



Emergency Management Manual Victoria



The Emergency Management Manual Victoria is issued by Emergency Management Victoria. The Manual complies with the requirements of the *Emergency Management Act 1986* (1986 Act) and *Emergency Management Act 2013* (2013 Act) as follows:

Act and Section	Requirement	Location in the Manual
1986 Act		
21(5)	Guidelines for municipal emergency management planning	Parts 6, 6A
2013 Act		
53(1)	State Emergency Response Plan	Part 3
54(a)	Agencies primarily responsible for responding to specified emergencies (control agency)	Part 7
54(b)	The coordination of agencies' activities in support of control agencies	Parts 3, 4, 7
54(c)	Specify the roles of agencies in the event of an emergency response	Parts 3, 4, 7
54(d)	Provisions (acts, matters or things) relating to consequence management	Part 3
54(e)	Specifying roles and responsibilities of response coordinators	Part 3
54(f)	Define response regions	Part 8, Appendix 8
59(1)	State Emergency Relief and Recovery Plan	Part 4
60(a)	Specify the roles of agencies in emergency recovery	Parts 4, 7, 8
60(b)	Specify the Department or agency responsible for coordinating particular aspects of recovery, including recovery at the regional level	Part 4
60(c)	Provisions relating to coordination of recovery activities of agencies	Part 4
60(d)	Define recovery regions	Part 8, Appendix 8

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About the Manual

Emergency management is one of the essential activities of any community. At its most comprehensive, emergency management involves implementation of protective safety strategies, acting during emergencies to reduce personal injury and losses of life, property and the environment, and the assisting of people to recover and continue with their lives. These tasks require the combined expertise and resources of the emergency services, other government and private organisations, municipal councils and the people of the whole community.

Victorians can be justifiably proud of their emergency management arrangements, which have been developed after some major and destructive emergencies, involving massive losses to the State and its people. The arrangements have since proven effective in many large and small emergencies, and justify the effort that goes into maintaining them.

Comprehensive emergency management requires participation by many organisations and individuals who understand their particular roles and responsibilities.

This manual integrates into a single multi-part book the principal policy and planning documents for emergency management in Victoria. While primarily intended for an audience of emergency management practitioners, the manual is designed also to be of interest and use to those who simply need to understand more about the arrangements and how they operate.

It is designed to provide information and guidance on what the emergency management arrangements are, the role of the various organisations within them, and the planning and management arrangements that bring all the different elements together.

The manual provides essential information for people who have a direct involvement in emergency management, whether in a full-time capacity, an occasional component of their normal duties, or perhaps as an emergency service volunteer. For those with specific planning responsibilities, the manual provides policy guidance on emergency management planning in the municipal and regional situations.

Part 1 is intended for all users as an introduction to the manual and to the emergency management arrangements. Part 2 is about mitigation while Parts 3 and 4 set out the principles and practice for operational management, covering response and recovery. Parts 5, 6 and 6A focus specifically on planning at state and regional, and municipal levels respectively.

Part 7 sets out agencies' emergency management roles, both individually and in the specific contexts of the response and recovery arrangements. Part 8 contains specific explanatory information in appendices and a glossary. Part 9 contains the *Emergency Management Act 1986* and *Emergency Management Act 2013* as essential reference material.

Part 10 is a contact directory for emergency management agencies. It is only available to emergency management agencies.

The manual is continually revised and updated, not only to account for changes in agency contact information, but also to describe and define improvements and changes in the management of emergencies and the inter-organisational arrangements.

Updates are available from the website www.emv.vic.gov.au/policies/emmv. You can register to be advised when they are available. Alternatively users can purchase a print subscription from Anstat. Users of the manual are also invited to suggest improvements and amendments. Please send them to the address shown for inquiries about content.

This manual is produced by Emergency Management Victoria. Ensuring the information it contains is accurate and current would not be possible without the contributions and assistance of many people covering all the organisations identified within its pages.

Consolidated Contents

Part 1 Emergency Management in Victoria

1.1 Introduction	1-1
1.2 Emergency Management in Victoria — A Brief History	1-1
1.3 Concepts and Objectives	1-4
1.4 Victoria's Emergency Management Framework	1-10
1.5 Components of Emergency Management	1-15
1.6 Terrorism: Issue Based Violence	1-18
1.7 Special Provisions of the Emergency Management Act 1986	1-19

Part 2 Emergency Risk Management and Mitigation in Victoria

2.1 Introduction	2-1
2.2 Mitigation and Risk	2-1
2.3 Mitigation at a National Level	2-5
2.4 Mitigation at a State Level	2-6
2.5 Mitigation at the Municipal Level	2-8

Part 3 State Emergency Response Plan

3.1 Document context	3-1
3.2 Emergency response context	3-3
3.3 Operational roles and responsibilities	3-6
3.4 Collaboration	3-15
3.5 Community	3-23
3.6 Capability	3-29
Appendix A – Role statements	3-31
Appendix B – The process for appointing and deploying controllers	3-40

Part 4 State Emergency Relief and Recovery Plan

4.1 Introduction	4-1
4.2 Emergency management context	4-2
4.3 Relief and recovery are community focused	4-6
4.4 Operational governance	4-7
4.5 Relief and recovery planning	4-13
4.6 Relief assistance	4-19
4.7 Recovery assistance	4-23
4.8 Plan administration	4-51

Part 5 State and Regional Emergency Management Committees

5.1 Introduction	5-1
5.2 Committees in Emergency Management	5-1
5.3 State Crisis and Resilience Council (SCRC)	5-2
5.4 SCRC Sub-Committees	5-3
5.5 Committees / Working Groups Supporting SCRC Sub-Committees	5-4
5.6 State Level Advisory Committees	5-5
5.7 Regional Emergency Management Planning	5-6

Part 6 Municipal Emergency Management Planning Arrangements – Guidelines for Committees

6.1 Introduction and Overview	6-1
6.2 Emergency Management Planning at the Municipal Level	6-3
6.3 The Municipal Emergency Management Plan	6-7
6.4 The Municipal Emergency Management Planning Committee	6-11
6.5 Risk Management	6-13
6.6 Plan for Emergency Activities	6-16
6.7 Other Information	6-20
Appendix 1 – Suggested Structure and Content of a Municipal Emergency Management Plan	6-22
Appendix 2 – Audit Questions	6-24
Appendix 3 – Key Municipal Emergency Management Roles	6-26

Part 6A Guidelines for Municipal Fire Management Planning

6A.1 Decision to establish a Municipal Fire Management Planning Committee	6A-1
6A.2 Municipal Fire Management Planning Committee: Suggested Terms of Reference	6A-2
6A.3 Municipal Fire Management Planning.....	6A-3
6A.4 Plan Endorsement and Adoption	6A-3
6A.5 Audit.....	6A-3
6A.6 Contents of the Municipal Fire Management Plan	6A-5

Part 7 Emergency Management Agency Roles

7.1 Control and Support Agencies for Response	7-1
7.2 Support Services for Response.....	7-5
7.3 Assistance and Agencies for Relief and Recovery.....	7-6
7.4 Agency Role Statements.....	7-19

Part 8 Appendixes and Glossary

Appendix 1	Financial Arrangements (Mitigation and Preparedness, Response and Recovery).....	8-1
Appendix 2	Best Practice Principles for Community Education, Awareness and Engagement (EAE) Programs	8-9
Appendix 3	Special Response Arrangements (USAR, DVI, Marine EMT)	8-12
Appendix 4	Emergency Support From The Commonwealth Government and Other States	8-15
Appendix 5	Model Arrangements for Leadership During Emergencies of National Consequence	8-23
Appendix 6	States Of Emergency Under Victorian Law	8-25
Appendix 7	Legal Protection for Emergency Volunteer Workers	8-27
Appendix 8	Response and Recovery Regions	8-29
Appendix 9	Evacuation Guidelines.....	8-32
Appendix 10	Multi Agency Plans, Policies and Practice Notes	8-42
Appendix 11	Emergency Resource Providers Support Scheme (EmRePSS)	8-55
Appendix 12	Public Information via Media During Emergencies: The Role of EMJPIC	8-57
	(withdrawn pending review)	
Appendix 13	Blank.....	8-58
Appendix 14	The Standard Emergency Warning Signal and Guidelines for its use in Victoria.....	8-59
	Acronyms and Abbreviations.....	8-63
	Glossary (withdrawn pending review).....	8-66

Part 9 Emergency Management Act 1986 & Emergency Management Act 2013**Part 10 Emergency Management Contact Directory (withdrawn pending review)**

Emergency Management in Victoria

Part 1: Emergency Management Manual Victoria

Contents

1.1	Introduction	1-1
1.2	Emergency Management in Victoria — A Brief History	1-1
	1985 Review of Disaster Management	1-1
	Key Developments Since 1986	1-2
	Central Policy Office.....	1-4
1.3	Concepts and Objectives	1-4
	Emergency	1-4
	Management	1-6
	Prevention, Response and Recovery.....	1-7
	Objectives of the Arrangements.....	1-7
	Resilience.....	1-9
1.4	Victoria’s Emergency Management Framework	1-10
	Emergency Management Act 1986	1-10
	Emergency Management Act 2013	1-10
	Victoria’s Top-level Structures	1-13
	Response and Recovery Plans.....	1-15
	Minister’s Delegations	1-15
1.5	Components of Emergency Management	1-15
	Prevention/Mitigation.....	1-15
	Emergency Risk Management	1-16
	Response	1-16
	Recovery	1-17
1.6	Terrorism: Issue-Based Violence	1-18
1.7	Special Provisions of the Emergency Management Act 1986	1-19
	Emergency Area	1-19
	State of Disaster	1-19
	Offence of Obstruction, and Legal Immunity for Volunteers	1-20
	Volunteer Compensation Arrangements	1-20

1.1 Introduction

Victoria has a long history of emergencies, some of them highly destructive, and has developed a capability for dealing with such events. Many organisations in the community, including the emergency services, play a part. The activities of these organisations, both voluntary and permanently staffed, need to be coordinated to avoid conflict, wastage and gaps.

The emergency management arrangements cater for dealing with emergencies of all sizes, from small to very large. In particular, they deal with emergencies where more than one organisation is involved.

Emergency management involves the plans, structures and arrangements which are established to bring together the endeavours of government, voluntary and private organisations and communities in a comprehensive and coordinated way to deal with the whole spectrum of emergency needs, including prevention, response and recovery.

This part of the manual explains the background to Victoria's current emergency management arrangements to enable the reader to gain an overview before reading the more specific and detailed sections.

1.2 Emergency Management in Victoria — A Brief History

The original Victoria State Disaster Plan (known as DISPLAN) was prepared in the 1960s, with a new edition issued in March 1982 and a revised edition in September 1987.

Apart from DISPLAN (which did not have the backing of legislation), the main standing emergency management arrangements prior to 1986 involved the fire services and the then Forests Commission of Victoria. In addition to this, a number of government departments and statutory authorities had specific disaster-related responsibilities which they discharged more or less independently.

Following the Ash Wednesday fires of February 1983, there were a number of reviews of Victoria's disaster management arrangements. In November 1983, Cabinet agreed to a provisional set of disaster management arrangements which were embodied in the *State Disasters Act 1983* (since repealed).

1985 Review of Disaster Management

In June 1985, the Minister for Police and Emergency Services established a working party to report on Victoria's disaster management arrangements. The working party reported to the Minister in October 1985. Its main conclusions included:

- (1) Many aspects of the existing arrangements, particularly in the area of response, had been demonstrated to be effective, and that, rather than replacement, they were in need of rationalisation, in order to maximise their strengths and minimise their weaknesses.
- (2) The allocation of responsibility at government level should be given to a single minister, who should be the Minister for Police and Emergency Services.

- (3) A policy of comprehensive and integrated emergency management should be adopted, as well as the establishment of arrangements to embody the policy.

Three major functional areas were recognised as necessary components of a comprehensive approach: **prevention, response and recovery**. These functional areas are organised within a structure that includes:

Planning: the analysis of requirements and the development of strategies for resource utilisation.

Preparedness: the establishment of structures, development of systems and testing and evaluation by organisations to perform their roles¹.

Coordination: the bringing together of organisations and resources to ensure effective emergency management.

The working party's findings led to the development and commencement of the *Emergency Management Act 1986* (1986 Act).

Key Developments Since 1986

- 1987 The Recovery Plan formalised, for the first time, the arrangements for planning and management of recovery.
- 1994 The 1986 Act was amended, recognising the Recovery Plan and replacing the word 'disaster' with the word 'emergency' in most usages. More recently, the term 'emergency response' has replaced the term DISPLAN in official usage. The State Disasters Council was replaced by the Victoria Emergency Management Council (VEMC).
- 1998 The Central Government Response Committee (CGRC) was established in response to the Longford Gas Crisis and until 2013 it had been an ongoing feature of Victoria's emergency management arrangements.
- 1999 The definition of 'emergency' was clarified, by the inclusion in the list of examples of emergencies, of 'disruption to an essential service'.
- 2000 Amendments to the 1986 Act created the position and functions of the Emergency Services Commissioner to advise and report to the Minister (Coordinator in Chief) on any issues relating to emergency management, establish standards for emergency management and monitor and assess performance against such standards.
- 2001 The terrorist attacks in New York and Washington on 11 September 2001 led to an emphasis on security matters. The Security and Emergencies Unit was established within the Department of Premier and Cabinet, and Victoria became involved in national developments such as the National Counter-Terrorism Plan and the Review of Protection of Critical Infrastructure.

¹ Unlike the view taken in some other jurisdictions, preparedness was not considered a functional area of emergency management in its own right

- 2003 Following the bushfires of 2002-03, the Victorian Bushfire Inquiry recommended greater joint response coordination and the integration of municipal fire and emergency plans. This recommendation was implemented through the Integrated Fire Management Planning (IFMP) framework.
- 2004 The Council of Australian Governments (COAG) Natural Disasters in Australia Report, released in 2004, and the funding programs initiated by the Australian Government as a result have used the word 'mitigation' in preference to 'prevention'. This usage is adopted in the name of the State Emergency Mitigation Committee formed in the same year.
- 2009 The February 2009 'Black Saturday' bushfires, and the subsequent Victorian Bushfires Royal Commission, provided the impetus for reform of Victoria's emergency management arrangements. This reform included:
- development and commencement of the *Fire Services Commissioner Act 2010* to establish the Fire Services Commissioner with responsibility for developing and implementing the Fire Services Reform Action Plan and controlling the response to 'major fires', and
 - amendments to the 1986 Act to clarify the role of the Minister for Police and Emergency Services as being non-operational and discontinuing the title 'Coordinator in Chief' and the term 'DISPLAN'.
- 2011 The 2010-11 Victorian floods and the Review of the 2010-11 Flood Warnings and Response (Flood Review) was the driver for further emergency management reform. The recommendations of the Flood Review supported a major reform program, which commenced with the release of the government's green paper *Towards a More Disaster Resilient and Safer Victoria*.
- 2012 The Victorian Emergency Management Reform White Paper was released in December 2012. The White Paper built on the recent reforms to further improve Victoria's emergency management arrangements, including a new governance structure.
- 2013 The State Crisis and Resilience Council (SCRC) was established administratively and began operating in April 2013 as Victoria's peak emergency management advisory body. Among other things, the SCRC took over the functions of VEMC and CGRC.
- 2014 The commencement of the *Emergency Management Act 2013* (2013 Act) in July 2014 implemented many of the reforms from the White Paper, repealing the *Fire Services Commissioner Act 2010* and several parts of the 1986 Act. The reforms in the 2013 Act include:
- formally establishing the SCRC and abolishing the VEMC

- 2014Cont.
- establishing Emergency Management Victoria (EMV) as the responsible agency for the coordination and development of whole of government policy for emergency management in Victoria
 - establishing the Emergency Management Commissioner (EMC), as the successor to the Fire Services Commissioner, but also to have an overarching management role for major emergencies
 - establishing the Inspector General for Emergency Management (IGEM) to provide assurance to the Government and the community regarding Victoria's emergency management arrangements, discontinuing the position of Emergency Services Commissioner.

Central Policy Office

The Fire Disaster Control Unit which was established in the Department of the Premier and Cabinet in 1983 after the Ash Wednesday fires, and subsequently transferred to the Ministry for Police and Emergency Services, was replaced by an Office of the Coordinator in Chief of Disaster Control. That office later became the Fire and Emergency Services Division of the Department of Justice.

Following the creation of the position of Emergency Services Commissioner, the Office of the Emergency Services Commissioner assumed the role of central policy office for emergency management, to support the statutory duties of the Commissioner, the Minister as Coordinator in Chief of Emergency Management and the VEMC.

Following the Black Saturday bushfires, the Department of Justice formed the Police and Emergency Management Division. This Division included the Office of the Emergency Services Commissioner and other business units responsible for managing/coordinating emergency management related policy, legislation, programs and projects.

The implementation of emergency management reforms in July 2014 established EMV as the central policy office for emergency management. EMV consists of the EMC and a Chief Executive, supported by staff from the Department of Justice and Regulation² (DJR). The office of the IGEM was established as a separate business unit within DJR.

1.3 Concepts and Objectives

Emergency

The term *emergency management* is used in preference to the more traditional term *disaster management* for a number of reasons. One of these is the fact that there is no widely accepted definition of the term *disaster*. For the purposes of emergency management in Victoria, the word *emergency* also includes the concept of *disaster*.

² On 1 January 2015, the Victorian Government established new government departments, including the Department of Justice and Regulation

Emergencies are characterised by some or all of the following:

- They are disruptive to individuals and communities
- They are not part of day-to-day experience and are outside normal life expectations
- They are somewhat unpredictable in occurrence and effects
- They require a response for which normal local resources may be inadequate
- They have a wide range of effects and impacts on the human, built and natural environments
- There are complex needs in dealing with them
- They can be of sudden onset
- They are destructive of human, animal and/or plant life, health, property and/or the environment
- They can overwhelm normal prudent protective measures.

As major emergencies are infrequent events, in their initial stages they may be difficult to differentiate from lesser-order events. Given the normal experience and expectations of those involved, there may be difficulty in realising that an emerging situation calls for a response of a greater order.

In Victoria, the EMC takes a lead role in managing the response to major emergencies and recovery from all emergencies. The recovery role has been delegated to the Secretary, Department of Health and Human Services (DHHS). There are no legal formalities or declarations required to initiate or escalate response or recovery activities. The arrangements (particularly in response and recovery) are intended to permit the situation to be assessed, and to provide for the graduated marshalling and utilisation of the resources required to deal with it, under systems set up under the relevant overall plan and the participating agencies' own plans.

The 2013 Act provides the following definitions (s. 3):

“emergency” means an emergency due to the actual or imminent occurrence of an event which in any way endangers or threatens to endanger the safety or health of any person in Victoria or which destroys or damages, or threatens to destroy or damage, any property in Victoria or endangers or threatens to endanger the environment or an element of the environment in Victoria, including, without limiting the generality of the foregoing—

- (a) an earthquake, flood, wind-storm or other natural event; and
- (b) a fire; and
- (c) an explosion; and
- (d) a road accident or any other accident; and
- (e) a plague or an epidemic or contamination; and
- (f) a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth; and
- (g) a hi-jack, siege or riot; and

(h) a disruption to an essential service.

“major emergency” means—

- (a) a large or complex emergency (however caused) which—
 - (i) has the potential to cause or is causing loss of life and extensive damage to property, infrastructure or the environment; or
 - (ii) has the potential to have or is having significant adverse consequences for the Victorian community or part of the Victorian community; or
 - (iii) requires the involvement of two or more agencies to respond to the emergency; or
- (b) a Class 1 emergency; or
- (c) a Class 2 emergency.

“Class 1 emergency” means—

- (a) a major fire; or
- (b) any other major emergency for which the Metropolitan Fire and Emergency Services Board, the Country Fire Authority or the Victoria State Emergency Service Authority is the control agency under the state emergency response plan.

“Class 2 emergency” means a major emergency which is not—

- (a) a Class 1 emergency; or
- (b) a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or any other state or territory of the Commonwealth; or
- (c) a hi-jack, siege or riot.

“major fire” means a large or complex fire (however caused) which—

- (a) has the potential to cause or is causing loss of life and extensive damage to property, infrastructure or the environment; or
- (b) has the potential to have or is having significant adverse consequences for the Victorian community or part of the Victorian community; or
- (c) require the involvement of two or more agencies to suppress the fire; or
- (d) will, if not suppressed, burn for more than one day.

Note: The definitions for *major emergency*, *Class 1 emergency*, *Class 2 emergency* and *major fire* support state tier control arrangements for major emergencies.

Management

There is not and could not be a single organisation solely and totally responsible for dealing with all aspects of emergencies. Emergencies touch people’s life experience in many different ways. Emergency management in Victoria embraces the whole of government and whole of the community.

The management task is to bring together in an integrated organisational network the resources of the many agencies and individuals who can take appropriate and timely action to prevent or mitigate, respond to and support recovery from emergencies.

Prevention, Response and Recovery

The objectives of the 1986 Act (s. 4A) are to ensure that the following components of emergency management are organised to facilitate planning, preparedness, operational coordination and community participation:

Prevention: the elimination or reduction of the incidence or severity of emergencies and the **mitigation** of their effects.

Response: the combating of emergencies and the provision of rescue and immediate relief services.

Recovery: the assisting of people and communities affected by emergencies to achieve a proper and effective level of functioning.

Objectives of the Arrangements

Victoria's emergency management arrangements are designed to:

Deal with all hazards

While most attention is given to the obvious emergencies such as fire, flood and transport accidents, a wide range of hazards are dealt with using the emergency management arrangements and resources. This includes emergencies for which there has been little or no experience in Victoria, such as emergency animal disease, terrorist incidents, earthquakes or environmental emergencies.

Be integrated, (involve all people and relevant agencies)

The management of emergencies is a shared responsibility involving many people and organisations in the community. It is not something done by one sector of the community to or for the rest of society, although some organisations have specialist roles.

In addition to the emergency services, all government departments have some role to play. The emergency response role may be a minor part of their responsibilities. However, many departments have an essential prevention responsibility. Examples include land use planning, occupational health and safety, clean water, public health and building regulations. These are part of the prevention component.

Municipal councils have essential roles in emergency management, including the preparation and maintenance of municipal emergency management plans, provision of relief and recovery services and supporting emergency response operations.

Voluntary organisations such as Red Cross, St John Ambulance, WICEN and search and rescue organisations play well-defined roles in emergency management.

Private sector organisations are often involved when their services and resources are needed for prevention, response or recovery activities, or where emergencies affect their buildings, equipment, personnel, suppliers or customers. In particular, essential service providers (for example,

producers and distributors of electricity or gas) are expected to ensure that they can maintain continuity of supply.

Members of the community are also responsible for taking preventative, protective and restorative actions in their own and the community's best interests.

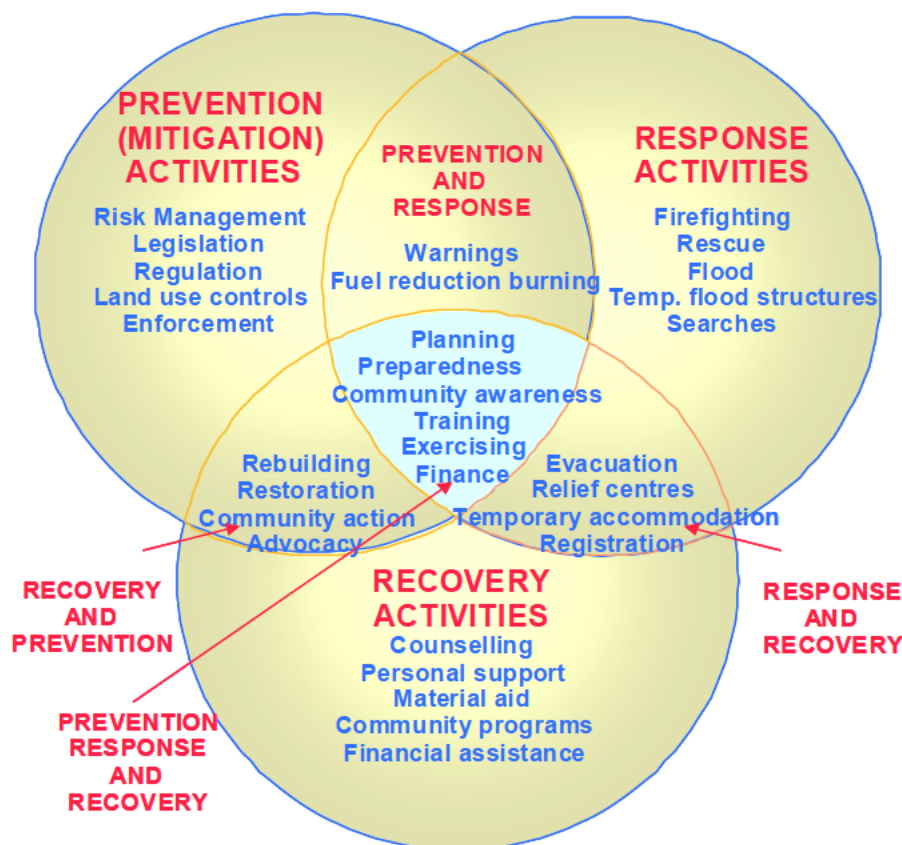


Figure 1-1: Examples of Emergency Management Activities Clustered into Groups

Be comprehensive, (cover prevention, response and recovery)

Prevention (or mitigation see Part 2), response and recovery are all important aspects of emergency management and each should be explicitly addressed in the arrangements.

The model of emergency management shown in Figure 1-2 makes clear that there is not a strict sequence, nor a hierarchy of relationships. All activities are important, and in a comprehensive model, have a place in the overall scheme.

Emergency management activities do not take place in any particular sequence or cycle. Prevention, response and recovery do not follow each other in order.

They can all operate at the same time, as demonstrated by Figure 1-2 which demonstrates the same activity clusters in a time-sequence model.

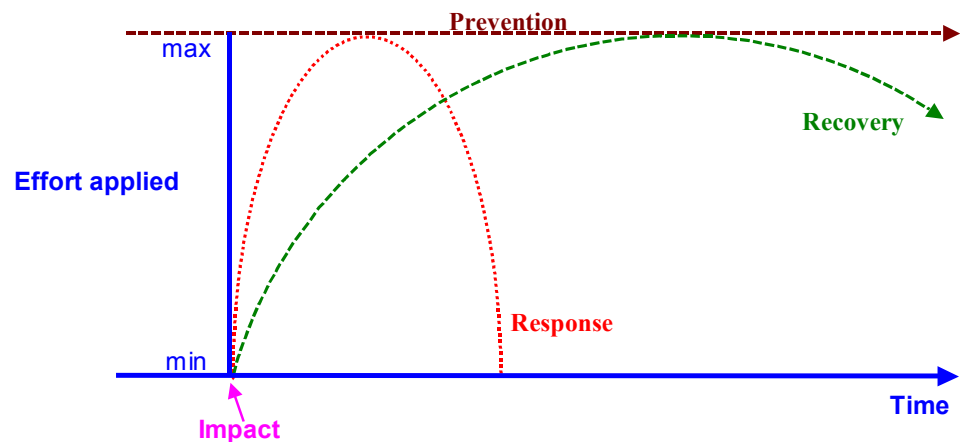


Figure 1-2: Emergency Management Activities in a Time Sequence Model

The time-sequence model in Figure 1.2 shows that prevention activities are carried out at full effort all the time, regardless of the occurrence of actual emergencies. As Figure 1.1 also shows, prevention strategies can be incorporated into recovery activities, (e.g. rebuilding bushfire destroyed houses in a fire-safe manner).

Response activities commence as soon as possible after the time of impact, peak to full effort quickly, and often cease promptly when the hazard has been dealt with, and/or affected people have been rescued or evacuated.

Recovery activities commence at or soon after the time of impact, and peak to full effort more gradually and often later than response activities. Recovery activities may continue for a considerable period of time, gradually tapering off and merging into normal community activities weeks, months or years after impact.

Prevention, response and recovery are *not phases or stages of emergency management*. The model sees them as *clusters of activities*. They take place as needed, and *do not necessarily follow one another in a sequential order*.

Resilience

COAG endorsed the National Strategy for Disaster Resilience (the Strategy) in February 2011. While the concept of resilience is not new, the endorsement of the Strategy marked a significant shift in Australian emergency management policy. The Strategy does not define the term 'resilience', rather it focuses on the common characteristics of 'disaster resilient' communities, individuals and organisations³. The principle that emergency management is not solely the domain of emergency management agencies is emphasised – it is a shared responsibility between governments, business, communities and individuals.

The Strategy also describes why change is needed, what a disaster resilient community looks like and what action can be taken to improve disaster resilience. Where possible, emergency management planning/projects should promote and support disaster resilience and align with the Strategy.

³ National Strategy for Disaster Resilience, p. 4

1.4 Victoria's Emergency Management Framework

There is a multi agency framework for emergency management, which enables the exercise of roles and responsibilities, and the capacity to adapt to new or changed circumstances, within a systematic framework. Some elements of the structure are legislated, others have been established by agreement.

Emergency Management Act 1986

The 1986 Act has been substantially amended by the 2013 Act. The 1986 Act will be repealed upon future amendments to the 2013 Act. Currently, the 1986 Act and 2013 Act are to be read and construed as one Act.

Objectives of the 1986 Act

The Act describes its objective as being: 'to ensure that [prevention, response and recovery] are organised within a structure which facilitates planning, preparedness, operational coordination and community participation'. (s.4A)

Role of the Minister

The Minister to whom the Act is allocated is the Minister for Emergency Services. The role of the Minister is to ensure that satisfactory emergency management arrangements are in place to facilitate the prevention of, response to and recovery from emergencies.

The Minister is not responsible for operational matters in relation to emergency management. (s. 5)

Emergency Management Act 2013

The 2013 Act defines most of Victoria's emergency management structure, assigns significant roles and responsibilities, and provides for special needs concerned with the management of emergencies. The operational roles of most of the organisations that participate in emergency management are detailed elsewhere in specific legislation or charter.

State Crisis and Resilience Council

The State Crisis and Resilience Council (SCRC) advises the Minister for Emergency Services in relation to whole of government policy and strategy for emergency management in Victoria and the implementation of that policy and strategy. (s. 6) (Refer to p. 1-13 below)

Strategic Action Plan

The SCRC must develop a three-year rolling strategic action plan (approved by the Minister), which includes a work program for:

- Metropolitan Fire and Emergency Services Board (MFB)
- Country Fire Authority (CFA)
- Victoria State Emergency Service (VICSES)
- Secretary to the Department of Environment, Land, Water and Planning (DELWP)
- Emergency Services Telecommunications Authority (ESTA).

An agency work program must include things to be done, projects to be undertaken or measures to be met by the agency:

- to enhance the agency's operational capacity and capability including, where relevant, encouraging, strengthening and maintaining the capacity and capability of volunteers and the community
- to improve the agency's capacity to operate together with other agencies in planning and preparing for the response to, and responding to, major emergencies. (s. 12)

Emergency Management Victoria

Emergency Management Victoria (EMV) is a central body for emergency management in Victoria. EMV consists of a Chief Executive and the Emergency Management Commissioner (EMC), supported by staff from the Department of Justice and Regulation.

EMV has the following functions under section 17(2):

- (a) act as the agency responsible for the coordination of the development of the whole of government policy for emergency management in Victoria
- (b) provide policy advice to the Minister in relation to emergency management
- (c) implement the emergency management reform initiatives given to EMV by the Minister
- (d) liaise with the Commonwealth Government on emergency management
- (e) provide support to the EMC to enable the EMC to perform the functions conferred under the 2013 Act.

In performing its functions, EMV must:

- (a) have regard for decisions made by SCRC
- (b) collaborate and consult with the emergency management sector
- (c) have regard for the fundamental importance of the role that volunteers play in the performance of emergency management functions in Victoria.

Emergency Management Commissioner

The EMC provides leadership for emergency management in Victoria, including driving improvements, particularly for operational capability and interoperability. During a major emergency, the EMC has an over-arching management role to ensure that the response is systematic and coordinated.

The EMC has the following functions under section 32(1):

- (a) coordinate the activities of agencies having roles or responsibilities relating to the response to Class 1 emergencies and Class 2 emergencies
- (b) ensure that control arrangements are in place during a Class 1 emergency and Class 2 emergency
- (c) appoint a State Response Controller in relation to a Class 1 emergency
- (d) manage the State's primary control centre on behalf of, and in collaboration with, all agencies that may use it for emergencies

- (e) ensure that the Minister is provided with timely and up to date information in relation to:
 - (i) the actual or imminent occurrence of events that may lead to major emergencies, and
 - (ii) the response to major emergencies
- (f) responsible for consequence management for major emergencies
- (g) responsible for coordinating recovery⁴
- (h) lead and promote the implementation of the Strategic Action Plan to the extent that it relates to the improvement of the operational capability of responder agencies⁵
- (i) where relevant, oversee the continuation of the operational reforms provided for in the fire services reform action plan
- (j) develop and maintain operational standards for the performance of emergency management functions by responder agencies
- (k) develop and maintain incident management operating procedures for responder agencies
- (l) coordinate data collection and impact assessment processes
- (m) provide advice to the Minister on any matter relating to the functions of the EMC
- (n) perform any other function conferred on the EMC by the 2013 Act or any other Act.

In performing the functions specified, the EMC must have regard for the fundamental importance of the role that volunteers play in the performance of emergency management functions in Victoria.

Inspector-General for Emergency Management

The Inspector-General of Emergency Management (IGEM) provides assurance to the Government and the community in relation to Victoria's emergency management arrangements and fosters continuous improvement of emergency management.

