Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

REDACTED
REDACTED@ecodev.vic.gov.au

Email from Unified Security to Katrina Currie regarding security incident at Crown Metropole on 30/3/20

Hi Katrina,

I hope you are well, at 0307Hrs we had a significant issue, where a REDACTED from room REDACTED decamped from REDACTED room, as REDACTED was in need of a cigarette.

The REDACTED in question was quite agitated and highly augmentative, REDACTED refused direction from officers and egressed to the ground floor.

Officers contacted our night shift Duty Manager in relation to the situation.

At 0309Hrs, Duty Manager greeted the REDACTED in question, after a brief discussion the REDACTED complied with directive and was escorted back to REDACTED accomodation.

As indicated during our meeting the officers are complying with hands off Policy

Regards

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FW: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements

From: "Braedan Hogan (DHHS)" <[REDACTED]>
To: "Nick Chiam (DHHS)" <[REDACTED]>
Cc: "Jason Helps (DHHS)" <[REDACTED]>
Date: Mon, 30 Mar 2020 22:08:46 +1100
Attachments: Hotel quarantine complaints protocol for the call centre.docx (21.99 kB); 20200329 - Hotel governance and staffing plan v1.pptx (633.84 kB); DJPR - DHHS role clarity.msg (155.65 kB)

Nick – see attached and below the roles and responsibilities work that DJPR have completed today.

I just reviewed, and Jason will have a review after discussing us taking over the Operation yesterday (see attached email) – but this is far beyond what we were thinking there ongoing role would be.

As mentioned, DHHS under the EMMV is responsible temporary accommodation – so in my mind all but sourcing the hotels would transfer to us.

I think it is critical that we make the call on the location of the hotels based on clinical and logistical factors. There is another accomo program being developed by Annette at FSV that will have a much wider take up and spread.

At the end of the day – Jason and I wear happy taking the whole thing over and wearing the risk as we had control – we have learnt that over the past two days that not being involved in the DJPR design work has hampered the smooth running of the program and added complexity.

Happy to chat tomorrow as you get your head into the space.

Braedan

[Braedan Hogan](#)
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000
 p. [REDACTED] m. [REDACTED]
 e. [REDACTED]

From: Claire Febey (DEDJTR) <[REDACTED]>
Sent: Monday, 30 March 2020 1:32 PM
To: Chris Eagle (DELWP) <[REDACTED]>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Braedan Hogan (DHHS) <[REDACTED]>; [REDACTED] <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: Urgent DJPR / DHHS matters to progress today on hotel quarantine arrangements
Importance: High

Hi Chris

There are a few important things we need to urgently progress together today [actions highlighted for ease].

- **Roles and responsibilities.**

- As you and Jason (and others) have flagged there is an urgent need to agree roles and responsibilities between DHHS and DJPR in line with your role as the Control Agency.
- We have prepared a first draft for your consideration (attached) that describes roles and responsibilities in the 'current state' of delivery.
- Please note this is a draft for discussion – I'm completely open to working through the detailed requirements and arrangements from your perspective. It's just a

starting point.

- I recommend that we consider this as the possible arrangement for the next 7-10 days.
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 - We recommend from an operational perspective that they not be able to leave.
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 - If yes, we will prepare an approach for your consideration.
 - If not, we will prepare advice on in room options for your approval in collaboration with DHHS colleagues.
- **On site Victoria Police presence.**
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 - **Can you please escalate our request for a permanent police presence at each hotel and provide updated advice.**
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 - There have been requests for delivery of food from home or companies such as UberEats.
 - **Can you please provide a direction on whether delivery of food / perishable items from outside is allowed.**
- **Evacuation planning.**
 - We recommend the preparation of tailored evacuation plans for each site.
 - **Please provide direction on additional and specific measures that need to be included in evacuation plans in the context of quarantine.**

I note that DHHS is also making arrangements for the two unaccompanied minors that will arrive today. Thank you for your work on this and please advise of any additional provisions that are required of DJPR to support their care.

Chris, thanks so much in advance and happy to talk all of the above through when your and / or the team is ready.

Claire

Claire Febey

Executive Director, Priority Projects Unit | Office of the Secretary

Department of Jobs, Precincts and Regions

Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

TREDACTED IM:DERACTED
REDACTED

Email from Unified Security to Katrina Currie regarding security incident at Crown Metropole on 30/3/20

Hi Katrina,

I hope you are well, at 0307Hrs we had a significant issue, where a RED from room RED decamped from RE room, as RE was in need of a cigarette.

The RED in question was quite agitated and highly augmentative, RE refused direction from officers and egressed to the ground floor.

Officers contacted our night shift Duty Manager in relation to the situation.

At 0309Hrs, Duty Manager greeted the RED in question, after a brief discussion the REDA complied with directive and was escorted back to RE accomodation.

As indicated during our meeting the officers are complying with hands off Policy

Regards

Government of Victoria, Victoria, Australia.

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Hotel quarantine complaints protocol for the call centre

Callers should be directed to dial 9 for hotel concierge for complaints regarding the following issues:

- Meals
- Laundry service
- Trash removal

If callers are dissatisfied with the hotels response, the call centre should direct them that **nothing further can be done** at this stage, **UNLESS the complaint is about a health concern** such as dietary requirements or other allergies (e.g. where it applies to detergents or linens as part of the laundry service), at which point the issue should be escalated to the Crown relationship manager to pursue with hotel management.

If callers have complaints about quarantine conditions that can't be actioned:

- The call centre should respond in line with a standard script that will be developed by Comms. This might include complaints about the size of rooms, or not being able to go outside.
- The exception to this is where callers call about **mental health concerns** because of these conditions. In this instance, the call centre should then call the **on-site nurse** to refer them to the patient [need DHHS advice/support] or call **000 if it is an emergency**.

If callers indicate they intend to breach detention requirements, the call centre should notify DHHS/VicPol [need DHHS advice/support]

If callers have complaints that can be actioned, such as deliveries not coming:

- call centre would then pass on the action to the relevant DJPR support area.
- DJPR is working on a contact list of escalation points for different hotels and issues.

Fwd: [EXTERNAL] - RE: Passengers under detention having Covi swabs at hospitals

From: "Andrea Spiteri (DHHS)" <REDACTED>
To: "Jason Helps (DHHS)" <REDACTED>
Date: Mon, 06 Apr 2020 17:06:32 +1000

FYI...
 Andrea Spiteri
 Director Emergency Management
 Department of Health and Human Services
 REDACTED

From: Annaliese Van Diemen (DHHS) <REDACTED>
Sent: Monday, April 6, 2020 17:04
To: REDACTED; Brett Sutton (DHHS); REDA (DHHS)
Cc: Andrea Spiteri (DHHS)
Subject: RE: [EXTERNAL] - RE: Passengers under detention having Covi swabs at hospitals

Hello all,

Thanks for clarifying Brett.

REDACTED, for future reference this is an operational issue which does not need to be resolved at CHO or class 2 controller level. As I am sure you will appreciate both REDACTED and Andrea are exceedingly busy and we are trying to protect their time as much as we can.

In future please escalate these issues via the relevant daily lead for the health management of the detainees and, if required, into our operations area publichealth.operations@dhhs.vic.gov.au

If you could please provide a contact number I will ask one of our operations leads to call you to discuss the process regarding results with you.

The additional benefit of doing this within the existing structures is that it gives those of us managing the day to day operations of this the opportunity to identify where there are gaps in the required information provision or sharing.

Kind Regards

Annaliese

Dr Annaliese van Diemen MBBS BMedSc MPH FRACGP FAFPHM
Public Health Commander- COVID-19 Department Incident Management Team
Deputy Chief Health Officer (Communicable Disease)
 Regulation, Health Protection & Emergency Management
 Department of Health & Human Services | 14 / 50 Lonsdale St
 e. REDACTED
health.vic.gov.au/public-health

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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: REDACTED
Sent: Monday, 6 April 2020 4:41 PM
To: Brett Sutton (DHHS) <REDACTED>; REDACTED (DHHS)
 REDACTED
Cc: Andrea Spiteri (DHHS) <REDACTED>; Annaliese Van Diemen (DHHS)
 REDACTED
Subject: RE: [EXTERNAL] - RE: Passengers under detention having Covi swabs at hospitals

Thanks Brett,

Would it be reasonable for REDACTED to communicate to the nurses that:

A nurse or other HCW in appropriate PPE would not be a close contact; only a 'casual contact', required to self-monitor but not quarantine.

There is a process for all positive cases.

Thanks REDACTED

From: Brett Sutton (DHHS) [mailto:REDACTED]
Sent: Monday, 6 April 2020 4:37 PM
To: REDACTED <REDACTED>; REDACTED (DHHS)
 REDACTED
Cc: Andrea Spiteri (DHHS) <REDACTED>; Annaliese Van Diemen (DHHS)
 REDACTED
Subject: RE: [EXTERNAL] - RE: Passengers under detention having Covi swabs at hospitals

There is a process for all positive cases.

A nurse or other HCW in appropriate PPE would not be a close contact; only a 'casual contact', required to self-monitor but not (as I understand) quarantine.

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
 ph:REDACTED e:REDACTED
health.vic.gov.au/public-health/chief-health-officer
twitter.com/VictorianCHO

Please note that I work from home on Thursdays and am contactable on the numbers above.

From: REDACTED <REDACTED>
Sent: Monday, 6 April 2020 4:35 PM
To: Brett Sutton (DHHS) <REDACTED>; REDACTED (DHHS)
 REDACTED
Cc: Andrea Spiteri (DHHS) <REDACTED>; Annaliese Van Diemen (DHHS)
 REDACTED
Subject: RE: [EXTERNAL] - RE: Passengers under detention having Covi swabs at hospitals

The nurse rang to say she couldn't find out. If there is a process by which the nurses are informed of a positive result that's great.

Is a nurse in PPE considered a close contact?

From: Brett Sutton (DHHS) [mailto:REDACTED]

Sent: Monday, 6 April 2020 4:32 PM

To: REDACTED; REDACTED (DHHS)

REDACTED

Cc: Andrea Spiteri (DHHS) REDACTED; Annaliese Van Diemen (DHHS)

REDACTED

Subject: [EXTERNAL] - RE: Passengers under detention having Covi swabs at hospitals

Hi REDACTED

All the close contacts (including these nurses) would be made aware of any positive swabs, for any case, anywhere. So I don't understand what the issue is here. They're effectively asking for *all* results, which is not something we would do, or is helpful.

Does that make sense?

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

ph. REDACTED e. REDACTED

health.vic.gov.au/public-health/chief-health-officer

twitter.com/VictorianCHO

Please note that I work from home on Thursdays and am contactable on the numbers above.

From: REDACTED <REDACTED>

Sent: Monday, 6 April 2020 4:07 PM

To: Brett Sutton (DHHS) REDACTED; REDACTED (DHHS)

REDACTED

Cc: Andrea Spiteri (DHHS) REDACTED

Subject: Passengers under detention having Covi swabs at hospitals

Hi Brett,

There are a small number of passengers in detention who are being transported to hospital for various reasons.

Yesterday, one had a Covid swab at The Alfred (as well as some tests of thyroid function).

The Alfred, citing patient confidentiality, are unwilling to provide the nurses at the relevant hotel the results of the test.

If REDACTED, or whoever is REDACTED on a particular day, sent an email to ??? with a list of passengers transported to (or from) detention to a hospital, would it be possible to find the results of their swab.

I think that it is reasonable that the nurses looking after these patients are aware of positive results.

We could use the locum doctors as the communication pathway but it sounds like they are a bit variable.

Also, of interest, does the 14 days start again if they come back positive?

Thanks, REDACTED

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Fwd: Information - Chain of command - people in detention

From: "Braedan Hogan (DHHS)" <REDACTED>
To: "Andrea Spiteri (DHHS)" <REDACTED>
Date: Wed, 01 Apr 2020 20:07:03 +1100

Assume this is separate to operational control under Dept State health controller?

Not clear on this vs that role

Or is Finn just talking about P policy

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management
 Department of Health and Human Services
 REDACTED

From: Finn Romanes (DHHS) <REDACTED>
Sent: Wednesday, April 1, 2020 8:03:10 PM
To: Maria Bubnic (DHHS) <REDACTED>; Noel Cleaves (DHHS) <REDACTED>; Braedan Hogan (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; Anthony J Kolmus (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED (DHHS) <REDACTED>; Meena Naidu (DHHS) <REDACTED>; Simon Crouch (DHHS) <REDACTED>
Subject: Information - Chain of command - people in detention

Dear colleagues

Thank you for your work.

Just an important reminder: all policy and oversight of **people in detention** is being handled in a strict chain of command, from:

- Chief Health Officer to
- Deputy CHO (today – Simon Crouch) to
- Deputy Public Health Commander Planning (Finn Romanes) to
- Director Health Regulation and Reform (Meena Naidu) to
- Authorised Officers (under Noel Cleaves and some other managers).

It is important that all direction, policy, reporting and arrangements do not break this chain.

If you have any insights or advice – please provide to the individual in the chain you deem most appropriate.

No policies, directions, exemptions, reporting, meetings to agree policy on these people or other activity outside this chain please, unless requested or overseen by the chain.

This strict view is vital to safeguard the wellbeing and duty of care owed by the State to these people and legal and other risks to the department and its staff, who are administering this detention regime on behalf of the Deputy Chief Health Officer and Chief Health Officer.

Legal advice is being provided on a near continuous basis to Meena and myself today on these matters.

I do reiterate a gratitude to Maria, REDACTED, Noel, Braedan and colleagues for facilitating content for policies and raising important issues for resolution, which we have negotiated in amended

form to appear in the soon-to-be released draft Physical Distancing Plan. Thanks all.

Kind regards

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency

REDACTED
REDACTED

Department of Health and Human Services
State Government of Victoria

From: Maria Bubnic (DHHS) <REDACTED>
Sent: Wednesday, 1 April 2020 7:46 PM
To: Noel Cleaves (DHHS) <REDACTED>; Braedan Hogan (DHHS) <REDACTED>; Finn Romanes (DHHS) <REDACTED>;
(DHHS) <REDACTED>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; Anthony J Kolmus (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED>; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED (DHHS) <REDACTED>
Subject: RE: Smoking policy - Operation Soteria

Thanks Noel, these are useful insights and a reminder of how challenging the current situation is for all concerned. I gather the nurses are screening all persons under quarantine to identify pre-existing health conditions, management and risks as well as those who may need further assessment for COVID etc. It would be good to include the advice re: smoking cessation options in the protocol to make this available wherever possible. We acknowledge access to smoking areas will still need to be carefully managed on a case by case basis taking account of individual needs, social distancing measures and environmental constraints.

Maria Bubnic
Assistant Director, Population Health

[Regulation, Health Protection & Emergency Management Division](#)
50 Lonsdale Street, Melbourne VIC 3040
t. REDACTED | m. REDACTED | e. REDACTED
w. www.dhhs.vic.gov.au

EA Contact: REDACTED t. (03) REDACTED | e. REDACTED

I work flexibly so sending this email now works well for me. However, I know we all work differently and respect that you will consider this email at a time that suits your working arrangements.

From: Noel Cleaves (DHHS) <REDACTED>
Sent: Wednesday, 1 April 2020 11:46 AM
To: Maria Bubnic (DHHS) <REDACTED>; Braedan Hogan (DHHS) <REDACTED>; Finn Romanes (DHHS) <REDACTED>; (DHHS) <REDACTED>
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; Anthony J Kolmus (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED>; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED (DHHS) <REDACTED>
Subject: RE: Smoking policy - Operation Soteria

Hi to all,

I can add that the Crown Promenade has some smoking rooms (4 or 5 from memory) they are located on a different floor. To move a smoker to that floor, potentially many times a day, requires a security guard wearing PPE to escort them to that floor. We felt that the smoker needs to also wear some PPE so that don't potentially cross-contaminate surfaces that a security guard or other people then touch. We couldn't see how we could manage that process on a regular basis so as far as I'm aware we haven't used it.

It is pretty likely that there are smokers smoking in their rooms in the bathrooms etc but obviously that runs the risk of a fire alarm being triggered. We have had a complaint from one room at the Plaza that they could smell tobacco smoke in their room.

I haven't heard anything about smoking rooms at the other two hotels.

I am aware that some of our AO's have made the call to allow two people to leave the Plaza hotel with a security guard to smoke to reduce an escalating situation.

I have also seen nicotine patches and gm at one hotel (Metropole) that is administered on request by the nurses.

Noel Cleaves

Manager Environmental Health Regulation & Compliance | Environmental Health Regulation & Compliance Unit
Health Protection Branch | Regulation, Health Protection & Emergency Management Division
Department of Health and Human Services | 50 Lonsdale Street, Melbourne 3000
m. [REDACTED] | e. [REDACTED]
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Follow the Chief Health Officer on Twitter [@VictorianCHO](https://twitter.com/VictorianCHO)

From: Maria Bubnic (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 11:24 AM
To: Braedan Hogan (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
Anthony J Kolmus (DHHS) [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED];
COVID Directions <COVIDdirections@dhhs.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]
Subject: RE: Smoking policy - Operation Soteria

Yes it did. We plan to finalise the physical activity policy advice today.

Maria Bubnic

Assistant Director, Population Health

[Regulation, Health Protection & Emergency Management Division](#)
50 Lonsdale Street, Melbourne VIC 3040
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EA Contact: [REDACTED] t. (03) [REDACTED] | e. [REDACTED]

I work flexibly so sending this email now works well for me. However, I know we all work differently and respect that you will consider this email at a time that suits your working arrangements.

From: Braedan Hogan (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 11:22 AM

To: Finn Romanes (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
 Anthony J Kolmus (DHHS) [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED];
 COVID Directions <COVIDdirections@dhhs.vic.gov.au>; Maria Bubnic (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED];
 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

Hi all – did this progress yesterday?

Keen to land this and the physical recreation policy today as a priority.

Braedan

[Braedan Hogan](#)
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000
 p. [REDACTED]
 e. [REDACTED]

From: Finn Romanes (DHHS) [REDACTED]
Sent: Tuesday, 31 March 2020 10:35 PM
To: [REDACTED] (DHHS) [REDACTED]
Cc: Braedan Hogan (DHHS) [REDACTED]
 StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]; Anthony J Kolmus (DHHS) [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED];
 COVID Directions <COVIDdirections@dhhs.vic.gov.au>; Maria Bubnic (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
Subject: RE: Smoking policy - Operation Soteria

Hi [REDACTED]

Could you send through the smoking advice for people in detention – I can place it in the plan ASAP

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency
 [REDACTED]
 Department of Health and Human Services
 State Government of Victoria

From: [REDACTED] (DHHS) [REDACTED]
Sent: Tuesday, 31 March 2020 12:04 PM
To: [REDACTED] (DHHS) [REDACTED]; COVID Directions <COVIDdirections@dhhs.vic.gov.au>
Cc: Braedan Hogan (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]
 StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; Anthony J Kolmus (DHHS) [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]

Maria Bubnic (DHHS) <[REDACTED]>; [REDACTED] (DHHS)

[REDACTED]

Subject: RE: Smoking policy - Operation Soteria

Thanks [REDACTED]

We have prepared some advice that we will be sending through any second now. Our recommendation is that people will be supported to manage cravings through the provision of nicotine replacement therapy and telephone counselling.

[REDACTED]

Manager, Tobacco Control

Prevention and Population Health, Regulation, Health Protection & Emergency Management Division

Department of Health and Human Services | GPO Box 4057, Melbourne, Victoria, 3001

p. [REDACTED] e. [REDACTED]

w. www.dhhs.vic.gov.au



I acknowledge the traditional Aboriginal owners of country throughout Victoria and pay my respect to them, their culture and their Elders past, present and future

From: [REDACTED] (DHHS) <[REDACTED]>

Sent: Tuesday, 31 March 2020 11:01 AM

To: COVID Directions <COVIDdirections@dhhs.vic.gov.au>

Cc: Braedan Hogan (DHHS) <[REDACTED]>; Finn Romanes (DHHS)

<[REDACTED]>; StateEmergencyManagementCentre SEMC (DHHS)

<semc@health.vic.gov.au>; [REDACTED] (DHHS) <[REDACTED]>; [REDACTED]

(DHHS) <[REDACTED]>; Anthony J Kolmus (DHHS)

<[REDACTED]>; Noel Cleaves (DHHS) <[REDACTED]>

Subject: RE: Smoking policy - Operation Soteria

Hi I'm advised that the key issue is really about people leaving their rooms securely. With the hotel's cooperation establishing a designated smoking room/s (such as how high roller room operates) would be the best solution that has appropriate density and hygiene parameters. (There is exemption under s5A(2) I've copied in [REDACTED] the tobacco manager and those involved in compliance and enforcement.