The IGEM has the following functions under section 64(1):

- (a) develop and maintain a monitoring and assurance framework for emergency management, including outcome measures, against which the capacity, capability and performance of the emergency management sector is assessed
- (b) undertake system-wide reviews, including reviewing the emergency management functions of responder agencies and departments in relation to the monitoring and assurance framework
- (c) at the request of the Minister, provide advice to, or prepare a report for, the Minister on any matter relating to the functions of the IGEM
- (d) evaluate state-wide training and exercising arrangements to maintain and strengthen emergency management capability

⁴ Responsibility for recovery coordination at the regional level is delegated to the Secretary, DHHS

⁵ Responder agencies include: MFB, CFA, VICSES and DELWP

- (e) monitor and report to the Minister on the implementation of the Strategic Action Plan by-
 - (i) responder agencies
 - (ii) departments
 - (iii) ESTA
 - (iv) EMV
- (f) monitor and investigate the performance (in non-financial matters) of ESTA regarding the provision of its services to emergency services and related organisations
- (g) make recommendations to the Minister regarding matters arising from monitoring or investigating ESTA
- (h) perform any other function conferred on the IGEM by the 2013 Act or any other Act.

In performing the functions specified, in making recommendations the IGEM must have regard to the resources that agencies have to implement such recommendations.

Victoria's Top-level Structures

The Security and Emergency Management Committee of Cabinet (SEMC) is the Victorian Government's Ministerial decision making body during a large-scale emergency, and is advised by the State Crisis and Resilience Council (SCRC).

Security and Emergency Management Committee of Cabinet

SEMC is chaired by the Premier and comprises Ministers with security and emergency management responsibilities. It provides direction and oversees the implementation of policies, strategies and programs affecting security, critical infrastructure resilience and emergency management. It also oversees prevention preparedness, response and recovery for major emergencies requiring whole of government coordination.

The Chief Commissioner of Police and the Emergency Management Commissioner attend SEMC in an advisory capacity.

State Crisis and Resilience Council

SCRC is the peak crisis and emergency management body to the Victorian Government. It is responsible for the development and implementation of whole of government emergency management policy and strategy. It does not make operational or tactical decisions. SCRC is chaired by the Secretary of the Department of Premier and Cabinet, and consists of the following members:

- Secretary of each Government Department
- Chief Commissioner of Police
- Chief Executive of EMV
- EMC
- IGEM (as an observer)
- Chief Executive of the Municipal Association of Victoria (as a representative of local government).

The functions of SCRC include:

- In the event of a complex or large-scale emergency, ensure that the broad social, economic, built and natural environmental consequences are addressed at a whole of government level, including identifying and accessing government resources as required and oversight of public information strategies
- Leading the reform agenda for emergency management, including measures to increase community resilience
- Advising the Minister for Emergency Services, other relevant Ministers and SEMC on whole of government emergency management strategy and emerging or complex emergency management issues, including the resilience of critical infrastructure.

SCRC Sub-Committees

To enable it to perform its functions, SCRC has established the following three standing sub-committees:

- Risk and Resilience
- Capability and Response
- Recovery.

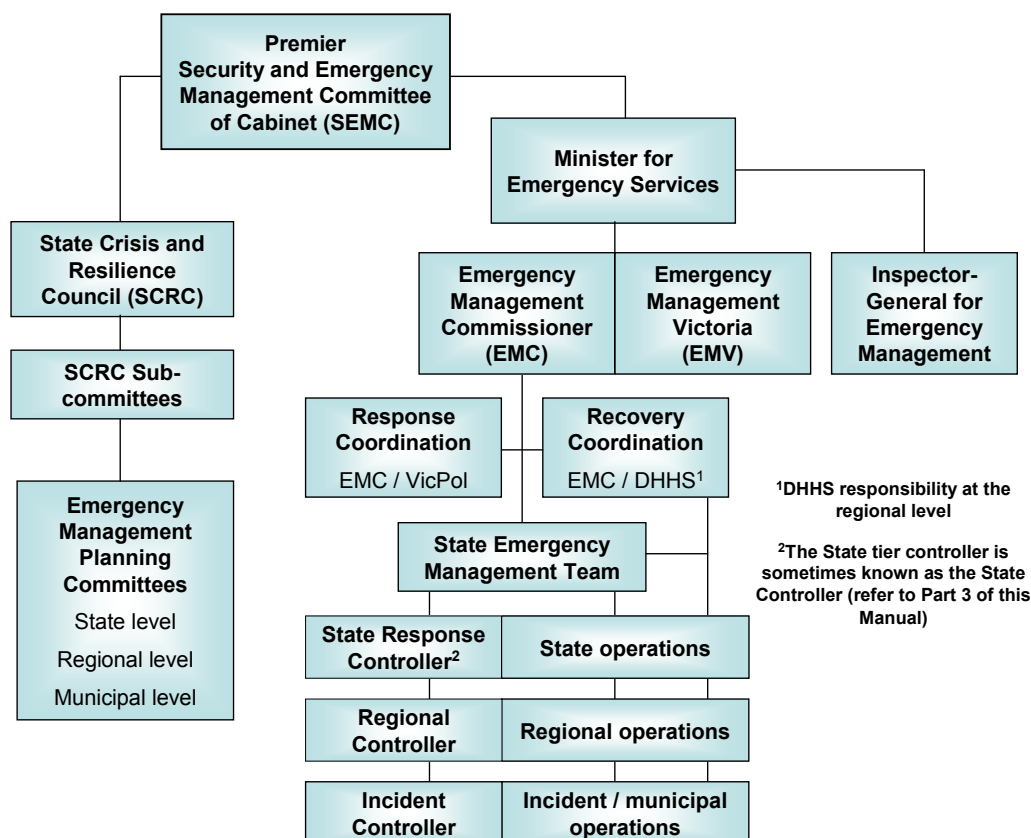


Figure 1-3: Victoria's Emergency Management Planning and Operational Structure

Response and Recovery Plans

The 2013 Act requires (s.53) that the EMC arrange for the preparation, and updating as required, of a state emergency response plan for the coordinated response to emergencies by all agencies having roles or responsibilities in relation to the response to emergencies.

After the state emergency response plan is prepared or updated, the EMC must submit the plan to the SCRC for approval.

The State Emergency Response Plan (see Part 3 of this Manual) is the document which fulfils this requirement.

The 2013 Act requires (s.59) that the Minister for Emergency Services arrange for the preparation and review from time to time of a state emergency recovery plan (see Part 4 of this Manual) for the coordinated planning and management of emergency recovery.

This function has been delegated to the EMC.

Municipal emergency management planning is carried out by municipal emergency management planning committees, as required by the 1986 Act. See Guidelines for Municipal Emergency Management Planning (Part 6 of this Manual).

Minister's Delegations

The Minister for Emergency Services has delegated the following responsibilities under the 2013 Act:

- The responsibility for preparing and reviewing the state emergency recovery plan has been delegated to the EMC under s. 59(3).

The Minister for Emergency Services has made the following delegation under the 1986 Act:

- The Chief Commissioner of Police has been delegated powers under s. 24(2)(c), (d) and (e) exercisable in a state of disaster.

1.5 Components of Emergency Management

This section summarises the core functional areas for emergency management, prevention, response and recovery. Further details on prevention and mitigation are set out in Part 2 of this Manual. Response and recovery elements are detailed in the State Emergency Response Plan (Part 3) and State Emergency Relief and Recovery Plan (Part 4).

Prevention/Mitigation

Prevention is described in the 1986 Act as 'the elimination or reduction of the incidence or severity of emergencies and the mitigation of their effects'. Clearly, not all emergencies can be prevented, so the concept has a much broader meaning, encompassing those strategies which can be adopted to minimise or mitigate the impact of emergencies. Mitigation is the term now widely used, in line with Australian Government usage as embodied in the COAG Natural Disasters in Australia Report (2002) and funding programs.

Emergency Risk Management

Emergency Risk Management is described in some detail in Part 6 of this manual. The emergency risk management approach assumes that even though major emergencies occur infrequently and unpredictably, the risk of loss or damage caused by an emergency is always present to some extent.

Safety can be promoted by strengthening and preparing exposed assets and communities to reduce the likelihood of certain consequences of an emergency. This is known as risk reduction or risk treatment.

In Victoria, risk management is the principal methodology utilised for mitigation. The *Australian/New Zealand Standard AS/NZS ISO 31000:2009 Risk Management-Principles and guidelines* has been contextualised for emergency management purposes in the *National Emergency Risk Assessment Guidelines* (NERAG). Victoria State Emergency Service facilitates a Community Emergency Risk Assessment (CERA) process at municipal level.

Emergency-related risks cannot usually be eliminated altogether. There is a need to plan and prepare for response and recovery for the remaining or residual risk (after risk treatment).

Response

Response involves the combating of emergencies and the provision of rescue services to those affected.

Response Plans

The State Emergency Response Plan (Part 3 of this Manual) establishes the response arrangements, and Part 7 of this Manual sets out the roles and responsibilities of the key agencies involved in emergency response.

A large number of public and private organisations, or sections of organisations, have response roles. In addition, many other organisations (including municipal councils) can be called upon to assist control agencies in the response to specific incidents.

In addition to the State Emergency Response Plan, response plans also exist at the regional level. Regional response plans set out the roles and responsibilities of response organisations within the region, document coordination arrangements, and list contact details for all agencies and the resources they can provide. It also provides for the coordination of support from within and outside the region in support of municipal response operations.

Response Management

Emergency response is based on a set of arrangements which are in effect at all times. Accordingly, there is no need for *activation* of response. *Agencies* or *strategies* may be activated when a need is evident. Emergency response arrangements operate in respect of any emergency, no matter how small, in which more than one organisation is involved in emergency response.

Under response arrangements, incident control is vested in control agencies which are primarily responsible for responding to specific emergencies. Support agencies provide services, personnel or material to support or assist control agencies or affected persons.

Response agencies can perform the role of either control or support agencies depending upon the particular emergency. Refer to Part 7 of this Manual for lists of control and support agencies.

Recovery

Recovery is defined in the 2013 Act as ‘the assisting of persons and communities affected by emergencies to achieve a proper and effective level of functioning’. Recovery operations involve cooperation between all levels of government, non-government organisations, community agencies, the private sector, the affected community and emergent organisations in consideration of the:

- **people, social, community and health environment** - the emotional, social, spiritual, financial and physical wellbeing of individuals and communities
- **economic environment** - the revitalisation of the economy of the community
- **built environment** - the restoration of essential and community infrastructure
- **natural environment** - the rehabilitation of the environment, and
- **agricultural environment** – the restoration of affected agricultural activities.

Recovery from emergencies is a developmental process of assisting individuals, families, neighbourhoods and communities to manage the re-establishment of those elements of society necessary for their wellbeing.

Emergency Relief

Emergency Relief is defined as ‘the provision of essential needs to individuals, families and communities during and in the immediate aftermath of an emergency’. Relief planning and operations are now included as part of recovery planning.

The Department of Health and Human Services is responsible for coordinating emergency relief at the regional level and municipal councils are responsible for coordinating emergency relief at the local level.

Relief and Recovery Plans

The State Emergency Relief and Recovery Plan (Part 4 of this Manual) provides information for the coordination of agencies involved in relief and recovery, describes the management principles for relief and recovery planning, outlines the services which may be required in relief and recovery situations, and provides information on the considerations involved in operational recovery. It also establishes a framework within which recovery agencies, regions and municipal councils can prepare their own relief and recovery plans.

Regional relief and recovery plans set out agency responsibilities and coordination arrangements applicable to each region, with specific resource listings and contact details. In addition, they describe arrangements for establishment and support of community recovery committees. The specific roles of relief and recovery agencies are set out in Part 7 of this Manual.

Relief and Recovery Management

The EMC is responsible for the coordination of the activities of organisations, including agencies, having roles or responsibilities under the State Emergency Relief and Recovery Plan. The EMC has delegated this coordination function to the Secretary of DHHS at the regional level. DHHS supports councils in local management of recovery.

Relief and recovery is managed at the level closest to that of the affected community, which may or may not be located within one municipal district. Relief and recovery activities are commenced as soon as possible after the impact of an event, and operate concurrently with response activities.

Relief and recovery activities are normally managed by the municipal council at the local level, possibly with involvement of one or more community recovery committees. The work of the government and non-government agencies is integrated, taking account of the needs of the community during the recovery process. These committees are usually chaired by council personnel.

1.6 Terrorism: Issue-Based Violence

The *Terrorism (Community Protection) Act 2003* describes a ‘terrorist act’ as an act done or threat made ‘with the intention of advancing a political, religious or ideological cause’ by ‘coercing or influencing by intimidation’ an Australian or foreign government or ‘intimidating’ the public or a section of the public. The definition is aligned to that in Part 5.3 of the *Criminal Code* (Commonwealth).

The National Counter-Terrorism Plan (2012) outlines responsibilities, authorities and the mechanisms to prevent, or if they occur manage, acts of terrorism and their consequences within Australia. In Victoria, linkages between national security agencies and the State are managed through the Department of Premier and Cabinet.

State responsibilities and initiatives in respect of counter-terrorism include:

- the maintenance of crisis and consequence management capabilities to respond to terrorist incidents. These capabilities, consistent with the all hazards approach, are capabilities relevant to responding to any emergency
- the identification of critical infrastructure and the development of plans to manage the risks to it, and
- the maintenance of policies, legislation and plans relevant to counter-terrorism.

There is need to ensure that crisis management and consequence management are effectively coordinated with each other. In a threat environment which includes issue-motivated violence, emergency services and other non-military teams such as health workers will usually be at a scene before specialist military and security personnel, and both groups must work together effectively. For this reason, the role of the SEMC/SCRC covers all types of major incidents or crises.

1.7 Special Provisions of the Emergency Management Act 1986

The 1986 Act provides specific emergency powers which can be applied when the circumstances require. Special declarations are not required for standard emergency operations to occur. The Act also has some special provisions to increase the effectiveness of emergency response activities.

Emergency Area

In some emergency situations police may need to restrain people from participating in typical day-to-day activities or to exclude them from an area or restrict entry to it if their presence is dangerous or not desirable. A chemical spill or gas leak, for example, may involve a hazard not evident to the untrained person. For further information, see Part 3-37 to 3-39 of this Manual, or sections 36A, 36B and 36C of the 1986 Act.

State of Disaster

Section 23 of the 1986 Act provides a power for the Premier to declare a state of disaster, in the whole or any part or parts of Victoria, for an emergency that presents a 'significant and widespread danger to life or property'. Before declaring a state of disaster, the Premier must consider the advice of the Minister for Emergency Services and the EMC.

It is a fundamental principle underlying Victoria's emergency management arrangements, that normal emergency actions take place when the need is evident, and do not require special administrative decision or declaration. The declaration of a state of disaster creates a legal condition applying to a specified area only in extreme circumstances.

The provisions for a state of disaster have never been used and are only likely to be invoked in extreme circumstances in which there is a breakdown of the normal systems of government and emergency management, and it is necessary to override normal civil rights to deal with an emergency.

Upon the Premier's declaration of a state of disaster, the Minister for Emergency Services has powers to:

- direct government agencies
- suspend Acts or regulations
- commandeer any property
- control movement into and within, and departure from the disaster area

- compel evacuations from the disaster area (except where a person claims pecuniary interest in the land, buildings, goods or valuables therein).

The latter three powers are delegated to the Chief Commissioner of Police.

The 1986 Act provides for compensation to be paid to any person whose property is taken or used in a state of disaster.

Offence of Obstruction, and Legal Immunity for Volunteers

The 1986 Act creates the offence of obstructing an emergency worker (s.36), and also gives volunteer emergency workers (the same group entitled to the compensation provisions) legal immunity in cases of loss or injury sustained by others, except in cases of their wilful default or negligence (s.37). For further information on legal protection for volunteers, see Part 8, Appendix 7 of this Manual.

Volunteer Compensation Arrangements

Part 6 of the 1986 Act makes provision for compensation for volunteer emergency workers who suffer personal injury, death and/or loss or damage to property while engaged in an emergency activity. Emergency activity includes, training for, standing by to perform, or travelling to or from, duties performed by agencies under the response plan or the relief and recovery plan.

Volunteers covered are those who are members of voluntary organisations that do not have statutory compensation schemes, and cover also applies to those people who, on a casual basis, assist an agency under the response plan or the recovery plan to deal with an emergency. See also Appendix 7 (Part 8).

Detailed guidelines on compensation for volunteer emergency workers is available from:

Director Corporate Support Services
Emergency Management Victoria
GPO Box 123
Melbourne Vic 3001

Emergency Risk Management and Mitigation in Victoria

Part 2: Emergency Management Manual Victoria

Contents

2.1	Introduction.....	2-1
2.2	Mitigation and Risk.....	2-1
	'Mitigation', 'Risk Reduction' and 'Prevention'.....	2-2
	Principles of Mitigation.....	2-4
	Cost and benefits of mitigation	2-4
2.2	Mitigation at a national level	2-5
2.3	Mitigation at a State level.....	2-6
	State Emergency Mitigation Committee	2-7
2.4	Mitigation at the municipal level	2-8

2.1 Introduction

Prevention of emergencies, or the lessening of their severity is a key concern in emergency management, along with response and recovery. Emergency Risk Management, a specialised application of risk management, is the major tool for working towards this objective.

2.2 Mitigation and Risk

The adoption of Emergency Risk Management, and its underlying concept of risk, has helped communities and emergency managers move beyond the narrower concept of 'hazard' to 'risk'. Risk deals with the interaction of the exposure to hazard and the specific vulnerability of the area. It exists within a specific context.

Having identified a risk and decided that it cannot be eliminated, there are two ways of increasing safety or reducing risk: lessen the likelihood of an incident or reduce its consequences. These methods of increasing safety are described both as mitigation and prevention.

The term mitigation has come into increased use both in Australia and internationally. Within Australia, the term received prominence in the report to the Council of Australian Governments *Natural Disasters in Australia* subtitled *Reforming mitigation, relief and recovery arrangements* (the COAG Natural Disasters Report). The definition of mitigation in the COAG Natural Disasters Report is: *mitigation consists of measures taken in advance of, or after, an emergency aimed at decreasing or eliminating its impact on society and the environment.*

Internationally, mitigation is an area of active work and effort with the United Nations focusing on an International Strategy for Disaster Risk Reduction.

A distinction needs to be made between mitigation and response or recovery. While some mitigative activities may happen after an emergency, as the above definition indicates, they will be ones taken to lessen the impact or likelihood of the next. For example, houses destroyed by fire may be rebuilt incorporating greater fire protection.

'Mitigation', 'Risk Reduction' and 'Prevention'

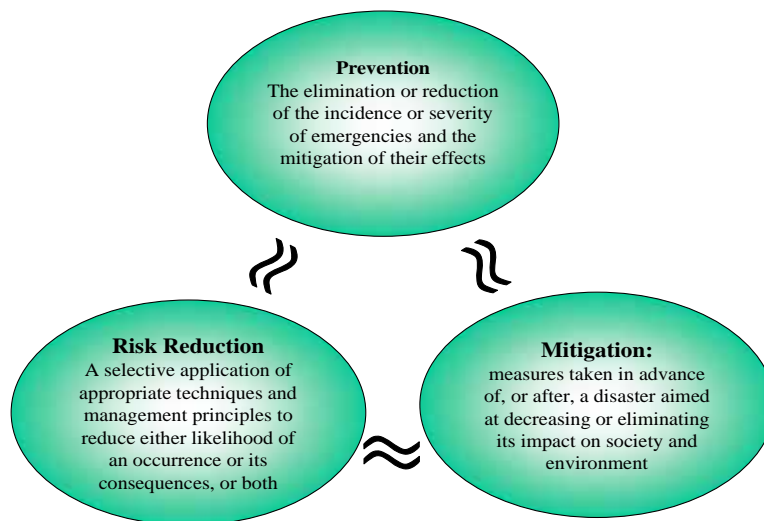


Fig 2-1: The close relationship between the terms prevention, risk reduction and mitigation

There is a high degree of equivalence between the terms mitigation, prevention and risk reduction, as illustrated above.

In the Emergency Risk Management approach, mitigation operates through the stages of

- assessment of the degree to which the risk can be eliminated,
- assessment of the degree to which the risk can be treated through the reduction of likelihood or the reduction of potential consequences, and
- the implementation of those risk treatments.

It does not include the acknowledgement of the residual risk nor planning and preparation for response and recovery. In particular, activities which are specifically preparation for response or recovery, such as equipping, training and exercising, are not mitigation but are part of response or recovery.

As the residual risk reduces through mitigation, less effort need be invested in preparedness.

The shaded section in Fig 2-2 clarifies those parts of the emergency risk management approach that are mitigative.

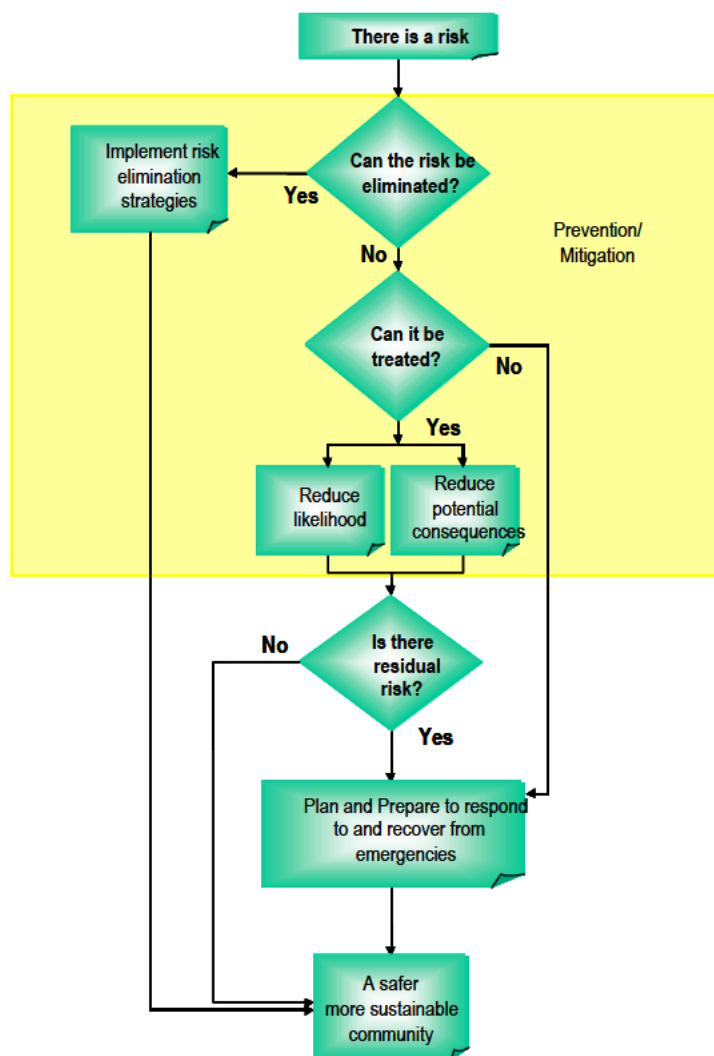


Fig 2–2: Risk Management Articulated into Emergency Management

Communicable diseases: a case study in mitigation

In past centuries, diseases such as plague and smallpox could suddenly appear to threaten the very survival of some civilisations. During the twentieth century though, life expectancy in Australia increased by almost 30 years, largely because of declining infectious disease mortality. The reduction in the risk of death from communicable disease has involved steps both to reduce the likelihood of serious outbreaks of communicable diseases—vaccination, good hygiene, sewerage systems, safe-sex practices, and the supply of clean water—and to reduce the consequences of outbreaks, such as the development of antibiotics, quarantine and border control.

Information taken from *Protecting Australia from Communicable Diseases: Everybody's Business*
A Special Report from the Commonwealth Chief Medical Officer, January 2004.

Principles of Mitigation

The principles of mitigation include:

- mitigation activities take account of vulnerability and seek to build resilience, that is they focus on risk rather than hazard;
- primary responsibility rests with the relevant community or government agencies, although emergency services also contribute greatly to mitigative activities especially in the areas of community awareness and preparedness;
- ownership of the risk should not be transferred (for example, to future generations or response agencies), but stays with the relevant community or agency which is taking responsibility for mitigative action;
- sustainability is a central concern of mitigation, in that a key effect of involvement in mitigation is to build community, regional, and State capability to prevent, survive and recover from emergencies and to continue to exist and prosper;
- mitigation is specific to a particular context. Effective mitigation builds on a risk assessment that is customised to the hazards, the vulnerabilities and the resilience of the relevant community or area.

Cost and benefits of mitigation

The benefits of mitigation include:

- reduction of loss of life and damage to property, an important consideration given that the costs of emergencies are increasing due to factors such as the level of personal property of people in the affected area, density of population, aging infrastructure or climate change;
- speedier recovery by communities after emergencies;
- building of community preparedness, resilience and skills;
- reduction of the cost of emergencies to the national economy, communities, regions and businesses.

However, to give substance to its benefits, an essential part of an effective mitigation strategy is information on the cost of the mitigative strategies, and an estimation of the damage avoided either potentially or actually, as well as information on the cost of the emergency. With this information investment in mitigation can be better targeted. This is not simple. The benefits of mitigation can be difficult to compute with precision since they take the form of an absence or an avoidance of worse consequences, depending on the nature of the emergency. Furthermore the mitigation strategies can be costly, and the costs are easier to estimate than the potential benefits. The difficulty of cost-benefit analysis varies from risk to risk. It is harder to estimate the benefits of mitigation for fire than for flood because flood is more predictable as to extent, frequency and damage.

Decisions about mitigation can involve trade-offs and are often a political process since the costs of mitigation fall on a specific group of people while the potential benefits go to the community as a whole. For example, profits foregone by land development restrictions are borne by land owners and developers whereas the benefits are to a nebulous group

of people who did not go to live on the development and were not flooded.

At a national and State level, some information on the cost of natural disasters is available. The following table, from the *Economic Costs of Natural Disasters, Report 103, Bureau of Transport Economics, January 2001*, gives clear indication of the high cost of natural disasters. This table which is based on estimates to a large degree only took disasters costing more than \$10 million into account.

Natural Disaster Statistics (1967-1999)

Average Annual Cost (\$million)

State	Flood	Severe storms	Cyclones	Earthquakes	Bushfires	Landslide	Total
NSW	128.4	195.8	0.5	141.2	16.8	1.2	484.1
QLD	111.7	37.3	89.8	0.0	0.4	0.0	239.2
NT	8.1	0.0	134.2	0.3	0.0	0.0	142.6
VIC	38.5	22.8	0.0	0.0	32.4	0.0	93.6
WA	2.6	11.1	41.5	3.0	4.5	0.0	62.7
SA	18.1	16.2	0.0	0.0	11.9	0.0	46.2
TAS	6.7	1.1	0.0	0.0	11.2	0.0	18.9
ACT	0.0	0.1	0.0	0.0	0.0	0.0	0.2
Totals	314.0	284.4	266.2	144.5	77.2	1.2	1087.5

Cost-benefit analysis of a range of flood mitigation strategies has been explored in *Benefits of Flood Mitigation in Australia, Report 106, Bureau of Transport Economics, 2002*. Although there were limitations in the data available, the report concluded that 'case studies, consultations and literature surveyed demonstrate evidence of the benefits of various types of mitigation...in each of the case studies there is evidence that the estimated benefits of the various flood mitigation measures in terms of tangible savings are substantial'. In addition there are the unquantifiable intangible savings which include lives not lost.

The COAG Natural Disasters Report says 'additional investment in natural disaster mitigation by all three levels of government is conservatively estimated to provide a return of 15 per cent.' The Report also estimates, using the report mentioned above, that every dollar invested in flood mitigation saved more than \$2.10.

2.3 Mitigation at a national level

There is a wide range of mitigation strategies undertaken at the national level including:

- a national approach to building controls through the Australian Building Codes Board, with the resulting codes being expressed in State, Territory and local government legislation and regulation;
- quarantine and border control;
- weather forecasting and warnings;
- aircraft safety; and
- national public health strategies.

Within the emergency management context of all levels of government accepting responsibility for mitigation within their respective jurisdictions, the Australian Government is committed to developing a national mitigation strategy. In addition it administers the Disaster Mitigation Australia Package (DMAP) which includes a new Natural Disaster Mitigation Programme (NDMP) to fund for five years projects relating to the reform commitments in the COAG Report. These reform commitments relate to, for example, nationally consistent data and research, disaster risk assessments, disaster mitigation strategies, disaster mitigation measures, disaster-resilient infrastructure, and community awareness and warnings.

The programme funds a wide variety of risk assessment and mitigation measures including:

- disaster resilient infrastructure investments
- emergency warning systems
- community awareness and readiness measures
- local risk analyses
- development of nationally consistent data collection and analysis
- development of nationally consistent post-emergency evaluations
- flood data analyses and mapping for mitigation purposes,
- flood control structures, and
- land and building purchase schemes in high risk areas.

The current Regional Flood Mitigation Programme will be incorporated into the NDMP.

Outside DMAP, there are other Australian government emergency mitigation programmes such as Working Together to Manage Emergencies. (See Appendix 1 in Part 8.)

2.4 Mitigation at a State level

Many mitigative actions and strategies are undertaken at a state level. For example, strategies for protection related to flood, bushfire, landslip and hazardous industry are built into the State's land use planning system which consists of the Victorian Planning Provisions and the municipal planning schemes (see next section). Legislative provisions also ensure that considerations of safety are taken into account when planning decisions come before courts. Building controls also contribute to mitigation by, for example, setting standards for structural integrity, for performance of materials in a fire or by setting standards for the maintenance of air conditioning cooling towers. Building standards are set nationally, but enforced by the State. Other mitigation strategies include:

- dangerous goods regulations
- food safety regulations
- gas and electricity safety codes
- flood control structures
- immunisation programs
- requirements for vehicles to be roadworthy
- measures to lower the road toll
- measures to ensure the quality of the water supply

- warning systems
- business continuity planning, and
- community education and awareness programs.

Another significant mitigation activity, with both state and national inputs, is the Critical Infrastructure Protection project. Following experiences such as the Longford gas disaster, Victoria has emphasised the importance of protecting the continuity of supply of essential services, particularly within the energy and transport sectors, which are privately owned in Victoria.

As part of the Victorian Government's infrastructure strategy, Victoria Police provides assistance to the owners and operators of critical infrastructure within Victoria in assessing the exposure of key assets to terrorist attack. Departments and agencies need to include as key business drivers consideration of any potential impacts on the resilience and sustainability of critical infrastructure within their portfolios' area of interest in administering their functions. Departmental business management planning should have regard to measures to mitigate risks to significant infrastructure within the portfolios area of interest.

Under Part 6 of the *Terrorism (Community Protection) Act 2003*, nominated owners or operators of declared essential service facilities are required by relevant Ministers to develop a risk management plan that takes into account the threat from terrorism, undertake an annual audit of their plans and participate in exercises. These arrangements should be considered part of and consistent with existing business continuity and risk management planning in essential service sectors.

State Emergency Mitigation Committee

Responsibility for oversight, but not implementation, of mitigation activities at a State level has been assigned to the State Emergency Mitigation Committee. It has been established to provide a State-wide focus on mitigation, to promote a culture of mitigation and to encourage more demonstrably cost-effective investment in mitigation.

It will develop a State mitigation strategy which will fulfil Commitment 2 of the COAG Natural Disasters Report.

The primary reporting line for the Chair of the Committee is to the Minister as Coordinator in Chief of Emergency Management. Executive and other support is provided by the Office of the Emergency Services Commissioner. The Committee has an initial time frame of 3-5 years to address its Terms of Reference. (See Part 5 of the Manual).

2.5 Mitigation at the municipal level

Local government's role in mitigation is central. Mitigation strategies based on a detailed knowledge of the local community, its characteristics, strengths and vulnerabilities, as well as a detailed appreciation of the risks faced by that community are particularly effective. Local government is in the best position to develop such mitigation strategies. Catchment Management Authorities are in a similar position in respect of flood management.

The avenue for developing the strategies is through the Municipal Emergency Management Plans (MEMPlans) described in detail in Part 6 of this Manual, especially Step 3a – Undertake Emergency Risk Management. The development of these plans can be assisted by the adoption of CERM process, as facilitated by Victoria State Emergency Service.

Important mitigation activity undertaken by municipal councils is via their Planning Schemes developed under the Victorian Planning Provisions. Planning Schemes contribute to mitigation through the creation of

- zones, such as the Urban Floodway Zone
- overlays, for example erosion overlay, land subject to inundation overlay or the wildfire management overlay
- guidelines which prescribe the consideration of the degree of hazard, and
- referral of planning applications to agencies expert in mitigation, for example, the CFA.

Municipal application of building codes operate to activate special requirements for buildings in areas where overlays operate. For example, in areas where the overlay of land subject to inundation operates, minimum floor heights may be required so that the effect of flood will be mitigated or in areas subject to the bushfire overlay, there may be water supply requirements so that fires can be more effectively controlled and limited. The controls are designed to balance the interests of emergency mitigation and development.

There are many other examples of municipal involvement in mitigation, but not all municipalities will undertake all these forms of mitigation:

- traffic/road management
- health inspections and surveillance
- immunisation programs
- warning systems for particular emergencies
- involvement with Major Hazard Industries
- community development activities
- crime and injury prevention programs and strategies
- flood and drainage management systems
- community awareness programs for specific risks
- maintenance of fire refuges, or fire access roads
- identification of, and planning for, individuals with special needs during emergencies.

State Emergency Response Plan

Part 3: Emergency Management Manual Victoria

Note:

- This document constitutes an urgent update to the State Emergency Response Plan made by the Emergency Management Commissioner in accordance with section 53A of the *Emergency Management Act 2013*.
- This document varies the State Emergency Response Plan approved by the State Crisis and Resilience Council on 24 March 2016, which took effect on 1 August 2016.
- In accordance with section 53A(4) of the *Emergency Management Act 2013*, this document takes effect on 12 February being the date that it was published in accordance with section 55(a) of the *Emergency Management Act 2013*, and will remain in force for a period of three months from the date of publication unless revoked earlier in accordance with section 53A(4) of the *Emergency Management Act 2013*.

CONTENTS

CONTENTS	i
Definitions	iii
Abbreviations	viii
Alignment with the <i>Emergency Management Act 2013</i>	ix
1 Document context	1
1.1 Purpose	1
1.2 Scope.....	1
1.2.1 Documents comprising the SERP	1
1.2.2 SERP sub-plans.....	1
1.3 Audience	1
1.4 Authority	1
1.4.1 Australian law	1
1.4.2 Victorian law	1
1.4.3 Approval	2
1.4.4 Urgent updates	2
1.4.5 Compliance	2
1.5 Planning context	2
2 Emergency response context	3
2.1 Emergency response	3
2.2 Major emergencies	3
2.3 Whole of government responsibility	3
2.4 State emergency management priorities	3
2.5 A systems approach to emergency response operations	4
2.5.1 Operational tiers	4
2.5.2 System principles	4
2.6 Continuous improvement	5
3 Operational roles and responsibilities	6
3.1 Agency roles	6
3.1.1 Control agencies	6
3.1.2 Support agencies	6
3.2 Functions.....	6
3.2.1 Overview	6
3.2.2 Coordination	7
3.2.3 Control	7
3.2.4 Command	8
3.2.5 Consequence management	8
3.2.6 Communications	8
3.3 Responsibilities	9
3.3.1 Class 1 emergencies.....	9
3.3.2 Class 2 emergencies.....	10
3.3.3 Class 3 emergencies.....	11
3.3.4 Non-major emergencies	11
3.4 Guidance on determining control arrangements	13
3.4.1 Control of concurrent Class 2 emergencies	13
3.4.2 Control of concurrent Class 1 and Class 2 emergencies	13
3.4.3 Control of other emergencies concurrently with Class 3 emergencies	13
3.4.4 Control of non-major fires concurrently with other emergencies.....	13
4 Collaboration	15
4.1 A team approach.....	15
4.1.1 Benefits	15
4.1.2 The team structure	15
4.1.3 Chairpersons and responsibility of individual team members.....	16
4.1.4 Integration of relief and recovery	16

Emergency Management Manual Victoria

4.2	State tier teams.....	16
4.3	Regional tier teams	18
4.4	Incident tier teams	19
4.4.1	Major emergencies	19
4.4.2	Non-major emergencies	20
4.5	Shared support.....	20
4.5.1	Facilities	20
4.5.2	Information.....	21
4.5.3	Reports	21
4.6	Transition from response to recovery	21
4.7	Shared review	22
5	Community.....	23
5.1	Before emergencies	23
5.1.1	Responsibility.....	23
5.1.2	Preparing for self-reliance	23
5.1.3	Information about a community.....	23
5.2	During emergencies	24
5.2.1	The management of mass injuries and fatalities	24
5.2.2	Warnings and information.....	25
5.2.3	Relocation and evacuation	26
5.2.4	Restricting public movement.....	26
5.2.5	Impact assessment	27
5.2.6	Provision of relief.....	27
5.3	After emergencies.....	28
5.3.1	Recovery	28
6	Capability.....	29
6.1	State capability.....	29
6.2	Agency responsibility for maintaining capability	29
6.3	Support arrangements for Class 1 and 2 emergencies	29
6.3.1	Concept of operations	29
6.3.2	Sourcing resources.....	29
	Appendix A - Role statements.....	31
	Statutory appointments	31
	Emergency Management Commissioner	31
	Chief Commissioner of Police.....	31
	Senior Police Liaison Officer (SPLO)	31
	Regional Emergency Response Coordinator (RERC).....	32
	Municipal Emergency Response Coordinator (MERC)	32
	Incident Emergency Response Coordinator (IERC)	33
	Controllers	34
	State Response Controller.....	34
	Class 2 state controller.....	35
	Regional controller.....	35
	Incident controller	36
	Agencies.....	37
	Control agency	37
	Support agency	38
	Agency or functional commander.....	38
	Emergency management liaison officer.....	38
	Appendix B - The process for appointing and deploying controllers.....	40
	Class 1 emergencies.....	40
	State Response Controller.....	40
	Regional and incident controllers	40
	Control arrangements where an area of operation is designated	41
	The powers of controllers for Class 1 emergencies	42
	Class 2 emergencies.....	42

Part 3 – State Emergency Response Plan

Definitions

The State Emergency Response plan must be read with consideration to the following definitions as they are not repeated in the text.

TERM	DEFINITION
agency	<p>Means a government or a non-government agency. (<i>Emergency Management Act 1986</i> section 4)</p> <p>For the purposes of this State Emergency Response Plan and unless otherwise stated, agencies include government and non-government organisations, government departments, local government and volunteer organisations with a role in emergency management as listed in the Emergency Management Manual Victoria Part 7 – Emergency Management Agency Roles.</p>
Area of operation	<p>Means the time limited geographical area, activity or activities, and/or incident or incidents, designated by—</p> <p>(a) the Emergency Management Commissioner in relation to a Class 1 and/or Class 2 emergency; or</p> <p>(b) the Chief Commissioner of Police in relation to a Class 3 emergency.</p>
Chief Officer	<p>(a) means the following—</p> <p>(i) the Chief Officer of the Metropolitan Fire and Emergency Services Board;</p> <p>(ii) the Chief Officer of the Country Fire Authority;</p> <p>(iii) the Chief Fire Officer, Department of Environment, Land, Water and Planning;</p> <p>(iv) the Chief Officer, Operations of the Victoria State Emergency Service Authority; and</p> <p>(b) includes any person nominated by a person referred to in paragraph (a) to exercise the powers of that person under the <i>Emergency Management Act 2013</i> section 38.</p> <p>(<i>Emergency Management Act 2013</i> section 3)</p>
Class 1 emergency	<p>(a) a major fire; or</p> <p>(b) any other major emergency for which the Metropolitan Fire and Emergency Services Board, the Country Fire Authority or the Victoria State Emergency Service Authority is the control agency under the state emergency response plan.</p> <p>(<i>Emergency Management Act 2013</i> section 3)</p>
Class 2 emergency	<p>A major emergency which is not—</p> <p>(a) a Class 1 emergency; or</p> <p>(b) a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth; or</p> <p>(c) a hi-jack, siege or riot.</p> <p>(<i>Emergency Management Act 2013</i> section 3)</p>
Class 2 state controller	<p>A person appointed as a Class 2 controller at the state tier under the <i>Emergency Management Act 2013</i> section 39.</p> <p>(<i>Emergency Management Act 2013</i> section 39)</p>

Emergency Management Manual Victoria

Class 3 emergency ¹	<p>For the purpose of this State Emergency Response Plan, a Class 3 emergency means a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth, or a hi-jack, siege or riot.</p> <p>Class 3 emergencies may also be referred to as security emergencies.</p>
consequence management	<p>Consequence management means the coordination of agencies, including agencies who engage the skills and services of non-government organisations, which are responsible for managing or regulating services or infrastructure which is, or may be, affected by a major emergency.</p> <p>The objective of consequence management is to minimise the adverse consequences to users of services or infrastructure caused by the interruption to the services or infrastructure as a consequence of the major emergency while having regard to the need to ensure that—</p> <p>(a) safety considerations are paramount; and</p> <p>(b) if the major emergency is due to—</p> <p>(i) a hi-jack, siege or riot; or</p> <p>(ii) a warlike act or an act of terrorism—</p> <p>the exercise of police powers is not to be interfered with.</p> <p><i>(Emergency Management Act 2013 section 45)</i></p>
control agency	<p>The control agency is the agency with the primary responsibility for responding to a specific form of emergency. The EMMV Part 7 – Emergency Management Agency Roles lists control agencies for specific emergencies.</p> <p><i>(Emergency Management Act 2013 section 54)</i></p>
coordination	<p>Coordination is the bringing together of agencies and resources to support the response to and recovery from emergencies.</p>
department	<p>For the purpose of this State Emergency Response Plan, departments are Victorian Government departments, including those with portfolio responsibility for agencies with a role in emergency response.</p>
effective control	<p>Effective control is where the following conditions are met:</p> <ul style="list-style-type: none"> • A control hierarchy, appropriate to the emergency, is in place. • Controllers are working in accordance with their relevant role statement (refer Appendix A). • The State emergency management priorities (refer section 2.4) guide all decisions made in the emergency response

¹ Although the term ‘Class 3 emergency’ is not recognised in legislation, Victoria Police has agreed for the term to be used to improve the readability and useability of this plan.

Part 3 – State Emergency Response Plan

emergency	<p>The actual or imminent occurrence of an event which in any way endangers or threatens to endanger the safety or health of any person in Victoria or which destroys or damages, or threatens to destroy or damage, any property in Victoria or endangers or threatens to endanger the environment or an element of the environment in Victoria including, without limiting the generality of the foregoing—</p> <ul style="list-style-type: none"> (a) an earthquake, flood, wind-storm or other natural event; and (b) a fire; and (c) an explosion; and (d) a road accident or any other accident; and (e) a plague or an epidemic or contamination; and (f) a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth; and (g) a hi-jack, siege or riot; and (h) a disruption to an essential service. <p>(source: <i>Emergency Management Act 2013</i> Part 1 section 3)</p>
emergency management sector	<p>The sector comprising all agencies, bodies, departments and other persons who have a responsibility, function or other role in emergency management.</p> <p>(<i>Emergency Management Act 2013</i> section 3)</p>
fire services agency	<p>Any of the following—</p> <ul style="list-style-type: none"> (a) the Metropolitan Fire and Emergency Services Board; (b) the Country Fire Authority; (c) the Department of Environment, Land, Water and Planning. <p>(<i>Emergency Management Act 2013</i> section 3)</p>
incident	<p>For the purposes of this State Emergency Response Plan, an incident is an event, occurrence or set of circumstances that:</p> <ul style="list-style-type: none"> • has a definite duration • calls for human intervention • has a set of concluding conditions that can be defined • is or will be under the control of an individual who has the authority to make decisions about the means by which it will be brought to a resolution.
major emergency	<p>A major emergency is:</p> <ul style="list-style-type: none"> (a) a large or complex emergency (however caused) which— <ul style="list-style-type: none"> (i) has the potential to cause or is causing loss of life and extensive damage to property, infrastructure or the environment; or (ii) has the potential to have or is having significant adverse consequences for the Victorian community or a part of the Victorian community; or (iii) requires the involvement of 2 or more agencies to respond to the emergency; or (b) a Class 1 emergency; or (c) a Class 2 emergency. <p>(<i>Emergency Management Act 2013</i> section 3)</p>

Emergency Management Manual Victoria

major fire	<p>A major fire is a large or complex fire (however caused) which—</p> <ul style="list-style-type: none"> (a) has the potential to cause or is causing loss of life and extensive damage to property, infrastructure or the environment; or (b) has the potential to have or is having significant adverse consequences for the Victorian community or a part of the Victorian community; or (c) requires the involvement of 2 or more fire services agencies to suppress the fire; or (d) will, if not suppressed, burn for more than one day. <p>(Emergency Management Act 2013 section 3)</p>
recovery	<p>The assisting of persons and communities affected by emergencies to achieve a proper and effective level of functioning.</p> <p>(Emergency Management Act 2013 section 3)</p>
region	<ul style="list-style-type: none"> (a) A region is one of the Victorian Government Regions, as defined in Part 8 Appendix 8 of the Emergency Management Manual Victoria, or an area designated by the Emergency Management Commissioner (b) Despite paragraph (a) above, a region does not include an area or areas of operation designated by the Emergency Management Commissioner or the Chief Commissioner of Police.
relief	The provision of life support and essential needs to persons affected by an emergency.
resources	The people, equipment or services an agency requires to perform its emergency response role and responsibilities.
responder agency	<ul style="list-style-type: none"> (a) the Metropolitan Fire and Emergency Services Board; (b) the Country Fire Authority; (c) the Victoria State Emergency Service Authority; (d) the Secretary to the Department of Environment, Land, Water and Planning; (e) any other agency prescribed to be a responder agency. <p>(Emergency Management Act 2013 section 3)</p>
response	<p>The combating of emergencies and the provision of rescue services.</p> <p>(Emergency Management Act 2013 section 3)</p> <p>For the purpose of this State Emergency Response Plan, emergency response is the action taken immediately before, during and in the first period after an emergency to reduce the effect and consequences of emergencies on people, their livelihoods and wellbeing, property and the environment and to meet basic human needs.</p>
response agency	Any agency with a role or responsibility during an emergency response. Response agencies are either the control agency or a support agency.
state emergency response plan	The state emergency response plan prepared under the <i>Emergency Management Act 2013</i> section 53.
State Response Controller	<p>A person appointed as a State Response Controller under the <i>Emergency Management Act 2013</i> section 37.</p> <p>(Emergency Management Act 2013 section 3)</p>

Part 3 – State Emergency Response Plan

support agency	<p>A support agency is an agency that provides services, personnel or material to support the control agency.</p> <p>The EMMV Part 7 – Emergency Management Agency Roles lists the support agencies for specific Class 1 emergencies and support agencies that provide specific services during all emergencies.</p> <p>For the purpose of this State Emergency Response Plan, all agencies listed in EMMV Part 7 – Emergency Management Agency Roles are support agencies for major emergencies. This may relate to a specific response, relief or recovery function, or to ensuring the agency continues to deliver its normal services during an emergency, as part of consequence management.</p>
whole of government	<p>For the purpose of the State Emergency Response Plan, the whole of government is a collective term for all agencies with a role or responsibility in emergency management in Victoria, as listed in EMMV Part 7 – Emergency Management Agency Roles.</p>

Abbreviations

IEMT	Incident Emergency Management Team
IERC	Incident Emergency Response Coordinator
EM Act 1986	<i>Emergency Management Act 1986</i>
EM Act 2013	<i>Emergency Management Act 2013</i>
EMV	Emergency Management Victoria
EMJPIC	Emergency Management Joint Public Information Committee
EMLO	Emergency Management Liaison Officer
EMMV	Emergency Management Manual Victoria
IMT	Incident Management Team
MEMP	Municipal Emergency Management Plan
MERC	Municipal Emergency Response Coordinator
RCT	Regional Control Team
REMT	Regional Emergency Management Team
RERC	Regional Emergency Response Coordinator
SCOT	State Coordination Team
SCRC	State Crisis and Resilience Council
SCT	State Control Team
SEMC	Security and Emergency Management Committee (sub-committee of Cabinet)
SEMT	State Emergency Management Team
SERG	State Emergency Relief Group
SERP	State Emergency Response Plan
SPLO	Senior Police Liaison Officer
SRRT	State Relief and Recovery Team

Alignment with the *Emergency Management Act 2013*

Under section 54 of the EM Act 2013, the state emergency response plan must contain the following provisions:

Act ref	Requirement	Location
(a)	Identifying, in relation to each form of emergency specified, the agency primarily responsible for responding to the emergency (the control agency)	The EMMV Part 7 – Emergency Management Agency Roles
(b)	Relating to the coordination of the activities of other agencies in support of a responsible agency in the event of an emergency	Chapters 3 and 4.
(c)	Specifying the roles of agencies in the event of an emergency	The EMMV Part 7 – Emergency Management Agency Roles
(d)	With respect to any act, matter or thing relating to consequence management	Chapter 3 and 4
(e)	Specifying the roles and responsibilities of coordinators appointed under section 56	Appendix A
(ea)	Specifying the process by which the State Response Controller is appointed and controllers in relation to Class 1 emergencies are appointed and deployed under section 37	Appendix B
(eb)	Specifying the process by which controllers in relation to Class 2 emergencies are appointed under section 39	Appendix B and chapter 3.3.2
(ec)	Specifying the roles and responsibilities of the State Response Controller and controllers who are appointed or deployed under section 37 or 39 as the case may be	Appendix A
(ed)	Enabling the determination of the priority of response roles of agencies having roles or responsibilities under the state emergency response plan	Chapter 2.4 - State emergency management priorities
(f)	Defining region for the purpose of section 56	EMMV Part 8 - Appendices and Glossary, Appendix 8

1 Document context

This chapter outlines the legal and planning context of this document.

1.1 Purpose

The State Emergency Response Plan (SERP) outlines the Victorian arrangements for the coordinated response to emergencies by all agencies with a role or responsibility in relation to emergency response, as listed in the Emergency Management Manual Victoria² (EMMV) Part 7 – Agency Emergency Management Roles.

1.2 Scope

1.2.1 Documents comprising the SERP

The SERP comprises this document, which is published as the EMMV Part 3, and the following documents:

- the roles of individual agencies in emergency response, which are listed and published in the EMMV Part 7 – Emergency Management Agency Roles
- the definition of regions, which is published in the EMMV Part 8 - Appendixes and Glossary, Appendix 8.

1.2.2 SERP sub-plans

SERP subordinate plans (SERP sub-plans) outline the arrangements for managing specific emergencies where the arrangements for managing these emergencies require greater detail, such as where complex arrangements apply.

SERP sub-plans are approved through the same approvals process that applies to this SERP. SERP sub-plans should be written in accordance with the SERP Sub-plan Guidelines³. Approved (SERP sub-plans) are published on the Emergency Management Victoria website⁴.

1.3 Audience

The SERP has been written for the Victorian State Government and all agencies with a role or responsibility in relation to emergency response, as listed in the EMMV Part 7 – Agency Emergency Management Roles.

1.4 Authority

1.4.1 Australian law

Under Australian constitutional arrangements, state and territory governments have responsibility for emergency management within their jurisdictions. Where their capacity is insufficient, state and territory governments can seek Australian Government support through a number of mechanisms. Refer to chapter 6 for more information.

1.4.2 Victorian law

The *Emergency Management Act 1986* (EM Act 1986) and the *Emergency Management Act 2013* (EM Act 2013) provide the legislative basis for the management of emergencies in Victoria and for the preparation and approval of the SERP. The SERP needs to be read in conjunction with this legislation.

Other Victorian legislation relates to the management of specific hazards. A number of departments and agencies administer this legislation, however this should be within the context of the arrangements in this plan.

² The EMMV is found at: www.emv.vic.gov.au/policies/emmv/

³ The SERP Sub-plan Guidelines are found at: www.emv.vic.gov.au/plans

⁴ Approved SERP sub-plans are found at: www.emv.vic.gov.au/plans/serp-sub-plan-guidelines/

1.4.3 Approval

The Emergency Management Commissioner is responsible for preparing the SERP and updating it as required. In practice, Emergency Management Victoria (EMV) undertakes the work required to prepare or update the SERP on behalf of the Emergency Management Commissioner in consultation with agencies from across government.

Section 53 of the EM Act 2013 requires the Emergency Management Commissioner to submit the updated SERP to the State Crisis and Resilience Council (SCRC) for approval. The Emergency Management Commissioner submitted this version of the SERP to SCRC and it was approved on 24 March 2016.

This version of the SERP will take effect on 1 August 2016, replacing the previous version.

1.4.4 Urgent updates

Section 53A of the EM Act 2013 permits the Emergency Management Commissioner to make urgent updates to the SERP if there is a significant risk to life or property if the SERP is not updated and obtaining the approval of the SCRC for an amendment is not practicable in the circumstances.

Urgent updates come into force when the Emergency Management Commissioner publishes the updated SERP and then remain in force for three months, to allow the SCRC sufficient time to approve or revoke the urgent update under section 53 of the EM Act 2013.

1.4.5 Compliance

A new section 55A will be introduced into the EM Act 2013 on 1 August 2015.

Under section 55A of the EM Act 2013, agencies with a role or responsibility under the SERP are required to act in accordance with the SERP.

If there is a conflict between an agency's responsibilities under the SERP and an agency's existing powers, functions or duties, the agency is taken to have complied with the SERP if it performs the existing power, function or duty. This includes an agency's power, function or duty under:

- any Act or regulation, including interstate and Commonwealth legislation
- the common law
- a licence issued under any Act or regulation
- an intergovernmental agreement, arrangement or plan that is specified in the SERP and relates to the emergency response to a Class 1 or Class 2 emergency or
- an agreement that concerns the emergency response to a Class 1 or Class 2 emergency.

For a Class 1 or 2 emergency, if an agency intends to perform an existing function, duty or power instead of a conflicting requirement in the SERP, the agency should immediately advise the Emergency Management Commissioner about its intended actions.

If the Emergency Management Commissioner considers that an agency has failed to comply with the SERP and the failure is likely to have significant consequences, the Emergency Management Commissioner may direct the agency in writing to comply with the SERP. If requested by the Emergency Management Commissioner, the agency must provide reasons in writing for its failure to act in accordance with the SERP. This provides the agency with a formal opportunity to explain its actions.

1.5 Planning context

The SERP fits within a broader set of State planning arrangements for agencies to prepare for, respond to and assist the community to recover from emergencies. The SERP currently links to the EMMV Part 2 - State Mitigation Arrangements, Part 4 – State Emergency Relief and Recovery Plan, Part 6 - Municipal Emergency Management Planning Arrangements, Part 7 – Emergency Management Agency Roles and Part 8 – Appendices and Glossary.

2 Emergency response context

This chapter outlines the context for the response to emergencies in Victoria.

2.1 Emergency response

Emergency response is the action taken immediately before, during and in the first period after an emergency to reduce the effect and consequences of emergencies on people, their livelihoods and wellbeing, property and the environment and to meet basic human needs.

Emergency relief and recovery activities should be integrated with emergency response activities and commence as soon as the effect and consequences of the emergency are anticipated.

2.2 Major emergencies

The definition of ‘emergency’ encompasses a broad range of events from the very smallest to the most major.

A major emergency is a large or complex emergency that has the potential to cause or is causing loss of life and extensive damage to property, infrastructure or the environment, or that has the potential to have or is having significant adverse consequences for the Victorian community or a part of the Victorian community or that requires a multi-agency response. Additionally, a large or complex fire that burns for more than one day is considered a major fire.

As well as the direct effect of the emergency on communities, property and the environment, major emergencies can also have indirect consequences on the wellbeing of the wider community and response personnel, the economy, the delivery of services and the health and beauty of the natural environment.

2.3 Whole of government responsibility

The response to a major emergency involves many agencies from across government performing specific response, relief or recovery functions or working to ensure the continuity of their normal services as part of consequence management.

During a large-scale emergency, the Victorian Government’s Security and Emergency Management Committee of Cabinet (SEMC) provides whole of government ministerial oversight. The SCRC provides SEMC with assurance that the broad social, economic, built and natural environmental consequences of the emergency are being addressed at a whole of government level. Neither SEMC nor the SCRC have an operational response role.

During a major emergency, the State Crisis Centre in the Department of Premier and Cabinet may be activated to support SEMC, SCRC and the Premier more broadly.

2.4 State emergency management priorities

The State has endorsed a set of emergency management priorities to underpin and guide all decisions made during emergencies in Victoria. The priorities focus on the primacy of life and the issuing of community warnings and information, in order to assist people to make informed decisions about their safety.

The priorities are

- Protection and preservation of life is paramount. This includes:
 - Safety of emergency response personnel and
 - Safety of community members including vulnerable community members and visitors/tourists
- Issuing of community information and community warnings detailing incident information that is timely, relevant and tailored to assist community members make informed decisions about their safety
- Protection of critical infrastructure and community assets that support community resilience
- Protection of residential property as a place of primary residence

Emergency Management Manual Victoria

- Protection of assets supporting individual livelihoods and economic production that supports individual and community financial sustainability
- Protection of environmental and conservation assets that considers the cultural, biodiversity, and social values of the environment.

The State emergency management priorities provide a framework for emergency managers to identify the priority roles and actions of agencies in an emergency response, especially where there are concurrent risks or competing priorities.

2.5 A systems approach to emergency response operations

The State uses a scalable systems approach to manage emergency response operations.

2.5.1 Operational tiers

Emergency response operations is managed through the following three operational tiers:

- state tier
- regional tier
- incident tier.

Not all tiers will be active for every emergency. In general the state and regional tiers are active only for major emergencies or where major emergencies are anticipated to occur. Non-major emergencies are managed only at the incident tier.

In the absence of a direction from the Emergency Management Commissioner, agencies must seek the Emergency Management Commissioner's approval prior to establishing management structures for Class 1 and 2 emergencies that depart from this SERP or an approved SERP sub-plan.

The Emergency Management Commissioner (in relation to a Class 1 or Class 2 emergency) may consider an alternative operational structure is necessary to effectively control and coordinate an emergency, activity or incident. In these circumstances, the Emergency Management Commissioner may designate an area of operation. The operational tiers, line of control, and coordination arrangements for the area(s) of operation(s) will be determined by the State Response Controller/Class 2 State Controller in consultation with the Emergency Management Commissioner taking into consideration effective control and coordination.

Determination of an area of operation may affect other parts of the system, such as resource coordination or relief and recovery coordination. The State Response Controller/Class 2 State Controller in consultation with the Emergency Management Commissioner may determine that alternate management structures be implemented for Class 1 and Class 2 emergencies outside the area of operation to ensure effective control and coordination. In absence of a direction from the Emergency Management Commissioner, agencies must seek the Emergency Management Commissioner's approval prior to establishing control and/or coordination structures for Class 1 and Class 2 emergencies that depart from this SERP or an approved SERP sub-plan.

2.5.2 System principles

The emergency response operations system is based on the following principles, which are applied at each tier as required and which provide the system with the scalability to manage the response to all emergencies:

- flexibility
- management by objectives
- functional management
- unity of effort
- span of control.

2.6 Continuous improvement

The emergency management sector works to continually improve the emergency response system and performance through:

- sharing information
- learning from assurance activities and contemporary good practice
- improving the processes agencies use to deliver their obligations
- exercising the capabilities of systems, agencies and personnel.

The sector regularly conducts the following assurance activities:

- real time monitoring, conducted during an emergency response
- reviews and debriefs, following an emergency response
- review of systems, undertaken by Emergency Management Victoria, the Inspector General for Emergency Management or other appointed independent monitors
- Independent assurance activities, undertaken by the Victorian Government and the Victorian Auditor-General's Office or other appointed independent monitors.

The sector analyses the information collected through the assurance activities, identifies trends and initiates actions to improve systems and subsequently sector performance.

3 Operational roles and responsibilities

This chapter identifies the roles and functions responsible for managing emergency response operations in Victoria.

3.1 Agency roles

Victorian emergency response operational arrangements are underpinned by individual agencies performing specific tasks in response to emergencies according to their legislated role, obligations and administrative arrangements.

3.1.1 Control agencies

The EMMV Part 7 – Agency Emergency Management Roles nominates a control agency for the response to each form of emergency. The control agency is the agency primarily responsible for responding to the specific form of emergency. The responsibilities of a control agency are listed in Appendix A.

3.1.2 Support agencies

The EMMV Part 7 – Agency Emergency Management Roles nominates key support agencies for the response to each emergency.

However, all agencies may be support agencies during major emergencies. This may be in relation to the agency performing a specific response, relief or recovery function, or to ensuring the continuity of its normal services during a major emergency, as part of consequence management (refer to 3.2.5). The responsibilities of support agencies are listed in Appendix A.

3.2 Functions

3.2.1 Overview

Emergency response management is based on the functions of coordination, control, command, consequence management and communications. Broadly:

- Coordination is the bringing together of agencies and resources to ensure effective response to and recovery from emergencies.
- Control is the overall direction of response activities in an emergency, operating horizontally across agencies.
- Command is the internal direction of personnel and resources, operating vertically within an agency.

Additionally, in order to meet the objectives of emergency management in Victoria, those performing the control, command and coordination functions need to ensure:

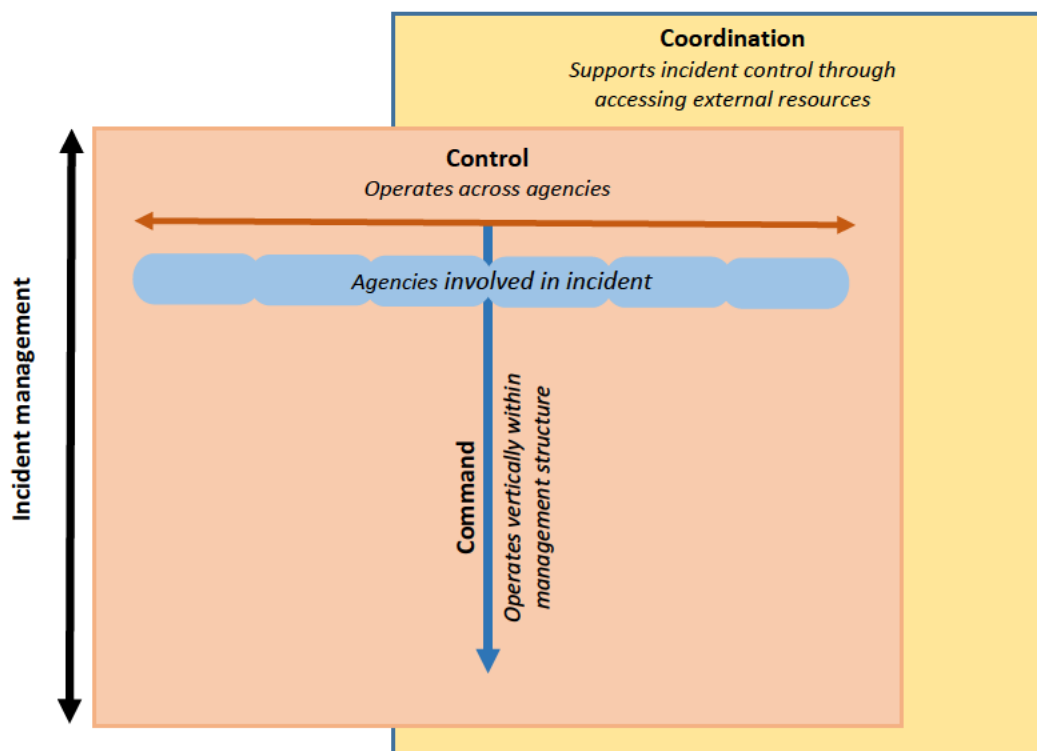
- the consequences of the emergency are managed and
- there is communication that meets the information needs of communities, stakeholders and government.

The functions of coordination, control, command, consequence management and communications are discussed further in this chapter.

Part 3 – State Emergency Response Plan

The following diagram conceptually depicts the relationship between the control, command and coordination functions during an emergency response at the incident tier. The concepts apply equally to the regional and state tiers.

Figure 1 – Conceptual depiction of the relationship between control, command and coordination in emergency response (shown at the incident tier)⁵



3.2.2 Coordination

Coordination is the bringing together of agencies and resources to ensure effective response to and recovery from emergencies.

Response coordination

Emergency response coordinators bring together agencies and resources to support the response to emergencies. Broadly, their functions are to ensure:

- effective control arrangements have been established and are maintained to manage the response to emergencies
- effective information sharing
- the necessary resources are accessed to support the response to emergencies.

Recovery coordination

Emergency recovery coordinators/managers bring together agencies and resources to support the provision of relief and recovery from emergencies.

3.2.3 Control

Control is the overall direction of response activities in an emergency, operating horizontally across agencies. In Victoria, authority for control is established in this SERP, with the details listed in the EMMV

⁵ Source: The Australasian Inter-service Incident Management System, Australasian Fire and Emergency Service Authorities Council, 4th edition 2013.

Emergency Management Manual Victoria

Part 7 – Emergency Agency Roles.

Controllers are responsible for leading all agencies responding to the emergency. Specific arrangements apply to the appointment of controllers for Class 1 and Class 2 emergencies and for fires other than for a major fire.

The ‘line of control’ refers to the line of supervision for those appointed to perform the control function and this relates to the specific class of emergency. Controllers escalate or provide direction on control issues through the line of control.

There may be some complex emergencies which require only the coordination of the consequences of the emergency across a number of agencies with shared accountability and which do not require controllers.

3.2.4 Command

Command is the internal direction of personnel and resources, operating vertically within an agency. Each agency has a ‘chain of command’, which is the agency’s organisational hierarchy that identifies the link between each individual and their supervisor.

Each agency responding to an emergency must identify the commanders responsible for supervising agency personnel and the agency chain of command. Commanders escalate agency issues and provide direction on agency issues through the agency chain of command.

Where there is an agreed inter-agency arrangement, a functional commander may supervise personnel and resources from more than one agency.

3.2.5 Consequence management

The Emergency Management Commissioner is responsible for consequence management⁶ for major emergencies. Consequence management involves the coordination of the activities of agencies with a role in delivering of services to the community, with the aim of minimising the adverse consequences of emergencies on the community.

During a major emergency, all agencies including critical infrastructure providers may need to activate their business continuity arrangements in order to manage the adverse consequences of the emergency on their area of responsibility.

Consequence management should inform and be a precursor to relief and recovery activities.

3.2.6 Communications

Communications relates to communicating to the public, reporting to government and communicating with stakeholder agencies during emergencies.

Information on communicating to the public is detailed in chapter 5.

Information on reporting to government and communicating with stakeholder agencies is detailed in 4.5.3.

⁶ Emergencies can have both ‘effects’ and ‘consequences’. For example, the flames and smoke in a fire can directly affect a community and may damage critical infrastructure such as a water treatment plant. As a result, there may be a number of consequences that flow from the emergency, such as an increase in hospital admissions and the need to provide alternative water supplies to the customers of the water treatment plant, even though they were not directly affected by the fire. The arrangements made to manage the increased hospital admissions and to source alternative water supplies are part of ‘consequence management’.