[REDACTED]

[REDACTED]

Principal Regulatory Policy Advisor Health Protection

t. +61 [REDACTED] | m. [REDACTED]

From: COVID Directions <COVIDdirections@dhhs.vic.gov.au>

Sent: Tuesday, 31 March 2020 10:35 AM

To: [REDACTED] (DHHS) <[REDACTED]>

Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; Braedan Hogan (DHHS)

<[REDACTED]>

Subject: FW: Smoking policy - Operation Soteria

Hi [REDACTED]

I have started today monitoring the COVIC directions inbox. Nice to e-meet you.

RE advised you may be able to assist with this or point me in the direction of someone that may be able to assist?

Regards,

REDACTED

Principal Community Recovery Officer
Emergency Management and Health Protection
South Division
Department of Health and Human Services
8-12 Seymour Street (PO Box 1661), Traralgon, Victoria, 3844
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e. REDACTED
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From: Braedan Hogan (DHHS) <REDACTED>
Sent: Monday, 30 March 2020 9:26 PM
To: Finn Romanes (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

Thanks – do we have a health prevention person that can develop this?

We don't have anyone

Braedan Hogan
Deputy Director, Strategy and Policy
Emergency Management Branch
Regulation, Health Protection & Emergency Management Division
Department of Health and Human Services
50 Lonsdale Street Melbourne Victoria 3000
p. REDACTED m. REDACTED
e. REDACTED

From: Finn Romanes (DHHS) <REDACTED>
Sent: Monday, 30 March 2020 5:53 PM
To: Braedan Hogan (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

There is in principle support in here for allowing a person – if monitored in some way – to have a smoking break on a balcony or outdoors if that is the lesser harm option.

Can you put a proposal up with parameters / strict parameters and I will ask Annaliese to endorse as a policy?

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

From: Braedan Hogan (DHHS) <REDACTED >
Sent: Monday, 30 March 2020 5:23 PM
To: Merrin Bamert (DHHS) <REDACTED >; Finn Romanes (DHHS) <REDACTED >
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: Smoking policy - Operation Soteria

Hi – we need to develop a policy position on allowing smoking at the hotels.

I think this need to be considered with input with AO on the ground and how this can be operationalised.

Braedan

Braedan Hogan
Deputy Director, Strategy and Policy
Emergency Management Branch
Regulation, Health Protection & Emergency Management Division
Department of Health and Human Services
50 Lonsdale Street Melbourne Victoria 3000
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e. REDACTED

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

Saved in TRIM Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

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].au>
Date: Sat, 18 Apr 2020 22:54:17 +1000
Attachments: Draft Mandatory Quarantine Health and Welfare Plan - 18 April 2020.docx (2.38 MB)

Dear Pam and [REDACTED] – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin, that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through [REDACTED] that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by [REDACTED] – Operation Soteria for awareness and any comments and endorsement.

Can you / [REDACTED] 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

Saved in TRIM For Information / Holding pattern - Draft Healthcare and Welfare Plan for Operation Soteria

From: "Finn Romanes (DHHS)" <REDACTED>
To: "Annaliese Van Diemen (DHHS)" <REDACTED>
Cc: REDACTED, REDACTED, "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 REDA and Claire will come in and do some more work to locate and flesh out the appendices, but the body of the document is now in good shape, re-ordered and policy positions refreshed and duplications within the document removed.

Once they have finished, and have cross-checked against the Protocol for AOs plan (also attached for reference), then both are ready for a check-over by Meena, the Case and Contact Management Sector and then for State Health Coordinator.

They could then be reviewed by all the parties in the EOC that will use them or need them, and be ready for your endorsement and Andrea/Jason/REDACTED endorsement.

But as holding policy, they contain what the DPHC-Planning cell thinks is the current position on everything to do with healthcare and welfare, including recent policy calls on exit arrangements for COVID-19 positives etc, in case required in the next 24 hours.

Thanks for the chance to work on this, and hope the product we provide you all tomorrow afternoon / evening meets your needs, and safeguards the wellbeing of the people in detention.

Many kind regards

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency

REDACTED
 REDACTED

Department of Health and Human Services
 State Government of Victoria

COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and
Wellbeing Act 2008*

15 April 2020 Version 1

Working draft not for wider distribution

For URGENT operational advice contact

On call (as per the roster) DHHS Team leader

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>](#)

DRAFT

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DRAFT

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
<p>Anthony Kolmus</p>	<p>Human Services Regulator Health and Human Services Regulation and Reform Regulation, Health Protection and Emergency Management Department of Health and Human Services</p>	<p>REDACTED p e. REDACTED</p>
<p>REDACTED</p>	<p>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</p>	<p>REDACTED</p>
<p>REDACTED</p>	<p>Manager Environmental Health Regulation & Compliance Environmental Health Regulation & Compliance Unit Health Protection Branch Regulation, Health Protection & Emergency Management Division Department of Health and Human Services</p>	<p>REDACTED REDACTED</p>

At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

Table 1 Roles and responsibilities of staff at hotels

Role	Responsibility	Authority
Authorised Officers under the <i>Public Health and Wellbeing Act 2008</i> at airport and hotels	<p>Primary responsible for:</p> <ul style="list-style-type: none"> administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020) meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention). <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>
Hotel site lead	<ul style="list-style-type: none"> Supports the health and well-being of staff, Liaises with airport command and staff from other departments and agencies represented at the hotel Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required Ensures appropriate records management processes are in place. 	
Medical staff	<ul style="list-style-type: none"> Provide 24 hour on-call medical support subject to demand Provide welfare to detainees through a daily welfare check — welfare officers email covid-19.vicpol@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues Provide a satisfaction survey for residents to complete each week. 	Contracted by DHHS.

Department and hotel staff	<ul style="list-style-type: none"> • Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs • Deliver hyper-care (concierge) services onsite • Manage contracts with accommodation providers • Manage transport arrangements from the airport • Manage material needs including food and drink. 	
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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.

DRAFT

Background

Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See <https://www.dhhs.vic.gov.au/state-emergency>

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

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
 - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
 - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
 - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
 - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

The Physical Distancing Compliance Lead under the Covid-19 Public Health Incident Management Team ¹ is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

Authorised officer* and Chief Health Officer obligations

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

¹ Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance)¹

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

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

Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

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

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

** A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

Support email for users: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

Authorised officers and powers

Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the 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

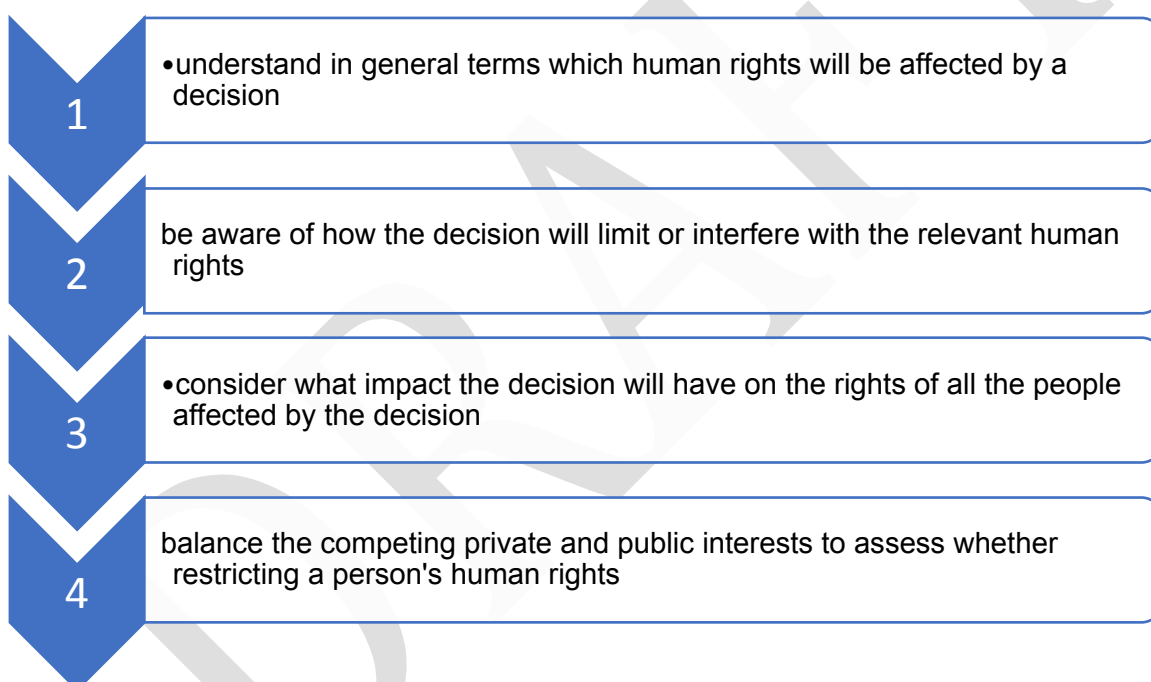
Key points

- 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
Right to life	<ul style="list-style-type: none"> • This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
Right to protection from torture and cruel, inhuman or degrading treatment	<ul style="list-style-type: none"> • This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
Right to freedom of movement	<ul style="list-style-type: none"> • while detention limits this right, it is done to

Charter Right	Obligation
	<p>minimise the serious risk to public health as a result of people travelling to Victoria from overseas</p>
Right to privacy and reputation	<ul style="list-style-type: none"> • this includes protecting the personal information of persons in detention and storing it securely
Right to protection of families and children	<ul style="list-style-type: none"> • this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
Property Rights	<ul style="list-style-type: none"> • this includes ensuring the property of a person in detention is protected
Right to liberty and security of person	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • this includes treating persons in detention humanely.



Airport








Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers* Responsibility	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> • must declare they are an Authorised Officer and show AO card 	Yes Section 166
	<ul style="list-style-type: none"> • must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and: <ul style="list-style-type: none"> – explain the reasons for detention – warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply – remind the person they must keep their detention notice. • if practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel. 	Yes. If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] (mandatory AO obligation).

	<ul style="list-style-type: none"> ensure the Direction and Detention Notice: <ul style="list-style-type: none"> states the name/s of the person being detained, date of birth and mobile phone number (if applicable) states the name of AO contains signature of person being detained contains signature of AO contains the hotel name at which the person will be detained contains date the person will be detained till (14 days). 		
	<ul style="list-style-type: none"> record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application² request person subject to detention present to AO at hotel 		
	<ul style="list-style-type: none"> facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is REDAC) 	Yes	Section 200(5)
	<ul style="list-style-type: none"> provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information) 		
	<ul style="list-style-type: none"> record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues. 		
	<ul style="list-style-type: none"> use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice. 		
	<ul style="list-style-type: none"> check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure). 		

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

² The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

Supplementary roles

Authorised Officer review of transport arrangements to hotel

While these matters are not mandatory compliance obligations, as a matter of good practice AO should check the following:

Direction and detention notice	Sufficient physical distance	Vehicle is sanitised	Is PPE required?
<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 >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

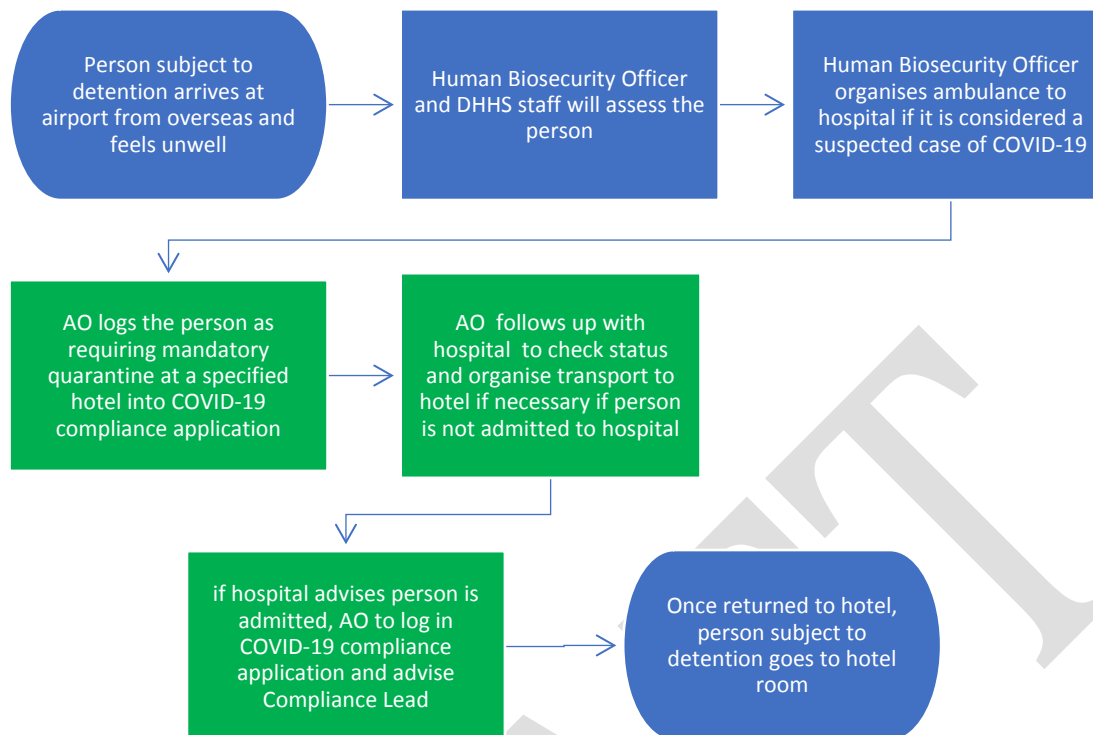
The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

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 **REDACTED**
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO should provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

Non-compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

Compliance Lead to undertake review each day

- A Compliance Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- A Compliance Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
 - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
 - number of detainees present at the hotel
 - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
 - being cleared of COVID-19 results while in detention
 - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
 - consideration of the human rights being impacted – refer to 'Charter of Human Rights' obligations
 - any other issues that have arisen.

Decision making

To inform decision-making, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
 - person's health and wellbeing
 - any breaches of self-isolation requirement
 - issues raised during welfare checks (risk of self-harm, mental health issues)

- actions taken to address issues
- being cleared of COVID-19 results while in detention
- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application** . This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

Mandatory reporting (mandatory AO obligation)

A Compliance Lead will give written notice to the Chief Health Officer as soon as is reasonably practicable that:

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

The notice to the CHO must include:

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

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

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

Possible release from detention based on review

The daily review by the Compliance Lead could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander). These matters will be referred to the Physical Distancing Compliance Lead and Public Health Command for review and decision.

Grant of leave from detention

Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

Considerations

Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

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

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

COVID-19 Escalation procedure for requests for leave from people in quarantine

Persons emailing covidquarantine@dhhs.vic.gov.au

People in detention should email their request, with as much detail as possible, to COVIDdirections@dhhs.vic.gov.au

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed to vary their quarantine (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will forward the request on to the COVIDQUARANTINE email address.
 - NB All requests from people in quarantine that do not relate specifically to requesting an exemption from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward the request to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex requests should be escalated by email to the relevant Compliance Manager assigned to that hotel (see AO Hotel Roster) and cc'd to COVIDQUARANTINE
- If the Compliance Manager;
 - makes a decision they delegate the implementation of that decision accordingly and cc COVIDQUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person the Compliance Lead will also cc SEMC.
 - does not believe they are authorised to make a decision on the request they should escalate it to the Compliance Lead (Anthony Kolmus) and cc COVIDQUARANTINE.
- If the Compliance Lead;
 - makes a decision on the request they delegate the decision accordingly and cc COVID QUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person, the Compliance Lead will also cc SEMC
 - does not believe they have the authority to make the decision (e.g. any exemptions relating to travelling interstate or overseas must go to the CHO/DCHO), the matter is to be escalated directly to COVIDQUARANTINE with a recommendation and seeking a decision from the CHO/DCHO.
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs the Compliance Lead who delegates implementation of the decision and notifies SEMC as relevant.
- Details of the exemption given should also be forwarded to the COVID Policy area for consideration as a potential future protocol.

Recommendation for leave by on-site nurse, medical practitioner of welfare staff

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
 - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under "Persons emailing covidquarantine@dhhs.vic.gov.au" above.

Urgent medical attention

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

Other requests

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance.

Physical health (exercise) – see procedure at end of this chapter

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:
 - willingness and availability of security to facilitate exercise
 - site layout and capability to ensure persons are in a cordoned off area
 - maintaining infection control.

- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- should complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, or
- enter in Compliance Application if available.

Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any 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 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

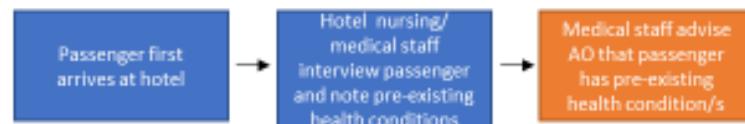
Arrival at Hospital designated CoVid19 AV Reception area

Patient managed under routine AIRBORNE & CONTACT
transmission based precautions in a negative pressure room

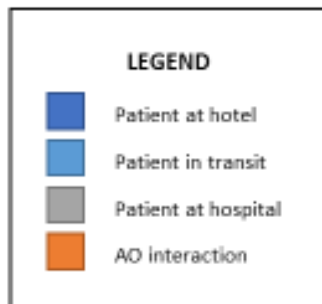
Routine AIRBORNE & CONTACT transmission based precautions
include: **PPE:** Gown Gloves, P2/N95 mask, eye protection
(when entering isolation room or transporting patient)
Patient: Surgical mask – if leaving isolation room

Process to transfer passengers to hospital (planned)

WHEN PASSENGER ARRIVES AT HOTEL



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 staff with information sheet that stays with patient throughout journey

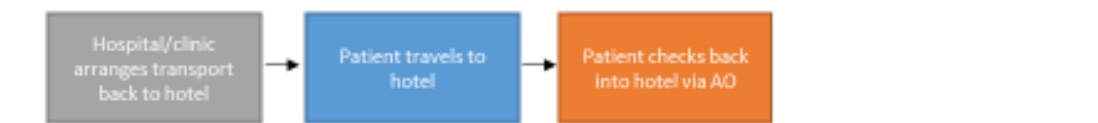
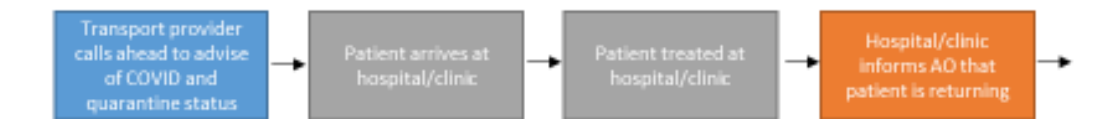
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

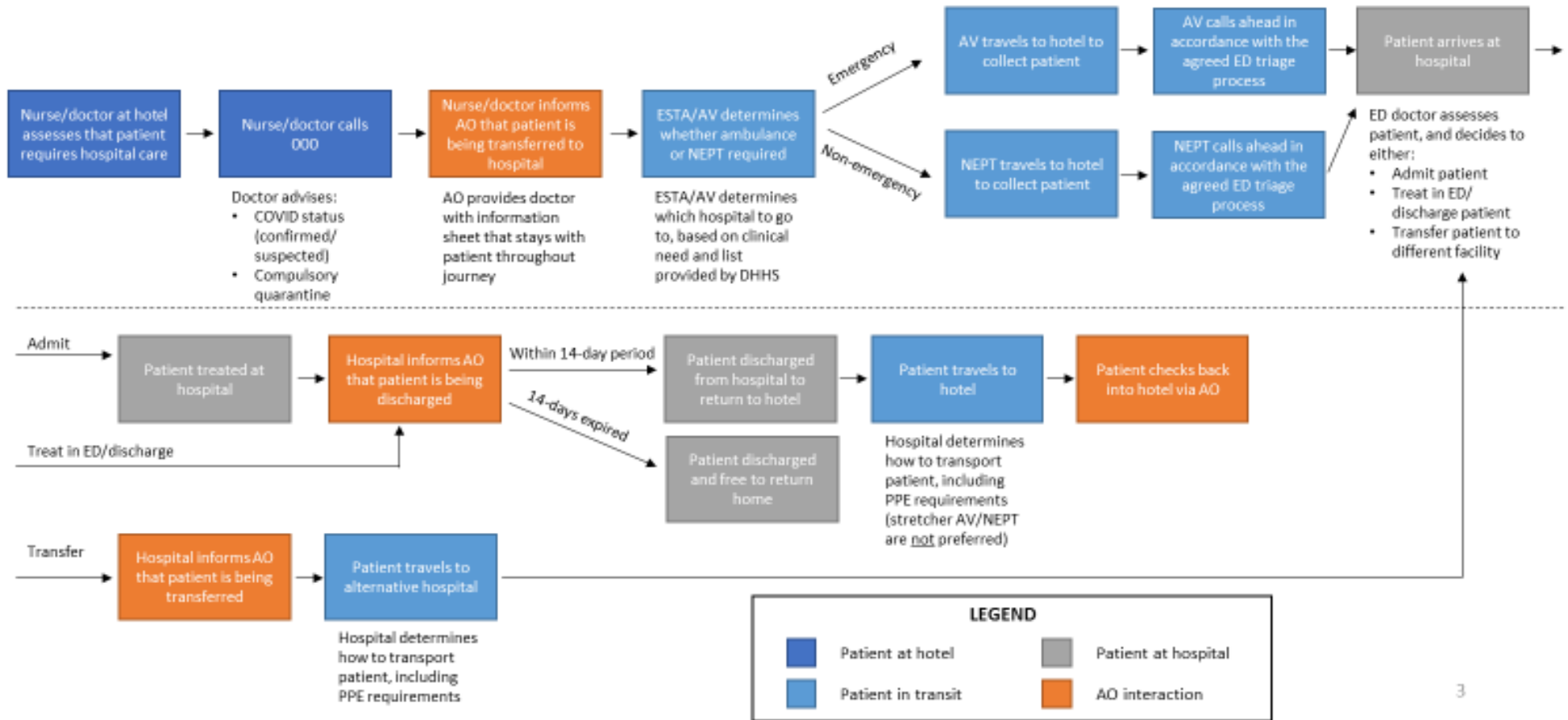


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

Process to transfer passengers to hospital (unplanned)



Compliance

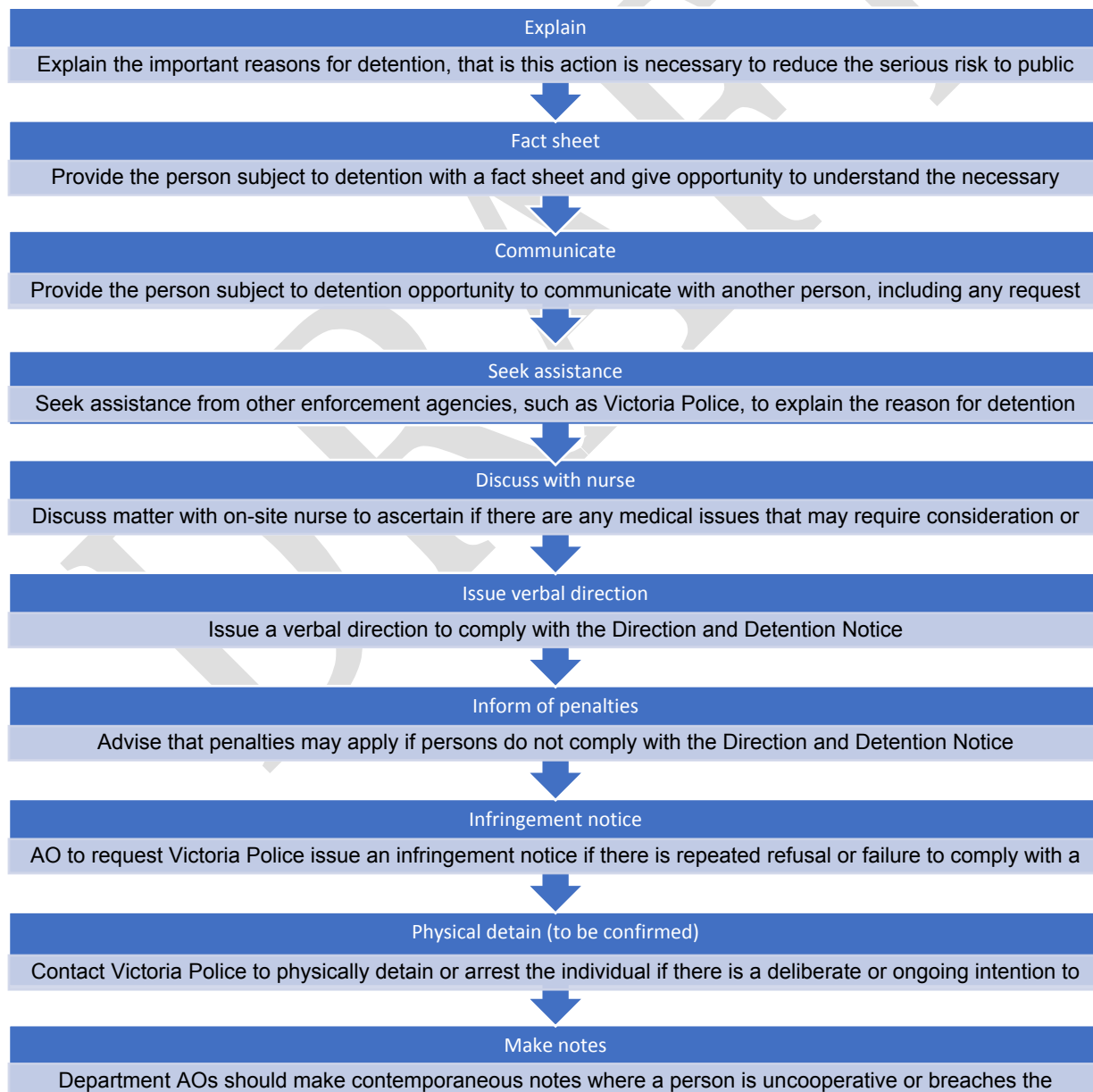
Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on 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).

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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 detention or physical contact a person must be managed by Victoria Police.**

OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED**

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

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

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

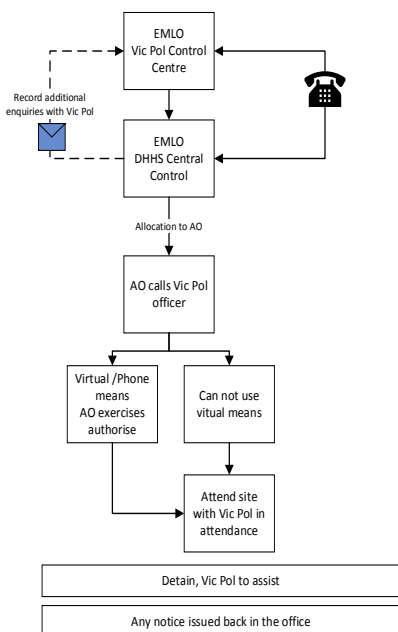
Fatigue

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

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

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

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

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

Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

AOs going onto floor of hotel

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

Relocating covid-19 positive person

- This process is lead by the nurses/medical staff, who are trained and prepared for it.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Again, security are just there to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in PPE and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO WILL THEN LEAVE IN A SEAPARATE LIFT TO THE SECURITY/NURSING STAFF.
- The Team Leader can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

Measures and guides to enhance occupational health and safety

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

Known risks and hazards

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

Appendix 1 - Permission for temporary leave from detention

PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: _____
 _____ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

Name of facility: _____

Time of admission/appointment: _____

Reason for medical appointment: _____

- (b) where it is reasonably necessary for physical or mental health:

Reason leave is necessary: _____

Proposed activity/solution: _____

- (c) on compassionate grounds:

Detail grounds: _____

- (4) The temporary leave starts on _____
 and ends on _____ [insert date and time].

Signature of Authorised Officer

Name of Authorised Officer: _____

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

Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

Specific details

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

Offences and penalties

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

Before you provide the Permission for Temporary Leave from Detention

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
 - for the purposes of attending a medical facility to receive medical care; or
 - where it is reasonably necessary for your physical or mental health; or
 - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

When you are provide the Permission for Temporary Leave from Detention

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

NB If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

Appendix 3 Guidance: Exemptions under Commonwealth law



Australian Government
Department of Health

Coronavirus disease
(COVID-19)

Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia **must** continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

Aviation crew

International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
 - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
 - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at www.health.gov.au/state-territory-contacts.

Where can I get more information?

For the latest advice, information and resources, go to www.health.gov.au.

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

Appendix 4 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

Introduction

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

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

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

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

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

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

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

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

How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

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

Relevant human rights

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

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily

restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

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

General welfare considerations

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

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

Additional welfare considerations for children

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

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

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Appendix 5 Direction and Detention Notice – Solo Children

To be added

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Appendix 6 Other issues

Welfare and health service provision

- DHHS Welfare team to conduct a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email 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 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

COVID-19 Mandatory Quarantine Health and Welfare Plan – Operation Soteria

17 April 2020

DRAFT

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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 Nurse assessment within 8 hours GP review (if required) within 24 hours
Non-urgent issue requiring review and management	Nurse review within 4 hours GP review (if required) within 12 hours
Urgent request by quarantined individual or mental health concerns	Nurse / mental health nurse review as soon as practicable (within 30 minutes) GP review within 1 hour
Emergency: serious health concern / life-threatening issue	Immediate - call 000 ASAP

Information and data management

There should be a minimum number of secure databases used for the storage and handling of confidential data on people in detention. This is to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this program:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software;
- Paper records (until transitioned to systems above).

The State Controller Health (or delegate) and Public Health Commander (or delegate) should be able to access any record within these systems to enable oversight of the health and welfare of people in detention.

The Department of Jobs Precincts and Regions (DJPR) will provide a list of people arriving internationally that populates PHESS and the Dynamic CRM Database. In turn, medical information is then stored in PHESS and Best Practice. Welfare and Compliance information is stored in the Dynamic CRM Database. Within 24 hours of arrival, both the Dynamic CRM Database and PHESS will contain a complete list of people in detention. PHESS will be the complete record for all medical and compliance records for a person who was in detention in Victoria as part of this program.

An Intelligence Cell will be introduced into the EOC to oversee reporting arrangements.

Medical records

Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record should capture the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. These records should be stored securely and should not be accessed by anyone not providing care for the person. Specifically, these medical records must only be accessed or viewed by an AHPRA-registered health practitioner employed by DHHS to provide services to people in detention, an authorised officer, or the Public Health Commander or State Controller Health or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

Follow-up of results

It is the responsibility of the doctor who orders any test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they are not able to do so, they must handover this task to the next doctor on-call, inform the nurse, and record this in the medical record. A list/spreadsheet of all individuals in mandatory quarantine who have had COVID-19 swabs should be sent to the department each day by the DHHS Team Leader. This will also serve as a safety net for the department to notify the patient if the treating doctor hasn't already.

If a detainee has been reviewed by their personal GP or has received a specialist consult via telehealth whilst detained, a letter from the GP/specialist must be provided within four hours following the review and documentation of this consult, outcome and plan should be transcribed into the Best Practice medical record. The name of the external reviewing doctor, time and contact details must also be documented into the detainee's DHHS notes by the hotel general practitioner. There must be clear communication and documentation regarding who will follow up and review any plans made by external clinicians.

Provision of healthcare

Medical care

Access to regular general practitioners and specialists

A person in detention should be able to access care through their normal general practitioner and specialist through telehealth arrangements if they request it. If that is to occur, the person should indicate who their provider is and should provide the contact details of the general practitioner to the nursing lead / Team Leader for their time in detention, so that the general practitioner can act as an advocate for, and communicate with, the nursing team about the health of the person in detention.

Provider of general practice services

General practitioners (GPs) are provided by Medi7 and Doctor Doctor. **[MORE DETAILS – point of contact, contact information, ABN]**

General practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24-hour medical support to individuals in mandatory quarantine. GPs should be engaged at a ratio proportionate to the burden of healthcare problems across the hotels. **The directors of the contracting companies should teleconference with the Deputy State Health Coordinator twice weekly to review workload and vary this ratio if necessary.**

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

GPs are contactable via the nurses at each location. From 6pm on a weeknight, the nurse may contact the on-call GP. The on-call GP can provide telehealth services as required or attend the relevant hotel. Over weekends and on public holidays, a group of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

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

Clinical lead for general practice services

Medi7 has now appointed a clinical lead to oversee and coordinate the doctors working across all hotels participating in mandatory quarantine each day. The number of doctors per cluster of hotels is reviewed each morning before determining where each doctor is allocated. The Medi7 GPs can report issues to the clinical lead and seek advice and additional support. **The Medi7 clinical lead should update and report concerns to the Deputy State Health Coordinator.**

Pathology and pharmacy services

Pharmacy arrangements

Specific pharmacies in proximity to each hotel should be engaged to allow for prompt procurement of necessary medications and equipment for quarantined individuals. The address, contact details, and operational hours of the pharmacy for each hotel should be distributed to all staff working in that hotel and should be easily accessible. Each hotel should know which pharmacy can be used for urgent scripts out of hours, if their usual pharmacy cannot provide this service.

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

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

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

Prescriptions

Both prescribed and over-the-counter (OTC) medications can be ordered from the pharmacies described above. A record should be kept of all medications dispensed to quarantined individuals.

Prescribing benzodiazepines

When prescribing benzodiazepines for anxiety in mandatory detention, GPs should exercise a high degree of caution. Care should be taken to ensure that benzodiazepines are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications. These medications should only be required after careful history taking and assessment, to individuals who are regularly prescribed them. If they are required to be prescribed, no more than four (5mg) tablets should be prescribed at any time. Repeat prescriptions for benzodiazepines should not be given unless there is clear justification.

All new medication prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics must be discussed with the medical clinical lead by the prescribing general practitioner. A risk assessment should be performed by the prescribing general practitioner and medication changes should be documented and followed up by the prescribing doctor or handed over to the shift doctor next on call. General practitioners will take full responsibility and indemnity for all new prescriptions or medication changes.

Pathology arrangements

Swabs

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

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

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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 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 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions) Residents with a history of mental illness	Daily phone call
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispr)

For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.

Automated text messages are sent to all passengers in Tier 3 via Whispr.

Individuals may be moved between risk tiers throughout their quarantine period as need dictates.

Requirement for a welfare check

As part of the welfare check process, quarantined individuals should be provided with a satisfaction survey (available at **Appendix XX**) to complete each week. This satisfaction survey is more comprehensive than the regular daily welfare check. Any concerns raised on the survey should be escalated to the DHHS Team Leader for action.

Each individual in mandatory quarantine should receive a welfare check each day by a DHHS welfare officer (employee or contractor). A welfare check will allow people in detention to be assessed for medical and social issues. Concerns can be flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. Referrals to the nurse, social supports, mental health and other services can be made as a result.

Welfare checks are made from the DHHS welfare call centre by a DHHS welfare officer – the **script for these checks is in Appendix XX**.

Smoking

Smoking is not permitted within the hotel rooms. The following actions should occur:

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;

- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
 - The Authorised Officer is aware and grants permission;
 - They are accompanied by security, who are provided PPE to wear;
 - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
 - They return immediately to their hotel room.
- Smokers should be provided with the Quitline number to access telephone counselling - 13 78 48
- People can also contact their regular general practitioner via telehealth for support.

Fresh air and exercise

Individuals in quarantine should have access to fresh air where feasible.

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

Exercise is important for physical and mental health, particularly in the mandatory quarantine environment. Requests for exercise equipment / yoga mats should be facilitated where possible, but equipment should be thoroughly cleaned and disinfected after use. Resources for exercise routines and yoga/meditation should ideally be provided to individuals in mandatory quarantine upon request.

Alcohol and drugs

Alcohol is permitted within hotels. Excessive alcohol consumption should be discouraged and should not be facilitated.

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

- Request nurse or medical review.
- Provide numbers for support services.
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about acute alcohol withdrawal, confusion or mental state/mental illness, escalate for urgent medical review (consider calling 000).

Note: Alcohol should not be provided to persons who are under 18 years of age (including in the hotel room minibar).

Nutrition and food safety (including allergies)

Individuals in quarantine should be provided with a well-balanced and plentiful diet, with options provided for those with specific dietary requirements.

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

- Ensure that food allergies are recorded and communicated to the catering providers.

If there are substantial concerns that someone is not eating, this should be flagged with the medical team, and appropriate review/referral arranged (e.g. for mental health assessment).

Food allergies

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

Food safety process

Food safety questionnaires (along with the welfare questionnaire) should be distributed to individuals at the airport. Individual with specific dietary requirements (who are eligible for this process) should be contacted and advised of the process for self-organising suitable meals (through uber eats and by submitting a claim following their stay). Uber Eats Drivers should drop meals off at the hotel, and security staff should deliver the meals directly to the requestors' rooms. The Uber Eats Driver/Rider should not drop the delivery to the person's room directly.

Please refer to the following documents for further details:

- Process for people with food allergies
- Food safety questionnaire

Care packages

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in mandatory quarantine. The reason for quarantine is to prevent risk of COVID-19 transmission from people in detention to other parties and does not mean a person needs to be prevented from receiving packages.

The care package should be provided to the hotel reception or other party for conveyance to the person in mandatory quarantine and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in quarantine without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

Safety and family violence

If there are concerns about family violence / the safety of women and children the following should occur:

- Arrange for separate rooms for the person to be assessed and access phone support services (separate rooms may also be indicated for the remainder of the quarantine period)
- Refer to CART
- Refer to phone support services
- Engage case worker to contact person and make an assessment

Social and communications

- All residents should have access to **free** wifi/internet.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.

- Toys and equipment should be provided for small children if possible.

Negative permission/exemption outcomes

When a person submits a request for release from detention (temporary or permanent) that is denied/declined, a CART team support worker should be present (on the phone) to provide support (if the person consents to this, and if CART are already working with the person).

- The CART team can support the person before and after the exemption discussion with the doctor which is a separate discussion, in anticipation of some emotional distress upon hearing the outcome.
- The CART worker can help the person gain insight into the public health risk, understand the information they are receiving, and provide insight into what they can and can't do whilst they remain a public health risk.
- This will also inform the doctor/nurse and CART team of further risk management and support required for the person going forth.

Assessment in preparation for exit

All persons departing mandatory quarantine will be offered a health check with a nurse 24-48 hours prior to exiting. This health check is voluntary. This will consist of questions about symptoms of COVID-19 and a temperature screening.

If a person screens positive on the health check:

- They will not be detained longer than the 14 day mandatory quarantine period
- A swab will be sent and they will be informed that they need to self-isolate after exiting, until the result of the swab is known
- If they do not have appropriate accommodation to self-isolate after release, they will be assisted to find such accommodation

If a person screens negative on the health check, no further action will be taken.

Infection control and hygiene

COVID floors/hotels

Each hotel should have a COVID-19 positive floor or area (a **"RED ZONE"**). Any person who is a confirmed case should be relocated to this area of the hotel when the test result is known. Appropriate signage, PPE and other consumables should be available at the entrance to this area of the hotel. Where there are large numbers of confirmed cases arriving on a flight, a COVID hotel may be considered. Where the infrastructure allows, suspected cases may also be moved to an area of the hotel away from well individuals.

Personal protective equipment

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

PPE should be available in the donning section of the hotel. Biohazard bags for waste disposal, and hand hygiene stations, should be available at the doffing section of the hotel.

PPE protocols should be available to all staff working in the hotels, so that there is clear instruction on what type of PPE to wear and in what circumstances, how to don and doff it, and how to dispose of it.

Laundry

Staff may wear PPE when handling dirty laundry. Laundry should be washed on the highest possible setting and thoroughly dried before use. Staff should not overly handle the linen – it should be put straight into the washing machines. Staff should follow hand hygiene procedures after handling dirty linen.

Cleaning

Though not directly medical care, all quarantined individuals have the right to a safe and comfortable room and environment. Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the quarantined individual with cleaning their room. In rare instances the quarantined individual may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the quarantined individual is not capable of doing so themselves. Any persons for whom there is a concern about room hygiene and safety should be flagged to the team leader.

Please refer to the department document 'Cleaning and disinfecting to reduce COVID-19 transmission'.

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

COVID-19 in people in mandatory quarantine

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

Overall actions

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE**.
- A designated COVID-19 hotel should be available when there are large numbers of cases coming off of flights (e.g. high risk repatriation flights with a high burden of suspected or confirmed COVID-19).