3.3 Responsibilities

3.3.1 Class 1 emergencies

Figure 2 – Roles and responsibilities for Class 1 emergencies

	Response coordination	Control	Command	Consequence management	Communication
State	Emergency Management Commissioner (liaises with RERCs and MERCs through the SPLO)	State Response Controller	Agency chain of command	Emergency Management Commissioner (State Consequence Manager)	Emergency Management Commissioner
Region	RERC	regional controller		all agencies	(supported by the line of control)
Incident	MERC / IERC	incident controller		all agencies	

The Fundamentals of Class 1 Emergencies⁷ outline the management arrangements for Class 1 emergencies or emergencies with the potential to become Class 1 emergencies.

Coordination

The Emergency Management Commissioner is responsible for response coordination for Class 1 and Class 2 emergencies. In practice the Emergency Management Commissioner exercises this responsibility at the state tier.

In accordance with section 56 of the EM Act 2013 and on the request of the Emergency Management Commissioner, the Chief Commissioner of Police has appointed members of the police force as:

- a Regional Emergency Response Coordinator (RERC) for each region
- a Municipal Emergency Response Coordinator (MERC) for each municipal district.

RERCs and MERCs undertake response coordination at the regional and municipal tiers respectively. Appendix A identifies the role and responsibilities of a RERC and of a MERC.

The Chief Commissioner of Police must appoint a police officer to be the Senior Police Liaison Officer (SPLO). The SPLO provides advice to the Emergency Management Commissioner about regional and municipal emergency response coordination and other police matters. RERCs and MERCs liaise with the Emergency Management Commissioner through the SPLO, whose advice the Emergency Management Commissioner must take into account when performing functions relating to the coordination of regional or municipal response. Appendix A includes the role and responsibilities of the SPLO.

The Emergency Management Commissioner is responsible for recovery coordination and is assisted by a State Relief and Recovery Manager (appointed by the Emergency Management Commissioner), regional recovery coordinators and municipal recovery managers. Refer to the EMMV Part 4 - State Emergency Relief and Recovery Plan for more information.

Control

Section 37 of the EM Act 2013 applies to the control of the response to Class 1 emergencies. This applies to all Class 1 emergencies or where a Class 1 emergency is anticipated. The role and responsibilities of controllers for Class 1 emergencies are detailed in Appendix A. The process for appointing and deploying controllers for Class 1 emergencies is detailed in Appendix B.

In summary, the Emergency Management Commissioner is responsible for ensuring control arrangements are in place and for appointing a State Response Controller for a Class 1 emergency. The State Response Controller may appoint regional controllers for Class 1 emergencies. The State Response Controller or

⁷ The Fundamentals of Class 1 Emergencies can be found at www.emv.vic.gov.au/our-work/managing-emergencies

Emergency Management Manual Victoria

regional controller may appoint and deploy incident controllers for Class 1 emergencies.

Class 1 emergencies are controlled from the State Control Centre, Regional Control Centres and Incident Control Centres, or other locations as agreed with the Emergency Management Commissioner.

Command

Each agency responding to a Class 1 emergency should identify the chain of command and commanders responsible for supervising their agency personnel. The role of an agency or functional commander is listed in Appendix A.

Consequence management

The Emergency Management Commissioner is responsible for consequence management for Class 1 emergencies and is assisted by a State Consequence Manager.

Coordinators, controllers and commanders are responsible for identifying likely consequences of Class 1 emergencies and for initiating management actions.

Agencies and critical infrastructure providers are responsible for managing risks to the continuity of services to the community and for minimising the adverse consequences of service interruption on the community.

Communications

The Emergency Management Commissioner is responsible for public, stakeholder and government communications for Class 1 emergencies and is supported by the line of control. Agency commanders keep their agency chain of command apprised of their situation.

3.3.2 Class 2 emergencies

Figure 3 – Roles and responsibilities for Class 2 emergencies

	Response coordination	Control	Command	Consequence management	Communication
State	Emergency Management Commissioner (liaises with RERCs and MERCs through the SPLO)	Class 2 state controller	Agency chain of command	Emergency Management Commissioner (State Consequence Manager)	Emergency Management Commissioner
Region	RERC	regional controller (if appointed)		all agencies	(supported by the line of control)
Incident	MERC / IERC	incident controller (if appointed)		all agencies	

Coordination

As for Class 1 emergencies.

Control

Section 39 of the EM Act 2013 applies to the control of the response to Class 2 emergencies or in anticipation of a Class 2 emergency. The Emergency Management Commissioner is responsible for ensuring effective control arrangements are in place for Class 2 emergencies.

The officer-in-charge of the control agency for the Class 2 emergency is responsible for appointing a Class 2 controller who is responsible for managing and leading the operational response to the Class 2 emergency. In practice, the Class 2 controller would be appointed at the state tier and would be known as the Class 2 state controller. The role and responsibilities of a Class 2 state controller are listed in Appendix A.

Part 3 – State Emergency Response Plan

The officer in charge of the control agency must notify the Emergency Management Commissioner of the appointment of the Class 2 state controller.

Where the Class 2 state controller appoints regional or incident controllers, their role is similar to the role of regional and incident controllers for a Class 1 emergency.

Command

As for Class 1 emergencies.

Consequence management

As for Class 1 emergencies.

Communications

As for Class 1 emergencies.

3.3.3 Class 3 emergencies

Figure 4 – Roles and responsibilities for Class 3 emergencies

	Response coordination	Control	Command	Consequence management	Communication
State	Chief Commissioner of Police	Victoria Police chain of command	Agency chain of command	Emergency Management Commissioner (State Consequence Manager)	Chief Commissioner of Police
Region	RERC			all agencies	
Incident	MERC / IERC			all agencies	

Coordination

The Chief Commissioner of Police is responsible for the response coordination for Class 3 emergencies.

Recovery coordination is as for Class 1 emergencies.

Control

Class 3 emergencies are controlled by Victoria Police.

Command

As for Class 1 emergencies.

Consequence management

As for Class 1 emergencies, with the exception that Emergency Management Commissioner is not to interfere with the exercise of police powers.

Communications

The Chief Commissioner of Police is responsible for public, stakeholder and government communications for Class 3 emergencies. This includes all warnings and public information. Agency commanders keep their agency chain of command apprised of their situation.

3.3.4 Non-major emergencies

Many small events that meet the definition of 'emergency' are managed by community members or through the normal or business continuity arrangements of industry, agencies or government and the roles and responsibilities listed below are not applied.

Emergency Management Manual Victoria

The following roles and responsibilities apply where an agency formally responds to an emergency and the arrangements for managing a major emergency are not yet in place or are not required, such as where the emergency can be resolved using local resources and significant consequences to the community are not anticipated.

Figure 5 – Roles and responsibilities for non-major emergencies (formal response)

	Response coordination	Control	Command	Consequence management	Communication
State	Emergency Management Commissioner (liaises with RERCs and MERCs through the SPLO)	-	Agency chain of command	-	-
Region	RERC	-		-	-
Incident	MERC / IERC	incident controller		all agencies	Incident controller

Where an emergency has the potential to develop into a major emergency or is a major emergency, the control agency, controller or coordinator should notify the State Response Controller or Emergency Management Commissioner (Class 1 emergencies), Emergency Management Commissioner (Class 2 emergencies) or the Chief Commissioner of Police (Class 3 emergencies), who may put in place the arrangements for managing a major emergency.

Coordination

The most senior member of Victoria Police at the first response to a non-major emergency is the incident emergency response coordinator (IERC). For a minor incident or in the absence of the MERC the IERC performs the co-ordination role of the MERC. The IERC is assisted by the MERC if required. Appendix A includes the responsibilities of the IERC.

Municipal recovery managers are responsible for recovery coordination for non-major emergencies. They are assisted by regional recovery coordinators as required.

Control

Control agencies should respond to emergencies according to their legislation and the arrangements in this SERP. The control agency normally appoints an incident controller. The role of the incident controller is detailed in Appendix A.

If effective control is not established, or there is uncertainty identifying the control agency, the IERC, MERC or RERC may determine the control agency in accordance with agency roles and functions as defined in the EMMV Part 7 – Emergency Management Agency Roles.

Where the response to a non-major fire involves several of the fire services agencies, section 38 of the EM Act 2013 describes the process for appointing the incident controller. This involves the Chief Officers of the fire services agencies agreeing to appoint an officer of any of the fire services agencies to take overall control of the response to the fire. In the absence of agreement, the Emergency Management Commissioner may direct a Chief Officer to appoint one or more controllers or to transfer the control of the fire.

Command

As for Class 1 emergencies.

Consequence management

Coordinators, controllers and commanders are responsible for identifying likely consequences and initiating management actions. Agencies and critical infrastructure providers are responsible for maintaining the continuity of services to the community and for minimising the adverse consequences of service interruption on the community.

Communications

The incident controller is responsible for public, stakeholder and government communications. Agency commanders keep their agency chain of command apprised of their situation.

3.4 Guidance on determining control arrangements

This section provides guidance to agencies and emergency response coordinators on the arrangements for appointing controllers for emergencies where several agencies could potentially be the control agency. The intent is for agencies to prioritise their response roles according to the State Emergency Management Priorities and, by agreement, identify a single line of control for the emergency.

If agencies do not establish effective control arrangements:

- For Class 1 emergencies, the State Response Controller will determine control arrangements.
- For Class 2 emergencies and non-major fires, the Emergency Management Commissioner may determine the control agency and may advise, or if necessary direct, the officer in charge of the control agency to exercise his or her powers to:
 - appoint one or more controllers or assistant controllers for the emergency, or
 - transfer the control of any response activity to one or more other persons.
- Section 56 of the EM Act 2013 provides for emergency response coordinators, within their respective jurisdiction, to provide agencies with directions regarding their response roles in accordance with the requirements of the EMMV Part 7 – Emergency Management Agency Roles.

3.4.1 Control of concurrent Class 2 emergencies

Section 39 of the EM Act 2013 relates to establishing control arrangements for Class 2 emergencies. Where the emergency involves a multiple agency response to concurrent Class 2 emergencies, the officers in charge of the agencies may prioritise their response roles (in accordance with the State Emergency Management Priorities), nominate a control agency and transfer control to a single controller. This includes transferring the powers of the officers in charge of those agencies, in relation to the control of the specific emergency, to the appointed controller. The agencies transferring control will continue to perform their response roles as support agencies to the control agency.

3.4.2 Control of concurrent Class 1 and Class 2 emergencies

There is no provision for the control of a Class 1 emergency to be transferred to the controller of a Class 2 emergency, unless this person is also endorsed as a Class 1 controller and is appointed as the controller for the Class 1 emergency. However, the officer in charge of the control agency for a Class 2 emergency may, by agreement, transfer control and their powers in relation to the control of the specific emergency, to a Class 1 controller.

In practice this means that where multiple agencies respond to an emergency which involves hazards relating to both Class 1 emergencies and Class 2 emergencies, the overall response may be led by the controller for the Class 1 emergency, with the officers in charge of the other agencies transferring their powers to this person by agreement. In these circumstances, the line of control for the Class 1 emergency would apply to the overall emergency. The agencies transferring control to the Class 1 controller would continue to perform their response roles as support agencies to the control agency.

3.4.3 Control of other emergencies concurrently with Class 3 emergencies

Where a Class 3 emergency occurs simultaneously with another Class 1 or 2 emergency, Victoria Police will maintain control of the Class 3 emergency, independently of the control arrangements of the other emergency. If a Class 1 or 2 emergency develop into a Class 3 emergency then Victoria Police will assume control and lead the response.

3.4.4 Control of non-major fires concurrently with other emergencies

Section 38 of the EM Act 2013 permits the control of non-major fires to be transferred to one or more people. The powers of the Chief Officer of the Country Fire Authority under the *Country Fire Authority Act 1958*, in relation to the control of the fire, accompany the transfer.

Emergency Management Manual Victoria

In practice this means that where a non-major fire occurs concurrently with a Class 1 or a Class 2 emergency or as part of another non-major emergency, the control of the non-major fire may be transferred to the controller leading the overall response to the emergency, with the fire agencies providing support to the control agency. Equally, the control of a non-major emergency may be transferred to the controller of a non-major fire.

4 Collaboration

This chapter outlines how the people and agencies with responsibility for responding to emergencies work together in teams at the state, regional and incident tiers.

4.1 A team approach

The people and agencies with roles and responsibility for responding to emergencies (refer chapter 3) work together in teams at the state, regional and incident tiers to ensure a collaborative and coordinated whole of government approach to the management of emergencies at each tier. Note that not all tiers are active for all emergencies.

4.1.1 Benefits

The team approach helps ensure:

- the community is provided with seamless and integrated services
- coordinated arrangements apply where emergencies are anticipated or are occurring
- control arrangements are in place across all response agencies
- agency roles and activities are prioritised in accordance with the State emergency management priorities
- the community is provided with consolidated information and warnings through agreed mediums
- the effects and consequences of emergencies are identified and managed
- relief and recovery activities are integrated with response activities
- stakeholder engagement is coordinated
- all levels of government and agencies share information about the emergency situation
- where there are multiple emergencies, agency roles and activities are coordinated across these emergencies.

4.1.2 The team structure

The diagram on the following page shows the teams at each tier, the primary function that each team supports and the relationship between teams.

Figure 6 – The team structure

	<i>Primary function supported by the team</i>			
	Control	Response coordination		Relief and recovery coordination
		Communications	Consequence management	
State tier	State Coordination Team			
	State Control Team	Emergency Management Joint Public Information Committee	State Emergency Management Team	State Relief and Recovery Team
Regional tier	Regional Control Team	Regional Emergency Management Team		Regional Recovery Planning Committee or equivalent*
Incident tier	Incident Management Team (major emergencies)	Incident Emergency Management Team (major emergencies)		Municipal Recovery Planning Committee or equivalent*
	Incident Emergency Management Team (non-major emergencies)			

* established as required

4.1.3 Chairpersons and responsibility of individual team members

The chair of each team may depend on the class of emergency or whether there is more than one major emergency occurring (refer to the tables in 4.2, 0 and 4.4 for details of the nominated chair in these situations). Note that the nomination of a chairperson does not replace or negate the roles and responsibilities of individual team members.

Formal communication between the teams, both within a tier and between tiers, should occur between team chairpersons. Again this does not negate communication within the line of control for specific emergencies or within the chain of command of individual agencies.

4.1.4 Integration of relief and recovery

Emergency relief and recovery activity should be integrated with emergency response activity and relief and recovery coordinators/managers should be involved in every team at every tier.

Once emergency response activity has ceased, the overall management of the emergency will fully transition from response to recovery. 4.6 explains the transition process.

4.2 State tier teams

State tier teams activate in response to major emergencies, where major emergencies are anticipated or to ensure readiness for major emergencies.

State tier teams support the Emergency Management Commissioner (Class 1 and 2 emergencies) and the Chief Commissioner of Police (Class 3 emergencies) in managing their respective coordination, control, consequence management and communication responsibilities in anticipation of, response to and recovery from major emergencies.

Broadly, State tier teams:

- are concerned with emergencies that
 - are causing or may cause extensive damage to property, infrastructure or the environment
 - are having or may have significant consequences on the community or a section of the community
- provide strategic direction for emergency response to the regional and incident tier teams, where established
- support regional and incident tier teams, where required
- address the broader and longer term risks and consequences of emergencies, such as those affecting the nation, state or a region.

The team structure applies regardless of the number and class of emergencies being managed, although the chair and membership of each team may vary.

Part 3 – State Emergency Response Plan

Figure 7 – State tier teams

Team	Primary function supported by the team	Members
State Coordination Team (SCOT)	<p>State coordination</p> <ul style="list-style-type: none"> To support the coordination functions of the Emergency Management Commissioner (Class 1 and 2 emergencies) and the Chief Commissioner of Police (Class 3 emergencies) as necessary. To set the strategic context of the readiness for, response to and recovery from major emergencies. 	<p>Chair: Emergency Management Commissioner (Class 1 and 2 emergencies) or the Chief Commissioner of Police (Class 3 emergencies).</p> <p>Members: State tier managers responsible for the coordination, control, consequence management, communications and recovery functions for major emergencies that are anticipated to occur or are occurring.</p>
State Control Team (SCT)	<p>Control</p> <ul style="list-style-type: none"> To support the control functions and responsibilities on behalf of the Emergency Management Commissioner (Class 1 and 2 emergencies) and the Chief Commissioner of Police (Class 3 emergencies). To implement the strategic context of the readiness for, response to and the integration of relief and recovery for major emergencies. 	<p>Chair: State Response Controller (Class 1 emergencies), Class 2 state controller or Chief Commissioner of Police (Class 3 emergencies).</p> <p>Members:</p> <ul style="list-style-type: none"> State tier managers responsible for the control functions for major emergencies that are anticipated to occur or occurring Commanders of the key support agencies State Recovery Manager Others as appropriate.
State Emergency Management Team (SEMT)	<p>Consequence management</p> <ul style="list-style-type: none"> To raise awareness of the emergency situation across the whole of government To identify and manage strategic risks and consequences To develop a state strategic plan outlining high level actions of all agencies. <p>More information can be found at https://www.emv.vic.gov.au/procedures/incident-management/</p>	<p>Chair: Emergency Management Commissioner (Class 1 and 2 emergencies) or the Chief Commissioner of Police (Class 3 emergencies)</p> <p>Members:</p> <ul style="list-style-type: none"> State tier managers responsible for the coordination, control, consequence management, communications and recovery functions for major emergencies that are anticipated to occur or are occurring. State tier functional representatives of agencies that deliver services to the public Individual agencies or representatives of business/industry/community groups, as appropriate, for specific emergencies <p>Note – some agencies/communities/businesses may be not able to provide a representative at each tier.</p>
State Relief and Recovery Team (SRRT)	<p>Relief and recovery coordination</p> <ul style="list-style-type: none"> To oversee the State relief and recovery coordination functions on behalf of the Emergency Management Commissioner To implement a State relief and recovery strategy that meets the needs of the community and ensures the coordinated delivery of relief and recovery coordination. 	<p>Chair: State Relief and Recovery Manager</p> <p>Members: State representative of agencies responsible for the management and coordination of relief and recovery functional areas</p>
State Emergency Relief Group (SERG)	<p>Emergency relief operations</p> <ul style="list-style-type: none"> To provide relief expert advice and coordination for the delivery of relief operations. To monitor and contribute to emergency relief situational awareness and operations, for the preservation of life and provision of essential needs. 	<p>Chair: Person appointed by the Emergency Management Commissioner (Class 1 and 2 emergencies)/Assistant Commissioner of Police (Class 3 emergencies)</p> <p>Members: Relief agencies with state wide responsibilities or as determined by chair.</p>
EMJPIC Executive	<p>Public communications</p> <ul style="list-style-type: none"> To set the operational and tactical communications context for major emergencies To set priorities for EMJPIC in communications and engagement. 	<p>Chair: Person appointed by the Emergency Management Commissioner (Class 1 and 2 emergencies)/Assistant Commissioner of Police (Class 3 emergencies).</p> <p>Members: Communications directors from control and key support agencies.</p>
Emergency Management Joint Public Information Committee (EMJPIC)	<p>Public communications</p> <ul style="list-style-type: none"> To assist the Emergency Management Commissioner (Class 1 and 2 emergencies) and the Chief Commissioner of Police (Class 3 emergencies) coordinate public communication and engagement To ensure the messages of all agencies are included in public communications for major emergencies. <p>The functions of EMJPIC are detailed in the EMMV Part 8 – Appendices and Glossary, Appendix 12.</p>	<p>Chair: EMV Director Relief and Recovery (Class 1 and 2 emergencies)</p> <p>Members: Senior communications officers from all agencies.</p>

4.3 Regional tier teams

Regional tier teams activate in response to a major emergency, where one is anticipated or to ensure readiness for major emergencies.

Regional tier teams support the RERC and regional controllers in managing their regional coordination, control, consequence management and communication responsibilities during the readiness for and response to major emergencies.

In general, regional tier teams:

- are concerned with emergencies of any scale that
 - are causing or may cause extensive damage to property, infrastructure or the environment
 - are having or may have significant consequences on the community or a section of the community
- work to the state strategic direction and set the regional strategic direction accordingly
- provide operational direction for emergency response at the incident tier, where established
- support incident tier teams, where required
- address the broader and longer term risks and consequences of the emergency on the region.

The team structure applies regardless of the number and class of emergencies being managed, although the chair and membership of each team may vary. A regional recovery committee will be formed as required.

Not all emergencies involve a regional tier in the response – some emergencies are managed solely from the state and/or incident tiers. Not all agencies will have regional representation and some may attend through teleconference.

Figure 8 – Regional tier teams

Team	Primary function supported by the team	Members
Regional Control Team (RCT)	<p>Control</p> <p>To support regional controllers perform the regional control function.</p>	<p>Chair:</p> <ul style="list-style-type: none"> • Regional controller, where only one is appointed. • A regional controller or the RERC where more than one regional controller is appointed. <p>Members:</p> <ul style="list-style-type: none"> • Regional controllers • RERC • Regional Recovery Coordinator • The commanders of the key support agencies
Regional Emergency Management Team (REMT)	<p>Coordination</p> <p>To support the RERC and regional controllers (where appointed) to:</p> <ul style="list-style-type: none"> • raise awareness of the emergency across the whole of government • identify and manage strategic risks and consequences • develop a regional strategic plan outlining high level actions of all agencies. <p>More information can be found at https://www.emv.vic.gov.au/procedures/incident-management/</p>	<p>Chair:</p> <ul style="list-style-type: none"> • Regional controller, where only one is appointed • A regional controller or the RERC where more than one regional controller is appointed • The RERC where no regional controller is appointed <p>Members:</p> <ul style="list-style-type: none"> • The people at the regional tier responsible for performing the coordination, control, consequence management, recovery and communication functions for major emergencies that are anticipated or occurring. • Regional tier functional representatives of a wide range of agencies responsible for delivering public services • Representation for the municipal council(s) affected by the emergency • Individual agencies or representatives of business/industry/community groups, as appropriate, for specific emergencies. <p>Note – some agencies/communities/businesses may not be able to provide a representative at each tier.</p>

4.4 Incident tier teams

The incident controller will activate incident tier teams as required in anticipation of or in response to a specific incident. Incident tier arrangements apply for both non-major and major emergencies, although enhanced arrangements apply to the management of major emergencies.

Note that not all Class 2 emergencies will involve an incident tier. Similarly, not all agencies will be able to provide a representative for incident tier teams.

4.4.1 Major emergencies

In anticipation of a major emergency or in response to a major emergency, the incident controller will normally operate from an incident control centre or other suitable facility, with active support and direction provided by the state and regional tier teams.

For a major emergency, an Incident Management Team (IMT) and an Incident Emergency Management Team (IEMT) support the incident controller. The IEMT for a major emergency has a wider membership and a broader focus on consequence management than an IEMT established for a non-major emergency.

Figure 9 – Incident tier teams (major emergencies)

Team	Primary function supported by the team	Members The Chair and membership will vary according to the Class and specific form of emergency
Incident Management Team (IMT)	<p>Control To support an incident controller to perform their control function.</p> <p>The incident controller will establish an IMT where they require assistance to perform their control function. The IMT is usually part of an overall incident management system adopted by the agency for the specific class of emergency and which should be based on</p> <ul style="list-style-type: none"> • flexibility • management by objectives • functional management • unity of effort • span of control. 	<p>Chair: Incident controller</p> <p>Members: Members of the control and support agencies providing the incident controller with support in functions that could include:</p> <ul style="list-style-type: none"> • planning • intelligence • public information • operations • investigation • logistics • finance.
Incident Emergency Management Team (IEMT)	<p>Coordination</p> <p>The IEMT supports the incident controller. Their focus is on managing the effect and consequences of the emergency.</p> <p>An IEMT for a major emergency will meet formally and should locate in an incident control centre. Some representatives may need to attend by teleconference.</p> <p>More information on the roles and responsibilities of the IEMT is contained in the Emergency Management Team Arrangements, which are found at https://www.emv.vic.gov.au/procedures/incident-management/</p>	<p>Chair:</p> <ul style="list-style-type: none"> • Incident controller, where only one is appointed • MERC or IERC, where there are several classes of emergency, with several incident controllers appointed, or where there is no incident controller appointed. <p>Members:</p> <ul style="list-style-type: none"> • Incident controllers • MERC or IERC • Agency commanders • Health commander (functional commander of supporting health agencies) • Municipal (or regional) recovery manager • Representation for the municipal council(s) affected by the emergency • Agency/community/business representatives as appropriate for specific emergencies. <p>Note – some agencies/communities/businesses may not be able to provide a representative at each tier.</p>

4.4.2 Non-major emergencies

Many non-major emergencies are managed through the normal or business continuity arrangements of industry, agencies or government and more formal arrangements are not necessary.

Where a formal response to a non-major emergency is required, the incident controller manages the incident in accordance with agency practice and the following arrangements.

Where several agencies respond to the incident, the incident controller, IERC and support agency commanders should form an IEMT.

For non-major emergencies, the State and regional tier teams are not active although could be activated if necessary. The incident controller undertakes all the functions required to manage the incident (such as planning, logistics and operations) and may enlist support in specific incident management functions but does not normally require the support of an established IMT.

Figure 10 – Incident tier teams (non-major emergencies)

Team	Primary function supported by the team	Members
Incident Emergency Management Team (IEMT)	<p>Control and coordination</p> <p>To plan and coordinate the actions of the agencies responding to the emergency.</p> <p>For non-major emergencies, the IEMT will usually locate near the incident scene.</p> <p>More information on the roles and responsibilities of the IEMT is contained in the Emergency Management Team Arrangements, which are found at https://www.emv.vic.gov.au/procedures/incident-management/</p>	<p>The Chair and membership will vary according to the Class and specific form of emergency</p> <p>Chair:</p> <ul style="list-style-type: none"> • Incident Controller • The IERC, where there is no incident controller appointed. <p>Members:</p> <ul style="list-style-type: none"> • Incident Controller • IERC • agency commanders.

4.5 Shared support

4.5.1 Facilities

The State Control Centre is a facility managed by the Emergency Management Commissioner. The State Control Centre has staff and systems to support the Emergency Management Commissioner, State Response Controller, Class 2 state controllers if required, responder agency commanders and state tier teams.

During an emergency response, the State Response Controller or Class 2 state controller is responsible for overseeing the operational functioning of the State Control Centre for their respective emergency.

The State Control Centre provides:

- the capacity to activate at any time
- stakeholder engagement and support
- the collection, analysis and dissemination of information about major emergencies
- assistance with the allocation of state and specialist resources
- monitoring of state readiness
- monitoring of response arrangements for current emergencies
- specialist support to the regional and incident tiers.

The State Control Centre is part of a network of regional and incident control centres used to manage Class 1 emergencies and which can also be used to manage Class 2 emergencies.

4.5.2 Information

Emergency Management Victoria hosts an emergency management portal to store shared emergency response information and documentation for all agencies with a role or responsibility in emergency response. The portal can be accessed here <http://portal.em.vic.gov.au/>

Access is available by password to emergency management personnel from all agencies at all tiers.

4.5.3 Reports

The Emergency Management Commissioner is responsible for providing the Minister for Emergency Services with information about events that may lead to a major emergency or the response to Class 1 and 2 emergencies.

For a Class 2 emergency, the Emergency Management Commissioner will consult with the Class 2 state controller regarding:

- the likelihood, effect and consequences of the emergency
- the effectiveness of the control arrangements
- consequence management planning, implementation and outcomes
- the integration of recovery with the response arrangements.

The Emergency Management Commissioner may request agencies to report on the effect and consequences of the emergency on their area of responsibility and to identify emerging issues. The information received forms the basis of the State Emergency Management Team Situation Report, which the Emergency Management Commissioner uses to brief the Minister for Emergency Services and all agencies can use to brief their ministers.

The Chief Commissioner of Police is responsible for reporting on the Victoria Police operational response to Class 3 emergencies.

4.6 Transition from response to recovery

Relief and recovery activities should be integrated with response activities. During this time, the overall emergency will be managed using the response management arrangements outlined in this SERP.

Once the emergency response activities have concluded and where recovery activities need to continue, the arrangements for managing the emergency will transition from the arrangements in this SERP to the arrangements for managing recovery as outlined in the EMMV Part 4 – State Emergency Relief and Recovery Plan.

The teams at the relevant incident, regional and state tiers should discuss and agree the timing of the transition. The recovery coordinators/managers at the relevant tiers must be ready to assume responsibility and have the appropriate resources assembled prior to the transition. The community must receive continuous services during the transition and a phased transition may be appropriate.

Considerations regarding the timing of the transition should include:

- the extent to which any emergency risks remain
- the extent to which the powers available to response agency personnel (which may be available only during an emergency response) are still required
- the extent to which the effect and consequences of the emergency are known
- the extent to which the affected community continues to require relief services
- the extent to which the recovery resources have assembled and are ready to manage their responsibilities.

Emergency response coordinators are responsible for advising all agencies involved in the emergency of the termination of the emergency response. Response agencies may be required to continue working at the emergency following the transition, but as support resources for recovery managers and coordinators.

Emergency Management Manual Victoria

A schedule of transition actions is included in the document 'An Agreement for the Transition of Coordination Arrangements from Response to Recovery', which can be obtained from the State or regional recovery coordinators.

4.7 Shared review

Following an emergency response, the emergency management sector reviews the effectiveness of the coordination, control, consequence management and communications functions in order to share aspects that worked well and identify areas for improvement.

For non-major emergencies, the control agency is responsible for debriefing participating agencies. The scale of the debriefing should be in proportion to the complexity of the emergency.

For major emergencies, where many agencies were involved in both the response and in consequence management, debriefing is conducted after a period of activation as follows:

- The Emergency Management Commissioner (Class 1 and 2 emergencies) and the Chief Commissioner of Police (Class 3 emergencies) are responsible for ensuring the debriefing of state tier teams, where necessary, after a period of activation
- RERCs are responsible for ensuring the Regional Control Team and REMT conduct an operational debrief where necessary after a period of activation
- MERCs are responsible for ensuring the control agency has organised an operational debrief with participating agencies and teams as soon as practicable.

Representatives of relevant community, business, or industry groups may be invited to participate in debriefs. The need to conduct a post incident community forum may be considered.

The lessons identified should be communicated to the State Review Team, which is comprised of agency representatives from across the emergency management sector and which identifies trends and initiates actions to improve systems and subsequently sector performance.

5 Community

This chapter outlines the arrangements for protecting people before, during and after an emergency.

5.1 Before emergencies

5.1.1 Responsibility

The responsibility for planning and preparing for emergencies rests with all Victorians.

Individual community members are responsible for learning the potential risks of their environment and for actively planning and preparing to respond to the risks of emergencies. This includes taking action to protect themselves, their families, vulnerable members of the community and their interests. By doing so, individuals and community build and strengthen their own resilience to emergencies.

All Victorians and particularly people who are likely to be highly vulnerable in an emergency are encouraged to develop personal emergency plans with their family and other support networks in order to improve their safety and wellbeing during emergencies.

The State has a responsibility to develop plans and implement programs to manage the potential risks of emergency events. However, the State cannot guarantee the safety of the community during an emergency. The scale of an emergency or other factors, such as safety considerations, may mean the community does not receive the support it expected to be available.

5.1.2 Preparing for self-reliance

Where an emergency is imminent, individuals should:

- take heed of emergency information and warnings
- review relevant emergency management plans, such as individual household plans, local community plans or plans developed for a specific facility, industry or business
- take action to protect themselves, their families, neighbours and their local community, in particular protecting those who may be vulnerable to the effect of the emergency.

Following an emergency of significant scale and size, individuals and communities may need to manage themselves for a period and should plan to be self-reliant for the first 72 hours.

5.1.3 Information about a community

Each locality and community has a specific demographic profile and emergency response managers need to consider the risks of a specific emergency, identify the people within the community vulnerable to its effect and plan a tailored approach for protecting people.

Municipal council engagement

Local government representatives should be included at all tiers of emergency response management as they are a primary source of information about a local community.

Each municipality should have a Municipal Emergency Management Plan (MEMP). A MEMP is a multi-agency plan, coordinated by the local municipal council and which should contain information on the local demography, facilities where vulnerable people are likely to be located, trusted community and business networks, infrastructure and industry in the area and the local processes for coordinating relief and recovery.

Vulnerable people and facilities

Vulnerable people need special consideration during an emergency response. There are many social factors which increase a person's vulnerability in emergencies. These include:

- age (children and youth, or older people without family or social support)
- disability
- lack of familiarity with an area or environment (for example, tourists and seasonal workers)

Emergency Management Manual Victoria

- language, culture and settlement
- health (physical and mental health)
- social issues such as family violence, financial stress, homelessness or poor quality housing
- Isolation and disconnectedness.

Municipal councils within or partly within the country area of Victoria (as defined by the Country Fire Authority Act 1958) oversee the maintenance of a Vulnerable Persons Register⁸. These registers contain information about vulnerable people who have agreed to be on the register. The registers can be accessed by Victoria Police and other authorised agencies in the planning for and during an emergency.

Additionally, the MEMP should include information about facilities where vulnerable people are likely to be located and which should have emergency management plans. These facilities should include:

- child care centres, schools, hospitals, aged care facilities, residential institutions and similar sites
- places where vulnerable people are likely to meet or reside, such as senior citizen centres, retirement villages, rooming houses and caravan parks.

Local community plans

Some communities have developed local community plans and these should form a primary source of information on local contacts and networks, agreed community values, local vulnerabilities and other local information.

Local emergency agencies and municipal councils should have a copy of these plans, where they have been developed.