Personal protective equipment (PPE)

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

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

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

Current infectious cases

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

Recovered cases

- In the situation that an individual states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.
- The onus on them is to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- The department will decide on a case-by-case basis whether evidence from other sources (from testing done overseas) can be considered sufficient proof to inform clinical and public health decision-making.
- If they meet the criteria for release from isolation (see below) and the testing and medical reports provided are considered sufficient by the department, they may be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation.

Release from isolation

Criteria for release from isolation

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

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

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

Process for release from isolation

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

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

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

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

Exit planning for individuals with confirmed COVID-19

Non-emergency ambulance transport

When a confirmed case of COVID-19 who is considered still infectious but is stable is assessed as appropriate for transition to isolation in their home, Ambulance Victoria will be requested by the Operational lead for mandatory quarantine to provide a non-emergency patient transport for that person to a destination in Victoria that is the assessed appropriate home isolation location

If there are multiple persons to be transitioned to home isolation on the same day, subject to compliance-related logistics being able to be handled and any privacy considerations being met, it is permissible for two or more potentially infectious confirmed cases of COVID-19 to be transported together in one NEPT, i.e. to cohort confirmed cases

Room sharing - COVID incongruent couples

In instances where one person in a room share situation is a confirmed case and one person is COVID-19 negative, the confirmed case should self-isolate in a separate room away from the person who does not have COVID-19. The quarantine period (but not the mandatory detention period) for the COVID-negative person starts from their last contact with the confirmed case while the confirmed case is infectious. This may mean that they need to self-isolate for an additional number of days after the mandatory detention period ends, but they may do this in their own homes or in alternate accommodation, not in detention.

Room sharing - well persons

In instances where two or more well people who are not suspected or confirmed cases of COVID-19 wish to share a room in advance of check-in at the hotel, this can be facilitated.

If this request is made after the persons have been initially been in separate rooms for a period of time, they should be informed that this may increase their risk of infection with COVID-19 if the other person is incubating the infection, and that COVID-19 infection may result in serious illness and death in some

cases. If the persons still insist, then it must be documented in the database that the risks have been discussed with them (e.g. by a nurse), before facilitating this request.

Exit arrangements

The following table documents the exit management plans for quarantined individuals in different scenarios.

Scenario	Exit plan
Well person who has served 14 days of quarantine	<ul style="list-style-type: none"> • Can leave – gets end of detention notice (universal version).
Confirmed case of COVID-19 who has met criteria for release from isolation (i.e. is declared no longer infectious)	<ul style="list-style-type: none"> • Can leave – must not be prevented from leaving if the AO is aware they are cleared and the person demands to leave – they are non-infectious and therefore not a public health risk. • Gets clearance from isolation letter from PHC (as per Isolation (Diagnosis) Direction).
Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days	<ul style="list-style-type: none"> • Must stay in detention.
Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period	<ul style="list-style-type: none"> • Can leave detention but is now subject to the Isolation (Diagnosis) Direction. • Safe travel should be arranged by EOC to place of home isolation in Victoria (mask, stay separate, go straight to home; but preferred travel by non-emergency patient transport with PPE'd ambulance officers) • Not permitted to travel interstate / not permitted to fly domestically but no detention order needed to prevent that (in keeping with all other confirmed cases) • If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified
Well close contact of a confirmed case of COVID-19 (i.e. room-mate at hotel), where the room-mate has reached the end of their 14 day detention period	<ul style="list-style-type: none"> • Case and Contact Sector to do assessment, assign a new 14 day period (from date of last contact with infectious case) and issue a requirement to quarantine until that 14 days ends – factsheet, lodge new date in PHESS, reverting person to effective close contact status • No detention order required, and no legal order preventing flying, but must be advised by CCM Sector not to fly and needs to quarantine • If lives interstate, DHHS could offer hotel if person would otherwise be homeless.
Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period.	<ul style="list-style-type: none"> • Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation). • DHHS Case and Contact Management to follow-up result to convey (as DHHS oversaw this testing so is obliged to follow-through).

DRAFT

Reporting / escalating concerns

Principles

- Decisions about medical care should be left to the nurses and doctors and should not be determined by any other staff.
- In any emergency situation, the priority is to call 000 before notifying any other managing or governing figure.
- If there is any doubt over whether an issue or concern should be escalated to senior management, escalate the concern.

Clinical escalation

This is described in **Appendix 2**.

Escalation for mental health concerns

Chain of escalation for mental health concerns and issues

The following table indicates the chain of escalation for concerns about the mental health of people in mandatory quarantine.

Situation	Responded to by	Escalated to	Reported to
Non-urgent mental health concern	Nurse or GP Regular healthcare provider by telemedicine	Mental health nurse Psychiatric triage	Medical lead General practitioner
Repeated mental health concerns / acute mental health concern	Mental health nurse or GP, urgent review Psychiatric triage urgent review Daily physical welfare review thereafter	Ongoing mental health nurse management	Welfare lead Medical lead Compliance lead
Risk of self-harm / serious mental health concerns	Immediately phone 000 → Emergency Department Call GP/nurse to attend urgently	Emergency inpatient tertiary care	Welfare lead Team leader Medical lead Compliance lead Deputy Public Health Commander

Specific events to escalate

The following mental health-related events or situations should lead to an escalation to the Deputy Commander - Welfare at EOC who will also notify the Deputy Public Health Commander:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required.

Escalation for medical reasons

An escalation flowchart is at **Appendix 2**.

Nurse or doctor to escalate

In the following circumstances, the nurse / general practitioner should call the DHHS Team Leader:

- There is any practical issue arising from the medical consultation that needs the assistance of DHHS;
- A patient needs to access an alternative medical or welfare service such as mental health nursing, a medical specialist or acute hospital care;
- A patient needs to be admitted to hospital in an emergency;
- A patient has suffered any form of life-threatening injury or health event;
- A patient has died.

DHHS Team Leader to escalate

The following concerns or events must be escalated by the DHHS Team Leader to the Deputy Commander - Welfare at EOC within one hour, who will also notify the Deputy Public Health Commander within two hours:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required;
- A serious act of non-compliance;
- A new COVID-19 diagnosis;
- An acute medical deterioration;
- Any hospital admission or emergency transfer to hospital;
- A serious risk to the health and safety of a person in mandatory quarantine (or a staff member);
- Serious illness/harm/injury (including assault) to a person in mandatory quarantine;
- A severe allergic reaction (anaphylaxis);
- A death.
- An unauthorised absence from mandatory detention (a missing person)
- A fire or other emergency in a hotel;
- A potential outbreak of COVID-19 or another infectious disease.

Daily health and welfare report to Public Health Commander

A daily health and welfare report should be provided to the Deputy Public Health Commander for Physical Distancing. This is to ensure oversight and accountability for the mandatory quarantine process. This report should include but is not limited to the following:

- Total number of people in mandatory detention
- Total number of confirmed COVID-19 cases (cumulative and new)
- Total number requesting exemptions to leave mandatory quarantine (temporary and permanent)
- The number of persons in mandatory detention receiving:
 - A nurse review
 - A mental health assessment
 - A GP review
 - Referral to hospital

- A 000 call
- The number of persons awaiting:
 - A mental health assessment
 - A GP review
- The number of persons in the following groups:
 - Significant psychiatric history - mild/moderate/severe mental health issues (as per the risk stratification)
 - Serious/life-threatening medical conditions (e.g. anaphylaxis, stage 4 cancer)
 - Age < 16 years or > 70 years
 - Pregnant women
- The number of calls from the hotels to:
 - 000
 - VicPol
 - Other DHHS phone lines
- The number of risk incidents logged in the database.
- Other major concerns flagged.

Audit

Healthcare audit

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. This should be reported to the EOC Commander and Deputy Public Health Commander. The audit process may consist of, but is not limited to, the following:

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

Welfare audit

Audit of welfare procedures should be performed by the Welfare Lead at the EOC on a regular basis. The audit process may consist of:

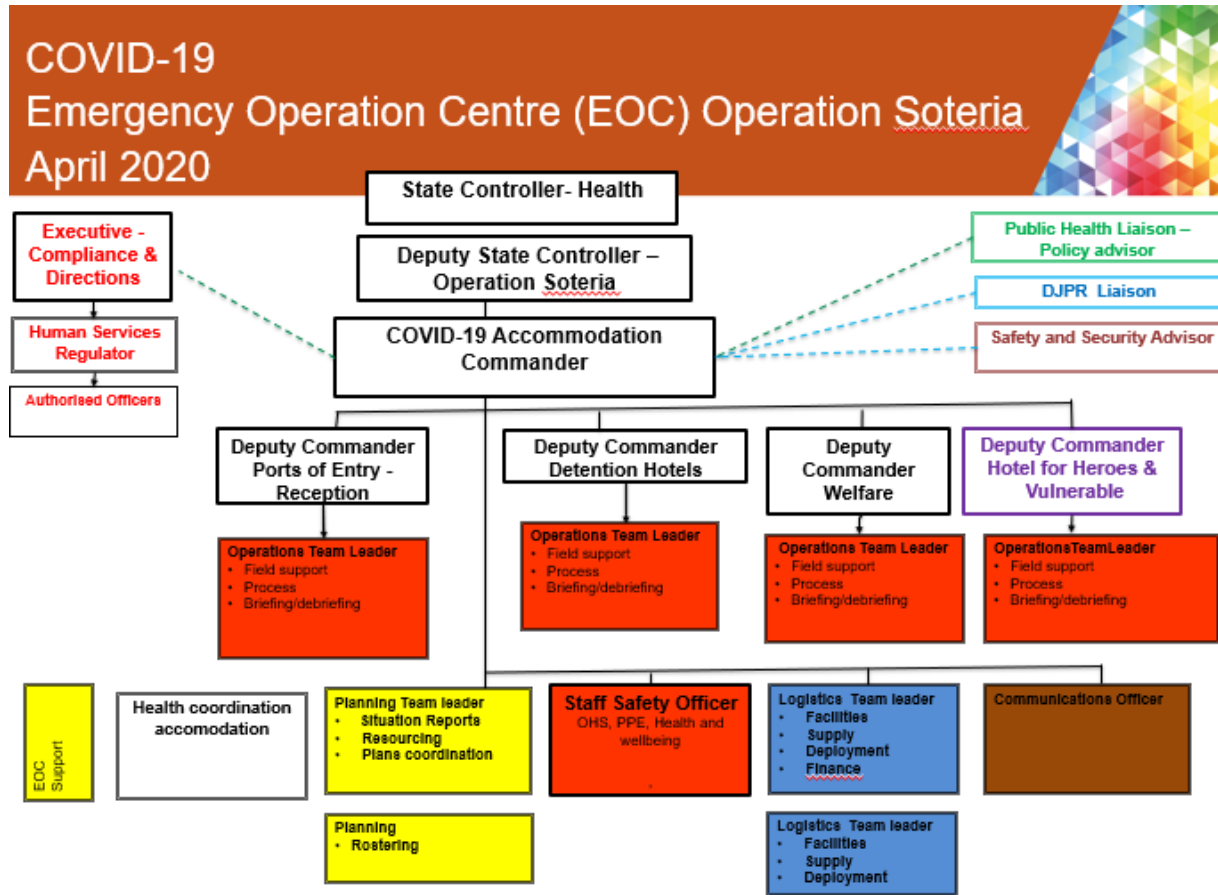
- Review of weekly satisfaction surveys;
- Feedback from staff;
- Audit of welfare check calls (review of a sample of recorded calls).

Appendices

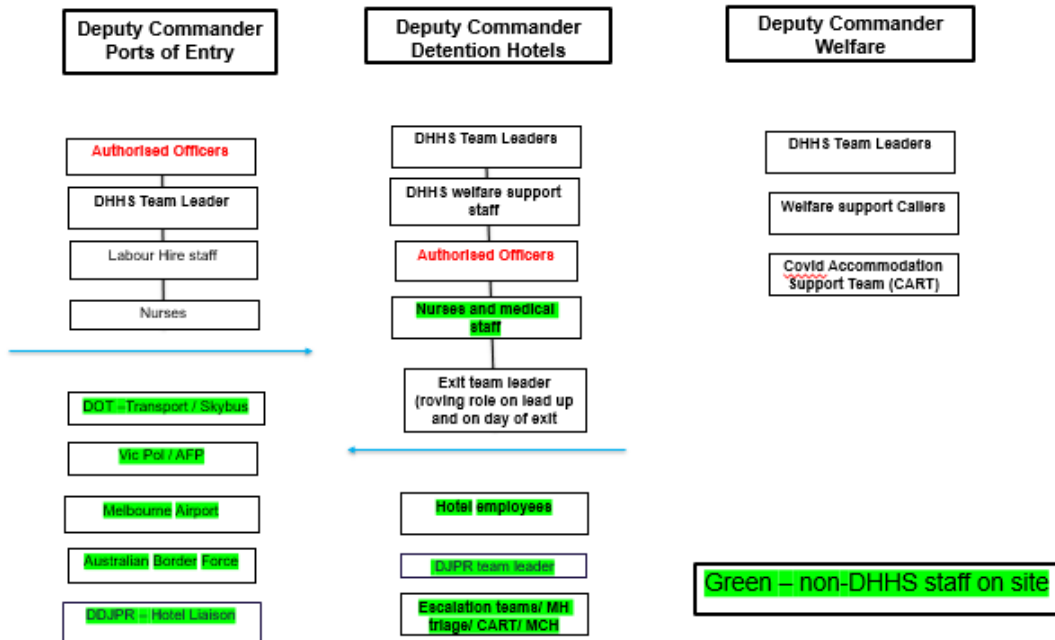
List of possible appendices / supporting documents to add:

- Compliance plan (Meena's team – AO operational guide)
- Nursing operational guide
- GP operational guide
- Team leader operational guide
- Sample daily health and welfare report
- Welfare survey
- Weekly satisfaction survey
- Welfare call centre guide / script
- Hotel isolation medical screening form
- COVID-19 assessment form
- Nursing documentation (from YNA)
- COVID-19 testing factsheet
- COVID-19 return travellers testing at VIDRL
- Swab record spreadsheet
- Escalation pathway/governance flow diagram
- Transfer to hospital flow chart
- Unwell passenger at airport flow chart
- HBO airport protocol
- Mental health documents
- Flow chart of command structure (EOC/PHC etc. etc.)

Appendix 1 - Governance

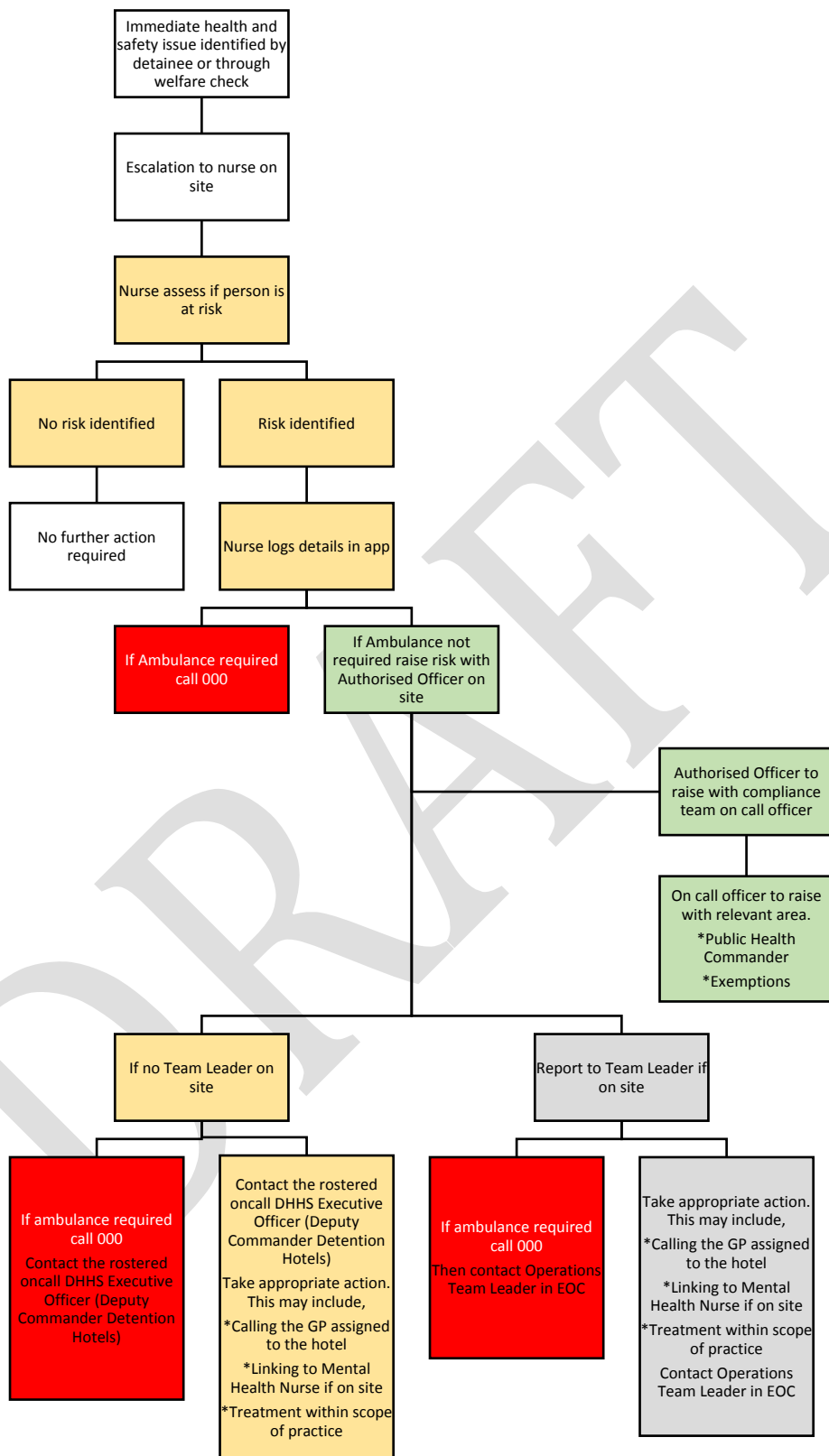


Operation Soteria – on site teams

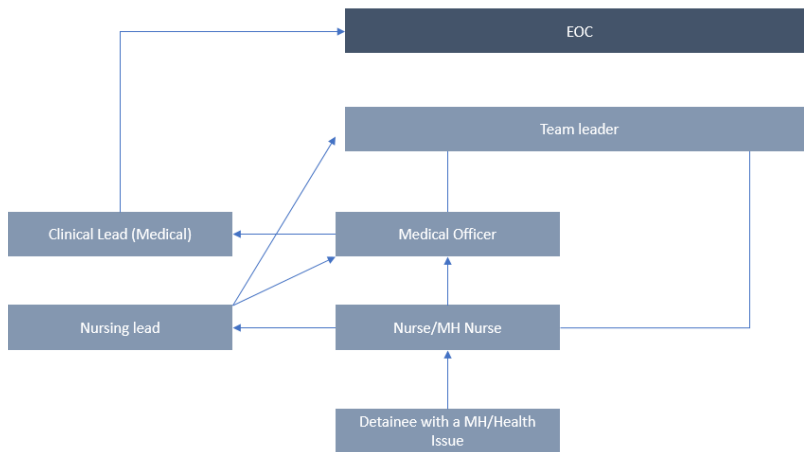


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Appendix 2 – Escalation Process



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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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, "Sandy Austin (DHHS)" REDACTED, "Andrea Spiteri (DHHS)" REDACTED, "Kym Arthur (DHHS)" REDACTED, "Pam Williams (DHHS)" REDACTED REDACTED, "Melody Bush (DHHS)" REDACTED, "Michael Mefflin (DHHS)" REDACTED, "Simon Crouch (DHHS)" REDACTED, "Katherine Ong (DHHS)" REDACTED, "Bruce Bolam (DHHS)" REDACTED, "Kira Leeb (DHHS)" REDACTED, "Ed Byrden (DHHS)" REDACTED

Date: Fri, 03 Apr 2020 18:03:11 +1100

Attachments: COVID-19 DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - Draft 4 March 2020.DOCX (321.12 kB)

Dear Annaliese and Brett

Please find attached the draft Plan for Approval.

Not every aspect of the operational and compliance arrangements for mandatory quarantine are complete, but I commend this plan as an interim formal statement of policy, process and procedure in order that it is all in one place, to guide this complex societal and public health intervention package.

Rather than put this document formally to a further large group for review, I have consulted widely and commend the attached.

There will be many opportunities to tweak aspects over the coming days.

I'm sure we can work again on many aspects, and there will be more changes to Directions and approach required.