Trusted community networks

Victorian communities reflect a diversity of gender, ethnicity, religion, disability and socio-economic status. Often people in these groups link through formal and informal networks with trusted leaders. Examples of these networks include schools, churches and sporting groups.

Incident controllers can engage community networks and leaders as an additional means for sourcing information or communicating with community members, within the respective network, who may not be engaged or be receiving information in any other way.

Contact information for community networks and their leaders may potentially be obtained from a number of sources including municipal councils, neighbourhood houses, community organisations and local agency personnel. Contact information should also be included in community plans, where these have been developed.

5.2 During emergencies

5.2.1 The management of mass injuries and fatalities

Major emergencies may involve mass casualties, fatalities and patients with complex trauma.

The State Health Emergency Response Plan (SHERP) outlines the arrangements for managing the pre-hospital and hospital response to emergencies that go beyond day-to-day business arrangements, ensuring that health and medical emergency responses are coordinated and appropriate. The SHERP also focuses on the needs of children in emergencies and on psychological support to prevent long-term health effects.

The SHERP is a sub-plan of the SERP and can be found at: <http://www.health.vic.gov.au/sherp/>

⁸ Refer to the Vulnerable People in Emergencies Policy, which can be found at: <http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/4.departmental-policies-procedures-and-initiatives/4.18-vulnerable-people-in-emergencies>

5.2.2 Warnings and information

Warnings and information

Emergency warnings and information assist the community to make informed decisions about their safety.

Emergency warnings should comply with the Victorian Warning Protocol, which can be found at <http://www.emv.vic.gov.au/our-work/victorias-warning-system/victorian-warning-protocol/>

Sections 42 and 43 of the EM Act 2013 provide for the issuing of warnings and information in relation to fires in Victoria. Specifically, the provision of warnings and information in relation to fires must be consistent with any guidelines, procedures and protocols developed by the Emergency Management Commissioner.

In practice, the incident controller is responsible for issuing warnings and community information. The regional controller (where appointed) or State Response Controller or Class 2 state controller should assist, if required.

Public information officers, if appointed, can manage the provision of public information and warnings on behalf of the controller and all responding agencies, but this must be authorised by the controller at the specific tier.

Where the timeframe is short and an extreme and an imminent threat to life exists, any response agency personnel can issue warnings to a community likely to be affected, providing they notify the relevant controller as soon as possible following the issuing of the warning.

Warnings for actual or potential major emergencies should be issued using several mediums, which could include but are not limited to:

- VicEmergency website <http://www.emergency.vic.gov.au/>
- VicEmergency or relevant agency social media feeds
- the FireReady smartphone application
- voice and SMS phone messaging through the use of the Emergency Alert tool
- relevant emergency information phone lines
- emergency broadcasters, using the standard emergency warning signal [SEWS] where relevant
- community alert sirens
- face to face contacts such as door knocks, community meetings.

The EMMV Part 8 - Appendixes and Glossary provides guidelines on the use of several of these warning mediums.

The community is encouraged to access more than one source of information as this will assist to validate the situation and help them to make informed decisions to suit the circumstances.

Declaration of an Emergency of State Significance

The Emergency Management Commissioner may declare in writing an Emergency of State Significance to exist in Victoria.

The purpose of declaring an Emergency of State Significance is to acknowledge a major emergency is occurring and to emphasise the gravity of the situation. The declaration is intended to raise community awareness of the ongoing emergency and reinforce the need for whole of government and community planning. There are no additional powers associated with this declaration.

The Emergency Management Commissioner is responsible for informing the Minister for Emergency Services and the Premier of such a declaration. The declaration remains in force for a defined period as nominated on the declaration document.

5.2.3 Relocation and evacuation

Relocation

On the basis of warnings or other information received, members of the public may voluntarily choose to remove themselves from the potential area of the emergency and to relocate to a safer area.

Evacuation

In order to protect people from the risks of an emergency, the incident controller may recommend the evacuation of people from a specific locality such as an institution (educational or hospital), a town or an area of the state.

Evacuations should be conducted in accordance with the Evacuation Guidelines, which can be found in the EMMV, Part 8 – Appendixes and Glossary, Appendix 9. These guidelines include considerations for evacuating persons on Vulnerable Persons Registers and in vulnerable facilities and who may need tailored advice of a recommendation to evacuate.

In Victoria, evacuation is largely voluntary and individuals can choose how they respond to the recommendation to evacuate. In some circumstances, legislation provides some agency personnel with authority to remove people from areas or prohibit their entry. Refer to 5.2.4 for details.

5.2.4 Restricting public movement

Traffic management

Public movement in and around an emergency scene may need restricting to either protect the public or the emergency scene.

The incident controller is responsible for developing, implementing and monitoring a traffic management plan, which may include establishing traffic management points to restrict access. Victoria Police coordinates the implementation of the plan.

The arrangements for managing traffic management points during Class 1 emergencies are detailed in 'Guidelines for the Operation of Traffic Management Points during Class 1 Emergencies', which can be sourced through the details listed in the EMMV, Part 8 – Appendixes and Glossary, Appendix 10.

Declaration of emergency area

Section 36 of the EM Act 1986 gives senior Victoria Police officers the powers to declare an emergency area if public movement needs to be restricted due to the size, nature or location of an emergency and when the powers available under a declared state of disaster are not needed or would take too long to activate. The declaration of an emergency area associated with bushfire is done at the request of or with the approval of the incident controller

The declaration of an emergency area must be in writing, with a sign posted at or near the emergency area. The declaration must be revoked when the circumstances cease to apply or after 24 hours.

The Emergency Management Commissioner may extend the declaration of an emergency area for a further 24 hours through publication of the extension in the Government Gazette.

State of Disaster

The EM Act 1986 Part 5 provides for the Premier, on the advice of the Minister for Emergency Services and in consultation with the Emergency Management Commissioner, to declare a State of Disaster in situations that present a 'significant and widespread danger to life or property' in part or all of Victoria. The Emergency Management Commissioner will consult with the Chief Commissioner of Police regarding the advice to be provided to the Premier.

A State of Disaster creates a legal condition applying to a specified area and gives the Minister for Emergency Services the power to:

- direct and coordinate the activities of government agencies
- suspend Acts or regulations
- commandeer any property*

Part 3 – State Emergency Response Plan

- control movement into and within, and departure from the disaster area*
- compel evacuations from the disaster area (except where a person claims pecuniary interest in the land, buildings, goods or valuables therein) *.

*The last three powers are delegated to the Chief Commissioner of Police.

Other emergency powers

Some Ministers have emergency power for specific issues, for example relating to the disruption to some essential services.

The Chief Health Officer has functions and powers under the *Public Health and Wellbeing Act 2008*, including powers to direct authorised officers for the purposes of investigating, eliminating or reducing a serious risk to public health.

Other declarations

In some circumstances, legislation provides some agency personnel with authority to remove people from areas or prohibit their entry. The EMMV Part 8 – Appendixes and Glossary Appendix 6 details the various states of emergency that can be declared under Victorian law.

Additionally, the *Coroners Act 2008* provides the Coroner or the Chief Commissioner of Police with powers to restrict public access to areas, if required, in order to investigate deaths or fires.

5.2.5 Impact assessment

The Emergency Management Commissioner is responsible for collecting and reporting information on the impact of emergencies in order to inform priorities in consequence management and the provision of relief and recovery services.

There are three stages of impact assessment:

- Initial impact assessment is a high level assessment conducted as soon as possible after the impact of the emergency and is managed by controllers during the emergency response.
- Secondary impact assessment is the subsequent assessment of the impact of the emergency on the natural, built, social, economic and agricultural environments and is managed by relief and recovery coordinators/managers.
- Post emergency needs assessment is a longer term, more thorough estimate of the effects and consequences of the emergency on the health and wellbeing of the community, property, the economy and the environment. This is managed by relief and recovery coordinators/managers.

Impact Assessment Guidelines can be obtained from the Emergency Management Portal (login required) at: <http://portal.em.vic.gov.au>

5.2.6 Provision of relief

Controllers are responsible for initiating relief services to affected persons and should commence this process as soon as the need is identified. Municipal councils are responsible for establishing and managing relief centres, with support from regional recovery coordinators as required.

State and regional recovery coordinators and municipal recovery managers should be included in emergency management teams (refer chapter 4) at each tier to ensure the provision of relief is fully integrated with response activities.

State relief arrangements are outlined in the EMMV Part 4 – State Emergency Relief and Recovery Plan. The EMMV Part 7 – Emergency Management Agency Roles lists the agencies responsible for providing relief services.

5.3 After emergencies

5.3.1 Recovery

Information on the provision of recovery is outlined in the EMMV Part 4 – State Emergency Relief and Recovery Plan. The EMMV Part 7 – Emergency Management Agency Roles lists the agencies responsible for providing recovery services.

6 Capability

This chapter outlines the arrangements for all agencies to assist during major emergencies and for sourcing national and international support where necessary.

6.1 State capability

Emergency response capability comprises the collective ability of people, other resources, governance arrangements, systems and processes to limit the effect and consequences of emergencies.

State capability is based on individual agency capability and the arrangements for supplementing this capability through business, interstate and international arrangements.

The Emergency Management Commissioner is responsible for coordinating the activities of agencies to ensure the State maintains the capability to respond to Class 1 and 2 emergencies.

6.2 Agency responsibility for maintaining capability

Each agency is expected to maintain the capability to fulfil its emergency response role and responsibilities and must notify the Emergency Management Commissioner of situations that may affect its capability to respond to Class 1 or 2 emergencies, for example:

- the potential shortage of emergency response resources, especially of specialist resources
- a request for the agency to deploy emergency response resources to other states, territories or countries
- the need to source supplementary emergency response resources from other states, territories or countries.

Agencies do not need to notify the Emergency Management Commissioner where they need to activate existing cross-border arrangements for first response.

6.3 Support arrangements for Class 1 and 2 emergencies

6.3.1 Concept of operations

The State has arrangements for all agencies to provide support during major emergencies and for business, interstate and international support to be sourced where necessary. Support resources are generally sought in the following sequence:

- agency and local resources
- support resources:
 - within municipalities / local area
 - within regions
 - within the state
- interstate or commonwealth resources
- international resources.

Some variation to this sequence may apply for sourcing specialist resources, such as those which are shared nationally or internationally.

6.3.2 Sourcing resources

Sourcing resources from within Victoria

Control and support agencies respond to emergencies according to the plans and arrangements for managing the specific emergency. These plans may include a SERP sub-plan for the specific form of emergency. Where additional resources are required, the incident controller should:

- seek response agency resources directly through the response agency commanders or as

Emergency Management Manual Victoria

explained in the relevant SERP sub-plan

- seek supplementary resources, other than those of the responding agencies, through the IERC or MERC, or as explained in the relevant SERP sub-plan
- seek relief or recovery resources through the Municipal Recovery Manager, ensuring the IERC or MERC is aware of the request.

Following a request:

- the IERC or MERC will seek resources within the local area and the MERC will escalate unfulfilled resource requests to the RERC
- RERCs will seek resources within their region and escalate unfulfilled resource requests to the Emergency Management Commissioner through the SPLO
- the Emergency Management Commissioner will seek resources from across the state, interstate or internationally, where necessary.

In regard to requests through the RERC or MERC:

- requests should include the name and position of the person requesting the resources and details of the task
- agencies requesting resources are responsible for arranging the delivery of supplementary resources, once sourced
- private resources may be supplied
- financial arrangements for paying for resources are detailed in the EMMV Part 8 Appendix 1.

Sourcing Commonwealth resources

The Commonwealth Disaster Response Plan (COMDISPLAN) details the coordination arrangements for provision of Australian Government assistance in the event of a disaster of emergency in Australia or its offshore territories, regardless of cause.

The EMMV Part 8 Appendix 4 explains the procedure for requesting emergency support from the Commonwealth government. The Emergency Management Commissioner is responsible for sourcing Commonwealth resources for Class 1 and 2 emergencies, with the exception of the following:

- Under certain circumstances, Commonwealth Department of Defence resources are available for allocation at regional level, through a Category 1 request for Defence Aid to the Civil Community (DACC).
- RERCs can make a Category 1 request for DACC where immediate action is necessary to save human life or alleviate suffering, to prevent extensive loss of animal life or widespread loss of or damage to property where local civilian resources are inadequate.
- Based on the need, a local Department of Defence Commander can approve requests for resources where they are required for a short term (not normally to exceed 24 hours) and will determine the resource to be supplied.
- The RERC must notify the Emergency Management Commissioner of such a request, through the SPLO, unless the request relates to a Class 3 emergency.

Sourcing national and international resources

The EMMV Part 8 Appendix 4 explains the procedure for requesting emergency support from other states.

The Emergency Management Commissioner is responsible in Victoria for coordinating interstate or international resource movements for Class 1 and 2 emergencies. This applies to Victorian resources assisting other jurisdictions or to the resources of other jurisdictions assisting Victoria. For a Class 2 emergency, the Emergency Management Commissioner will consult with the Class 2 state controller.

National resource sharing agreements or arrangements have been developed for some specific emergencies and these should be detailed in the relevant SERP sub-plan. Agencies should notify the Emergency Management Commissioner where they need to activate these agreements or arrangements.

Appendix A - Role statements

Statutory appointments

Emergency Management Commissioner

Section 32 of the EM Act 2013 identifies the functions of the Emergency Management Commissioner. These include to:

- be responsible for the coordination of the activities of agencies having roles or responsibilities in relation to the response to Class 1 emergencies or Class 2 emergencies
- ensure that control arrangements are in place during a Class 1 emergency or a Class 2 emergency
- appoint a State Response Controller in relation to a Class 1 emergency
- manage the State’s primary control centre on behalf of, and in collaboration with, all agencies that may use the primary control centre for emergencies
- ensure that the Minister for Emergency Services is provided with timely and up to date information in relation to
 - the actual or imminent occurrence of events which may lead to major emergencies
 - the response to major emergencies
- be responsible for consequence management in accordance with section 45
- be responsible for coordinating recovery under Division 5
- coordinate data collection and impact assessment processes.

Chief Commissioner of Police

Section 16 of the *Victorian Police Act 2013* identifies the Chief Commissioner of Police as responsible for:

- the management and control of Victoria Police
- implementing the policing policy and priorities of the Government
- providing advice and information to the Minister on the operations of Victoria Police and policing matters generally
- the general conduct, performance and operations of Victoria Police.

The Chief Commissioner of Police is responsible for the coordination and control of Class 3 emergencies.

Senior Police Liaison Officer (SPLO)

The Chief Commissioner of Police appoints the SPLO under section 57 of the EM Act 2013. The function of the SPLO is to:

- provide advice to the Emergency Management Commissioner
- deal with requests to or from RERCs and MERCs.

The Emergency Management Commissioner must take the advice of the SPLO into account for coordination functions relating to regional or municipal response.

The SPLO will provide advice to the Emergency Management Commissioner by exception or when requested. The following points may constitute advice in regard to regional and municipal coordination:

- the likelihood of situations to escalate into major emergencies
- the effectiveness of control structures
- the provision of community information and warnings
- the management of significant risks and consequences
- the provision of relief services to the affected community

Emergency Management Manual Victoria

- the cooperation of agencies
- the supply of resources
- the operation of the REMT and IEMT
- the declaration of emergency areas.

The SPLO will liaise with, and provide relevant information to the Emergency Management Commissioner during major emergencies, including Class 2 emergencies where Victoria Police is the control agency and Class 3 emergencies.

Regional Emergency Response Coordinator (RERC)

The member of Victoria Police appointed by the Chief Commissioner of Police as an emergency response coordinator for each Victorian Government region is known as a Regional Emergency Response Coordinator (RERC). The RERC may from time to time appoint deputies.

The RERC is responsible for bringing together agencies and resources within a region to support the response to emergencies.

The RERC communicates with the Emergency Management Commissioner through the SPLO.

The role of the RERC is to:

- coordinate resources or services within the emergency response region, having regard to the provisions of section 56 (2) of the EM Act 2013
- monitor control arrangements for emergencies across the region to ensure they are effective
- in the event of uncertainty, determine which agency is to perform its statutory response role within a region, in accordance with the requirements of the EMMV Part 7 – Emergency Management Agency Roles, where more than one agency is empowered to perform that role
- where necessary, ensure the Regional Controller has formed and is chairing the REMT or, where there are multiple disparate emergencies in the Region, form and chair the REMT
- monitor the provision of information and warnings to affected communities
- source resources and services requested by the MERC and escalate requests unable to be fulfilled by the region to the Emergency Management Commissioner through the SPLO
- ensure the Regional Controller/s develop a regional strategic plan for the management of the emergencies within the region
- ensure the Regional Recovery Coordinator has been notified of the emergency to ensure relief and recovery measures are in place
- monitor the provision of relief across the region, in collaboration with the Regional Recovery Coordinator
- consider registration of persons affected by the emergency
- monitor the need to declare an emergency area
- provide the SPLO with information or advice on issues relating the control, command and coordination of the emergency response, including issues relating to consequence management, the provision of relief and the transition to recovery
- ensure the Regional Control Team and REMT conduct an operational debrief, where necessary, after a period of activation.

Municipal Emergency Response Coordinator (MERC)

The member of Victoria Police appointed as an emergency response coordinator for each municipal district is known as a MERC.

The MERC is responsible for bringing together agencies and resources within a municipal district to support the response to emergencies.

Part 3 – State Emergency Response Plan

The MERC communicates with the Emergency Management Commissioner through the RERC (and subsequently the SPLO).

The role of the MERC is to:

- ensure that the appropriate control and support agencies are in attendance - or have been notified by the controller and are responding to an emergency
- in the event of uncertainty, determine which agency is to perform its statutory response role in accordance with the requirements of EMMV Part 7 – Emergency Management Agency Roles, where more than one agency is empowered to perform that role
- ensure the incident controller has formed and is chairing an IEMT or, if the incident controller is unable to attend or there are several disparate emergencies within the municipality, form and chair an IEMT
- ensure timely warnings and information are provided to the community and support agencies by the control agency
- arrange for the provision of response resources requested by control and support agencies and escalate unfulfilled requests to the RERC
- ensure the incident controller has developed and issued an incident action plan (including objectives and strategies for managing the incident)
- ensure the Municipal Recovery Manager has been notified by the incident controller of the emergency, to ensure relief and recovery measures are in place
- consider the provision of relief to affected communities where necessary and advise the Municipal Recovery Manager of requirements
- consider registration of persons affected by the emergency
- ensure the Municipal Emergency Resource Officer is advised of the emergency, is available to provide access to council owned or controlled resources if required and is receiving information as appropriate
- consider the need for declaration of an emergency area
- provide the RERC with information or advice on issues relating the control, command and coordination of the emergency response, including issues relating to consequence management, the provision of relief and the transition to recovery
- ensure the control agency for the emergency has organised an operational debrief with participating agencies as soon as practicable after cessation of response activities.

Incident Emergency Response Coordinator (IERC)

The IERC is usually the senior member of Victoria Police at the initial scene of an emergency or at the place where control is being exercised at incident level.

This role usually relates to the first response to an emergency, and the person fulfilling the role may change in seniority as the emergency escalates or de-escalates.

The role of the IERC is to:

- maintain a presence at the place where control is being exercised and represent the MERC in their absence
- ensure effective control is established and maintained
- ensure that the appropriate control and support agencies are in attendance – or have been notified by the controller and are responding to an emergency
- in the event of uncertainty, determine which agency is to perform its statutory response role in accordance with the requirements of EMMV Part 7 – Emergency Management Agency Roles, where more than one agency is empowered to perform that role

Emergency Management Manual Victoria

- ensure the incident controller has formed and is chairing an IEMT and is ensuring effective information sharing
- arrange for the provision and allocation of resources requested by control and support agencies and escalate unfulfilled requests to the MERC or RERC
- ensure timely warnings and information are provided to the community and support agencies by the control agency
- ensure the incident controller has developed and issued an incident action plan (including objectives and strategies for managing the incident)
- consider the need for declaration of an emergency area
- provide the MERC or RERC with information or advice on issues relating to control, command and coordination of the emergency response, including issues relating to consequence management, the provision of relief and the transition to recovery.

Controllers

State Response Controller

The State Response Controller must keep the Emergency Management Commissioner informed about:

- the effectiveness of the control arrangements for the Class 1 emergency
- consequence management planning, implementation and outcomes
- the integration of recovery with the response arrangements.

The State Response Controller must consider and apply the State emergency management priorities (refer 2.4).

The State Response Controller's responsibilities are to:

- lead and manage the response to a Class 1 emergency
- establish a control structure for the emergency as appropriate and monitor to ensure it suits the circumstances
- issue warnings and information to the community in regard to the Class 1 emergency, if the regional or incident tier controllers are unable to do so in a timely manner
- support the Emergency Management Commissioner to identify current and emerging risks, or threats in regard to the Class 1 emergency, and implement proactive response strategies
- support the Emergency Management Commissioner in the development of state strategic plan for managing the Class 1 emergency
- give directions to regional and/or incident controllers if applicable
- work with the Emergency Management Commissioner to lead the SCT (or work with other state tier controllers, if appointed)
- participate in the SEMT
- oversee the operational functioning of the State Control Centre for the Class 1 emergency
- ensure the timely flow of relevant information to the:
 - Emergency Management Commissioner
 - SCOT
 - SCT
 - SEMT
 - other support teams and stakeholder agencies
- apply the Emergency Management Commissioner operational standards and incident management procedures, as appropriate.

Class 2 state controller

The Class 2 state controller must keep the Emergency Management Commissioner informed about:

- the effectiveness of the control arrangements
- consequence management planning, implementation and outcomes
- the integration of recovery with the response arrangements.

The Class 2 state controller must consider and apply the State emergency management priorities (refer 2.4).

The Class 2 state controller's responsibilities are to:

- lead and manage the response to a Class 2 emergency
- establish a control structure for the Class 2 emergency as appropriate and monitor to ensure it suits the circumstances
- issue warnings and information to the community in relation to the Class 2 emergency, if regional or incident tier controllers are unable to do so in a timely manner
- support the Emergency Management Commissioner to identify current and emerging risks, or threats in regard to the Class 2 emergency and implement proactive response strategies
- support the Emergency Management Commissioner in the development of state strategic plan for managing the Class 2 emergency
- give directions to regional and/or incident controllers if applicable
- work with the Emergency Management Commissioner to lead the SCT (or work with the other state tier controllers, if appointed)
- participate in the SEMT
- oversee the operational functioning of the State Control Centre or other facility from where the emergency is being managed, in relation to the Class 2 emergency
- ensure the timely flow of relevant information to the:
 - Emergency Management Commissioner
 - SCOT
 - SCT
 - SEMT
 - other support teams and stakeholder agencies
- apply the Emergency Management Commissioner operational standards and incident management procedures, as appropriate.

Regional controller

Where appointed, there are separate regional controllers for Class 1 and Class 2 emergencies.

Regional controllers work within the line of control for their respective Class 1 or Class 2 emergency.

The regional controller leads and manages the response to the emergencies for which they are responsible within a Victorian government region or defined area. The regional controller will not necessarily lead and manage the response to emergencies within an area of operation. Where an area of operation is designated, the Emergency Management Commissioner will determine the roles and responsibilities of a regional controller, having regard to effective response control and coordination in relation to the Class 1 and Class 2 emergency.

The regional controller must keep the State Response Controller for Class 1 emergencies or the Class 2 state controller informed of:

- the effectiveness of the control arrangements for managing the emergencies

Emergency Management Manual Victoria

- progress on developing and implementing consequence management plans
- the integration of relief and recovery activities with the response activities.

A regional controller must consider and apply the State emergency management priorities (refer 2.4).

Subject to the determination of the Emergency Management Commissioner, the regional controller's responsibilities are to:

- carry out the directions of the State Response Controller or the Class 2 state controller for Class 2 emergencies
- take charge and provide leadership for the resolution of the respective Class 1 emergencies or Class 2 emergencies at the regional tier
- give directions to the incident controllers for the respective Class 1 emergency or Class 2 emergency as necessary
- ensure the timely issue of warnings and information to the community if the incident controllers are unable to do so in a timely manner
- lead the RCT (or work in collaboration with regional controllers for other emergencies, where appointed)
- work collaboratively with the controller(s) appointed to an area of operation and in accordance with the line of control determined by the State Response Controller/Class 2 State Controller for that area of operation
- initiate, chair and work with the REMT
- identify current and emerging risks, or threats, and implement proactive response strategies
- develop a regional strategic plan for managing the emergency
- allocate and prioritise resources to manage the emergency, ensuring incident controllers have appropriate resources to achieve their tasks
- oversee the operational functioning of the Regional Control Centre or other facility from where the emergency is being managed, in relation to the specific emergency
- ensure relief and recovery arrangements have been integrated into the emergency response as necessary
- ensure the timely flow of information to the:
 - State Response Controller or the Class 2 state controller
 - RERC
 - RCT
 - REMT
 - Regional Recovery Coordinator
 - stakeholder agencies
- assess response performance against regional control plans and resolve identified issues
- monitor and assess the regional structure for effectiveness throughout the emergency
- apply the Emergency Management Commissioner operational standards and incident management procedures, as appropriate.

Incident controller

An incident controller must consider and apply the State emergency management priorities (refer 2.4).

The incident controller's responsibilities are to:

- carry out the directions of the regional controller, where appointed, or the State Response Controller or Class 2 state controller, where appointed. For the avoidance of doubt, the directions of the State Response Controller take precedence and must be followed over the directions of the regional controller

Part 3 – State Emergency Response Plan

- take charge and provide leadership for the resolution of the incident, including tasking support agency commanders
- establish a control structure to suit the circumstances and monitor its performance
- ensure the timely issue of warnings and information to the community or refer these to the regional controller, where appointed, or where the regional controller has not been appointed, the State Response Controller or Class 2 state controller
- identify current and emerging risks, or threats in relation to the incident and implement proactive response strategies
- activate relief arrangements through the Municipal Recovery Manager
- lead multi agency planning and develop and implement an incident action plan (including objectives and strategies to manage the incident)
- establish and manage the IMT, if required
- establish the IEMT, if required
- oversee the operational functioning of the incident control centre, if operating
- ensure the timely flow of information to the:
 - regional controller (if appointed) or the State Response Controller or Class 2 state controller
 - control and support agencies
 - MERC
 - IEMT
 - Municipal Recovery Manager/Regional Recovery Coordinator
 - other stakeholder agencies
- continually assess the performance of the emergency response against the incident action plan
- request appropriate resources for subordinates to achieve tasks, or adapt tasks according to available resources
- initiate initial impact assessment where necessary
- apply the Emergency Management Commissioner operational standards and incident management procedures, where appropriate.

Agencies

The roles and responsibilities of specific agencies are listed in the EMMV Part 7 – Emergency Management Agency Roles.

Control agency

A control agency is responsible for:

- Planning to deliver their responsibilities as listed in the EMMV Part 7 – Emergency Management Agency Roles, in accordance with the agency’s legislative and administrative responsibilities and the arrangements in this SERP. This includes:
 - planning to resource these responsibilities through agency resources, support agency resources or contract or supply arrangements with private industry
 - where the arrangements for managing an emergency vary from the arrangements in this SERP, preparing a SERP sub-plan for the emergency in accordance with the SERP Sub-plan Guidelines
- Confirming the arrangements for the appointment of controllers for the specific form of emergency for which the agency is the control agency.
- Responding to the form of emergency for which the agency is the control agency in accordance with the arrangements in this SERP or the relevant SERP Sub-plan.

Emergency Management Manual Victoria

- Having systems and processes in place for controllers to notify the agency of significant events or the potential for an emergency to become a major emergency.
- Organising an operational debrief with participating agencies as soon as practicable after the cessation of emergency response activities and in proportion to the scale of the emergency.
- Notifying the Emergency Management Commissioner of major emergencies or situations that may affect the capability of the agency to perform its role or responsibilities.
- Paying the costs of the emergency response that are the responsibility of the control agency, as outlined in the EMMV Part 8 Appendix 1, except where other specific cost sharing or cost recovery arrangements are in place.

Support agency

All agencies listed in the EMMV Part 7 – Emergency Management Agency Roles are support agencies. This may relate to a specific response, relief or recovery function, or to ensuring the agency continues to deliver its normal services during an emergency, as part of consequence management.

A support agency is responsible for:

- Planning to deliver their responsibilities in accordance with the agency's legislative and administrative responsibilities, the arrangements in this SERP and in relevant SERP sub-plans.
- Responding to emergencies in accordance with the arrangements in this SERP or the relevant SERP sub-plans.
- Participating in relevant operational debriefs.
- Notifying the Emergency Management Commissioner of situations that may affect the capability of the agency to perform its role or responsibilities.
- Paying the costs of the emergency response that are the responsibility of a support agency, as outlined in the EMMV Part 8 Appendix 1, except where other specific cost sharing or cost recovery arrangements are in place.

Agency or functional commander

Role

The role of an agency or functional commander at each tier of emergency response for a Class 1, 2 or 3 emergency is to:

- support the directions of the controller at that tier
- establish an agency or functional command structure to suit the circumstances
- take charge and provide leadership of agency or functional resources ensuring they are focused on supporting the controller to resolve the incident
- participate in and contribute to team meetings at the respective tier, as required
- ensure the timely flow of information, at the relevant tier, to the:
 - controller
 - emergency response coordinator
 - recovery coordinator / manager
- work within the control structure for the emergency.

Emergency management liaison officer

Support agencies may provide or may be requested by an emergency response coordinator or controller to provide an emergency management liaison officer(s) (EMLO) to the State Control Centre, Regional Control Centre or Incident Control Centre.

An EMLO:

- represents the agency in the relevant control centre

Part 3 – State Emergency Response Plan

- may represent the agency at the IEMT or REMT, if the relevant agency commander is unable to attend (not the SEMT, where a senior agency representative is required to attend)
- should be empowered to commit, or to arrange to commit, the resources of the agency to respond to an emergency
- provides advice in relation to the role and activities of the agency
- should maintain ongoing communications with the agency.

Where an EMLO cannot be deployed to a particular location, the EMLO may perform the role from a remote location, for example through a teleconference or video conferencing link.

Appendix B - The process for appointing and deploying controllers

Class 1 emergencies

State Response Controller

If the Emergency Management Commissioner considers that a Class 1 emergency is anticipated or occurring, the Emergency Management Commissioner must appoint a State Response Controller with relevant expertise in managing hazards relevant to the Class 1 emergency. The State Response Controller is responsible for managing and leading the operational response to the Class 1 emergency.

To ensure the State is ready in anticipation of a Class 1 emergency:

- The Emergency Management Commissioner will approve a written roster that identifies the person appointed to the State Response Controller role at any point in time. Through approving the roster in writing, the Emergency Management Commissioner gives effect to the appointment of each person to the State Response Controller role.
- The Emergency Management Commissioner may appoint in writing additional State Response Controllers where more than one Class 1 emergency is anticipated or occurring at the same time, to ensure effective management of both emergencies.
- The State Response Controller may appoint in writing one or more Deputy State Response Controllers who have relevant experience in managing hazards relevant to the Class 1 emergency.

If the Emergency Management Commissioner considers control is not being exercised effectively, the Emergency Management Commissioner may direct the State Response Controller regarding specific control activities, or override or exercise specific control activities.

Regional and incident controllers

Preparation of a list of endorsed regional and incident controllers

The Emergency Management Commissioner will annually request the Chief Officer of each of the responder agencies to prepare a list of people with relevant expertise in managing hazards relevant to Class 1 emergencies and who are suitable to undertake the role of controller. The list will specify the people who are suitable to be regional controllers for Class 1 emergencies and the people who are suitable to be incident controllers for Class 1 emergencies.

The Emergency Management Commissioner may endorse persons as regional controllers for Class 1 emergencies and may endorse persons as incident controllers for Class 1 emergencies.

The Emergency Management Commissioner will maintain a list of people who are endorsed as regional controllers for Class 1 emergencies and a list of people who are endorsed as incident controllers for Class 1 emergencies.

Appointment and deployment of regional controllers

The State Response Controller may appoint controllers for Class 1 emergencies to the regional tier. A person appointed as the controller for a Class 1 emergency at the regional tier shall be called a regional controller. A regional controller for a Class 1 emergency must be named in the list of endorsed regional controllers.

A regional controller for a Class 1 emergency is responsible for managing and leading the response to the Class 1 emergency within the region to which they are appointed and or deployed by the State Response Controller.

During extended periods when Class 1 emergencies are likely, the State Response Controller may direct the regional agency commanders of the responder agencies to:

- Prepare a written roster for the regional controller role for each region, comprising people named in the list of endorsed regional controllers, for approval by the State Response Controller.

Part 3 – State Emergency Response Plan

- The approved roster will include a direction from the State Response Controller for regional controllers, once appointed, to deploy incident controllers.

Through approving this roster in writing, the State Response Controller gives effect to:

- the appointment of each person to the regional controller role for the period specified on the roster
- the direction to an appointed regional controller to appoint and deploy incident controllers in accordance with the arrangements below.

Where a Class 1 emergency is anticipated to occur or is occurring and there is no regional controller roster activated in the relevant region, the State Response Controller may:

- deploy a regional controller from the list of endorsed regional controllers
- direct this regional controller to appoint and deploy incident controllers in accordance with the arrangements below
- record the deployment of the regional controller and the direction to appoint and deploy incident controllers, in writing within 24 hours of the deployment.

Appointment and deployment of incident controllers

Where directed by the State Response Controller, a regional controller for Class 1 emergencies may appoint and / or deploy controllers for Class 1 emergencies to the incident tier. A person deployed as the controller for a Class 1 emergency at the incident tier shall be called an incident controller. An incident controller for a Class 1 emergency must be named in the list of endorsed incident controllers.

An incident controller for a Class 1 emergency is responsible for managing and leading the response to a specified incident or incidents.