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency

REDACTED
REDACTED

Department of Health and Human Services
State Government of Victoria

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

Confidential and internal draft plan

4 April 2020 – 17:00

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Background

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

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

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

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

Purpose

This plan intends to:

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

Scope

In scope for this policy are:

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

Authorising environment

Chief Health Officer and Deputy Chief Health Officer

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

Emergency Management Commissioner and State Controller

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

National Cabinet

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

Victoria Police

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

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

Governance of physical distancing policy within the DIMT

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

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

Policy on control measures for physical distancing

AHPPC recommendations to National Cabinet

Statements by AHPPC

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

The most recent AHPPC statement was 30 March 2020.

National requirements from National Cabinet

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

Legal directions under emergency powers in Victoria

Directions work within legal services

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

Process for creating Directions

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

These steps include – but are not limited to –

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

Critical step in creation of Directions

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

Directions

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

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

List of Directions

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

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

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

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

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

Directions on visitors to aged care facilities – 21 March 2020

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

Directions on hospital visitors – 23 March 2020

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

Directions on isolation – 25 March 2020

- Prohibits movement out of isolation until a person is no longer required to be in isolation by DHHS but allows a person not in their home to go directly there after diagnosis.

Direction – detention notice – 27 March 2020

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

Direction on stay at home – 30 March 2020

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

Direction on restricted activity – 30 March 2020.

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

Directions that have been revoked

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

Direction on airport arrivals -18 March 2020

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

Directions on cruise ship docking – 19 March 2020

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

Directions on mass gatherings – 21 March 2020

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

Directions on non-essential business closure – 23 March 2020

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

Directions on prohibited gatherings – 25 March 2020

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

Directions on non-essential activities – 25 March 2020

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

Announced stages of restrictions in Victoria

Stage 1 restrictions

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

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

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

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

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

Stage 2 restrictions

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

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

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

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

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

Stage 3 restrictions

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

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

Essential services and non-essential services

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

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

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

The top lines at the present time are:

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

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

Policy development and decision-making

Evidence for physical distancing policies

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

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

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

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

International and national comparisons

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

Evaluation of physical distancing policies

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

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

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

Next steps for physical distancing interventions

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

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

Factors might include situations where:

- Societal tolerance of physical distancing measures is breached, or
- a vaccine is available and is being implemented, or
- underlying immunity ('herd immunity') is above a certain level (which is more than 70%, or calculated as $1/R_0$, based on current reproductive number of around 2.4-2.7), or
- transmission will lead to manageable illness within an agreed intensive care unit capacity level, or
- transmission has been interrupted, mitigated, or stopped for a certain period.

Compliance and enforcement for physical distancing

Purpose of this section

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

Scope of compliance and enforcement

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

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

Chain of command for enforcement and compliance

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

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

Strategy for compliance and enforcement

Intended outcome of compliance and enforcement activity

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

Strategy for focus of compliance and enforcement activity

The focus of activity will be on:

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

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

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

Approach to compliance and enforcement – prioritisation framework for compliance activities

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

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

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

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

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

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

Linking members of the public to compliance action by Victoria Police

Linking occurs by:

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

Department of Health and Human Services Liaison to Victoria Police

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

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

Department of Health and Human Services initiation of compliance activity

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

Peer influence, education and community awareness to guide approach

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

Exercising a Direction and considerations of enforcement

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

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

Victoria Police COVID 19 Taskforce Sentinel

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

Victoria Police support to DHHS compliance activity

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

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

Contacting the Victoria Police Special Operations Centre

Victoria Police Special Operations Centre private number 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 email address for review by an Authorised Officer working directly to the Compliance Lead, as these are a high priority category of requests. The Authorised Officer will then follow the process outlined in a subsequent section of this Plan.

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

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

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

The process is:

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

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

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

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

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

Protocols for investigating and managing potential breaches of Directions

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

Action to achieve compliance and address non-compliance

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

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

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

Reporting and evaluation of compliance and enforcement

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

Plan for people returning from overseas to Victoria

Background to the mandatory quarantine (detention) intervention

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

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

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

Governance and oversight of the mandatory quarantine (detention) intervention

Lead roles

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

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

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

Information management for people in mandatory detention

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

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

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

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

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

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

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

Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

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

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

Authorised officer* and Chief Health Officer obligations

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

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

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

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

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

The notice to the CHO must include:

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

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

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

Required authorised officer actions at the airport

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

DHHS Authorised Officers*:

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

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

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

Authorised Officer review of transport arrangements

AO should consider the following:

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

People who are unwell at the airport

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

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

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

Requirement for review each day

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

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO¹ becomes aware of, such as:
 - person's health and wellbeing
 - any breaches of self-isolation requirement
 - issues raised during welfare checks (risk of self-harm, mental health issues)
 - actions taken to address issues
 - being cleared of COVID-19 results while in detention
 - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

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

Additional roles of the AO

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

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

Charter of Human Rights considerations in decision-making making process

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

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

Mandatory reporting (mandatory AO obligation)

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

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

The notice to the CHO must include:

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

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

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

Grant of leave from the place of detention

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

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

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

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

Potential mechanisms for grant of leave from detention

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

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

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

Potential reasons for permission to grant leave from detention

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

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

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

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

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

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

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

Considerations

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

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

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

Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

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

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

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

See *policy on permissions and application of mandatory detention*

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

3. On compassionate grounds;

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

4. Emergency situations must also be considered.

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

The process for a person not yet in detention is:

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

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

Policy on unaccompanied minors

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

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

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

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

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

When an unaccompanied minor normally resides outside Victoria

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

When an unaccompanied minor is normally resident in Victoria

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

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

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

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

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

When a minor is detained at their home

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

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

When an unaccompanied minor is detained in a hotel

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

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

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

Working with Children Checks and Child Safe Standards

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

Escalation of issues

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

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

Release from mandatory quarantine (detention) after 14 days

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

DHHS Authorised Officer prior to release should:

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

Supporting detainee to reach their preferred destination:

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

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

Options to facilitate compliance

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

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

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

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

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

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

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

Unauthorised departure from accommodation

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

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

If the person is located, DHHS authorised officer should:

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

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

Occupational health and safety for Authorised Officers

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

Logistics for Mandatory Quarantine

Deliverables of the logistics function

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

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

Airport and transit process

The lead for this situation is the DHHS Authorised Officer.

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

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

Health and welfare for Mandatory Quarantine

Deliverables of the health and welfare function

The Deputy State Health Coordinator role is responsible for:

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

Potential threats to health and wellbeing of people in mandatory detention

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

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

Tiers of risk for persons in mandatory detention

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

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

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

Arrival at hotel – check in

At hotel check-in:

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

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

Welfare and health service provision

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

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

Conduct of a welfare check

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

Safety / mental health

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

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

Family violence (FV)

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

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

Alcohol and other drugs

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

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

Diet

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

Exercise and fresh air

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

- Residents should be provided with resources for exercise routines and yoga/mediation that they can perform safely within their rooms.

Procedure for a detainee / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.

The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask);
- Perform hand hygiene with alcohol-based handrub as they leave;
- Be reminded to – and then not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask;
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

Social and communications

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

Care packages for people in detention

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

Smoking policy for people in detention

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

Current laws

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

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

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

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

COVID-19 and smoking

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

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

Other examples of restricting access to smoking

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

Victoria's Charter of Human Rights and Responsibilities

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

Options

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

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

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

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

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

Telephone counselling is available via the Quitline - 13 78 48

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

People can also contact their regular general practitioner via telehealth.

Option 2: Relax no smoking restrictions for the hotel rooms

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

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

Option 3: Accompany individuals to leave the room to smoke

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

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

Current policy for smokers in mandatory quarantine

The following actions should occur –

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

Other health and wellbeing issues

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

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

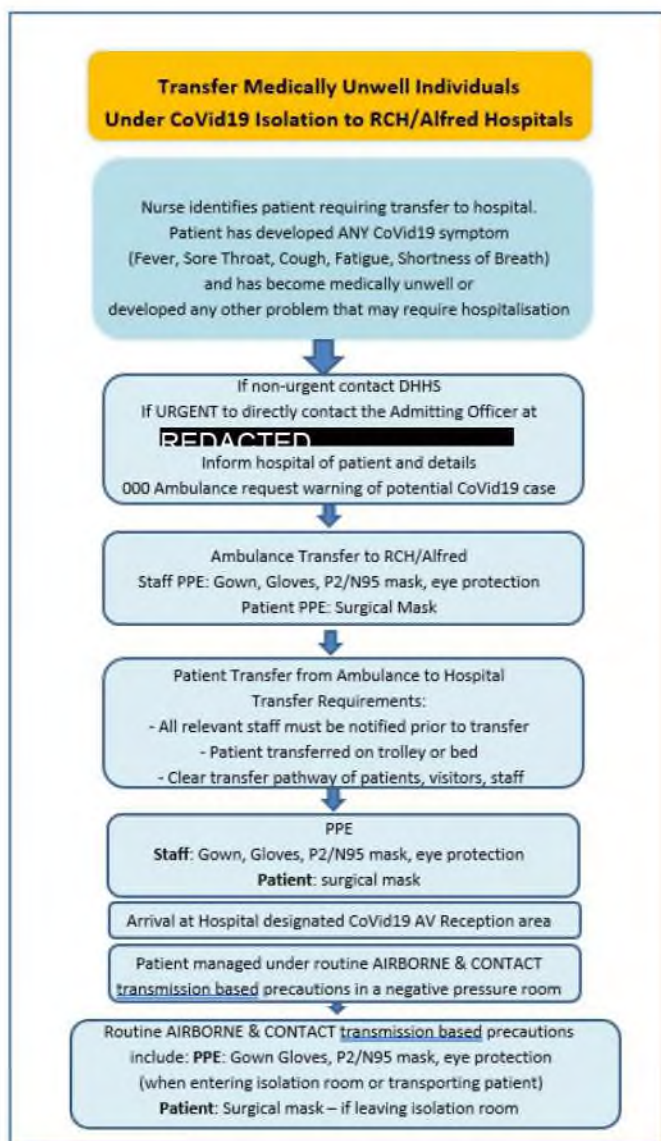
The following are the actions to enact this:

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

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

Hospital transfer plan

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



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

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

The following actions should be taken:

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

Personal protective equipment (PPE)

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

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

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

Cleaning of rooms

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

Reporting and evaluation on mandatory quarantine

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

Communication and education

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

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

Stay at home and restrictions:

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

Physical distancing and transmission reduction measures:

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

State of emergency and directions:

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

About coronavirus general information:

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

Media (proactive and reactive):

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

Social media posts on physical distancing

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

Videos on physical distancing

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

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

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

Airport arrivals

Dear (insert name),

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

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

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

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

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

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

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

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

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

Mass gatherings

Dear (insert name)

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

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

Please be aware that:

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

A mass gathering means:

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

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

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

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

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

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

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

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

Last updated 27 March 2020

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

Introduction

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

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

This review consists of three parts:

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

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

1.1 Reproductive number

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

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

1.2 Modes of transmission

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

1.3 Timing of transmission

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

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

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

1.4 Incubation period

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

1.5 Duration of illness

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

1.6 Demographic features of COVID-19

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

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

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

Key points arising from these epidemiological features are:

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

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

2.1 Modelling the impact of physical distancing interventions

This will be updated.

2.1.1 Imperial College report on non-pharmaceutical interventions

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

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

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

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

2.1.2 Early modelling analysis from Australia

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

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

2.1.3 Modelling the impact of physical distancing interventions in China

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number (R_t) in Wuhan declined from 2.35 (95% CI 1.15–4.77) 1 week before travel restrictions were introduced on Jan 23, 2020, to 1.05 (0.41–2.39) 1 week after.

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

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

2.2 Modelling the potential impact of case isolation and contact tracing

An analysis by Hellewell et al (32) considered the possibility of controlling a COVID-19 outbreak with contact tracing and case isolation alone. Under some parameter assumptions it was possible to control the outbreak without the need for physical distancing measures. However, the probability of controlling the outbreak in this way decreased with an R_0 of 2.5 or 3.5, when there was a larger initial infectious population, a longer delay to case detection and a larger proportion of pre-symptomatic transmission. The study concludes that "in most plausible outbreak scenarios, case isolation and contact tracing alone is insufficient to control outbreaks, and that in some scenarios even near perfect contact tracing will still be insufficient, and further interventions would be required to achieve control."

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

2.3 Modelling the impact of school closures for COVID-19

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

3. Evidence on physical distancing measures for pandemic influenza

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

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

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

3.1 School closures

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

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

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

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

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

3.2 Workplace interventions

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

In this review, for studies modelling $R_0 \leq 1.9$, workplace social distancing measures alone (single intervention) showed a median reduction of 23% in the cumulative influenza attack rate in the general population. Workplace social distancing measures combined with other nonpharmaceutical interventions showed a median reduction of 75% in the general population. However, the effectiveness was estimated to decline with higher R_0 values, delayed triggering of workplace social distancing, or lower compliance.

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

3.3 Avoiding crowding

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

References

1. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia. *New England Journal of Medicine*. 2020 Jan 29;
2. Lai A, Bergna A, Acciarri C, Galli M, Zehender G. Early phylogenetic estimate of the effective reproduction number of SARS-CoV-2. *Journal of Medical Virology* [Internet]. 2020 Mar 3 [cited 2020 Mar 27];jmv.25723. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/jmv.25723>
3. Choi SC, Ki M. Estimating the reproductive number and the outbreak size of Novel Coronavirus disease (COVID-19) using mathematical model in Republic of Korea. *Epidemiology and Health* [Internet]. 2020 Mar 12 [cited 2020 Mar 27];e2020011. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32164053>
4. Imai N, Cori A, Dorigatti I, Baguelin M, Donnelly CA, Riley S, et al. Report 3: Transmissibility of 2019-nCoV. [cited 2020 Mar 23]; Available from: <https://doi.org/10.25561/77148>

5. Wu JT, Leung K, Leung GM. Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modelling study. *The Lancet*. 2020 Feb;395(10225):689–97.
6. Jung S, Akhmetzhanov AR, Hayashi K, Linton NM, Yang Y, Yuan B, et al. Real-Time Estimation of the Risk of Death from Novel Coronavirus (COVID-19) Infection: Inference Using Exported Cases. *Journal of Clinical Medicine* [Internet]. 2020 Feb 14 [cited 2020 Mar 27];9(2):523. Available from: <https://www.mdpi.com/2077-0383/9/2/523>
7. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). 2020.
8. Wu Y, Guo C, Tang L, Hong Z, Zhou J, Dong X, et al. Prolonged presence of SARS-CoV-2 viral RNA in faecal samples. *The Lancet Gastroenterology & Hepatology* [Internet]. 2020 [cited 2020 Mar 27];0(0). Available from: [https://doi.org/10.1016/S2468-1253\(20\)30083-2](https://doi.org/10.1016/S2468-1253(20)30083-2)
9. van Doremalen N, Bushmaker T, Morris D, Holbrook M, Gamble A, Williamson B, et al. Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. *medRxiv*. 2020 Mar;2020.03.09.20033217.
10. Cai J, Sun W, Huang J, Gamber M, Wu J, He G. Indirect Virus Transmission in Cluster of COVID-19 Cases, Wenzhou, China, 2020. *Emerging Infectious Diseases* [Internet]. 2020 Jun;26(6). Available from: http://wwwnc.cdc.gov/eid/article/26/6/20-0412_article.htm
11. Seah I, Agrawal R. Can the Coronavirus Disease 2019 (COVID-19) Affect the Eyes? A Review of Coronaviruses and Ocular Implications in Humans and Animals. *Ocular immunology and inflammation* [Internet]. 2020 Mar 16 [cited 2020 Mar 27];1–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32175797>
12. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet*. 2020 Mar 28;395(10229):1054–62.
13. Luo S-H, Liu W, Liu Z-J, Zheng X-Y, Hong C-X, Liu Z-R, et al. A confirmed asymptomatic carrier of 2019 novel coronavirus (SARS-CoV-2). *Chinese Medical Journal* [Internet]. 2020 Mar;1. Available from: <http://journals.lww.com/10.1097/CM9.0000000000000798>
14. Bai Y, Yao L, Wei T, Tian F, Jin DY, Chen L, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. *JAMA - Journal of the American Medical Association*. American Medical Association; 2020.
15. Yu P, Zhu J, Zhang Z, Han Y, Huang L. A familial cluster of infection associated with the 2019 novel coronavirus indicating potential person-to-person transmission during the incubation period. *The Journal of infectious diseases* [Internet]. 2020 Feb 18 [cited 2020 Mar 27]; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32067043>
16. Nishiura H, Kobayashi T, Suzuki A, Jung S-M, Hayashi K, Kinoshita R, et al. Estimation of the asymptomatic ratio of novel coronavirus infections (COVID-19). *International Journal of Infectious Diseases* [Internet]. 2020 Mar;0(0). Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1201971220301399>
17. Zhao S, Cao P, Chong MKC, Gao D, Lou Y, Ran J, et al. The time-varying serial interval of the coronavirus disease (COVID-19) and its gender-specific difference: A data-driven analysis using public surveillance data in Hong Kong and Shenzhen, China from January 10 to February 15, 2020. *Infection Control & Hospital Epidemiology* [Internet]. 2020 Mar;1–8. Available from: https://www.cambridge.org/core/product/identifier/S0899823X20000641/type/journal_article
18. He X, Lau EHY, Wu P, Deng X, Wang J, Hao X, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *medRxiv*. 2020 Mar 18;2020.03.15.20036707.
19. Li R, Pei S, Chen B, Song Y, Zhang T, Yang W, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). *Science* [Internet]. 2020 Mar;eabb3221. Available from: <https://www.sciencemag.org/lookup/doi/10.1126/science.abb3221>
20. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Annals of internal medicine* [Internet]. 2020 Mar; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32150748>
21. Yang X, Yu Y, Xu J, Shu H, Xia J, Liu H, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. *The Lancet Respiratory Medicine*. 2020;0(0).

22. Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention. *JAMA* [Internet]. 2020 Feb; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32091533>
23. Cao Q, Chen YC, Chen CL, Chiu CH. SARS-CoV-2 infection in children: Transmission dynamics and clinical characteristics [Internet]. Vol. 119, *Journal of the Formosan Medical Association*. Elsevier B.V.; 2020. p. 670–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32139299>
24. Bi Q, Wu Y, Mei S, Ye C, Zou X, Zhang Z, et al. Epidemiology and Transmission of COVID-19 in Shenzhen China: Analysis of 391 cases and 1,286 of their close contacts. *medRxiv*. 2020 Mar;2020.03.03.20028423.
25. Cao Q, Chen YC, Chen CL, Chiu CH. SARS-CoV-2 infection in children: Transmission dynamics and clinical characteristics [Internet]. Vol. 119, *Journal of the Formosan Medical Association*. Elsevier B.V.; 2020. p. 670–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32139299>
26. Ferguson NM, Laydon D, Nedjati-Gilani G, Imai N, Ainslie K, Baguelin M, et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Available from: <https://doi.org/10.25561/77482>
27. Chang SL, Harding N, Zachreson C, Cliff OM, Prokopenko M. Modelling transmission and control of the COVID-19 pandemic in Australia. 2020.
28. Lauro F di, Kiss IZ, Miller JC. The timing of one-shot interventions for epidemic control. 2020; Available from: <https://doi.org/10.1101/2020.03.02.20030007>
29. Kucharski AJ, Russell TW, Diamond C, Liu Y, Edmunds J, Funk S, et al. Early dynamics of transmission and control of COVID-19: a mathematical modelling study. *The Lancet Infectious Diseases* [Internet]. 2020 Mar;0(0). Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1473309920301444>
30. Lai S, Ruktanonchai NW, Zhou L, Prosper O, Luo W, Floyd JR, et al. Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak in China. *medRxiv*. 2020 Mar;2020.03.03.20029843.
31. Prem K, Liu Y, Russell T, Kucharski AJ, Eggo RM, Davies N, et al. The effect of control strategies that reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China. *medRxiv*. 2020 Mar;2020.03.09.20033050.
32. Hellewell J, Abbott S, Gimma A, Bosse NI, Jarvis CI, Russell TW, et al. Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts. *The Lancet Global Health*. 2020 Feb 1;8(4):e488–96.
33. Kretzschmar M, Rozhnova G, van Boven M. Effectiveness of Isolation and Contact Tracing for Containment and Slowing Down a COVID-19 Epidemic: A Modelling Study. *SSRN Electronic Journal* [Internet]. 2020 Mar 6 [cited 2020 Mar 26]; Available from: <https://www.ssrn.com/abstract=3551343>
34. Domenico L di, Pullano G, Coletti P, Hens N, Colizza V. Expected impact of school closure and telework to mitigate COVID-19 epidemic in France [Internet]. [cited 2020 Mar 27]. Available from: www.epicx-lab.com/covid-19.html
35. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report-46. 2020.
36. Fong MW, Gao H, Wong JY, Xiao J, Shiu EYC, Ryu S, et al. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Social Distancing Measures. *Emerging Infectious Diseases*. 2020 May;26(5).
37. Bootsma MCJ, Ferguson NM. The effect of public health measures on the 1918 influenza pandemic in U.S. cities. *Proceedings of the National Academy of Sciences of the United States of America* [Internet]. 2007 May;104(18):7588–93. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17416677>
38. Wu JT, Cowling BJ, Lau EHY, Ip DKM, Ho LM, Tsang T, et al. School closure and mitigation of pandemic (H1N1) 2009, Hong Kong. *Emerging Infectious Diseases* [Internet]. 2010 Mar;16(3):538–41. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20202441>
39. Cowling BJ, Lau MSY, Ho LM, Chuang SK, Tsang T, Liu SH, et al. The effective reproduction number of pandemic influenza: Prospective estimation. *Epidemiology* [Internet]. 2010 Nov;21(6):842–6. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20805752>

40. Kawano S, Kakehashi M. Substantial impact of school closure on the transmission dynamics during the pandemic Flu H1N1-2009 in Oita, Japan. *PLoS ONE* [Internet]. 2015 Dec;10(12):e0144839. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26669757>
41. Sato T, Akita T, Tanaka J. Evaluation of strategies for control and prevention of pandemic influenza (H1N1pdm) in Japanese children attending school in a rural town. Simulation using mathematical models. [Nihon kōshū eisei zasshi] Japanese journal of public health [Internet]. 2013;60(4):204–11. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23909187>
42. Chen T, Huang Y, Liu R, Xie Z, Chen S, Hu G. Evaluating the effects of common control measures for influenza A (H1N1) outbreak at school in China: A modeling study. *PLoS ONE* [Internet]. 2017 May;12(5):e0177672. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28542360>
43. Chen T, Zhao B, Liu R, Zhang X, Xie Z, Chen S. Simulation of key interventions for seasonal influenza outbreak control at school in Changsha, China. *The Journal of international medical research* [Internet]. 2020 Jan;48(1):300060518764268. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29569977>
44. Ahmed F, Zviedrite N, Uzicanin A. Effectiveness of workplace social distancing measures in reducing influenza transmission: A systematic review [Internet]. Vol. 18, *BMC Public Health*. BioMed Central Ltd.; 2018. p. 518. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29669545>
45. Asfaw A, Rosa R, Pana-Cryan R. Potential Economic Benefits of Paid Sick Leave in Reducing Absenteeism Related to the Spread of Influenza-Like Illness. *Journal of Occupational and Environmental Medicine* [Internet]. 2017 Sep;59(9):822–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28692009>
46. Piper K, Youk A, James AE, Kumar S. Paid sick days and stay-At-home behavior for influenza. *PLoS ONE* [Internet]. 2017 Feb;12(2):e0170698. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28151940>

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 Disability Y/N Significant Mental Health Diagnosis Y/N	
Medications:	
Regular Medical Clinic/Pharmacy:	
General Practitioner:	
Next of Kin	Contact Number:

Covid-19 Assessment Form

Name	DOB	Room	Date of Admission	mobile	

Ask patient and tick below if symptom present

Day	Date	Fever	Cough	SOB	Sore Throat	Fatigue	Needs further review (nurse assessment)	Reason (if needs further assessment)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

Appendix 5 – Welfare Survey

Survey questions – daily check-in

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

Script

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

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

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

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

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

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

Introductory questions

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

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

Name	Relationship	Age (children/dependents)

3. Have you or your fellow occupants had to leave your room for any reason? If so, what was the reason? YES /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?

--

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.

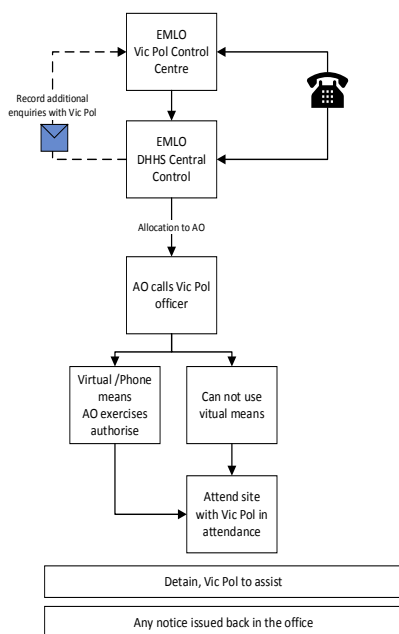
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

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 Use fatigue calculator http://www.vgate.net.au/fatigue.php
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agent		Follow personal protective measures

RE: COVID positive passengers - Cohorting in one hotel

From: "Merrin Bamert (DHHS)" <[REDACTED]>
To: "Braedan Hogan (DHHS)" <[REDACTED]>, "Finn Romanes (DHHS)" <[REDACTED]>
Cc: [REDACTED] <[REDACTED]@delwp.vic.gov.au>, "SCC-Vic (State Controller Health)" <[REDACTED]@delwp.vic.gov.au>, [REDACTED] <[REDACTED]@dhhs.vic.gov.au>, [REDACTED] <[REDACTED]@dhhs.vic.gov.au>, "Pam Williams (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Meena Naidu (DHHS)" <[REDACTED]@dhhs.vic.gov.au>
Date: Tue, 07 Apr 2020 14:41:04 +1000
Attachments: Process for transferring quarantined passengers to hospital (1) MB edits.pptx (1.41 MB)

Hi here is our process for if a person who is unwell and needing a transfer from hotel to hospital for ED assessment or planned appointments for Chemotherapy or dialysis for example.

Kind regards

Merrin

Merrin Bamert

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

[REDACTED]

[REDACTED]

From: Braedan Hogan (DHHS) <[REDACTED]>
Sent: Tuesday, 7 April 2020 2:21 PM
To: Merrin Bamert (DHHS) <[REDACTED]>, Finn Romanes (DHHS) <[REDACTED]>
Cc: [REDACTED] <[REDACTED]@delwp.vic.gov.au>; 'sccvic.sctrl.health@scc.vic.gov.au' <[REDACTED]@delwp.vic.gov.au>; [REDACTED] <[REDACTED]@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]@dhhs.vic.gov.au>; Pam Williams (DHHS) <[REDACTED]@dhhs.vic.gov.au>
Subject: RE: COVID positive passengers - Cohorting in one hotel

Great thanks – once we determine the hotel can work with you in standing up?

Does this include patient transport from other hotel to COVID hotel?

Braedan Hogan | DHHS Agency Commander

Deputy Director, Strategy and Policy
 Emergency Management Branch | Regulation, Health Protection and Emergency Management
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

[REDACTED]

www.dhhs.vic.gov.au

From: Merrin Bamert (DHHS) <[REDACTED]>
Sent: Tuesday, 7 April 2020 2:15 PM
To: Braedan Hogan (DHHS) <[REDACTED]>, Finn Romanes (DHHS) <[REDACTED]>
Cc: [REDACTED] <[REDACTED]@delwp.vic.gov.au>; 'sccvic.sctrl.health@scc.vic.gov.au' <[REDACTED]@delwp.vic.gov.au>; [REDACTED] <[REDACTED]@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]@dhhs.vic.gov.au>

Trying to cohort COVID-19 positive people at one single hotel has many advantages from a public health risk management perspective and is – as long as logistics can be handled – the favoured public health model.

This approach reduces the low (but material) risk that as a result of detaining well individuals in a hotel, we then create a risk that they acquire COVID-19 from the environment of the hotel, akin to what occurred on Diamond Princess.

It has been our assessment to date that the strict quarantine to rooms has reduced the in-hospital transmission risk to negligible. But it does start to increase the greater the number of people who are in the hotel who are positive, eventually to a point where it is material.

Thus, cohorting positive cases is a good strategy. Great work!

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

From: Braedan Hogan (DHHS) <REDACTED>
Sent: Tuesday, 7 April 2020 1:00 PM
To: Finn Romanes (DHHS) <REDACTED>
Cc: REDACTED; REDACTED; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED; REDACTED <REDACTED@dhhs.vic.gov.au>; REDACTED; REDACTED; Pam Williams (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Subject: COVID positive passengers - Cohorting in one hotel

Hi Finn,

Keen for your thoughts and endorsement of the following course of action.

We have just been made aware that SYD is no longer taking flights so MEL and BNE will be receiving additional passengers.

Currently we are utilising a whole floor of hotels for 'red floors' taking out hotel capacity from the overall system.

We are proposing to stand up the Novotel, which is under contract, to house COVID positive passengers to release capacity in the system, stand up a suitable model of care in one location to support these positive cases and negate issues with exiting as we discussed earlier.

Noting that the Novotel isn't suitable to accept large passenger arrivals due to lobby size etc.

We will work through the logistics but seeking your endorsement and your advice on standing up this arrangement.

Braedan

Braedan Hogan | DHHS Agency Commander

Deputy Director, Strategy and Policy

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

m[REDACTED] REDACTED

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Fw: Information - Chain of command - people in detention

From: "SCC-Vic (State Controller Health)" <"o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=e530fde44a03494db1c5b55ca5a5b173-sccvic.sctr">
To: "Jason Helps (DHHS)" [REDACTED]
Date: Thu, 02 Jul 2020 20:14:00 +1000

SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
 Ph:1300 368 722 (1300 EMV SCC) | Fax: 1300 13 4488 | DX: 210098
 Email: sccvic.sctrl.health@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

From: Finn Romanes (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 8:03 PM
To: Maria Bubnic (DHHS) [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; Anthony J Kolmus (DHHS) [REDACTED]
 [REDACTED] COVID Directions <COVIDdirections@dhhs.vic.gov.au>; SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; Meena Naidu (DHHS) [REDACTED]; Simon Crouch (DHHS) [REDACTED]
Subject: Information - Chain of command - people in detention

Dear colleagues

Thank you for your work.

Just an important reminder: all policy and oversight of **people in detention** is being handled in a strict chain of command, from:

- Chief Health Officer to
- Deputy CHO (today – Simon Crouch) to
- Deputy Public Health Commander Planning (Finn Romanes) to
- Director Health Regulation and Reform (Meena Naidu) to
- Authorised Officers (under Noel Cleaves and some other managers).

It is important that all direction, policy, reporting and arrangements do not break this chain.

If you have any insights or advice – please provide to the individual in the chain you deem most appropriate.

No policies, directions, exemptions, reporting, meetings to agree policy on these people or other activity outside this chain please, unless requested or overseen by the chain.

This strict view is vital to safeguard the wellbeing and duty of care owed by the State to these people and legal and other risks to the department and its staff, who are administering this detention regime on behalf of the Deputy Chief Health Officer and Chief Health Officer.

Legal advice is being provided on a near continuous basis to Meena and myself today on these matters.

I do reiterate a gratitude to Maria, [REDACTED], Noel, Braedan and colleagues for facilitating content for

policies and raising important issues for resolution, which we have negotiated in amended form to appear in the soon-to-be released draft Physical Distancing Plan. Thanks all.

Kind regards

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency

REDACTED

REDACTED

Department of Health and Human Services
State Government of Victoria

From: Maria Bubnic (DHHS) REDACTED
Sent: Wednesday, 1 April 2020 7:46 PM
To: Noel Cleaves (DHHS) REDACTED; Braedan Hogan (DHHS) REDACTED; Finn Romanes (DHHS) REDACTED; REDACTED (DHHS) REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS) REDACTED; Anthony J Kolmus (DHHS) REDACTED (DHHS)
REDACTED COVID Directions <COVIDdirections@dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED 'sccvic.sctrl.health@scc.vic.gov.au'
<sccvic.sctrl.health@scc.vic.gov.au>; REDACTED
Subject: RE: Smoking policy - Operation Soteria

Thanks Noel, these are useful insights and a reminder of how challenging the current situation is for all concerned. I gather the nurses are screening all persons under quarantine to identify pre-existing health conditions, management and risks as well as those who may need further assessment for COVID etc. It would be good to include the advice re: smoking cessation options in the protocol to make this available wherever possible. We acknowledge access to smoking areas will still need to be carefully managed on a case by case basis taking account of individual needs, social distancing measures and environmental constraints.

Maria Bubnic

Assistant Director, Population Health

Regulation, Health Protection & Emergency Management Division

50 Lonsdale Street, Melbourne VIC 3040

t. REDACTED | m. REDACTED | e. REDACTED

w. www.dhhs.vic.gov.au

EA Contact: REDACTED t. (03) REDACTED | e. REDACTED

I work flexibly so sending this email now works well for me. However, I know we all work differently and respect that you will consider this email at a time that suits your working arrangements.

From: Noel Cleaves (DHHS) REDACTED
Sent: Wednesday, 1 April 2020 11:46 AM
To: Maria Bubnic (DHHS) REDACTED; Braedan Hogan (DHHS) REDACTED; Finn Romanes (DHHS) REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS) REDACTED; Anthony J Kolmus

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 REDACTED ; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; REDA
 REDACTED (DHHS) REDACTED 'sccvic.sctrl.health@scc.vic.gov.au'
 <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED (DHHS) REDACTED
Subject: RE: Smoking policy - Operation Soteria

Hi to all,

I can add that the Crown Promenade has some smoking rooms (4 or 5 from memory) they are located on a different floor. To move a smoker to that floor, potentially many times a day, requires a security guard wearing PPE to escort them to that floor. We felt that the smoker needs to also wear some PPE so that don't potentially cross-contaminate surfaces that a security guard or other people then touch. We couldn't see how we could manage that process on a regular basis so as far as I'm aware we haven't used it.

It is pretty likely that there are smokers smoking in their rooms in the bathrooms etc but obviously that runs the risk of a fire alarm being triggered. We have had a complaint from one room at the Plaza that they could smell tobacco smoke in their room.

I haven't heard anything about smoking rooms at the other two hotels.

I am aware that some of our AO's have made the call to allow two people to leave the Plaza hotel with a security guard to smoke to reduce an escalating situation.

I have also seen nicotine patches and gm at one hotel (Metropole) that is administered on request by the nurses.

Noel Cleaves

Manager Environmental Health Regulation & Compliance | Environmental Health Regulation & Compliance Unit
 Health Protection Branch | Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne 3000
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Follow the Chief Health Officer on Twitter [@VictorianCHO](https://twitter.com/VictorianCHO)

From: Maria Bubnic (DHHS) REDACTED
Sent: Wednesday, 1 April 2020 11:24 AM
To: Braedan Hogan (DHHS) REDACTED; Finn Romanes (DHHS)
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Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS)
 REDACTED; REDACTED (DHHS) REDACTED; Anthony J Kolmus
 (DHHS) REDACTED; Noel Cleaves (DHHS) REDACTED;
 REDACTED (DHHS) REDACTED; COVID Directions
 <COVIDdirections@dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED;
 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED (DHHS)
 REDACTED
Subject: RE: Smoking policy - Operation Soteria

Yes it did. We plan to finalise the physical activity policy advice today.

Maria Bubnic

Assistant Director, Population Health

Regulation, Health Protection & Emergency Management Division
 50 Lonsdale Street, Melbourne VIC 3040
 t. REDACTED | m. REDACTED | e. REDACTED
 w. www.dhhs.vic.gov.au

EA Contact: [REDACTED] t. (03) [REDACTED] e. [REDACTED]

I work flexibly so sending this email now works well for me. However, I know we all work differently and respect that you will consider this email at a time that suits your working arrangements.

From: Braedan Hogan (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 11:22 AM
To: Finn Romanes (DHHS) [REDACTED]; [REDACTED] (DHHS)
 [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS)
 [REDACTED]; [REDACTED] (DHHS); [REDACTED]; Anthony J Kolmus
 (DHHS); [REDACTED]; Noel Cleaves (DHHS) [REDACTED]
 [REDACTED] (DHHS); [REDACTED]; COVID Directions
 <COVIDdirections@dhhs.vic.gov.au>; Maria Bubnic (DHHS) [REDACTED]
 [REDACTED] (DHHS) [REDACTED]; 'sccvic.sctrl.health@scc.vic.gov.au'
 <sccvic.sctrl.health@scc.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

Hi all – did this progress yesterday?

Keen to land this and the physical recreation policy today as a priority.

Braedan

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000
 p [REDACTED]
 e [REDACTED]

From: Finn Romanes (DHHS) [REDACTED]
Sent: Tuesday, 31 March 2020 10:35 PM
To: [REDACTED] (DHHS) [REDACTED]
Cc: Braedan Hogan (DHHS) [REDACTED]; StateEmergencyManagementCentre
 SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; [REDACTED]
 [REDACTED] (DHHS) [REDACTED]; Anthony J Kolmus (DHHS)
 [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; [REDACTED]
 [REDACTED] (DHHS) [REDACTED]; COVID Directions
 <COVIDdirections@dhhs.vic.gov.au>; Maria Bubnic (DHHS) [REDACTED]; [REDACTED]
 [REDACTED] (DHHS) [REDACTED]
Subject: RE: Smoking policy - Operation Soteria

Hi [REDACTED]

Could you send through the smoking advice for people in detention – I can place it in the plan ASAP

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency
 [REDACTED]

Department of Health and Human Services

State Government of Victoria

From: REDACTED (DHHS) <REDACTED>
Sent: Tuesday, 31 March 2020 12:04 PM
To: REDACTED (DHHS) <REDACTED> COVID Directions
 <COVIDdirections@dhhs.vic.gov.au>
Cc: Braedan Hogan (DHHS) <REDACTED>; Finn Romanes (DHHS)
 <REDACTED>; StateEmergencyManagementCentre SEMC (DHHS)
 <semc@health.vic.gov.au>; REDACTED (DHHS) <REDACTED>; Anthony J Kolmus
 (DHHS) <REDACTED>; Noel Cleaves (DHHS) <REDACTED>;
 REDACTED (DHHS) <REDACTED>; Maria Bubnic (DHHS)
 <REDACTED>; REDACTED (DHHS) <REDACTED>
Subject: RE: Smoking policy - Operation Soteria

Thanks REDACTED

We have prepared some advice that we will be sending through any second now. Our recommendation is that people will be supported to manage cravings through the provision of nicotine replacement therapy and telephone counselling.

REDACTED

Manager, Tobacco Control
 Prevention and Population Health, Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services | GPO Box 4057, Melbourne, Victoria, 3001
 p. REDACTED e. REDACTED
 w. www.dhhs.vic.gov.au



I acknowledge the traditional Aboriginal owners of country throughout Victoria and pay my respect to them, their culture and their Elders past, present and future

From: REDACTED (DHHS) <REDACTED>
Sent: Tuesday, 31 March 2020 11:01 AM
To: COVID Directions <COVIDdirections@dhhs.vic.gov.au>
Cc: Braedan Hogan (DHHS) <REDACTED>; Finn Romanes (DHHS)
 <REDACTED>; StateEmergencyManagementCentre SEMC (DHHS)
 <semc@health.vic.gov.au>; REDACTED (DHHS) <REDACTED>; REDACTED
 (DHHS) <REDACTED>; Anthony J Kolmus (DHHS)
 <REDACTED>; Noel Cleaves (DHHS) <REDACTED>
Subject: RE: Smoking policy - Operation Soteria

Hi I'm advised that the key issue is really about people leaving their rooms securely. With the hotel's cooperation establishing a designated smoking room/s (such as how high roller room operates) would be the best solution that has appropriate density and hygiene parameters. (There is exemption under s5A(2) I've copied in REDACTED the tobacco manager and those involved in compliance and enforcement.

REDACTED

REDACTED

Principal Regulatory Policy Advisor Health Protection

t. REDACTED | m. REDACTED

From: COVID Directions <COVIDdirections@dhhs.vic.gov.au>
Sent: Tuesday, 31 March 2020 10:35 AM
To: REDACTED (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; Braedan Hogan (DHHS) <REDACTED>
Subject: FW: Smoking policy - Operation Soteria

Hi REDA

I have started today monitoring the COVIC directions inbox. Nice to e-meet you.

RED advised you may be able to assist with this or point me in the direction of someone that may be able to assist?

Regards,

REDACTED
 Principal Community Recovery Officer
 Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 8-12 Seymour Street (PO Box 1661), Traralgon, Victoria, 3844
 m. REDACTED
 e. REDACTED
 w. www.dhhs.vic.gov.au

From: Braedan Hogan (DHHS) <REDACTED>
Sent: Monday, 30 March 2020 9:26 PM
To: Finn Romanes (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

Thanks – do we have a health prevention person that can develop this?

We don't have anyone

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000
 p. REDACTED | m. REDACTED
 e. REDACTED

From: Finn Romanes (DHHS) <REDACTED>
Sent: Monday, 30 March 2020 5:53 PM
To: Braedan Hogan (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

There is in principle support in here for allowing a person – if monitored in some way – to have a smoking break on a balcony or outdoors if that is the lesser harm option.

Can you put a proposal up with parameters / strict parameters and I will ask Annaliese to endorse as a policy?

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

From: Braedan Hogan (DHHS) <REDACTED>

Sent: Monday, 30 March 2020 5:23 PM

To: Merrin Bamert (DHHS) <REDACTED>; Finn Romanes (DHHS)

<REDACTED>

Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>

Subject: Smoking policy - Operation Soteria

Hi – we need to develop a policy position on allowing smoking at the hotels.

I think this need to be considered with input with AO on the ground and how this can be operationalised.

Braedan

[Braedan Hogan](#)
[Deputy Director, Strategy and Policy](#)
Emergency Management Branch
Regulation, Health Protection & Emergency Management Division
Department of Health and Human Services
50 Lonsdale Street Melbourne Victoria 3000

REDACTED

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BOARD OF INQUIRY INTO THE COVID-19 HOTEL QUARANTINE PROGRAM

WITNESS STATEMENT OF DR FINN ROMANES

Name: Dr Finn Romanes
Address: 50 Lonsdale Street, Melbourne, Vic, 3000
Occupation: Deputy Public Health Commander
Date: 9 September 2020

1. I make this statement to the Board of Inquiry in response to **NTP- 138**, the Notice to produce a statement in writing (**Notice**) dated 1 September 2020. This statement has been prepared with the assistance of lawyers.

ROLES AND RESPONSIBILITIES

Question 1. Please describe your relevant professional experience and qualifications.

2. I hold the following qualifications:
 - (a) Fellowship of the Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians;
 - (b) Fellowship of the Faculty of Public Health, Royal College of Physicians of the United Kingdom;
 - (c) Master of Public Health & Tropical Medicine, James Cook University, Queensland;
and
 - (d) Bachelor of Medicine and Surgery, University of Melbourne.
3. I have had the following professional experiences:
 - (a) Deputy Public Health Commander – COVID-19, and Executive Director – Strategy and Policy – Public Health – COVID-19, Department of Health and Human Services (Department) (current);
 - (b) Public Health Physician (Communicable Disease), Department, 2017 to current;
 - (c) Acting Deputy Chief Health Officer (Environment), Department, 2017;
 - (d) Deputy Chief Health Officer, Department, 2016 to 2017;

- (e) Senior Medical Adviser, Department of Health and Human Services, 2012 to 2016;
- (f) Consultant in Public Health Medicine, NHS Tayside, Scotland, 2009 to 2012;
- (g) Specialist Registrar in Public Health Medicine, NHS Scotland, 2005 to 2009;
- (h) Medical intern and resident medical officer, various Australian hospitals, 2000 to 2004.

Question 2. What is your role within the Department of Health and Human Services (the Department) and for what are you ordinarily responsible?

4. I am a senior medical advisor normally employed within the Health Protection Branch of the Department.
5. Since 2017 I have worked as a public health physician with responsibilities for communicable disease control, including outbreak management, policy development and professional leadership of a range of health protection matters.
6. I was involved in advising the Deputy Chief Health Officer (**DCHO**) and Chief Health Officer (**CHO**) on the response to COVID-19 from January 2020, including when the first Victorian CHO Alert was issued to advise clinicians of the risk of COVID-19 on 10 January 2020.
7. I was involved in assisting the DCHO and CHO by chairing, at times, the State Health Incident Management Team (**SH-IMT**) for the Novel Coronavirus Public Health Emergency from 2 February 2020.
8. I am aware that in early April 2020, a Public Health Incident Management team (**PH-IMT**) was formed to respond to COVID-19. Its structure was then again revised on or about 8 April 2020, to better respond to the COVID-19 pandemic. I was one of the four Deputy Public Health Commanders (**DPHC**) in the PH-IMT that reported to the Public Health Commander (**PHC**), these teams are:
 - (a) Pathology and Infection Prevention and Control;
 - (b) Case, Contact and Outbreak Management;
 - (c) Strategy and Policy; and
 - (d) Intelligence.
9. The PH-IMT had functions fulfilled by 'Executive Leads' who report through to the Public Health Commander. The Executive Leads are responsible for Strategic Communication, and Public Health Operation Coordination.

10. Since the stand-up of the Public Health Incident Management Team (**PH-IMT**), I have filled the role of Deputy Public Health Commander (**DPHC**) for Strategy and Policy, also referred to as the Deputy Public Health Commander - Planning. The PHC is a role documented in the State Health Emergency Response Plan Edition 4 (**SHERP**), responsible for the line of control at the state tier of that plan. The plan indicates the Public Health Commander is appointed State Controller for identifiable public health emergencies. The PHC leads the public health command function within and across the public health emergency.
11. I have also performed the role of PHC. Initially, upon stand up of the SH-IMT in February 2020, I was the PHC. In March 2020, the role transitioned to the DCHO and I performed a deputy PHC role. From time to time, I performed the role of PHC when the DCHO was on leave or on a rostered day off. On 20 July 2020, I again assumed responsibility for the role of PHC until 13 August 2020 when responsibility for the role transitioned to the CHO.
12. The responsibilities of the DPHC - Planning included responsibility for the Physical Distancing Cell, which included an enforcement and compliance lead and a strategy and planning lead. The functions and role of the cell were to advise the PHC and to provide evidence and an informed policy rationale for decisions. The cell also prepared and consulted on policy and procedures.
13. More recently, the DPHC – Planning role became the lead of the Strategy and Policy – Public Health Branch, COVID-19. That Branch focused on public health policy relating to restrictions and Directions, public health advice and engagement with other Departments and stakeholders. The Branch also makes recommendations to the PHC and CHO for endorsement of policies and procedures prepared by the PHC.
14. I am an authorised officer under section 199 of the *Public Health and Wellbeing Act 2008* (**PHWA**) since 16 March 2020. Since mid-July 2020, I have usually been the authorised officer that has issued directions under the PHWA in the context of the state of emergency for the COVID-19 public health emergency. That role did involve advising on the scope and design of detention order templates but did not include the individual issuing of detention orders to individual persons being detained, such as under the hotel quarantine program.
15. I have not been an authorised officer in the hotel quarantine program.
16. I am a human biosecurity officer for the purposes of the *Biosecurity Act 2015* (Cth) and exercise powers in relation to Listed Human Diseases, of which human coronavirus with pandemic potential (novel coronavirus 2019 (nCoV-2019)) is one such disease. The management of people who may have a Listed Human Disease at an international border falls under the jurisdiction of the Commonwealth Department of Agriculture, Water and Environment, and under that arrangement, human biosecurity officers authorise screening

and transfer of persons who may have a Listed Human Diseases to state public health arrangements.

Question 3. What role did you play in the Hotel Quarantine Program and what were your responsibilities in that role?

17. My roles and responsibilities have changed over the course of the hotel quarantine program.
18. From around 24 March 2020 and at the start of the hotel quarantine program until about 16 April 2020, I was the DPHC - Planning. This role started with a focus on broad public health control measures, especially advising on physical distancing policy, isolation of suspected and confirmed cases, and quarantine of people at higher risk of infection, such as close contacts or returned travellers from overseas. At the same time, I was providing advice on a range of a public health control measures and hotel quarantine was one manifestation of such a measure. Within this portfolio, one of my core responsibilities was to work with the PHC, in particular with respect to advice regarding exemptions from detention in hotel quarantine.
19. Together with the Department's Infection Control Consultant, in March 2020, I approved the Department's cleaning and disinfection guidelines, *Cleaning and disinfecting to reduce COVID-19 transmission: Tips for non-healthcare settings*.¹ Those guidelines are publicly available on the Department's website since about 20 March 2020 (**Cleaning Guidelines**).
20. The purpose of the *Cleaning Guidelines* was to provide advice on cleaning and disinfecting to reduce the risk of COVID-19 transmission in all non-healthcare settings in Victoria. The document was intentionally drafted to be applicable to all non-healthcare settings to minimise the risk of confusion about what standard should be applied to particular settings. The principles in the document apply to domestic settings, office buildings, small retail businesses, social venues and all other non-healthcare settings. Hotels are identified on the second page, in the context of cleaning where a suspected or confirmed case remains in a facility that houses people overnight (the examples given include a boarding house or hotel).
21. The *Cleaning Guidelines* includes a title, "How to clean and disinfect", which explains the process of wearing gloves at the time, thoroughly cleaning surfaces using detergent and water and then applying disinfectant to the area and ensuring surfaces remain wet for the period of time required to kill the virus. It addresses the appropriate PPE to be used when cleaning, including that gloves should be worn when cleaning and disinfecting. While eye protection, masks and gowns are not required for routine cleaning, a surgical mask and eye protection may provide a barrier when undertaking cleaning and disinfection for suspected and confirmed cases, along with a full length gown if there is visible contamination with

¹ *Cleaning and disinfecting to reduce COVID-19 transmission: Tips for non-healthcare settings*, DHS.0001.0015.0323.

respiratory secretions. The Guidelines advises that advice on correctly wearing PPE should be obtained by the reader's health and safety consultant. Finally, the Cleaning Guidelines also explains the appropriate disinfectants to use, including to prepare an appropriately concentrated 0.1% bleach solution (1000ppm) for disinfection.

22. I was also involved in instigating the development of other specific policies relating to healthcare and wellbeing for detained individuals, and assisted with some compliance policies. I discuss my involvement in instigating policy and procedure documents in my answer to question 4.
23. In late March and early April, I oversaw the preparation of the draft *COVID-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan dated 4 April 2020* (the **Physical Distancing Policy**).² The Physical Distancing Policy explains the effect of the various control measures (including restrictions) which aimed to reduce the spread of COVID-19 and is explained further in paragraph 46 below.
24. I commenced preparing the Physical Distancing Policy before National Cabinet's announcement that returning travellers were to be quarantined. At the time, the document was focussed on other aspects of public health control measures for COVID-19, except for case and contact management, because that was addressed by the COVID-19 Case and Contact Management Guidelines for Health Services and General Practitioners (**CCOM Guidelines**). I was also responsible for overseeing the preparation of many of the early editions of the CCOM Guidelines. This process began in January 2020 when we first became aware that we may have a COVID-19 case in Victoria. The CHO issued an alert on 10 January 2020 and we prepared the CCOM guidelines as a document that would describe how to minimise the risk of COVID-19 in healthcare settings. In preparing this document, we sought advice and input from relevant stakeholders including all major health services (Austin Health, Alfred Health, Monash Health, Melbourne Health as examples) and experts, including **REDACTED** and others. The guidelines are routinely updated, and when changes are made we share those changes with general practitioners and health services including highlighting changes.
25. After the announcement of mandatory quarantine (I was unaware of it until it was announced), I updated my then draft of the Physical Distancing Policy to address the mandatory detention of returned travellers to address their healthcare and welfare as well as the protocols applicable to Authorised Officers. I did this with the objective of having a single policy and procedure document addressing the mandatory detention of returned travellers.

² Earlier drafts of this plan bear different names and subsequent to 16 April 2020, I understand it was titled the Draft Mandatory Health and Welfare Plan.

26. Under the Physical Distancing Policy, until on or around 16 April 2020, my role as the DPHC Planning was to:
- (a) report to the PHC in relation to enforcement of and compliance with physical distancing interventions relating to directions;
 - (b) in respect of hospital or other Directions exemption requests:
 - (i) sit on an informal panel with Compliance Lead and Legal Services which considers priority 2 (complex, lower/medium urgency) hospital visitor or other Directions exemption requests; and
 - (ii) assess submissions for exemptions considered reasonable by the Compliance Lead and recommend outcomes required by the PHC. This is explained further below.
27. Between 28 March 2020 until around 16 April 2020, in broad terms, as DPHC Planning, I also provided advice to the then DCHO/PHC⁹ on decisions about whether a grant of leave from detention should be made and executives within the detention program would, from time to time, seek public health advice on some welfare matters, and public health policy matters.
28. Although I was not the State Health Coordinator or the lead for detainee welfare (roles with health and welfare responsibilities), I did provide advice, when asked, about issues arising relating to the health and wellbeing of people in detention. From the commencement of the hotel quarantine program, at the end of March 2020, to about 15 April 2020, I was involved in providing advice and public health guidance in relation to physical distancing and enforcement and compliance actions in response to requests that came to me from within the Department. Typically, these requests were escalated to me from the Director of the Health and Human Services Regulation and Reform in the Department who became the Enforcement and Compliance Commander. If I was not able to resolve an issue, or if it was outside the scope of my normal remit, I escalated the matter to the PHC usually with a recommendation as to how I considered it ought to be resolved.
29. Typically, these matters and other issues that came to me would be raised with me by telephone or email and I was asked to provide guidance about how to respond to particular circumstances. I would provide guidance, usually by drafting a guidance document or sending guidance in an email.
30. As DPHC Planning, I took an active role in advocating on behalf of the PHC/DCHO and CHO for a central location for all plans that drive actions and an involvement by Public Health Command in the operational structure for the hotel quarantine program, including recommending clear governance, clear lead roles, and comprehensive operational plans to

⁹ The role of PHC is now filled by the CHO.

assist officers and detainees. In mid-April it was decided between the PHC/DCHO and the State Controller that the PH-IMT would be responsible for providing policy and procedures and the Emergency Operations Centre would be responsible for implementing those procedures.

31. I was not involved in settling content of the Operation Soteria Plans but from conversations with my colleagues, I think that some of the material I worked on in the Physical Distancing Policy made its way into the Operation Soteria Plans as healthcare standards.
32. In providing public health advice on the issues I identify in this answer, I would prepare my advice having regard to the PHWA and the existing Victorian policy and regulatory framework and based on national guidance including by the Communicable Diseases Network Australia in the Series of National Guidelines for COVID-19 (**CDNA SoNG**), the national guidelines for COVID-19 communicable disease control. I also had regard to Australian Health Protection Principal Committee (**AHPPC**) advice and public statements, and international literature and guidance published by public health entities including the World Health Organisation and the Centers for Disease Control and Prevention. From time to time, as may have been required, I also typically would consult my colleagues or other experts in the relevant area before preparing a document.
33. An example of this relates to the preparation of a smoking policy for people in hotel rooms. Around 1 April 2020, I prepared a policy within the existing legislative and regulatory framework and provided it to the PHC for approval. It was approved and I then communicated the policy to the Director of the Health and Human Services Regulation and Reform in the Department who had made the request.⁴
34. Another example, which also arose on 1 April 2020, concerned a policy for unaccompanied minors who were Victorians arriving back from overseas. I drafted a policy for inclusion in the draft Physical Distancing Policy for implementation.⁵
35. Policies addressing these matters and other matters were then recorded in the draft Physical Distancing Policy (dated 4 April 2020).⁶
36. Another issue I was engaged to advise on, early in the program, was the exercise of the discretion not to detain a person (referred to in the questions I have been asked as 'exemptions' from detention) and permissions to temporarily leave detention. In the former category of case, a person was not exempted from detention but was not given a notice of detention to be detained in hotel quarantine. This relates to question 12.

⁴ Email to Meena Naidu, 1 April 2020, DHS.5000.0096.3347.

⁵ Email from me, 1 April 2020, DHS.5000.0075.1034.

⁶ COVID-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan, 4 April 2020, DHS.5000.0123.3241.

37. Typically, I was asked to provide advice and guidance on complex requests but the ultimate decision maker on these matters was either the PHC or CHO. I would consider the circumstances of a request, and make a recommendation to the PHC. I was not always involved in those ultimate decisions, but until about 15 April 2020, I generally was consulted.
38. In early April, my team (the PH-IMT Planning Cell) prepared the *COVID-19 – Interim Healthcare and Welfare Mandatory Quarantine plan*.⁷ This document was a single policy and procedure addressing the healthcare and welfare of people in mandatory quarantine. It was prepared as a document to be used by those operating the hotel quarantine program. I also discuss this document below at paragraph 48.
39. I am aware that the DCHO was also keen to improve governance and plans and was engaged in discussions with the State Control Centre. On 15 April 2020, Dr van Diemen communicated to me the outcome of her discussions with the State Controller and advised me that it was agreed that the PH-IMT would be responsible for the creation of policy and associated procedures for health and welfare of passengers while the “Emergency Operations Centre was responsible for the operationalising of all policy and procedures including logistics and rostering at hotels etc”.⁸
40. Working within the agreed framework, members of the Physical Distancing cell advanced the preparation of the *Healthcare and Welfare Mandatory Quarantine plan*. On 17 April 2020, I circulated by email a further Draft Mandatory Quarantine Health and Welfare Plan to the DCHO, CHO and State Controller with my observations that the document was continuing to be finalised but as a holding policy contained what I thought to be the current position on healthcare and welfare including exit arrangements.⁹ On 18 April 2020, I submitted the Mandatory Quarantine Health and Welfare Plan to the State Controller, for endorsement.¹⁰ I ceased to have a detailed involvement in these matters after this date. Members of the Physical Distancing Cell reporting direct to the PHC took on responsibility for those matters.
41. In addition to overseeing the preparation of policies and procedures, my team and I reviewed and drafted documents that were given to detainees to explain the process of discharging them from hotel quarantine. I recall that in the lead up to the first group of detainees being released, I advocated and was responsible for the distribution of an initial version of such a document. Later, on 18 April 2020, I reviewed a new version of the factsheet to be provided for new arrivals into hotel quarantine.¹¹ This is also relevant to question 12.

⁷ Interim Healthcare and Welfare Plan for mandatory quarantine dated 11 April 2020, DHS.5000.0126.1658.

⁸ Email from Dr van Diemen, 15 April 2020, DHS.5000.0126.1654.

⁹ Email sent by me, 15 April 2020, DHS.5000.0111.4902 attaching 'Protocol for AO -Direction and Detention notice' DHS.5000.0111.4903 and Draft Mandatory Quarantine Health and Welfare Plan DHS.5000.0111.4966.

¹⁰ Email from me, 18 April 2020, DHS.5000.0110.7942.

¹¹ Email to me, 18 April 2020, DHS.5000.0124.5308 attaching DHS.5000.0124.5310, DHS.5000.0124.5314 and DHS.5000.0124.5316.

HEALTH AND WELLBEING OF PEOPLE IN QUARANTINE

Question 4. What measures were in place to manage the healthcare and wellbeing of people in quarantine? If your answer differs for different time periods, or for different locations, please specify.

42. I have partly answered this question in my answer to question 3.
43. The healthcare and wellbeing of people in quarantine has always been a deep area of consideration for me and was a focus of my involvement in the hotel quarantine program. This is partly because the Public Health Command function and role, exercised through me at that time in relation to hotel quarantine, is accountable for the detention of persons, the rules around detention, and the rationale for detention in order to manage a public health risk.
44. However, I was not involved in overseeing the implementation of the policies or procedures I discuss in my statement. Specifically, I was not aware of how health and welfare was being promoted in hotel quarantine by Operation Soteria staff pursuant to the documents I identify here, or pursuant to other documents.
45. While I believe that some of the measures I was involved in advising on in early April were continued (in that they were later found in the healthcare standards in the Operation Soteria Plan), I am unable to speak beyond the period from about mid-April 2020 because I was not involved after that date in the preparation of the policies and procedures to address healthcare and wellbeing of people in quarantine. Until mid-April, I did provide guidance upon request about matters relating to healthcare and wellbeing for those in hotel quarantine, as I explain in this statement. After mid-April 2020, my focus turned to state-wide physical distancing policies, outside hotel quarantine, and the public health effort to control COVID-19 in Victoria more generally.
46. As I have stated above, in my role as DPHC Planning, I was responsible for the preparation of the **Physical Distancing Policy**.¹² This document described a strategy and recorded the protocols for the physical distancing response to COVID-19 and also described many aspects of the compliance and enforcement policy for directions issued by the DCHO including the mandatory detention policy. The document included policy and procedures to address the health and wellbeing of people in mandatory quarantine by identifying risks that may arise. Colleagues responsible for welfare contributed content on welfare checks.¹³ I was not responsible for welfare checks and do not know how welfare checks were conducted.