When Class 1 emergencies are anticipated to occur, the regional controller will deploy incident controllers from the list of endorsed incident controllers and will locate them in incident control centres ready to manage Class 1 emergencies or situations with the potential to become Class 1 emergencies. When deciding the number of incident controllers to be deployed and their location, the regional controller will take into account the state and regional risk profile and the need for sustainable deployment of available resources. The regional controller will record these deployments in writing, within the system designated for this purpose, within 24 hours of the deployment.

Where a Class 1 emergency is occurring and additional incident controllers to those placed in readiness are required, the relevant regional controller will deploy incident controllers from the list of endorsed incident controllers. The regional controller will record these deployments in writing, within the system designated for this purpose, within 24 hours of the deployment.

Where a Class 1 emergency is occurring and no incident controllers have been placed in readiness, the regional controller or State Response Controller, if the regional controller is not appointed, will deploy incident controllers from the list of endorsed incident controllers and will record these deployments in writing, within the system designated for this purpose, within 24 hours of the deployment.

Control arrangements where an area of operation is designated

Where an area of operation is designated in relation to a Class 1 or Class 2 emergency, despite anything to the contrary in this State Emergency Response Plan, the State Response Controller/Class 2 State Controller in consultation with the Emergency Management Commissioner will determine appropriate control and coordination arrangements for the area of operation having regard to need for effective response control and coordination.

As mentioned in section 2.5.1 of this State Emergency Response Plan, designation of an area of operation may affect other parts of the emergency management system. When determining the control and coordination arrangements for the area of operation, the State Response Controller/Class 2 State Controller in consultation with the Emergency Management Commissioner may also determine that control and coordination structures be implemented for Class 1 or Class 2 emergencies outside the area of operation to ensure effective control and coordination.

For the avoidance of doubt, the State Response Controller's/Class 2 State Controller's powers to

Emergency Management Manual Victoria

implement alternative control arrangements in relation to an area of operation includes, without limitation, the power to implement:

- alternative arrangements for appointing, deploying and directing controllers within an area of operation; and
- alternative roles and responsibilities for controllers in an area of operation.

The powers of controllers for Class 1 emergencies

Controllers appointed or deployed for Class 1 emergencies have all the powers of the Chief Officer of the agency that is the control agency for the specific form of emergency.

Class 2 emergencies

The process for the appointment of a Class 2 state controller is outlined in 3.3.2.

The officer in charge of a control agency for a Class 2 emergency should ensure there is a Class 2 state controller identified at all times and provide the Emergency Management Commissioner with details of this person/persons.

A Class 2 state controller should be activated where a Class 2 emergency is anticipated or where one is occurring. A Class 2 state controller may appoint regional or incident controllers as required and, if so, their role is similar to regional or incident controllers for Class 1 emergencies.

State Emergency Relief and Recovery Plan

Part 4: Emergency Management Manual Victoria

APPROVED



Craig Lapsley PSM	Date	31 July 2018
Emergency Management Commissioner		

This plan is effective from 31 July 2018.

Contents

1. Introduction	4-1
1.1 Purpose.....	4-1
1.2 Scope.....	4-1
1.3 Definitions	4-1
1.4 Target groups.....	4-2
2. Emergency management context	4-2
2.1 Response, relief and recovery in parallel.....	4-3
2.2 Relief and recovery are consequence-driven	4-4
2.3 Financial arrangements	4-5
3. Relief and recovery are community-focused	4-6
3.1 Relief and recovery are a shared responsibility	4-6
3.2 Community development	4-7
3.3 Understanding the needs of communities.....	4-7
4. Operational governance	4-7
4.1 Operational governance relationships	4-8
4.2 Relief and Recovery Operational Governance	4-8
4.3 State relief and recovery coordination roles and responsibilities.....	4-9
4.4 Emergency Management Commissioner.....	4-10
4.5 Regional relief and recovery coordination roles and responsibilities	4-11
4.6 Local relief and recovery coordination roles and responsibilities.....	4-13
5. Relief and recovery planning	4-13
5.1 Municipal, regional and state relief and recovery planning requirements	4-13
5.2 Understanding relief and recovery capability	4-14
5.3 Interactions between levels of coordination	4-15
6. Relief assistance	4-19
6.1 Relief principles.....	4-19
6.2 Activation and deactivation of relief assistance	4-19
6.3 Organisation of relief assistance.....	4-19
6.4 Distribution of relief assistance	4-23
7. Recovery assistance	4-23
7.1 Recovery principles.....	4-24
7.2 Activation of recovery activities and transition to mainstream services	4-24
7.3 Organisation of recovery assistance.....	4-24
7.4 Social recovery environment.....	4-26
7.5 Economic recovery environment.....	4-34
7.6 Built recovery environment	4-40
7.7 Natural recovery environment.....	4-48
8. Plan administration	4-51
8.1 Authority	4-51
8.2 Plan review	4-51
8.3 Plan resources	4-52

1. Introduction

1.1 Purpose

The *State Emergency Relief and Recovery Plan* (the Plan) specifies the arrangements for the coordinated planning and management of emergency relief and recovery in Victoria.

The purpose of the Plan is to outline the strategy and arrangements in place to ensure safe, effective and coordinated emergency relief and recovery activities in Victoria.

The aim of relief and recovery is to support communities to successfully deal with the impacts of an emergency on the social, built, economic and natural environments. By doing so, communities help build cohesion and resilience to future emergencies.

1.2 Scope

The Plan:

- describes the principles for relief and recovery from any emergency in Victoria
- clarifies who is accountable and responsible for relief and recovery coordination
- describes the functions of relief and recovery
- specifies the roles and responsibilities of agencies in relief and recovery
- outlines the arrangements for escalating relief and recovery coordination
- describes how available relief and recovery resources are organised.

The Plan does not describe the processes, procedures or available capability used in emergency relief and recovery operations.

- at the state level, these are described in State emergency relief and recovery operational plans.
- at the regional level, these are described in each region's Emergency Relief and Recovery Plan.
- at the local level, these are described in municipalities' Municipal Emergency Management Plan.

Agencies involved in relief and recovery operations should document their capability and capacity to meet its roles and responsibilities.

1.3 Definitions

Emergency is defined in the *Emergency Management Act 2013* as 'the actual or imminent occurrence of an event which in any way endangers or threatens to endanger the safety or health of any person in Victoria or which destroys or damages, or threatens to destroy or damage, any property in Victoria or endangers or threatens to endanger the environment or an element of the environment in Victoria including, without limiting the generality of the foregoing –

- a) an earthquake, flood, wind storm or other natural event; and

- b) a fire; and
- c) an explosion; and
- d) a road accident or any other accident; and
- e) a plague or an epidemic or contamination; and
- f) a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth; and
- g) a hi-jack, siege or riot; and
- h) a disruption to an essential service.

Relief is defined in this Plan as the provision of assistance to meet the essential needs of individuals, families and communities during and in the immediate aftermath of an emergency.

Recovery is defined in the *Emergency Management Act 2013* as ‘the assisting of persons and communities affected by emergencies to achieve an effective level of functioning’.

Both relief and recovery begin when an emergency occurs and many response, relief and recovery activities are undertaken concurrently. Typically, relief is provided during and in the immediate aftermath of an emergency. Recovery is generally a longer term process for affected individuals and communities.

Agencies are defined in the *Emergency Management Act 1986* as ‘a government agency or a non-government agency’. For the purpose of this Plan, agencies are those listed in Part 7 of the Emergency Management Manual Victoria and have either broad or state-wide presence, are government organisations, or private corporations with specific roles.

1.4 Target groups

Relief and recovery are responsibilities that require collaboration and coordination shared between individuals and communities, non-government organisations, businesses, all levels of government and other partners. This plan is intended to support and guide the work of that broad relief and recovery sector and those agencies.

2. Emergency management context

Emergencies of various scales frequently occur in Victoria. These emergencies vary greatly in terms of the size of the event, the geographic area affected, the nature of the hazard that causes the emergency and the consequences on the community. An ‘all communities, all emergencies’ approach underpins emergency management in Victoria.

Each agency has an obligation to contribute to improving the preparedness, capability and resilience of all communities to prepare for, respond to and recover from emergencies before, during and after.

Before an emergency:

This includes the preparation, planning, engagement and knowledge required to understand the risk environment. The people, resources, governance, systems and processes are put in place to build connection through trusted networks and reduce the risk of emergencies.

During an emergency:

The people, resources, governance, systems and processes are in place for services and assistance during or directly after an emergency to save lives, buildings and infrastructure, to ensure public safety and to cater for people's immediate survival needs and lifelines (including information, shelter, food and water).

After an emergency:

The people, resources, governance, systems and processes are in place for services that reduce the consequences after an emergency and reconnect, redesign, rebuild and renew lives, buildings and community connection.

This Plan is developed in accordance with the *Emergency Management Act 1986* (EM Act 1986) and the *Emergency Management Act 2013* (EM Act 2013), which provide the legislative basis for the management of emergencies in Victoria.

This Plan is part of a broader set of arrangements for managing emergencies in Victoria and is published as Part 4 of the Emergency Management Manual Victoria (EMMV). This Plan should be read in conjunction with the entire EMMV. In particular, the EMMV Part 7 – Agency Emergency Management Roles lists the roles and responsibilities of agencies in emergency management, including the roles and responsibilities of agencies in the provision of relief and recovery.

The EMMV Part 3 – the State Emergency Response Plan outlines the Victorian arrangements for the coordinated response to emergencies by all agencies with a role or responsibility in relation to emergency response. The State Emergency Response Plan has a number of sub-plans for specific types of emergencies where the arrangements are more complex or vary from the standard State arrangements.

The EMMV Part 6 – Municipal Emergency Management Planning Arrangements Guidelines for Committees encourages and support a consistent approach to emergency management planning at the municipal level. The guidelines assist municipal emergency management planning committees prepare and maintain a Municipal Emergency Management Plan (MEMP). These guidelines reinforce the multi-agency nature of the planning process and assist the organisational representatives who contribute to the MEMP.

The EMMV Part 7 – Emergency Management Agency Roles lists control and support agencies for the responses to emergencies. It does not list all agencies that may be involved in any particular emergency. Nor does it list all emergencies that may be encountered.

The control agency is responsible for establishing the management arrangements for the collaborative response to an emergency. The control agency will generally be the agency with a role or responsibility that is most closely aligned to the emergency.

2.1 Response, relief and recovery in parallel

The *Emergency Management Act 2013*, fosters a sustainable and efficient emergency management system that minimises the likelihood, effect and consequences of emergencies. It recognises the importance of an "all communities, all emergencies" approach to emergency management based on networked arrangements and greater interoperability. To achieve this, relief and recovery planning occurs before, during and after emergencies.

The response to, and recovery from, a major emergency involves many agencies from across government. The people and agencies with roles and

responsibilities for responding to emergencies work together in emergency management teams at the state, regional and local tiers to ensure a collaborative and coordinated whole of government approach. Emergency relief and recovery activities integrate with emergency response activities and commence as soon as the effect and consequences of the emergency are anticipated. Relief and recovery coordinators/managers should be involved at all tiers and in all teams established to manage the emergency response.

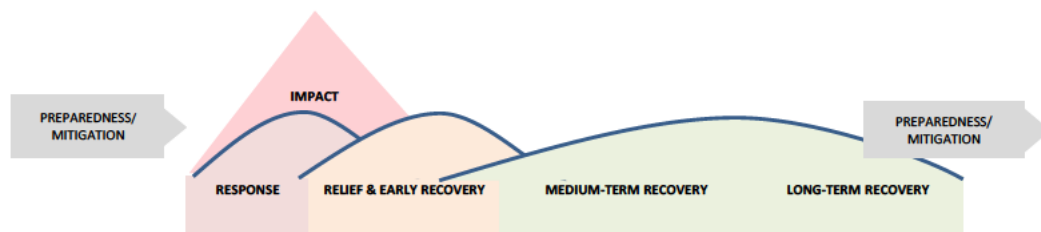


Figure 1: Emergency relief and recovery activities over time

Once emergency response activity has ceased, the management of the emergency will fully transition from response to recovery. The EMMV Part 3 - State Emergency Response Plan explains the transition process. This Plan outlines the arrangements for the delivery of emergency relief and recovery services, including where these integrate with emergency response activities and once the management of the emergency has transitioned from response to recovery.

2.2 Relief and recovery are consequence-driven

Consequence management drives the levelled approach to emergency relief and recovery coordination, with unmanaged risks /consequences escalated to the next level. Consequence management-starts in response and is then managed through recovery. To make appropriate decisions about relief and recovery activities, decision-makers at the local, regional and state level rely on clear, relevant, timely and accurate information about the needs of affected individuals, families and communities. To identify these needs, all tiers of decision-makers must look beyond the immediate impacts of an emergency and consider the consequences of these impacts on individuals, families and communities.

Government and agencies must also assess and manage the effects of their relief and recovery activities on affected communities.

- **initial impact assessment** (24-48 hours after access to the area): Response agencies undertake initial impact assessments which can help inform relief activities.
- **secondary impact assessment** (within four weeks): Impact assessment for relief and recovery requires an additional layer beyond the initial impact assessment, which includes a comparison with base-line information. Those responsible for recovery coordination at each tier are responsible for coordinating the secondary impact assessment, which is a subsequent progressive and more holistic assessment of the impact of the event on the community. It takes into account built and natural environments, social and economic impacts and resulting community needs.

- **post-emergency needs assessment** (can take up to twelve months or more depending on the scale of the event): Those responsible for recovery coordination at each tier are also responsible for coordinating the post-emergency needs assessment. This assessment estimates the longer term psychosocial impacts on a community, displacement of people, the cost of destroyed assets, and the impact that the destruction of assets and business disruption has on how members of a community live and connect with one another. This assessment informs the medium to longer term recovery process, options for development, and builds the knowledge base of the total cost of emergencies that informs risk management.

Municipal councils and the Victorian Government are required to share any information they gather.

2.3 Financial arrangements

Individuals and communities can strengthen their resilience through self-reliance – which includes the ability to fund their own relief and recovery needs, where possible. Individuals, agencies and businesses are expected to maintain adequate insurance to protect their interests.

Municipal Councils and responsible agencies must develop relief and recovery services based on individual and community needs, and these in turn should inform emergency relief and recovery funding considerations.

Funding to deliver relief and recovery assistance is initially sourced internally by responsible relief and recovery lead agencies.

Depending on the scale and impact of an emergency, Regional Recovery Coordinators may be able to facilitate financial assistance and funding for municipal councils, agencies and organisations providing relief and recovery services.

If this funding is exceeded in a large scale emergency, additional funding would be requested:

- where the emergency arises as a result of a natural disaster, Victoria's Department of Treasury and Finance (DTF) can, depending on the scale and the impact, provide Natural Disaster Financial Assistance to help ease the financial burden experienced by affected municipal councils, Catchment Management Authorities and State Departments and Agencies. Further details can be found at www.dtf.vic.gov.au/Victorias-Economy/Natural-disaster-financial-assistance
- DTF, the Department of Premier and Cabinet (DPC) and Emergency Management Victoria (EMV) will coordinate a request to the Australian Government to approve funding under the *Natural Disaster Relief and Recovery Arrangements*, to share the cost of significant emergencies. The State's eligible costs under these arrangements can include grants and assistance paid to individuals and households, primary producers, small businesses and not-for-profit organisations and reimbursement provided to local councils and Catchment Management Authorities for particular relief and recovery activities and the restoration of essential public assets.

3. Relief and recovery are community-focused

All Victorians have a collective responsibility to help build and maintain community resilience: individuals, households, neighbourhoods, communities, businesses, not-for-profit organisations, agencies, local, state and national governments.

A resilient community has the capacity to survive adapt and thrive no matter what kinds of chronic stresses or acute shocks they experience¹. They are often connected and able to work together to manage stresses and cope with emergencies. They are self-reliant and able to manage local issues, together with the ability to draw upon other communities and organisations during times of significant need.

3.1 Relief and recovery are a shared responsibility

Relief and recovery are complex social and developmental processes. All sectors must work together to support the personal, family and community structures and networks typically disrupted by a major emergency

- **Individuals** have a responsibility to seek out information to make informed decisions on how to prepare for emergencies and should help meet their own relief and recovery needs wherever possible. During and immediately following an emergency, individuals and households need to be as self-reliant as possible, because in the first instance, agencies will offer emergency support to the most vulnerable community members.
- **Municipal councils and the Victorian Government** each have a role in ensuring relief and recovery services are effective and well-coordinated. Municipal councils take the lead in delivering 'on the ground' relief and recovery services, because they are the closest to an affected community. The Victorian Government supports municipal councils to fulfil these local responsibilities and is responsible for establishing the state's relief and recovery arrangements, and for coordinating all regional and state level relief and recovery activities
- **Business** can play an important role in emergencies and can provide resources, expertise and essential services to support emergency relief and recovery. Business should have continuity processes in place to plan for emergencies. This is particularly important for the continuity of essential services and critical infrastructure
- **Non-government organisations** and partner agencies play vital roles in supporting affected communities, building on their pre-established community connections to deliver enhanced services during and following an emergency. Through their large **volunteer** base, they have the capacity to coordinate and deliver services in many locations – often simultaneously.

The Victorian community receives significant benefit from the emergency management contributions of a wide range of community sector agencies, volunteer groups and organisations whose operations are either quite specialised and/or available mainly in a specific locality.

¹ Community Resilience Framework for Emergency Management (2017) Emergency Management Victoria <https://www.emv.vic.gov.au/CommunityResilienceFramework>

These groups should be identified in relevant municipal emergency management plans and/or state and regional relief and recovery plans, as appropriate

3.2 Community development

Whilst an emergency is likely to cause disruption, it is important to recognise that relief and recovery activities do not begin with a blank canvas. Activities should be delivered in context of the existing community aspirations and build on community development work (including emergency preparedness) already undertaken. This will include maximising the use of existing local community services and representative structures where possible.

To support effective community resilience, it is crucial that Municipal Councils, in partnership with other agencies and organisations, develop and support community leadership in all relief and recovery activities. Community-led activities can generate ownership of decisions and more sustainable outcomes, and reach higher quality and innovative solutions. The Community Recovery Handbook provides useful insight into community-led recovery.

Communities should be involved in emergency preparedness – including identifying strategies to assist their most vulnerable members. The International Association for Public Participation² has useful resources to guide community engagement for relief and recovery.

3.3 Understanding the needs of communities

Creating and maintaining local networks and connections are fundamental to understanding community needs. Local councils are best placed to understand the needs of impacted communities and to tap into existing community networks to gain a deeper understanding of how communities have been impacted by the emergency and what needs they might have. Reviewing municipal profiles and drawing on community knowledge of other departments and agencies, as well as understanding community diversity helps develop targeted relief and recovery services that meet the range of individual and community needs.

Relief and recovery activities should be developed to meet the differing needs of all people – recognising that women, men, children, young people³, older people and people with disabilities may have different needs. Relief and recovery activities should be undertaken with an awareness of the different cultural groups in their communities and should ensure that appropriate relief and recovery services are made available to meet their needs, including relief and recovery information in translated languages.

4. Operational governance

Emergency Management governance arrangements at a state level operate a “tiered” approach for coordination, control, and communications for all emergencies.

² Available from www.iap2.org.au

³ Refer to *Emergency management planning for children and young people- planning guide for local government* <http://earlytraumagrieff.anu.edu.au/files/EM-planning-for-children-and-young-people-web.pdf>

Six key teams operate at a state level being⁴:

- **State Coordination Team (SCOT)**
- **State Control Team (SCT)**
- **State Emergency Management Team (SEMT)**
- **State Relief and Recovery Team (SRRT)**
- **Emergency Management Joint Public Information Committee Executive (EMJPIC Exec)**
- **Emergency Management Joint Public Information Committee (EMJPIC)**

During major disasters, the EMJPIC Executive provides WOVG strategic and crisis communication leadership.

4.1 Operational governance relationships

All operational governance teams communicate with each other through the Chairs to ensure seamless integration. The primary function of each team is referred to in the Functions of emergency management operational teams (state level) located in EMMV Part 3, State Emergency Response Plan, and the EMCOP library.

4.2 Relief and Recovery Operational Governance

Municipal councils coordinate relief and recovery at the local level. Coordination is escalated in larger or more complex events, or when a council requests support from the regional level. If escalated, the State Government at regional and state levels coordinate relief and recovery services to support local service delivery and provide additional services as required to affected individuals and communities. This involves bringing agencies and resources together to ensure the effective delivery of all relief and recovery objectives and responsibilities. Relief is functionally coordinated with recovery coordination and done as a part of State level operational governance.

Figure 2 describes the relief and recovery governance between state, regional and local tiers.

⁴ State Tier Emergency Governance Arrangements (December 2017) available on EM-COP.

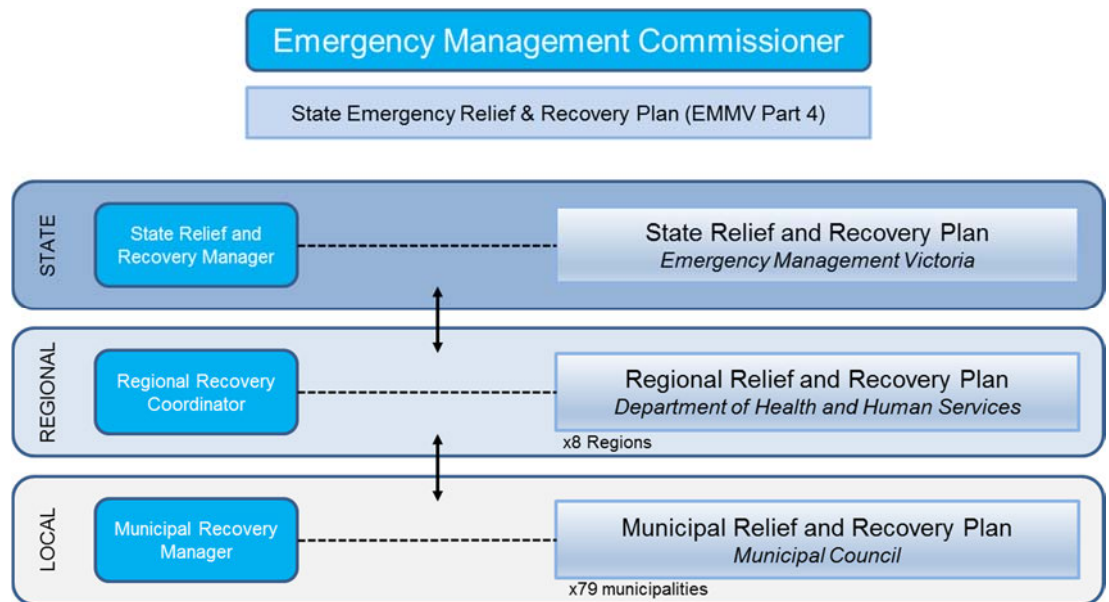


Figure 2: The three levels of relief and recovery coordination in Victoria

4.3 State relief and recovery coordination roles and responsibilities

The State Relief and Recovery Manager (SRRM) reports to and supports the Emergency Management Commissioner (EMC) in the coordination of State relief and recovery activities. EMV provides strategic leadership and coordination of the work of the relief and recovery sector.

State relief and recovery responsibilities to be coordinated include to:

- review and maintain state relief and recovery plans and lead relief and recovery planning processes - including state planning committees
- develop state relief and recovery plans and lead post-incident relief and recovery processes - including operational committees
- lead inter-jurisdictional and national liaison on Victorian relief and recovery
- coordinate existing state resources and activities across the relief and recovery sector, including in support of local and regional relief and recovery coordination
- facilitate the relief and recovery sector's capability assessment, readiness and preparedness
- coordinate state relief and recovery sector public information and messaging in connection with Regional or Incident Joint Public Information Committees as required.
- assess state situation, impacts, risks, progress and resources
- monitor regional situation, impacts, risks, progress and resources
- collate and analyse state information on loss and damage and resulting consequence
- coordinate whole of government relief and recovery funding processes
- coordinate real time relief and recovery intelligence and information to the Victorian State Government

- ensure the effectiveness of funded relief and recovery initiatives are evaluated and fed into forward planning
- lead state transition from response to recovery

4.4 Emergency Management Commissioner

Under the Emergency Management Act 2013, the Emergency Management Commissioner is responsible for the “coordination of the activities of organisations, including agencies, having roles or responsibilities under the state emergency recovery plan in relation to recovery from all emergencies”. The Emergency Management Commissioner effectively oversees the management of coordination at every level.

The Emergency Management Commissioner reports to the Minister for Emergency Services on relief and recovery.

The EMC is supported by the State Tier Governance Arrangements, State Relief and Recovery Manager and EMV.

4.4.1 State Relief and Recovery Manager

The SRRM reports to and supports the EMC in ensuring the coordination of State relief and recovery activities.

The State Relief and Recovery Manager:

- ensures the arrangements in this plan are implemented
- facilitates the sharing of information and coordination of resources at a state level to support local and regional activities
- identifies emerging strategic risks and capacity issues
- coordinates state resources and activities to support local and regional relief and recovery coordination
- coordinates state relief and recovery sector public information and messaging
- assesses state situation, impact, risks, progress and resources
- collates and analyses state information on loss and damage and resulting consequence
- coordinates relief and recovery intelligence for use by the Victorian State Government
- leads state transition from response to recovery.

4.4.2 State Relief and Recovery Team

The State Relief and Recovery Manager is supported by the State Relief and Recovery Team in the coordination of state level relief and recovery activities. The State Relief and Recovery Team is chaired by the State Relief and Recovery Manager and supported by the Director, Relief and Recovery, Emergency Management Victoria, and;

- includes State representative of agencies responsible for the management and coordination of relief and recovery functional areas, as well as representatives from other agencies as agreed or required

- implements a State relief and recovery strategy that meets the needs of the community and supports local and regional operations to ensure the coordinated delivery of relief and recovery assistance.

4.4.3 DHHS Senior Liaison Officer

The Department of Health and Human Services (DHHS) has a Senior Liaison Officer.

The purpose of this position is to act as a strategic and operational interface between regional and state tiers of relief and recovery coordination.

The Senior Liaison Officer is responsible for:

- providing advice and information to the State Relief and Recovery Manager on strategic and operational matters arising from regional relief and recovery coordination tiers, including emergency preparedness, planning, issues, needs and risks
- providing advice and information to Regional Recovery Coordinators on strategic and operational matters arising from state relief and recovery coordination, including emergency preparedness, planning, issues, needs and risks
- representing regional Relief and Recovery coordination at the state level
- facilitating the flow of information between DHHS staff performing regional Relief and Recovery coordination roles and SRRM.

4.5 Regional relief and recovery coordination roles and responsibilities

DHHS is responsible for coordinating relief and recovery at the regional level. DHHS is supported by Red Cross in regional relief coordination.

Regional relief and recovery responsibilities to be coordinated include:

- review and maintain regional relief and recovery plans, and lead relief and recovery planning processes - including regional planning committees
- develop regional post-incident relief and recovery plans and lead regional post-incident relief and recovery processes - including operational committees
- lead regional transition from response to recovery
- coordinate existing regional resources and activities across the relief and recovery sector, including in support of local relief and recovery coordination
- facilitate the regional relief and recovery sector's capability assessment, readiness and preparedness
- coordinate regional relief and recovery sector public information and messaging
- assess regional situation, impacts, risks, progress and resources
- monitor local situation, impacts, risks progress and resources
- collate and analyse information on loss and damage and resulting consequence

- coordinate regional relief and recovery intelligence to EMC and SRRM
- provide advice to municipal councils to enable them to appropriately coordinate relief and recovery consequences of local level events.

Each Victorian Government administrative region must have a regional relief and recovery plan. Section 5.1 lists all relief and recovery matters that must be addressed in regional plans.

4.5.1 Regional Recovery Coordinators

The Secretary of DHHS appoints Regional Recovery Coordinators to each of the Victorian Government administrative regions:

- Eastern Metropolitan
- North and West Metropolitan
- Southern Metropolitan
- Barwon South Western
- Gippsland
- Grampians
- Hume
- Loddon Mallee.

Regional Recovery Coordinators are responsible for:

- Preparing and maintaining regional relief and recovery plans for their individual regions.
- Engaging with both the Regional Control Team (RCT) and the Regional Emergency Management Team (REMT) to facilitate planning and actions in relation to regional relief and recovery.
- Leading support for Municipal Councils in preparing, establishing and enacting emergency relief and recovery activities
- Leading collation and analysis of impact assessment data to inform recovery activities across all recovery environments
- Ensuring clear lines of communication are established with identified roles including the Regional Recovery Manager and the State Relief and Recovery Manager.
- Leading planning for transition from response to recovery at local and regional level
- Providing advice to local government specifically regarding relief and recovery requirements and communications.
- Overseeing relief and recovery activities as per current arrangements.

Regional Recovery Coordinators may delegate to and are supported by Regional Recovery Managers.

4.5.2 Regional Recovery Managers

The Regional Recovery Manager supports the Regional Recovery Coordinator to fulfil regional recovery responsibilities identified at 4.5.1 as delegated by the Regional Recovery Coordinator.

4.6 Local relief and recovery coordination roles and responsibilities

Municipal councils are responsible for coordinating recovery at the local level for affected individuals and communities. Municipal councils will work with local partners to determine local arrangements to manage relief and recovery activities.

Municipal Emergency Management Planning Committees must document these arrangements in Municipal Emergency Management Plans (MEMP). Section 5.1 lists relief and recovery matters that must be addressed by municipal planning. Each MEMP is a multi-agency plan, so they include local risk management, preparedness and response activities (refer to Part 6 of the EMMV).

The Regional Recovery Coordinator can assist by liaising with the relief and recovery functional area lead, where appointed, if requested by municipal councils.

Municipal councils coordinate local relief and recovery public information and messaging, in connection with regional or incident joint public information committees as required.

4.6.1 Municipal Recovery Manager

Each municipal council must appoint a staff member as its Municipal Recovery Manager. Generally, the Municipal Emergency Resource Officer (also a municipal employee) is responsible for notifying the Municipal Recovery Manager of the potential need for relief and recovery services. Together, they consider the relief and recovery needs of the local community– in consultation with response agencies.

5. Relief and recovery planning

Planning is an essential function of relief and recovery coordination. Participation in the planning process builds relationships between agencies and leads to better outcomes for communities through a collaborative and coordinated approach to relief and recovery.

5.1 Municipal, regional and state relief and recovery planning requirements

Municipal, regional and state relief and recovery plans must be aligned. This is achieved through consultation and coordination of information during the development process.

Plans at each level of coordination must specify the agencies responsible for coordinating relief and recovery, for coordinating recovery functional areas and leading and supporting relief and recovery activities.

Plans at each level of coordination must also address the following relief and recovery arrangements:

- managing funding and coordinating activities⁵
- agreements between agencies, businesses and organisations to deliver every type of relief and recovery assistance detailed in sections 6 and 7
- coordinating and managing resources (such as systems and assets)
- understanding and documenting capacity
- communication and community engagement
- understanding the needs of the community through documented community profiles and demographics
- staffing (including relief and recovery managers and coordinators; and paid, contracted and volunteer staff)
- collaboration groups
- integration of response, relief and recovery activities
- testing, exercising and evaluating plans.

If it seems likely that the emergency will exceed the coordinating level's capability, the relief and recovery manager/coordinator will consider organising the preparation of a post-incident relief and recovery plan.

The post-incident relief and recovery plan will include:

- arrangements for relief and recovery coordination
- a description of the emergency situation
- the expected or potential relief and recovery needs of affected communities
- the capacity of councils/regions/state
- relief and recovery services required.

5.2 Understanding relief and recovery capability

Agencies with agreed relief and recovery roles and responsibilities (refer to EMMV Part 7- Emergency Management Agency Roles) need to develop and maintain their own internal operational plans that detail their capacity and strategies for undertaking these roles and responsibilities. They should develop these in consultation with communities, and regularly test them.

Developing an understanding of local, regional and state capability (which includes capacity) is critical as it enables relief and recovery coordinators to request assistance before being overwhelmed and being unable to deliver the required services. Documenting the relief and recovery capability at each level of coordination is a planning requirement.

There will always be a time lag between a request for assistance and the delivery of assistance, so developing triggers to recognise capability shortfalls before they become a service delivery issue can be very useful. Triggers serve as a red flag warning that additional resources need to be requested. Triggers can be based on a range of factors such as the

⁵ Refer EMMV Part 7

percentage of volunteers activated or the percentage of goods dispersed, depending on the appropriate measure of capacity for each relief service.

Relief and recovery agencies, emergency management agencies and the broader sector, need to work together to:

- identify the relief and recovery resources that are identified in multiple MEMPs. It is common for providers of food and water, psychosocial support and first aid to work across multiple municipalities
- support relief and recovery organisations to develop a shared understanding of relief and recovery capability and capacity
- identify opportunities to create efficiencies by streamlining services and sharing resources
- support relief and recovery agencies to develop agency profiles which document their capability and capacity to provide relief services for emergencies of varying scale and duration
- monitor local, regional and state capability and capacity, identifying risks and trends (e.g. accommodation shortages during peak tourist season or diminishing numbers of volunteers over time) and escalating capability and capacity issues as required
- plan and conduct emergency exercises to identify current strengths and areas for improvement
- identify capability and capacity issues at the local, regional and state level through the post emergency debriefing process
- improve planning to link potential community needs with capability and capacity
- encourage an honest and transparent process of measuring capability and capacity that is supportive and non-judgmental
- utilise existing mechanisms such as municipal collaboration groups and local, regional and state committees to discuss capability and capacity issues
- work with the business sector to better understand how they can enhance local, regional and state capability and capacity.

Understanding local, regional and state relief and recovery capability and capacity is a shared responsibility and a long term challenge. Building relationships is the essential first step in understanding relief and recovery capability and capacity.

5.3 Interactions between levels of coordination

All levels of relief and recovery coordination are required to share information with each other at all times. Additionally, State and regional levels of relief and recovery coordination monitor and oversee the situation at the next level down at all times, even when coordination has not formally escalated. The regional tier acts as a communication conduit between local and State Government, with the Regional Recovery Coordinator and the State Relief and Recovery Manager facilitating the sharing of information with municipalities about locally coordinated events and State Government activities. The interactions between levels of coordination is depicted in Figure 5.

5.3.1 Escalation for large or complex emergencies

Relief and recovery coordination commences at the local level through Municipal Councils. As required, these relief and recovery functions may escalate to regional or state level:

- when requested, because capability is exceeded, or expected to be exceeded; or
- where an emergency has affected multiple municipalities in one region, or multiple regions within the state; or
- where an emergency has a significant community-wide impact or consequence, in which case the Victorian Government may establish an event-specific relief or recovery coordination structure to oversee a whole-of sector response.

Escalation (from local to regional to state) operates on the following principles:

- wherever possible relief and recovery coordination should remain at the local level, supported by regional and state-based activities as required
- escalation builds on existing local arrangements, rather than replacing them.
- responsibility is retained locally, but is aided by additional support
- specific relief and recovery activities within recovery functional areas or relief and recovery coordination may be escalated
- the escalation of specific relief and recovery activities does not necessitate the escalation of recovery coordination.

Where escalation of the relief and recovery coordination function occurs, a primary objective should be the maintenance of a single recovery plan for that incident, which consolidates the required actions (whether local, regional or state-based), risk mitigation activities and accountabilities, drawing on analysis of community profiles and needs. Wherever possible, local decision making should be maintained.

To support escalation arrangements, DHHS may seek additional regional resources from other agencies if its regional resources are exceeded.

Where capability has been exhausted within Municipal Councils, DHHS and across other agencies at the regional level, a request for relief and recovery coordination assistance to the state will be made.

Where an emergency has affected multiple regions within the state, or where the emergency has significant consequences for communities or the government of the day, state relief and recovery coordination will be activated. State level relief and recovery coordination activity will focus on sector coordination and the management of risks and consequences to help inform the regional response to the emergency.

5.3.2 Escalation to Australian Government

Under cooperative arrangements with the states and territories, the Australian Government provides:

- national coordination functions
- assistance to states or territories, when requested

- financial assistance as cost sharing arrangements for relief and recovery expenditure, through the Natural Disaster Relief and Recovery Arrangements
- financial assistance as grants to individuals, and income support to individuals
- Australian Defence Force assistance under Categories 1, 2 and 3 of the arrangements for Defence Aid to the Civil Community.

Australian Government advice and assistance is coordinated through the Australian Government Disaster Recovery Arrangements.

5.3.3 Cross-border arrangements

The *Guidelines for Interstate Assistance (Community Recovery) 2015* developed under the aegis of the Australia New Zealand Emergency Management Committee Recovery Sub-Committee (the national body with functional responsibility for community recovery services following a disaster event) have been designed to support agencies arranging assistance between neighbouring jurisdictions so that the emergency relief or immediate needs of communities are met following a disaster.

Elements covered include:

- requesting assistance from a neighbouring jurisdiction
- coordination and management of evacuation centres/immediate relief under such a request
- cost recovery arrangements
- communication requirements
- reporting requirements
- jurisdictional responsibilities.

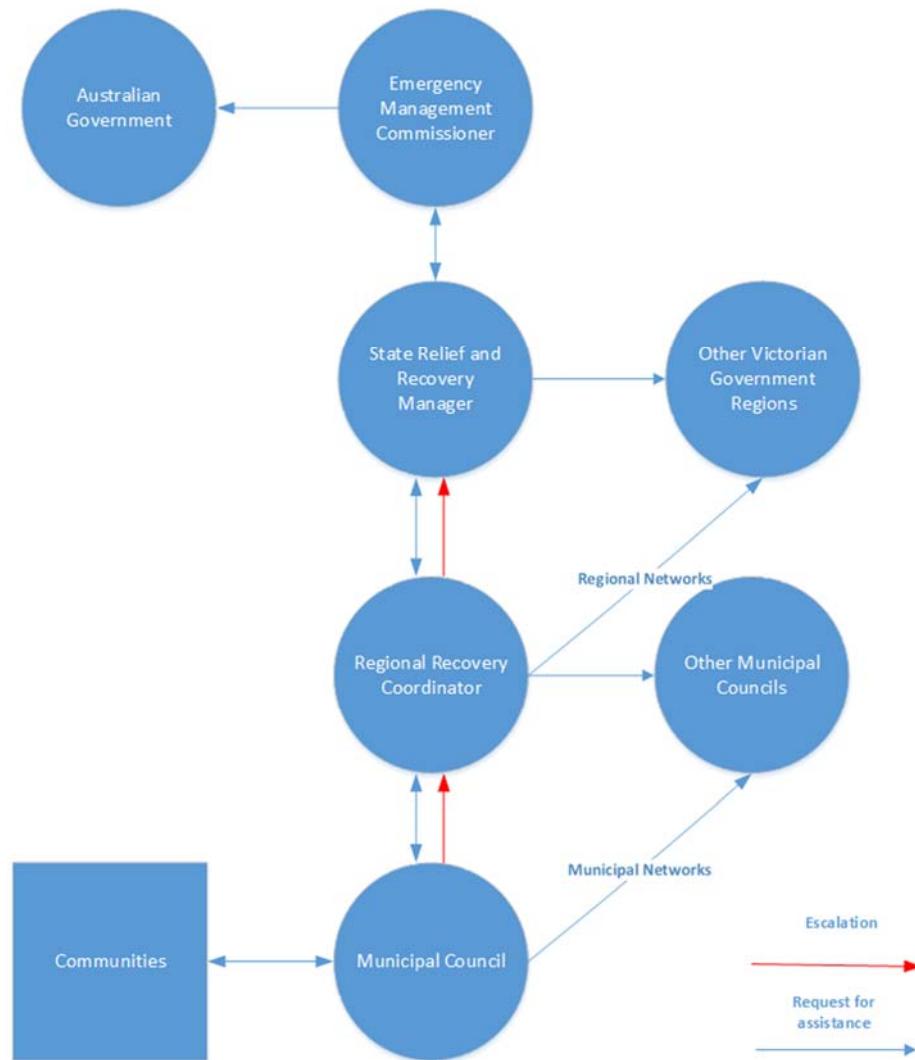


Figure 3: Interactions between different levels of government to deliver emergency relief and recovery support

6. Relief assistance

Emergency relief provides for the essential needs of individuals, families and communities during and in the immediate aftermath of an emergency.

6.1 Relief principles

The principles for the coordination and delivery of relief in Victoria are:

- emergency-affected communities receive essential support to meet their **basic** and **immediate** needs
- relief assistance is delivered in a **timely** manner, in response to emergencies
- relief promotes **community safety**, and minimises further physical and psychological harm
- relief and response agencies **communicate** clear, relevant, timely and tailored information and advice to communities about relief services, through multiple appropriate channels
- relief services recognise **community diversity**
- relief is **adaptive**, based on continuing assessment of needs
- relief supports community responsibility and **resilience**
- relief is **well coordinated**, with clearly defined roles and responsibilities
- relief services are **integrated** into emergency management arrangements.

Agencies with relief responsibilities must incorporate these principles into their own planning and delivery of services.

6.2 Activation and deactivation of relief assistance

Incident controllers determine the need to activate relief services, with advice from the emergency management team.

Part 3 of the *EMMV* specifies positions with authority to activate at the local level.

The deactivation of relief services will be based on reduced levels of demand and need for such services.

6.3 Organisation of relief assistance

The state agency leads for each of the eleven relief activities are presented in Figure 4. They are responsible for relief activities that provide direct assistance to individuals, families and communities or indirect assistance through the resupply of essential goods or services to communities isolated in an emergency.

The lead agency is supported by support agencies, as detailed in *EMMV* Part 7 - Emergency Management Agency Roles. The lead agency for each of the relief responsibilities is responsible for:

- coordinating strategic information sharing, to facilitate activities within that accountability
- monitoring relief issues, risks, progress and capacity issues

- determining and implementing appropriate communication and information sharing mechanisms with relevant departments, agencies and key stakeholders to facilitate the above
- reporting progress and issues to the State Relief and Recovery Manager.

All agencies with relief responsibilities are expected to have appropriate arrangements, policies and capability in place (guided by the *Emergency Relief Handbook: A planning guide 2013*).

Agencies should also ensure that significant providers of relief goods and services have their own business continuity arrangements in place.

The arrangements depicted in Figure 4, where not replicated at the local or regional level, the regional recovery coordinator will liaise with the state relief functional area lead coordinating agency.

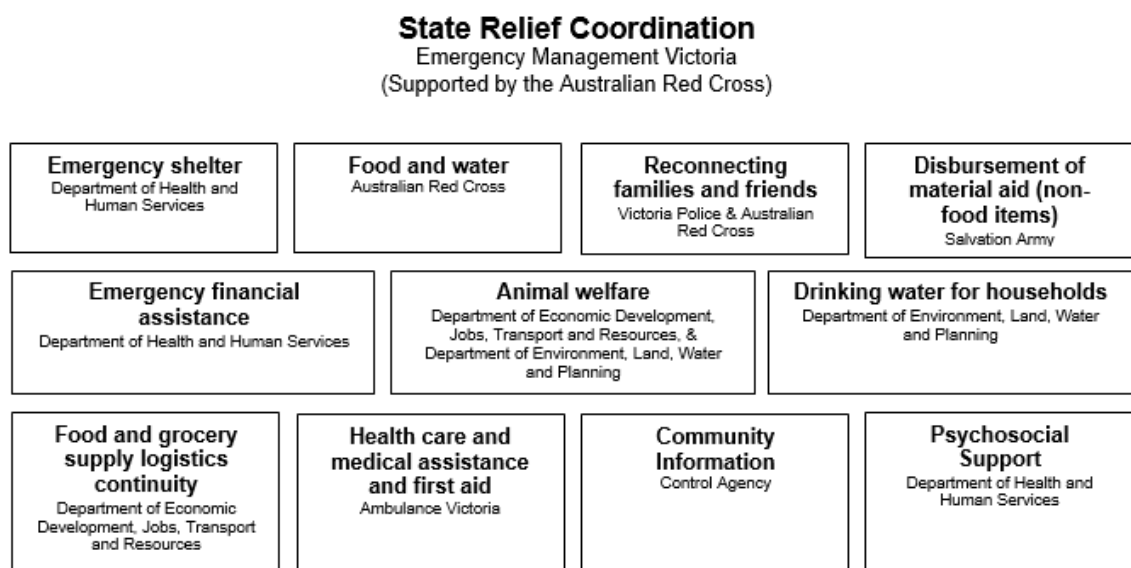


Figure 4: Lead agencies with state relief activity responsibilities

6.3.1 Emergency shelter

Individuals are encouraged to make their own accommodation arrangements. Friends, family, community, business, or government could provide emergency shelter if needed. Municipal councils can offer accommodation at relief centres or alternative locations. Where municipal councils cannot meet demand, request for support can be escalated to DHHS. This request is made by contacting DHHS via established local escalation processes.

6.3.2 Food and water to individuals

People and communities must have access to food and water to support their immediate and basic needs. Food and water can be provided in a variety of settings including relief centres or via the distribution of relief packs to communities who are isolated or sheltering in place.

The Red Cross is responsible for coordinating the provision of food and water, supported by agencies including Foodbank Victoria and the Salvation Army.

6.3.3 Reconnecting families and friends

The reconnection of families and friends and their communities is facilitated through the *Register.Find.Reunite* service. Victoria Police is responsible for the control and coordination of the service and Red Cross for its management and operation. Voluntary registration could be done in a relief centre, by phone at an inquiry centre, or online.

Control agencies are responsible for encouraging people to register with *Register.Find.Reunite* and should also remind people to use their existing communication networks to connect with their family and friends, to provide assurance about their safety and wellbeing.

6.3.4 Disbursement of material aid (non-food items)

Individuals, families and communities affected by emergencies could require essential material aid (non-food items) such as clothing, bedding materials and personal necessities, to help ensure their personal comfort, dignity, health and wellbeing.

The Salvation Army will coordinate the provision of material aid (supported by agencies including St Vincent de Paul and Foodbank Victoria).

6.3.5 Emergency financial assistance

Emergency financial assistance is intended to help eligible individuals meet their basic needs in a dignified manner. DHHS is responsible for administering emergency relief payments from the Personal Hardship Assistance Program.

At its discretion, the Australian Government Department of Human Services (DHS) can determine to make other forms of financial assistance available.

6.3.6 Animal welfare

Companion animals, livestock and wildlife impacted by emergencies could need access to adequate feed and water, provision of shelter, housing and adequate space, freedom from pain, injury, disease and obvious discomfort, and freedom from unnecessary fear and distress. *The Victorian Emergency Animal Welfare Plan* defines animal welfare support services in relief.

Key animal welfare considerations include:

- maintaining acceptable animal welfare standards for all animal species
- destruction of the minimum number of animals during the emergency response
- best use of available resources (personnel, infrastructure, feed and water).

Companion animals and livestock welfare (other than wildlife) support services:

- DEDJTR is the lead agency
- it is supported by the Victorian Farmers Federation, the RSPCA, the Australian Veterinary Association and municipal councils
- Municipal councils are responsible for the housing of displaced animals and lost/stray animals.

Wildlife welfare services

- DELWP is the lead agency to respond to wildlife welfare caused by a defined emergency, including wildlife affected by fire
- It is supported by the RSPCA, the Australian Veterinary Association and municipal councils.

6.3.7 Drinking water for households

Where local resources are unable to meet the demand, the Department of Environment, Land, Water and Planning (DELWP) will coordinate emergency drinking water supplies and sewerage services to affected areas (following public health advice from DHHS).

6.3.8 Food and grocery supply logistics continuity

The Department of Economic Development, Jobs, Transport and Resources (DEDJTR) will support food and grocery supply logistics continuity planning and operations with the major food distribution operators.

6.3.9 Health care and medical assistance and first aid

The State Health Emergency Response Plan describes the command, control and coordination arrangements, roles and responsibilities for an integrated health emergency response.

Ambulance Victoria, as Health Commander, is responsible for pre-hospital assistance.

DHHS, as Health Coordinator, has responsibility for coordination across the broader health system and control of public health emergencies.

6.3.10 Community information

Control agencies are responsible for providing information to assist communities to make informed decisions about their safety. This can be via the Victorian Public Warning System, public meetings, newsletters, advertising and media releases. Announcements from response, relief and recovery agencies must be consistent.

All agencies are responsible for considering the information needs of community sectors with additional needs.

Municipal councils coordinate and lead the provision of local public information to affected individuals in relief and recovery.

Prior to formal transition to recovery, control agencies also are responsible for the provision of local public information, which includes relevant relief and recovery information.

6.3.11 Psychosocial support

DHHS is the functional lead and coordinating agency for psychosocial support. At the incident/local level, this is lead through Municipal Councils, supported by Red Cross and Victorian Council of Churches - Emergency Ministry (VCC-EM). It includes Psychological First Aid and emotional-spiritual care, and is delivered through relief and recovery centres and through community outreach programs. Where municipal councils cannot meet demand, request for support can be escalated to DHHS.

6.3.12 Other relief assistance

Other relief assistance can include **legal aid** or the coordination of goodwill, including donated goods and services and **spontaneous volunteer management**. These are further detailed in sections 7.4.3 and 7.4.5.7.

6.4 Distribution of relief assistance

Relief services could be provided at:

- the site of an emergency
- a dedicated relief centre operated by a municipal council
- places of community gathering
- isolated communities
- transit sites, or
- other safe locations, as appropriate.

A **relief centre** is a building or place established by a municipal council to provide immediate and basic services to people affected by an emergency. Services provided in a relief centre (or surrounding area) could include shelter; food and water; non-food items, such as bedding and clothing; reconnecting friends and families; and health services, including psychological first aid.

There will be times when the provision of relief services to the community will extend beyond the activation of a static relief centre such as the town hall or local community centre. Where communities are isolated as a result of an emergency, the control agencies have a role to support the delivery of relief services through **outreach** activities

Relief is the first stage of recovery, and must be seamlessly integrated with all other early recovery activities.

7. Recovery assistance

Recovery from emergencies is a developmental process of assisting individuals and communities affected by emergencies to achieve an effective level of functioning.

Recovery planning must ensure there is a clear understanding of the community context (prior to the emergency), and is based on continuing assessment of impacts and needs.

Recovery is part of the management of emergencies and if done well, it:

- reduces the effect and consequences of emergencies
- restores essential services, infrastructure and lifelines that our communities need to function
- adapts to the interruption to normal day to day business
- provides tailored services that are able to adapt when our community needs it most
- brings together people, resources, skills and capability.

7.1 Recovery principles

The nationally recognised disaster recovery principles that are fundamental for successful recovery involve:

- Understanding the context
- Recognising complexity
- Using community-led approaches
- Coordinating all activities
- Communicating effectively
- Recognising and building capacity.

7.2 Activation of recovery activities and transition to mainstream services

Recovery activities should begin at the first available opportunity, and continue beyond when relief ceases.

As long as an emergency continues to threaten a community, the control agency and Response Coordinator will maintain control over the overall coordination of all activities. However, this should not affect the delivery of relief and recovery services. Part 3 of the *EMMV* details the formal transition of overall coordination from response to recovery.

Planning for recovery is integral to emergency preparation, and mitigation actions may often be initiated as part of recovery. Recovery can provide an opportunity to improve beyond previous conditions, contributing to a more resilient community.⁶

Incident-specific recovery assistance is time limited. People and communities must be engaged and supported to lead their own recovery. After time, community recovery programs should transition into regular mainstream services and activities that shift the focus from recovery, to community development.

Shifting the focus to community development is an important phase that requires careful consideration and planning. Recovery agencies should consult communities on this transition of services, to ensure adequate support for the most vulnerable.

7.3 Organisation of recovery assistance

Recovery assistance aims to support individuals and communities to manage the re-establishment of those elements of society necessary to ensure an effective level of functioning. Recovery assistance is organised by environments, functional areas and activities.

7.3.1 Recovery environments

The four recovery interrelated environments described below provide a framework within which recovery can be planned, reported, monitored and evaluated. They do not, however, have a single agency responsible for their coordination.

⁶ National Principles for Disaster Recovery

The four environments, which align with the *Community Recovery Handbook*⁷ are:

- **Social environment** – The social environment considers the impact an event may have on the health and wellbeing of individuals, families and communities. This environment is primarily concerned with safety, security and shelter, health and psychosocial wellbeing.
- **Built environment** – The built environment considers the impacts that an event may have on essential physical infrastructure including essential services, commercial and industrial facilities, public buildings and assets and housing.
- **Economic environment** – The economic environment considers the direct and indirect impacts that an event may have on business, primary producers and the broader economy.
- **Natural environment** – The natural environment considers the impact that an event may have on a healthy and functioning environment, which underpins the economy and society. Components of the natural environment include air and water quality; land degradation and contamination; plant and wildlife damage/loss; and national parks, cultural and heritage sites.

Recovery initiatives could address specific elements of one recovery environment, or they could operate across multiple environments.

7.3.2 Functional areas and activities

Functional areas describe a community need and bring together a number of related recovery activities. They provide the sector and broader public with a clear understanding of relief and recovery services and the agency responsible for coordinating. There are fourteen functional areas across the four environments.

The coordinating agency for a recovery functional area will be responsible for:

- overseeing the service delivery of recovery elements for that function
- monitoring and reporting risks, consequences, progress and capacity issues to ensure service delivery is being achieved to impacted communities in a timely manner
- determining and implementing appropriate communication and information sharing mechanisms with relevant departments, agencies and key stakeholders to facilitate the above
- working with regional and local levels, reporting progress and issues to the State Relief and Recovery Manager.

Each functional area has a number of recovery activities. An activity is a defined recovery program, service or product that is delivered to assist community in its recovery. Delivery of every activity is undertaken locally. The government lead agency and other agencies will support delivery

⁷ Community Recovery Handbook, Australian Institute for Disaster Resilience (2018)
<https://knowledge.aidr.org.au/resources/handbook-2-community-recovery/>

through the local or regional tiers. Community needs will determine if the recovery activity is required.

The functional areas (under their corresponding environments) and the coordinating agencies are presented in Figure 5 and further detailed in the next sections.

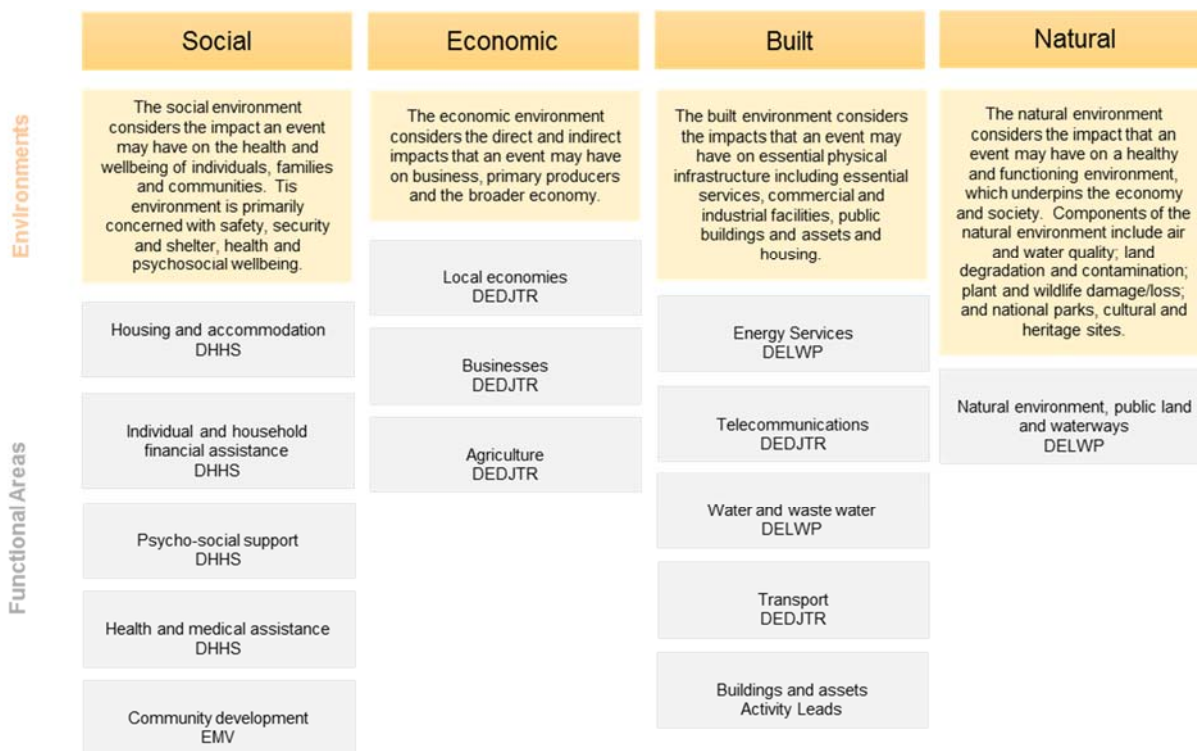


Figure 5: Recovery environments and functional areas

7.4 Social recovery environment

The social environment considers the impact an event may have on the health and wellbeing of individuals, families and communities. This environment is primarily concerned with safety, security and shelter, health and psychosocial wellbeing. Social recovery is closely inter-related to the other three recovery environments.

Social recovery activities ensure people have access to the support, services and resources they need to address the impacts of the disaster; prevent the escalation of needs; and long-term negative impacts on health and wellbeing.

Part 4 – State Emergency Relief and Recovery Plan

Functions / Areas	Housing and accommodation services DHHS	Individual & household financial assistance DHHS	Psycho-social support DHHS	Health and medical assistance DHHS	Community Development EMV
	Support securing interim accommodation (DHHS)	Personal hardship assistance program- Re-establishment assistance (DHHS)	Personal support (psychological first aid and emotional-spiritual care) in relief and recovery centres and through community outreach (DHHS)	Public health advice (DHHS)	Community information (DHHS)
	Advice to councils on interim accommodation standards for displaced people (DHHS)	Commonwealth Government Disaster Recovery financial assistance (DHHS)		Advice on wellbeing in recovery (DHHS)	Formation, leadership and support of Municipal/Community Recovery Committees (Municipal Councils)
Activities	Survey and make a determination regarding occupancy of damaged buildings (Municipal Council)	Insurance advice and information to customers (DTF)	Family violence services and information (DHHS)	Primary and acute health services (DHHS)	Local Community Events (DEDJTR)
	Building advice and information to residents (Victorian Building Authority)		Counselling (DHHS)		Provision and staffing of Recovery/Information Centres (Municipal Councils)
	Transition to permanent housing (DHHS)		Support in emergencies caused by criminal acts (VSA)		Provision and management of community development services (Municipal Councils)
			Support and advice to aid schools and early childhood services (DET)		Organisation of State wide public appeals (DPC)
			Referrals to psychosocial support services for primary producers and animal owners (DEDJTR)		Coordination of spontaneous volunteers (DHHS)
			Support for the bereaved (VFM)		

Figure 6. Social recovery environment: functional areas and activities

7.4.1 Housing and accommodation

Objective: *Assist people displaced by the emergency to access temporary accommodation, and return to permanent housing as soon as possible.*

Residential losses can contribute significantly to individual, family and community disruption. Residential damage affects:

- provision of shelter
- protection of household contents
- the feeling of belonging that is ‘home’
- vulnerable sectors of the community
- coordination of recovery and reconstruction operations.

Accommodation arrangements can range from short-term to longer-term. Individuals are expected to make arrangements to meet their own ongoing accommodation needs. Friends, family, community, business or government agencies could provide interim accommodation.

Where municipal councils cannot meet demand, request for support can be escalated to DHHS. This request is made through the MRM to the DHHS Regional Recovery Coordinator.

The coordination of interim accommodation assistance is provided by Municipal Councils at the local level.

7.4.1.1 Support securing interim accommodation

- DHHS is the lead for this activity. Municipal Councils and Community Housing Services provide support to deliver the activities required to acquit this.
- When municipal councils or other referring agencies are unable to meet demand, DHHS as the State Government lead agency, can coordinate interim accommodation options.

7.4.1.2 Advice to councils on interim accommodation standards for displaced people

- DHHS provide advice to municipal councils on accommodation standards.
- DHHS provide advice to municipal councils on interim accommodation standards.

7.4.1.3 Survey and determine occupancy of damaged buildings

Municipal councils survey and make a determination regarding the occupancy of damaged buildings and secondary impact assessment.

7.4.1.4 Building advice and information to residents

The Victorian Building Authority, supported by the municipal council, provides building maintenance and safety information to affected persons.

7.4.1.5 Transition to permanent housing

DHHS support households to prepare housing plans for transition back to permanent housing, supported by Community Housing Agencies.

7.4.2 Psycho-social support

Objective: *Support the emotional, spiritual, cultural, psychological and social needs of affected people and communities during an emergency and as they resume their normal life.*

Psychosocial support includes aspects of personal support, psychological first aid, emotional and spiritual care, case management, counselling and mental health services, community information sessions and community engagement. The *Psychosocial Support: A Framework for Emergencies* includes the principles and considerations that should underpin a psychosocial recovery process and how to identify the potential range of impacted people. Figure 7 uses a pyramid structure to show the varying layers of support services that could be established.

Emergencies do not impact everyone in the same way and vulnerable community members are often the hardest hit. Municipal councils are responsible for working with individuals and communities to develop appropriate recovery programs that recognise and respond effectively to the diverse needs of the community.

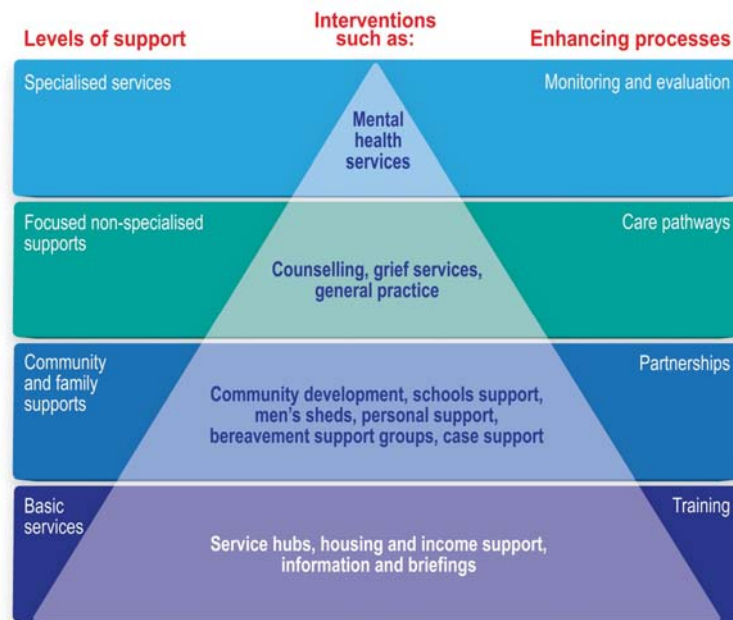


Figure 7. Levels of intervention pyramid for psychosocial support

Activities:

7.4.2.1 Personal support (psychological first aid and emotional-spiritual care) in relief and recovery centres and through community outreach

Personal support can include the provision of information, practical assistance, assessment of immediate needs and referral to other support agencies and services. It can be provided in relief and recovery centres, and through community outreach.

Outreach involves targeted visitation in community or home settings.

Personal support is initiated in relief operations and can continue as part of recovery, alongside a range of individualised support programs. All agencies must consider support recovery activities for isolated communities, and displaced and dispersed people in other communities.

DHHS leads and is supported by the Australian Red Cross and VCC-EM and other agencies.

7.4.2.2 Support for the bereaved

- Victorian Institute for Forensic Medicine (VIFM) will coordinate this support
- The Coroners Court, with the Victims Support Agency (VSA), DHHS and VCC-EM facilitates support and counselling for families of the bereaved.

7.4.2.3 Support in emergencies caused by criminal acts

- The Victim Support Agency (VSA) will lead this support.
- They will provide practical assistance to help victims recover from the effects of crime, represent their voice in the justice system and coordinate a whole of government approach to services.

7.4.2.4 Support and advice to aid schools and early childhood services

- The Department of Education and Training (DET) provides specialist support services to students and school staff at government and non-government schools, as well as early childhood services to overcome immediate impacts, including psychological first aid and psycho-education.

7.4.2.5 Referrals to psychosocial services for primary producers and animal owners

The impacts of the loss of companion animals, pets and livestock on wellbeing of individuals, households and farmers must be considered in the development of recovery programs.

- DEDJTR gathers information on affected primary producers and other animal owners' properties to assess the impact, loss and damage. Relevant information is shared with municipal councils and appropriate departments
- DEDJTR supports the needs of affected primary producers and animal owners with referrals to support for assistance.
- DHHS refers affected primary producers and other animal owners to available services as needed.

7.4.2.6 Family Violence services and information

Research has demonstrated an increased risk of escalating family violence after emergencies. It is well recognised that specific vulnerabilities exist for women, men and people with diverse gender identities, and that additional vulnerabilities such as age, culture, and disability, can further impact the experience of family violence and access to support services.

- DHHS supports specialist family violence services, mental health services, including private providers, to provide services.

7.4.2.7 Counselling

- DHHS coordinates the provision of counselling and targeted psychosocial support through mental health services and providers.

7.4.3 Individual and household financial assistance

Objective: *Assist households to minimise the financial impact of the emergency by providing advice and financial assistance where eligible.*

The financial consequences of emergency events for individuals and households can include impacts on:

- employment security (either the availability of work or the ability of people to undertake work)
- payment of salaries or wages
- ability to service debts
- access to bank accounts, liquefiable assets and insurance payouts.

Individuals and households are expected to actively protect their own property and assets (e.g. through adequate insurance), to minimise the financial impact of emergencies, and support their recovery.

Recovery programs are generally in the form of advice and services for affected individuals and communities, rather than direct financial support.

Recovery programs will focus on supporting individuals and households to return to their pre-existing livelihoods or establish alternative livelihoods.

DHHS coordinates this functional area.

Activities:

7.4.3.1 Personal hardship assistance program- Re-establishment assistance

The personal hardship assistance program emergency re-establishment assistance is income tested financial assistance for alternative accommodation, removal of debris, repairs, rebuilding and replacement of essential household accounts. It helps eligible households re-establish as quickly as possible in their own homes.

The availability of emergency re-establishment assistance is subject to approval by the Premier or the Minister for Emergency Services.

- DHHS is responsible for administering this assistance
- DTF will support DHHS as the lead agency for this activity.

7.4.3.2 Australian Government Disaster Recovery financial assistance

- DHHS is the lead liaison between the State Government and Centrelink and advocates to Centrelink on income support issues
- The Australian Government will determine if it will make additional financial assistance available. This may include the Australian Government Disaster Recovery Payment, the Disaster Recovery Allowance, ex-gratia assistance or a crisis payment
- The Australian Government Department of Human Services administers these payments.

7.4.3.3 Insurance advice and information to customers

- DTF is the lead liaison between the State Government and the Insurance Council of Australia (ICA), and advocates to the ICA on insurance issues
- The ICA provides a single point of contact to assist policyholders, and provides information to insurers, governments, the media and other parties. It assists the insurance industry to respond to claims in an efficient, fair and timely manner through the coordination of insurers, adjusters and intermediaries as appropriate
- The Victorian Managed Insurance Authority (VMIA) supports DTF as the lead agency for this activity
- Victorian Legal Aid coordinates support from the legal community to individuals and communities affected by emergencies. The emphasis of services is on resolving disputes between insurance companies and clients.