¹² COVID-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan, 4 April 2020, DHS.5000.0123.3241.

¹³ Ibid, page 27-34.

47. The document also indicated the process for assessing and managing exemption requests, having regard to the public health objectives of minimising the spread of COVID-19 and thus the consideration of whether to grant an exemption while minimising the risk of exposure of people who could be infected with COVID-19 to others. Given those fundamentals to the public health control of COVID-19, a policy to link the controls and means to agree how compliance was managed seemed important. Shortly afterwards, with the introduction of a hotel quarantine program which extended the previous policy of self-quarantine for returned travellers, that draft policy was expanded to include hotel quarantine matters and draft protocols, including health and welfare, and compliance. This was especially as the need for extremely careful management of all persons in hotel quarantine was clear.
48. On 3 April 2020, I provided the then *COVID-19 – Interim Healthcare and Welfare Mandatory Quarantine plan* (the **Interim Plan**)¹⁴ to the DCHO and CHO¹⁵ for endorsement and circulated that plan to those with responsibility within the Department for operational aspects of the hotel quarantine program. This was selected content from the Physical Distancing Policy that related to healthcare and welfare and compliance. Around 9 and 10 April 2020, I forwarded the draft to Operation Soteria via the State Control Centre stating that the plan was with the DCHO and CHO for approval, but that it was useable as the working approach.¹⁶ I expected that the plan would be implemented prior to its final approval.
49. The measures in the Interim Plan to manage the healthcare of people in quarantine until around mid-April included matters relating to the provision of healthcare, including medical care, pathology and pharmacy services, nursing and mental health care, access to transport to hospital if required and emergency care.
50. The measures relating to the welfare and wellbeing of people in quarantine until around mid-April included an initial assessment of welfare, provision of information to guide some choices about accommodation, welfare check requirements, smoking and fresh air breaks and exercise protocols, and protocols relating to alcohol and drugs, nutrition and food safety, care packages and safety and family violence risks. Further measures included notes on the desirability of provision of a COVID-19 positive floor or area, a requirement for PPE equipment, actions for confirmed cases of COVID-19, and protocols for exit from quarantine.
51. It is my understanding that many of these measures as documented in the Interim Plan were used in hotel quarantine program because I frequently discussed them with my colleagues, particularly exemptions and permissions to leave. However, I do not know with certainty whether all of the measures were adopted by Operation Soteria.

¹⁴ Interim Healthcare and Welfare Plan for mandatory quarantine dated 11 April 2020, DHS.5000.0126.1658. This document captured the authorising environment, and relevant content relating to mandatory detention.

¹⁵ Email from me to the DCHO and CHO, 4 April 2020, DHS.5000.0123.3240 attaching DHS.5000.0123.3241.

¹⁶ Email from me, 4 April 2020, DHS.5000.0095.9277.

Question 5. In your view, were those measures adequate and appropriate? Why or why not?

52. I believe the proposals in the draft documents I oversaw were adequate and appropriate because they were based on the best practice advice from experts and people with responsibility for those areas within the Department at the time they were prepared. I was not accountable for the implementation of the policies and did not have data or intelligence to confirm whether or to what extent they were implemented by Operation Soteria.

Question 6. How were decisions made, and what factors were taken into account, when determining which detainees (or groups of detainees) could be placed in locations with, or separated from others?

53. These decisions were not within my role and I am not aware of how these decisions were made.
54. In relation to whether travelling groups or families stayed together within a hotel room or were provided separate rooms, I did advise when requested by Operation Soteria that detainees should be offered – if possible – the option of separating at the outset. This was because the quarantine period might be extended if a person was not separated and if one person was subsequently confirmed to be infected with COVID-19. I understand this extension did occur on some occasions, although detainees did report in some cases that they would still have remained with their partner even if given an option.
55. I did advise as part of a proposed unaccompanied minors policy that an unaccompanied minor who is normally resident in Victoria should only be detained in hotel quarantine if their parent / guardian joined them in detention, as a safety measure to avoid detention of unaccompanied minors alone.¹⁷

¹⁷ Email from me, 1 April 2020, DHS.5000.0075.1034.

RYDGES CARLTON AS A "HOT HOTEL"**Question 7. Who decided that there would be a "hot hotel" and who decided that it would be the Rydges Hotel on Swanston St in Carlton (Rydges Carlton)?**

56. I do not know who made the final decision that there would be a "hot hotel" or that the hot hotel should be the Rydges Carlton. I was involved in and aware of discussions relating to the issue, as I set out below.
57. The idea of having a "hot hotel" is a manifestation of the concept of "cohorting", which is the practice of isolating individuals with an infectious disease together, and separate from others who do not have that disease. This is a sound public health approach when managing risk from an infectious disease, also known as a communicable disease. This general approach aims to concentrate the risk of transmission of infection by reducing the exposure of susceptible people, and so can facilitate control over the spread of the infection. For this reason, it is a technique used in communicable disease control.
58. I indicated support for the idea of COVID-19 positive individuals within the hotel quarantine program being moved to a dedicated hotel on 30 March 2020.¹⁸ The following day, on 31 March 2020, in the context of an arriving passenger with COVID-19, I passed on the PHC's recommendations in relation to how to appropriately manage that individual, including recommendations in relation to personal protective equipment (PPE) and that "the Chief Health Officer has advised cohorting of positive COVID-19 cases in hotels should ideally be in one hotel only, or if necessary, on one floor of a hotel".¹⁹
59. In an email of 3 April 2020, I mentioned that the cohorting of COVID-positive individuals, either on a single floor of a hotel, or in a particular hotel might be undertaken in the future. I understand that by 6 April 2020, COVID-positive individuals started to be cohorted into a single floor of a hotel. I do not know who made the final decision to enact a policy to establish a 'red zone' or cohorting of positive cases on one floor of a given hotel.
60. I do not know of any further steps that were taken in relation to having a "hot hotel" until 7 April 2020, when my views were sought by the DHHS Commander on standing up an entire hotel for all COVID-positive individuals subject to hotel quarantine. I indicated that I thought it was a good strategy and endorsed the idea.²⁰
61. As acting PHC, I recall attending an Accommodation Response – Governance Taskforce teleconference on 8 April 2020. At that meeting, I learned that formal steps were being taken

¹⁸ Email from me, 30 March 2020, DHS.5000.0054.6660.

¹⁹ Email to me, 31 March 2020, DHS.5000.0054.9039.

²⁰ Email to me, 7 April 2020, DHS.5000.0131.0503 attaching DHS.5000.0131.0507.

to use the Rydges Carlton as the "positive hotel". I did not object to the idea during that teleconference. As I explained, I do not know who made the final decision to establish a "hot hotel", or who made the decision that it should be the Rydges Carlton.

Question 8. What was the rationale for creating a "hot hotel"?

62. I do not know the specific rationale underlying the decision to make the Rydges Carlton a "hot hotel". However, I have explained a more general rationale for why cohorting was likely adopted in the form of a "hot hotel" in my answer to question 7, above.

Question 9. What (if any) additional control measures were implemented when it was decided to use the Rydges Carlton as a "hot hotel"? Please provide details, including relevant documents.

63. I was not involved in overseeing infection prevention and control (IPC) in the Hotel Quarantine Program, so I am not aware of what specific control measures were put in place in the Rydges Carlton when it was decided to be used as a "hot hotel".

Question 10. In your opinion, were the infection control measures at the Rydges Carlton when it was a designated a 'hot hotel':

(a) appropriate?

(b) adequate?

Why? Why not?

64. As I answered to question 9, I am not aware about the specific infection control measures at the Rydges Carlton that were in place when or after it was a designated as a "hot hotel". I therefore cannot comment on whether they were either appropriate or adequate.

Question 11. Why was there a subsequent decision to involve Alfred Health in the management of 'hot hotels' in the Hotel Quarantine Program?

65. I do not know why Alfred Health was selected for this task.
66. Having worked with staff at The Alfred in relation to communicable disease control issues over many years, I am aware that Alfred Health have experienced leaders in infectious diseases and infection prevention and control. There are likely to be benefits gained by

involving experienced people from a public health service in overseeing IPC, as the oversight of infection prevention and control is an important function within a public hospital.

END OF DETENTION

Question 12. What was the policy for when people were permitted to exit quarantine? If a different policy applied at different times, or in different locations, please specify. Please provide any relevant documents.

67. In this answer, I refer to the policy for exiting people who had been detained in hotel quarantine due to their status as returning travellers.
68. Separately, there were occasionally people who had returned from overseas but were not detained, for example because they were transiting to another state due to being an unaccompanied minor as part of an agreement with that state that they would quarantine in that other state.
69. Outside hotel quarantine, Victorians identified as close contacts of a confirmed case of COVID-19 also face a requirement to self-quarantine under Diagnosed Persons and Close Contacts Directions²¹ as in force at the time, normally at a premises at which they normally reside. Those people normally exit that form of quarantine at the time specified in a notice provided by the Department, which is typically 14 days after the last time of close contact, provided they have not become infected with COVID-19.
70. In the period of hotel quarantine in which I was most involved, up to about 15 April 2020, I was aware of three categories of circumstances where a person may be permitted to exit quarantine: first, where they were given a grant of leave from the place of detention on a temporary basis before being required to return; second, where they were given grant of leave to serve the period of quarantine detention at an alternative location; and third, where they had been in quarantine detention for 14 days.
71. If a person was in mandatory quarantine and wanted to be exempted from the requirement to quarantine, they needed to apply for a grant of leave. I believe that the circumstances in which such applications were granted were limited to those in the Physical Distancing Policy on page 22, namely where:
- (a) a person required medical treatment in a hospital (typically providing for leave for a temporary period);
 - (b) a person has recovered from confirmed COVID-19 infection and is released from isolation (providing for a person to leave mandatory quarantine without needing to return);

²¹ Isolation (Diagnosis) Direction (No 2), 13 April 2020, DHS.5000.0006.3169; Diagnosed Persons and Close Contacts Directions, 11 May 2020, DHS.5000.0006.9729.

- (c) an unaccompanied minor in certain circumstances (which was rare but might involve a temporary period or the full quarantine period); and
 - (d) instances where a person had a reasonably necessary requirement to leave the room for physical or mental health needs or on compassionate grounds. This category required that exceptional circumstances be demonstrated, and could be for a temporary period or for the full quarantine period.
72. The decision-making process for each type of consideration of grant of leave from detention involved a request, consideration of the circumstances including human rights considerations, an assessment of public health risk and a decision. There was a stated requirement for these requests to be processed in a timely way by an authorised officer working directly to the Lead Executive - Compliance and Enforcement. My role was to advise on the decision-making and in some cases to arbitrate as to the degree of public health risk likely and measures to mitigate that risk, and in some cases to endorse advice to the DCHO/PHC to permit a grant of leave.
73. In relation to people who had served their 14 days of hotel quarantine, I was involved in preparing documentation for the first group of people who had entered hotel quarantine with regards to their leaving quarantine.
74. Returned travellers who had arrived in Victoria on Sunday 29 March 2020 had received detention orders that expired at midnight on Sunday 12 April 2020. In the leadup to that day, I was quite involved with the Lead Executive – Enforcement and Compliance in a number of assessments in relation to grants of leave and the documentation and processes that were necessary for that cohort of returned travellers, and for those who had arrived subsequently. These assessments did involve, in some cases, determining how to continue a person's management under the directions that applied in the community at the time under the PHWA, including having regard to whether or not they had COVID-19.
75. My involvement in the exit process was to advise on the timing of exit, the safe process for exit, whether a health check should be required, and what should occur if a person was unwell prior to exit or had been tested and the result was not yet shown to be negative. I understand that the preparation of documentation and notices under the PHWA in advance of the imminent departure was undertaken by the Lead Executive – Enforcement and Compliance and I was not involved in that preparation.
76. We needed to address the situation of people leaving quarantine detention that were and were not COVID-19 positive, and who had or had not recently been tested due to symptoms, and also had to manage the process such that no one remained in hotel quarantine after 14 days and the detention notice had expired. For this latter reason, I was an advocate for people being able to leave a few hours ahead of the time of expiry of the detention notice and

that the exit process should be started early on the relevant day. That led to some people exiting a few hours before 14 calendar days were up. It seemed to be a better approach than to risk people staying in quarantine longer than the notice provided for.

77. A further situation requiring judgment was what to do if someone whose detention period was ending was a confirmed case of COVID-19. Our assessment was that it was appropriate for someone to leave mandatory detention if they were a confirmed case of COVID-19 so long as we transitioned the person to a safe place to self-isolate for the remainder of their infectious period, as was required under the Diagnosed Persons and Close Contact Directions in force at the time, in keeping with other diagnosed persons already self-isolating in the community. This was because the key public health imperative was knowing whether or not someone was infected with COVID-19, and being clear with the person what actions were needed to prevent transmission. That way, we could agree and implement clear isolation arrangements, with a recognition between the person and the department that the person was potentially infectious and must carefully isolate.
78. We also permitted a person to leave quarantine at the time even if they had recently been tested, because we wanted to encourage people to take up testing towards the end of their quarantine period (which was not and is still not legally mandatory). It seemed that some people may have been motivated to decline testing and to decline to disclose symptoms, because they wanted to leave quarantine and might believe this would not occur if they got tested. If they were to hide any symptoms, they might exit quarantine whilst infectious and may not appropriately isolate. Put another way, given that people wanted to leave hotel quarantine, the concern was that some people would hide their symptoms or refuse to get tested, and then exit hotel quarantine in an uncontrolled and potentially unsafe manner.
79. To this end, we prepared different notices to be issued to people leaving detention, depending on whether they were confirmed to be infected with COVID-19 or not. These were formal directions under the Act and required the same approach as in the community – self-isolate if positive. I advised on the appropriate transportation that would be needed for such an exit, to ensure the safety of persons including the following of infection control principles and for cleaning and disinfection to occur. This included advising that it occur by non-emergency patient transport (NEPT) while wearing PPE or via Ambulance Victoria transport if needed, as opposed to using commercial passenger vehicles such as a taxi.
80. On behalf of the DCHO/PHC I endorsed a policy to introduce day 11 testing of people in mandatory quarantine detention. This was an evolution of the thinking around the exit of people from quarantine and eventually involved a 10-day extension of hotel quarantine being

introduced for people who refused the day 11 testing. I was not involved in that latter approach.²²

RESERVATIONS AND REFLECTIONS

Question 13. Did you, at any time, have any reservations about any aspect of the Hotel Quarantine Program? If so, what were those reservations and to whom did you convey them? What was their response?

81. As with the management of any complex program, as the situation changed, so did our response. In that context, I would from time to time identify potential ways we could improve the hotel quarantine program and would provide advice to the relevant people. As far as I am aware, this advice was heard and where possible, implemented. I outline below some of the observations and advice as to potential areas for improvement, and the responses I received.
82. I reflect that it is possible that if the CHO had been the State Controller – Health for the COVID-19 public health emergency, public health expertise may have been more embedded in the governance of the hotel quarantine program.
83. In order that public health risks were carefully and consistently managed, in early April, I formed the view that it was important for experienced public health staff to have an opportunity to design and influence the hotel quarantine program and to participate in its governance at the highest level. This was not least because the detention of people was arising through an assessment by public health of the need for the program and that it arose through the authorisation of the DCHO (and the CHO's advice that a declaration of a state of emergency should occur, enabling the exercise of the relevant powers under the PHWA). For these reasons, I provided advice, alongside the DCHO and the CHO, on 9 April 2020 to the State Controller, that there should be a review of the program's governance, establishment of a line of accountability to the DCHO/PHC for policy, and clearly identified leads reporting to that line of accountability across healthcare and welfare, compliance, and logistics.
84. Further to that advice, I observed that there could have been merit in conceiving or managing the hotel quarantine program as a health program or public health program, implemented with a public health approach, with embedded aspects of healthcare and welfare, compliance, and accommodation or logistics. From what I could see, the program was characterised and managed predominantly as an accommodation or logistics program. I drew

²² Email from me, 9 May 2020, DHS.5000.0119.6251 attaching DRAFT - Enhanced testing programme for COVID-19 in mandatory quarantine, DHS.5000.0119.6252.

this view from observations of the appointment of senior leadership figures that did not have significant public health experience, and that the Operation Soteria governance meetings I attended did not involve the PHC initially, and did seem to me to focus heavily on logistics considerations. While the program had significant logistical challenges attached to its implementation at that time, these were part of the challenge only and I felt that public health considerations needed to be concurrently addressed.

85. At a number of points up to and including 10 April 2020, I advised the PHC/DCHO and CHO about the advisability of a unified plan for the healthcare and wellbeing of people in hotel quarantine program and the need for public health command oversight in the operation of the program given the people detained were being detained under the direction of the DCHO and CHO. This advice was acknowledged and I was encouraged to oversee the compilation of a plan covering policy around healthcare, welfare and compliance protocols in particular, which I did by adapting the Physical Distancing Policy commenced around 26 March 2020 which at the time had a broader focus.
86. After discussion with the DCHO and CHO, I wrote to the State Controller to provide advice to request a unified plan, which I advised could benefit from being clear and comprehensive, to promote consistent approaches.²³ I also attended the State Control meeting on 10 April 2020 and provided this advice at that forum. I provided a draft plan with many of these elements to the State Controller on 10 April 2020 for consideration of adoption. Subsequently I spoke to the Deputy State Controller – Health on that day about those needs, and was advised to raise them directly with the State Controller which I did. I also discussed the importance of clear governance, accountability and a healthcare and welfare plan with the State Health Coordinator that evening, who I recall was agreeable with the advice and indicated there would be actions taken to progress the matters.
87. In response to advice to the State Controller, the State Control Centre provided a draft operating plan, which I reviewed and provided feedback about with the advice that the more detailed plan we had drafted could be used.²⁴ The subsequent draft *COVID-19 – Interim Healthcare and Welfare Mandatory Quarantine plan*²⁵ referred to in paragraph 38 above, was prepared to provide a comprehensive single source document to address these issues.
88. An example of one of these issues was the searching of people's bags or care packages being delivered to people in hotel quarantine. I considered this to be inconsistent with the rights of people in hotel quarantine and not required to address public health risk. The practice motivated me to advise Operation Soteria that there was a need for clear plans

²³ Request - Governance and Planning for Mandatory Quarantine Programme (aka Operation Soteria), DHS.5000.0053.6677.

²⁴ Email from me, 10 April 2020, DHS.5000.0077.8484 attaching DRAFT COVID-19 Mandatory Quarantine Healthcare Welfare and Compliance Plan 9 April 2020, DHS.5000.0077.8485.

²⁵ Interim Healthcare and Welfare Plan for mandatory quarantine dated 11 April 2020, DHS.5000.0126.1658.

detailing what Authorised Officers and other staff involved in Hotel Quarantine could and could not do. This advice was drafted in the Physical Distancing Policy.

Question 14. Did you have any views as to the role(s) that should be played by:

(a) Victoria Police; and

(b) Australian Defence force personnel,

in relation to the Hotel Quarantine Program? If so, what were those views, and to whom were they expressed?

89. No, I did not have any views about those matters.

Question 15. What, if anything, do you consider that:

(a) the Department;

(b) other government departments or private organisations;

(c) you,

should have done differently, in relation to the Hotel Quarantine Program?

90. Many staff from the department, other government departments, agencies and other entities worked very hard in challenging circumstances to establish the hotel quarantine program at short notice and in a complex and challenging environment.

91. I have advised above on the key matters that, in retrospect and with the passage of time and experience, could have had more focus or where the governance of the response may have benefitted from a different structure or focus.

92. With what is now known about the degree of infectiousness of COVID-19, and the ease with which even asymptomatic and minimally symptomatic persons can transmit infection person to person or indirectly through contamination of the environment, I reflect that I would have devoted more focus on ensuring that Operation Soteria had detailed, peer reviewed and audited infection prevention and control arrangements.

FURTHER INFORMATION

Question 16. If you wish to include any additional information in your witness statement, please set it out below.

93. I would like to acknowledge the hard work and dedication of my colleagues in public health, who worked tirelessly to protect the health of Victorians in this unprecedented public health emergency. Circumstances changed rapidly, and were incredibly complex and challenging, requiring decisive action in the face of uncertainty, based our expertise and knowledge.
94. Public servants from many departments and agencies, across the disciplines of public health nursing, environmental health, public sector management, regulation and public health medicine, worked long hours, made difficult decisions and deployed their expertise and knowledge to protect the health and wellbeing of all Victorians.

Signed at Melbourne

in the State of Victoria

on 9 September 2020



Dr Finn Romanes