7.4.4 Health and medical assistance

Objective: *Ensure that health and medical emergency responses are coordinated and appropriate.*

The State Health Emergency Response Plan (SHERP) describes the principles, command and coordination arrangements, and roles and responsibilities for a health emergency response.

SHERP is an all-hazards, scalable plan for responding to incidents that go beyond day-to-day business arrangements, for coordinating health and medical response to emergencies. The health sector includes pre-hospital care, public health services and private hospitals, mental health services, primary health, aged care, and protection of public health.

DHHS coordinates this functional area.

Activities:

7.4.4.1 Public health advice

DHHS provides advice to councils on safe water, safe food, waste disposal, adequate washing/toilet facilities.

7.4.4.2 Advice on wellbeing in recovery

DHHS provides ‘whole-of-health’ advice, information and assistance to community. At the request of DHHS, municipal Councils and Australian Red Cross may provide support.

7.4.4.3 Primary and acute health services

DHHS maintains community access to acute and primary health services through coordination of services.

7.4.5 Community development

Objective: *Support communities to share responsibility in recovery activities.*

EMV coordinates this functional area.

Activities:

7.4.5.1 Community information

Individuals are encouraged to obtain information and services that will support their recovery.

- Municipal councils will lead community information (including community briefings and meetings). Municipal councils are responsible for promoting a single point of contact for residents to obtain information about the support, services and assistance that could be available
- The provision of tailored information services to affected communities, using e.g. information lines, newsletters, community meetings and websites can assist municipal councils if requested, will be led by DHHS when escalated to regional coordination, or by EMV if escalated to state coordination.
- Relief and recovery information for the public is distributed through outlets including:
 - Vic Emergency website (www.emergency.vic.gov.au)
 - Vic Emergency Hotline (1800 226 226)
 - Nurse-on-Call (1300 60 60 24)
 - Other specialised communication and media channels, as required (e.g. social media, municipal council’s website).
- Once escalated, municipal councils will support EMV and DHHS as the lead agency for this activity.

7.4.5.2 Formation, leadership and support of Municipal/Community Recovery Committees

Community recovery committees are the primary method for supporting community recovery after an emergency.

- Municipal councils are responsible for establishing and leading a municipal/community recovery committee as soon as possible
- It is critical that municipal councils consult closely with affected communities about the nature and type of committee that suits each community – this needs to be a community-led or directed activity as much as possible
- DHHS can advise municipal councils on community recovery committee matters.

7.4.5.3 Local community events

DEDJTR can provide seed funding to municipal councils for community events that aid recovery through restoring social networks and functioning.

7.4.5.4 Provision and staffing of Recovery/Information Centres

In some cases, a municipal council could transition a relief centre into a recovery centre, or establish a standalone recovery centre. Recovery centres provide a single point of entry for affected persons for an ‘all agency, all stakeholders’ integrated recovery process. The council could then request various recovery support agencies to attend the recovery centre to provide advice and guidance.

- Municipal councils are responsible for providing and staffing Recovery/Information Centre(s)
- When required municipal councils may seek support from DHHS and the Australian Red Cross through Municipal Recovery Committees to assist with recovery centre operations.

7.4.5.5 Provision and management of community development services

Recovery programs should use (and extend) existing community networks to deliver information, identify needs and support those affected.

- Municipal councils are responsible for engaging community members in the development and delivery of shared community activities. Municipal councils provide and manage community development services and activities. This can include the appointment of community development officers
- Where requested, DHHS can assist municipal councils with community development services.

7.4.5.6 Organisation of State-wide public-appeals

As per the *National guidelines for managing donated goods*, monetary donations are preferred over donated goods. Material donations should be discouraged. Financial donations provide choice; can more accurately target needs; and help circulate money in affected communities – which in turn stimulates local economic recovery.

- Municipal councils may establish local appeals
- DPC is responsible for setting up and allocating the management of state wide public appeals and appeal funds

- The Australian Red Cross collects donations of state-wide public appeals.

7.4.5.7 Coordination of spontaneous volunteers

During and after an emergency, there will often be a surge of spontaneous offer of assistance and services to communities and response and recovery agencies. Volunteers should develop associations with community organisations prior to an emergency.

- DHHS is responsible for capturing and provide offers of spontaneous emergency volunteers to municipal councils
- Australian Red Cross supports DHHS in this activity.

7.5 Economic recovery environment

The economic environment considers the direct and indirect impacts that an event may have on business, primary producers and the broader economy. This may include impacts on individuals and households, primary producers, businesses, industries, tourism and the broader economy. They range from immediate and intense, such as loss of personal income or damage to business premises, to long-term and chronic, such as loss of workforce due to displacement, loss of productive land or reluctance of tourists to travel to hazard-prone areas.

Early consideration of the economic consequences of an event is critical for community recovery. The viability of communities affected by emergencies can be dependent on the ability of local businesses and primary producers to recover. In turn, the viability of local businesses and primary producers can impact on decisions within the broader community about whether or not residents will return.

It is the responsibility of individuals and businesses to maintain adequate insurance and establish continuity plans to help reduce the impact of emergencies.

Support may be available to assist with the immediate economic impact of an emergency on individuals and households. These arrangements for individuals and households are identified in section 7.4.3 Individual and Household Financial Assistance.

Part 4 – State Emergency Relief and Recovery Plan

Functional Areas	Local economies DEDJTR	Businesses DEDJTR	Agriculture DEDJTR
	Implement available NDRRA initiatives to assist voluntary non-profit groups, communities and economies (DTF)	Assist business to access available information and advice following an emergency (DEDJTR)	Implement available financial assistance under the NDRRA to assist primary producer recovery (DTF)
Implement approved actions and projects to assist economic recovery (DEDJTR)	Information and advice to small businesses to support decision making and encourage a return to business (DEDJTR)	Delivery of recovery programs and advice to primary producers, and rural land managers and other animal businesses (DEDJTR)	
Encourage and bring forward the resumption of local trade and economic activity (DEDJTR)	Implement available financial assistance under the NDRRA to assist small business recovery (DTF)	Provide technical advice to primary producers and rural land managers on re-establishment or alternative strategies (DEDJTR)	
Activities	Monitor broad economic impacts and consequence (DEDJTR)	Implement approved actions to assist business recovery (DEDJTR)	Assist farmers repair and restore fences damaged by fire or suppression activities (DELWP & CFA)
		Provide opportunities for the enhancement of knowledge and skills within small businesses (DEDJTR)	
		Coordinate the insurance industry response, information, advice and government liaison (DTF)	

Figure 8. Economic recovery environment: functional areas and activities

7.5.1 Local economies

Objective: *Mitigate the impact of emergencies on economic activity in affected communities.*

Emergency events can have broader economic impacts, including:

- reputational damage to an industry or geographical region
- reduction in tourism and visitation levels
- reduction in investor and consumer confidence
- trade ramifications.

Municipal councils are responsible for the local management and delivery of economic recovery activities. Where required, DEDJTR leads and coordinates State Government assistance to municipal councils at a regional and state level. Broad economic recovery activities will aim to restore the confidence of stakeholders in the sustainability of affected businesses and local economies. Direct intervention in local economies will be considered where there is a clear likelihood of market failure and preventable hardship.

Information on the economic impact of emergencies may also assist in determining priority actions under other recovery environments, including the restoration of critical economic infrastructure within the built environment.

Activities:**7.5.1.1 Implement available NDRRA initiatives to assist voluntary non-profit groups, communities and economies**

- DTF administers under the *Natural Disaster Relief and Recovery Arrangements* (NDRRA) initiatives:
 - a low-interest concessional loan scheme to voluntary non-profit bodies
 - recovery grants to voluntary non-profit bodies, subject to approval by the Australian Government.
- The Rural Assistance Commissioner administers the low-interest concessional loans and clean-up and restoration grants through an agreement with The Bendigo and Adelaide Bank under the Trade Mark Rural Finance.
- EMV and DTF support DPC in providing advice to the Premier on requesting the activation of Categories C and D.
- Subject to the severity and nature of the disaster, DEDJTR may administer a Community Recovery Fund following a successful request from the Premier to the Prime Minister for activation of Category C under the NDRRA.

7.5.1.2 Implement approved actions and projects to assist economic recovery

- DEDJTR works with municipal councils to develop and implement appropriate actions and projects that support local and regional economy recovery priorities. Initiatives are tailored to address the specific consequences of an emergency
- DEDJTR delivers a wide range of marketing/public relations and industry/product development activities, in partnership with regional tourism boards, to assist the affected tourism region/s and businesses recover, including “Open for Business” messaging and campaigns.

7.5.1.3 Encourage and bring forward the resumption of local trade and economic activity

- DEDJTR works with municipal councils to implement appropriate actions and initiatives that encourage and bring forward the resumption of local economic activity, including:
 - tourism visitation when safe to do so
 - the use of local business in recovery activities
 - buy-local initiatives
 - events that attract visitation
 - other relevant activities.

7.5.1.4 Monitor broad economic impacts and consequences

- DEDJTR, in partnership with other agencies, organisations and municipal councils, monitors the broad economic impacts and consequences of an emergency and:
 - ensures this information is shared across Government to inform responses

- works with agencies to prioritise planned activities in order to minimise economic consequences

7.5.2 Businesses

Objective: *Information, advice and support to businesses to facilitate good decision making and assist their recovery.*

The economic consequences of emergency events for businesses can include:

- unavailability of workers
- damage to physical premises and/or inventory
- reduction in trade for individual businesses
- impact on cash flow and viability.

Municipal councils are responsible for the local management and delivery of businesses recovery activities. Where required, DEDJTR leads and coordinates State Government assistance to municipal councils at a regional and state level.

Targeted recovery activities will primarily focus on the provision of information and advice to businesses to support decision making and encourage a return to business. They may also involve the use of local businesses in recovery activities and other relevant support of locally affected businesses.

The Business Victoria website provides guidance on business preparedness, risk mitigation and business continuity (www.business.vic.gov.au).

The Tourism Victoria website includes a series of downloadable resources to assist businesses and local and regional tourism organisations plan for, respond to and recover from emergencies (www.tourism.vic.gov.au/business-tools-support).

Activities:

7.5.2.1 Assist businesses to access available information and advice following an emergency

DEDJTR provides accessible information to businesses in relation to available information, advice and support following an emergency, including from:

- Australian Tax Office
- Financial Institutions
- Australian Securities & Investment Commission
- Centrelink
- Victorian Government
- other sources and resources.

7.5.2.2 Information and advice to small businesses to support decision making and encourage a return to business

- DEDJTR provides support to small businesses that assists them in decision making and, where appropriate, encourages a return to business. This may include:
 - Mentoring and Business Counselling

- Support through the Small Business Bus
- Connection to other services/
- Small Business Mentoring Services supports DEDJTR as the lead agency for this activity.

7.5.2.3 Implement available financial assistance under the NDRRA to assist small business recovery

- DTF administers under the NDRRA initiatives, subject to activation by the State and Australian Governments:
 - a low-interest concessional loan scheme to small businesses; and
 - recovery grants for small businesses, subject to approval by the Australian Government.
- DEDJTR gathers impact and loss information for small businesses and provides this information to DTF and EMV.
- The Rural Finance administers the low-interest concessional loans and clean up and restoration grants through an agreement with the Bendigo and Adelaide Bank under the Trade Mark Rural Finance.
- DPC and EMV supports DTF as the lead agency for this activity by advising the Premier to request that the Prime Minister requesting the activation of Category C recovery grants for primary producers and/or small businesses where the NDRRA criteria are met. Under the NDRRA Category D Exceptional Circumstances, co-funding may also be available, subject to Australian Government approval.

7.5.2.4 Implement approved actions to assist business recovery

- DEDJTR works with municipal councils to develop and implement appropriate actions and initiatives that support business recovery. Initiatives will be tailored to address the specific consequences of an emergency.

7.5.2.5 Provide opportunities for the enhancement of knowledge and skills within small businesses

- DEDJTR supports the delivery of small business workshops and training, with a particular focus on resilience and business continuity.

7.5.2.6 Coordinate the insurance industry response, information, advice and government liaison

- DTF is the lead liaison for this activity. It provides advocacy to the ICA and liaison between the State Government and the ICA regarding insurance issues
- The ICA provides a single point of contact to assist policyholders affected by the disaster:
 - On behalf of the insurance industry, establish contact with government at all levels and participate on any external committee
 - Provide information to insurers, governments, the media and other interested parties and maintain statistics showing the final insured cost of the event

- Assist the insurance industry to respond to claims in an efficient, fair and timely manner through the coordination of insurers, adjusters and intermediaries as appropriate.
- The VMIA supports DTF as the lead agency for this activity.

7.5.3 Agriculture

Objective: *To assist the agriculture sector to recover and minimise long term social and economic impact on primary producers and other animal owners.*

The focus of a DEDJTR rural recovery program is on:

- supporting the wellbeing of rural communities
- revitalising the economy of rural communities through reestablishment of agricultural enterprises
- rehabilitation of productive land and the surrounding environment.

DEDJTR coordinates this functional area.

Animal welfare assistance is presented in section 4.5.3.

Activities:

7.5.3.1 Implement available financial assistance under the NDRRA to assist primary producer recovery

- Under the NDRRA, DTF administers:
 - a low-interest concessional loan scheme to primary producers
 - recovery grants for primary producers, subject to approval by the Australian Government.
- DEDJTR gathers impact and loss information for primary producers and provides this information to DTF and EMV.
- The Rural Assistance Commissioner administers the low-interest concessional loans and clean up and restoration grants through an agreement with The Bendigo and Adelaide Bank under the Trade Mark Rural Finance
- EMV supports DTF as the lead agency for this activity by advising the Minister for Emergency Services to request that the Treasurer activate Category B direct concessional loans and/or consequential effect concessional loans for primary producers where the NDRRA criteria are met; and/or the Premier request the Prime Minister activate Category C Clean up grant funding where the NDRRA criteria are met. Under the NDRRA Category D Exceptional Circumstances, co-funding may also be available, subject to the Prime Minister's approval.

7.5.3.2 Deliver recovery programs and advice to primary producers, and rural land managers and other animal businesses

- DEDJTR:
 - ensures effective communication between various agencies, organisations and communities
 - provides advice on ongoing treatments
 - provides advice about fencing (for safe ongoing containment), feed planning and pasture management, water supplies including dam management, and animal health considerations.

7.5.3.3 Provide technical advice to primary producers and rural land managers on re-establishment or alternative strategies

DEDJTR provides technical advice and services to primary producers, rural land managers and other animal businesses on strategies for the re-establishment of rural enterprises, rehabilitation of productive land and economic recovery.

7.5.3.4 Assist farmers repair and restore fences damaged by fire or suppression activities

It is the responsibility of the owner of private land to fence their property and secure stock within their boundary. Landholders are expected to manage risks to their assets from the potential impact of emergencies. All landholders are expected to have appropriate levels of insurance cover for boundary and internal fences.

The Victorian Government will pay 100 per cent of the restoration costs of fences damaged on private land as a result of machinery used by fire agencies to control bushfires. This includes damage to fences by machinery such as bull-dozers entering the property and/or constructing fire control lines, and other fire emergency vehicles obtaining access.

The Victorian Government will meet half the cost of materials to replace or repair fencing between private land and all national parks, state parks and state forests destroyed or damaged by bushfires.

Further details can be found at www.delwp.vic.gov.au/fences

- DELWP and the Country Fire Authority are the lead agencies for this activity, supported by Municipal Councils. They:
 - determine eligibility of damaged fences for Victorian government funding
 - restore/repair/replace fences damaged by fire bordering national or state parks or state forest
 - restore/repair/replace fences damaged by fire agencies, i.e. machinery/cutting
 - coordinate payment to landholders for materials to repair/replace affected fences.
- DEDJTR normally collects impact information from affected primary producers after most emergencies. During this process, DEDJTR may identify primary producers who have had their fences damaged by fire or suppression activities. DEDJTR will refer these primary producers to:
 - municipal councils to coordinate local volunteer efforts after emergencies, for private fencing damage
 - to DELWP for damaged fences on public land boundaries.

7.6 Built recovery environment

The built recovery environment considers the impacts that an event may have on essential physical infrastructure including essential services, commercial and industrial facilities, public buildings and assets and housing.

Infrastructure assists individuals and communities in the management of their daily lives and underpins the ability of private and public community services to function. If essential infrastructure and services are affected by

Part 4 – State Emergency Relief and Recovery Plan

an emergency, its restoration is considered a priority to ensure that response, relief and recovery activities are not compromised.

Community recovery is underpinned by the restoration of essential infrastructure and services. The restoration of essential infrastructure also enables the resumption of essential business operations and services, such as banking, education, health, and retail trade.

Local infrastructure may also form an important part of community identity and connectedness. For example, some public buildings have an important symbolic role and their loss can have a severe negative impact on community morale.

Built environment impacts include, but are not limited to:

- energy services
- telecommunications
- roads and transport (including supply chains)
- buildings and assets
- water and wastewater management.

Initial assessment of impacts on essential infrastructure and services should be coordinated at the local level by the municipal council or agency identified in local MEMPs and undertaken as soon as practicable.

Restoration of essential infrastructure and services must be undertaken with an awareness of the needs of vulnerable individuals and communities. In restoring infrastructure, responsible agencies should:

- understand the community’s priorities
- keep the community informed of recovery progress
- wherever possible, restore to a better standard (betterment)
- utilise the VMIA to assist in the assessment and restoration of damaged assets.

		Energy Services DELWP	Telecommunications DEDJTR	Water and wastewater DELWP	Transport DEDJTR	Building and assets Activity Leads
Funciona l Areas		Electricity services assets reinstatement and return to reliable supply (DELWP)	Telecommunications assets reinstatement and return to reliable supply (DEDJTR)	Recovery and rehabilitation of essential water supply for domestic use (DELWP & Water Authorities)	Airports restoration to normal activity (DEDJTR)	Coordination of clean up activities (Municipal Councils)
		Gas services assets reinstatement and return to reliable supply (DELWP)		Restoration of Sewerage, sanitation systems and wastewater management (DELWP & Water Authorities)	Restoration of port infrastructure (DEDJTR)	Provision of financial assistance to municipal councils for the restoration of essential municipal assets (DTF)
		Restoration of liquid fuel supply (DELWP)		Replacement of essential water used in bushfire fighting (DELWP & CFA)	Restoration of major arterial roads, bridges and tunnels (VicRoads)	Undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. roads, bridges, sporting facilities, public amenities, station buildings, schools, hospitals) where an agency is the manager of that respective building or asset (Respective asset managing agency)
	Activities				Restoration of tram, bus, rail services (PTV)	
				Assist with logistics interdependencies, contingencies and reconstruction (DEDJTR)		
						Oversight and inspection of rebuilding/redevelopment (Municipal Councils)
						Administration of insurance claims for state assets (VMIA)

Figure 9. Built recovery environment: functional areas and activities

7.6.1 Energy services

Objective: *To build resilience within communities and the energy sector from emergencies and minimise the impact on Victoria's economy and communities.*

Damage and loss to energy systems has far reaching implications for infrastructure in other sectors, upon which it is dependent, in whole or in part:

- transportation systems: impact on rail systems (such as electrified networks, ticketing systems and signals), traffic signals and liquid fuel supplies
- water: loss of pressure from pump failure, contamination issues and sewerage systems
- communication systems: impact on cellular services, computer systems, internet and cable television.

In addition, loss of energy supplies to industry and businesses in affected areas leads to closure and economic impacts. Health and education services will also be affected.

Loss to domestic customers affects basic needs in terms of the provision of heating, cooling and light, which will have health implications. Vulnerable members of the community are most at risk.

Restoration of services is often a complex task involving a diversity of stakeholders and priorities should be determined as quickly as possible.

DELWP coordinates this functional area.

Activities:

7.6.1.1 Electricity services assets reinstatement and return to reliable supply

- DELWP liaises with industry and advises Government on the use of emergency powers and progress of restoration of services
- The Australian Energy Market Operator (AEMO) manages electricity system security emergencies
- Electricity businesses restore infrastructure and electricity supply.

7.6.1.2 Gas services assets reinstatement and return to reliable supply

- DELWP liaises with industry and advises Government on the use of emergency powers and progress of restoration of services
- The AEMO manages gas system security emergencies within the Victorian Declared Transmission System (DTS). Other pipeline operators manage non DTS segments of the system
- Gas businesses and the AEMO restore infrastructure and gas supply.

7.6.1.3 Restoration of liquid fuel supply

- DELWP liaises with industry and advises Government on the use of emergency powers and progress of restoration of supply
- Fuel companies restore fuel stocks at distribution sites.

7.6.2 Telecommunications

Objective: *To build resilience within the telecommunications sector from emergencies and minimise the impact on Victoria's economy and communities.*

The loss of telephone services, both cabled and cellular, will adversely impact other infrastructure operators, in addition to general commerce and the function of communities. Any disruption to internet services can be expected to have a like effect.

Loss of television and radio services can be anticipated to have a negative bearing on the psyche of impacted communities.

DEDJTR coordinates this functional area.

Activity:

7.6.2.1 Telecommunications assets reinstatement and return to reliable supply

- DEDJTR coordinates information regarding restoration of services
- Telecommunications carriers restore services and alternate communications networks where required

7.6.3 Water and wastewater

Objective: *Restoration of water supplies and wastewater services for domestic use.*

When a community is affected by an emergency, they often require the provision of emergency water and wastewater management to support health and wellbeing.

- DELWP coordinates this functional area. When the size and complexity of emergency recovery exceeds the local resources, coordination of emergency drinking water supplies and sewerage services becomes its responsibility
- DHHS is responsible for providing advice about the safety of drinking water (refer to section 4.6.4).

Activities:

7.6.3.1 Recovery and rehabilitation of essential water supply for domestic use

- DELWP leads the restoration of essential water supply for domestic use for areas where reticulated water services are not in use. It also oversees activities undertaken by water corporations
- Water Authorities lead the restoration of water supply for domestic use when reticulated water supply is available.

7.6.3.2 Restoration of sewerage, sanitation systems and wastewater management

- DELWP leads the restoration of sewerage /sanitation systems/wastewater systems for domestic use for areas where when reticulated services are not available. It also oversees activities undertaken by water corporations
- Water Authorities lead the restoration of sewerage /sanitation systems/wastewater systems for domestic use when reticulated water supply is available.

7.6.3.3 Replacement of essential water used in bushfire fighting

Victoria's fire agencies have legislative authority to take water from any waterway or water source on public or private land for firefighting purposes. Where water is removed, the water owner can request essential water replacement (via their municipality) under the *Victorian Government Essential Water Replacement Scheme*.

- DELWP and the Country Fire Authority replaces essential water taken from private landholders during bushfire suppression activities
- DELWP and the Country Fire Authority are the lead agency for this activity, supported by municipal councils and water authorities.

7.6.4 Transport

Objective: *To build resilience within the transport sector from emergencies and minimise the impact on Victoria's economy and communities.*

Multimodal transport networks which include air, sea, road, rail, and water transport systems provide mobility for passengers as well as the movement of goods from one point to another. These systems can often be interrupted and destroyed from the impact of a multiplicity of hazards.

Disruption to transport systems affects communities and impedes relief and recovery efforts, and can delay restoration of critical infrastructure and services.

In any major recovery effort, the situation requires a high level of planning and coordination of activities to ensure strategies effectively deliver the following outcomes:

- the restoration of arterial routes, providing access and egress to the affected areas (road and rail, including local roads and bridges)
- the restoration and re-establishment of public transport services
- prioritisation and re-instatement of critical supply chains.

DEDJTR coordinates this functional area, with Transport for Victoria (TfV) developing strategic policy and investment advice to the transport agencies on recovery.

Activities:

7.6.4.1 Airports restoration to normal activity

- DEDJTR leads the liaison between the Victorian Government and airport operators/owners
- Airport owners and operators:
 - assesses impacts on their airport infrastructure and services
 - rebuild, upgrade (betterment) or re-locate their infrastructure.
- Airport owners and operators are supported by several agencies and organisations including airlines, airport operators and owners, Airservices Australia, Victoria Police, the AFP, Australian Border Force, Air cargo terminal operators, the MFB, the CFA and the Australian Government. Specifically, support includes:
 - restoration of airport infrastructure (airport operators and owners)

Part 4 – State Emergency Relief and Recovery Plan

- return of airline services (airlines and Airservices Australia)
- restoration of Australian government operations (Australian Government)
- restoration of aviation fuel supplies to airport fuel tank storages by pipeline or road transport (airport operators, pipeline operators and fuel suppliers).
- DEDJTR coordinates information regarding restoration of services and land transport network links to airports (with support from VicRoads).

7.6.4.2 Restoration of port infrastructure

- DEDJTR leads the liaison between the Victorian Government and port managers
- Port managers, as nominated or appointed under provisions of the *Port Management Act 1995*, of either trading ports or local ports nominated or declared under that Act:
 - assesses impacts on their port infrastructure and services
 - rebuild, upgrade (betterment) or re-locate infrastructure.
- Port managers are supported by several agencies, including DEDJTR, Victoria Police, port tenants, vessel and freight operators, industry operators, infrastructure operators and, as appropriate, the VMIA
- DEDJTR coordinates information regarding restoration of services
- DEDJTR is supported by several agencies and organisations, including, port managers, Victoria Police, Australian Federal Police, Australian Border Force stevedores, the MFB, the CFA and the Australian Government. Specifically, support includes:
 - restoration of port infrastructure
 - restoration of Australian Government operations (Australian Government)

7.6.4.3 Restoration of major arterial roads, bridges and tunnels

- VicRoads leads this activity:
 - under the Road Management Act 2004, VicRoads has operation and maintenance responsibilities. VicRoads undertakes assessments of impacts on infrastructure in relation to major arterial roads, bridges and tunnels
 - VicRoads rebuilds, upgrades (betterment) or re-locates infrastructure associated with major roads, bridges and tunnels.
- DEDJTR coordinates information regarding restoration of services with TfV developing and providing strategic policy and investment advice to VicRoads on transport recovery.
- Infrastructure operators and the VMIA support VicRoads as the lead agency for this activity

7.6.4.4 Restoration of tram, bus, rail services

- Public Transport Victoria (PTV) leads this activity. It:
 - undertakes an assessment of the impacts on infrastructure and services and provide professional and technical advice and assistance as required

- coordinates the delivery of alternate transport for the duration of the post event recovery phase
- coordinates the rebuilding, upgrading (betterment) or re-locating of infrastructure.
- DEDJTR coordinates information regarding restoration of services with TfV developing and providing strategic policy and investment advice to PTV and other agencies on transport recovery.
- DEDJTR coordinates information regarding restoration of services.

7.6.4.5 Assistance with food supply, logistics interdependencies, contingencies and reconstruction

- DEDJTR leads this activity by coordinating food supply, logistics interdependencies, contingencies and reconstruction
- DEDJTR is supported by several agencies, including freight operators, warehouse operators, port operators, airport operators, railway operators, VicRoads, PTV, the ADF, Red Cross and NGOs
- VicRoads will provide clearing, restoration and rehabilitation works on Arterial Roads and Bridges which fall under VicRoads operation and maintenance responsibility as per *Road Management Act 2004*.

7.6.5 Building and assets

Objective: *Management of risks and facilitating restoration of buildings and assets.*

Buildings and assets can be publicly or privately owned, such as residences or public assets.

Residential damage may be a combination of structural and non-structural damage that may render the residence dangerous for entry; allow entry but prevent occupation of the building; require building repairs; be fixed by minor work and/or involve damage to contents.

Assessment and repair of homes is critical to expediting the return of people to normal life functioning. Households and property owners are responsible for having adequate insurance protection (or other means) to enable the clean-up, repair and reconstruction of damaged property. Housing and accommodation assistance is detailed in section 4.6.4.

The State Government, local councils, community and private sector all have responsibilities when community facilities are damaged or destroyed. Damaged facilities can include:

- community/neighbourhood centres and places for congregation
- schools and learning institutions
 - kindergartens and child care facilities
 - places of spiritual worship (including churches, mosques, graveyards and memorials)
 - sporting and recreational facilities and clubs
 - cultural centres
 - entertainment venues
 - restaurants and cafes.

Each of these facilities has the potential to assist the community in its recovery process, but if damaged would be unable to perform their

community functions. The damage may be structural damage to buildings or damage to furnishings and contents, or both.

The property manager is responsible for ensuring adequate insurance is in place to enable the restoration of community facilities.

Critical public buildings and assets need to be pre-identified as priorities in the recovery planning process and adequate arrangements developed for their restoration or replacement if required.

Recovery activities should also recognise the key elements of the built environment that have social value, such as landmarks and significant community sites, which are symbolically and functionally important in community recovery.

Activities:

7.6.5.1 Coordination of clean-up activities

- municipal councils coordinate clean-up activities, including disposal of dead animals (domestic, native and feral)
- DELWP (Local Government Victoria) provides targeted support where required to assist municipal councils in their delivery of relief and recovery activities, including clean-up
- EMV coordinates clean up and demolition activities where state assistance is required.

7.6.5.2 Provision of financial assistance to municipal councils for the restoration of essential municipal assets

- DTF leads this activity by providing financial assistance to municipal councils for eligible natural disaster expenditure including counter disaster operations and the restoration of essential municipal assets
- VicRoads supports by providing advice to municipal councils on the restoration of local roads, bridges and tunnels under municipal council responsibility.

7.6.5.3 Restoration, clearing and rehabilitation of public buildings and assets managed within agencies' portfolios

- Respective asset managing agency undertake the assessment, restoration, clearing and rehabilitation of assets within portfolios e.g. roads, bridges, sporting facilities, public amenities schools, hospitals, managed by respective agencies within their service / asset portfolios
- VicRoads provides supports through clearing, restoration and rehabilitation works on Arterial Roads and Bridges falls under VicRoads operation and maintenance responsibility as per *Road Management Act 2004*, to facilitate access.

7.6.5.4 Oversight and inspection of rebuilding/redevelopment

- Municipal councils oversee and inspect rebuilding/redevelopment.

7.6.5.5 Administration of insurance claims for state assets

- VMIA insurance claims for the restoration of State Government assets damaged or destroyed in an emergency and liability against State agencies.

7.7 Natural recovery environment

The natural environment considers the impact that an event may have on a healthy and functioning environment, which underpins the economy and society. Components of the natural environment include air and water quality; land degradation and contamination; plant and wildlife damage/loss; and national parks, cultural and heritage sites.

A third of Victoria is public land comprised of parks, forests and reserves. Emergencies that occur on this land have multiple consequences for biodiversity and ecosystem, economic and social values. Actions to recover from these emergencies may start while the emergency is still underway, and can continue for many months or years.

Emergencies on public land or the marine environment can lead to impacts on the economies of communities and regions through the direct damage to the forestry, fishing, apiary and farming industries, and indirectly to other industries such as nature based tourism, cultural based tourism and recreational tourism.

Natural environments have value to communities as they provide opportunities for recreation and a sense of connectedness to the environment and land. By undertaking recovery activities in the natural environment, the social values that have been impacted can start to be restored. Recovery actions can include:

- reopening / repairing walking tracks
- restoring / repairing recreational facilities
- surveying and protecting sites of cultural heritage significance.

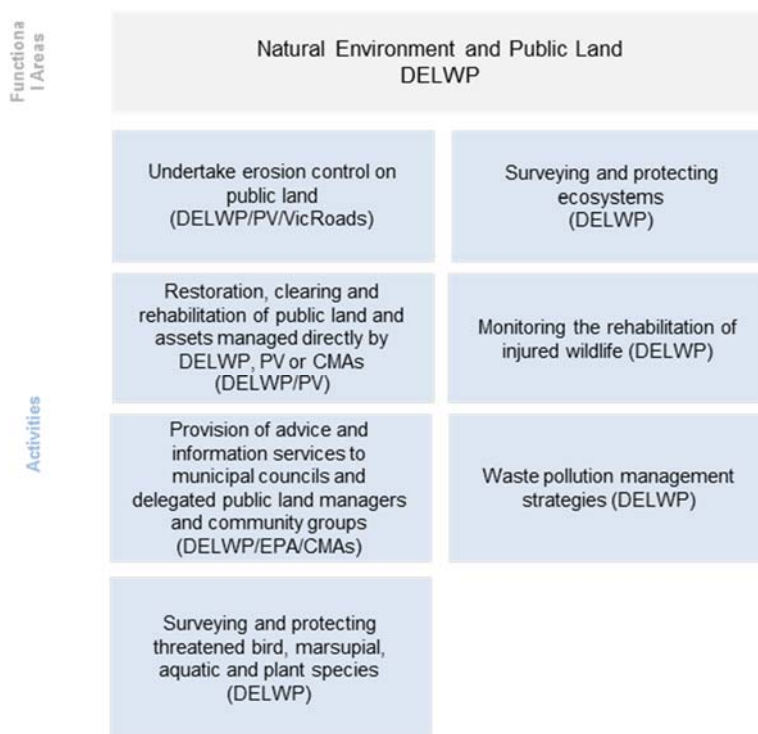


Figure 10. Natural recovery environment: functional areas and activities

7.7.1 Natural environment and public land

Objective: *Manage consequence and mitigate risk to the natural environment on public land.*

DELWP coordinates this functional area, with support from the Environmental Protection Authority (EPA) in assessing and monitoring the environmental impacts of emergencies.

The *Code of Practice for Bushfire Management on Public Land* (2012) outlines how the DELWP approaches recovery after bushfire, a similar approach is taken for other emergency events.

Generally the natural environment will recover from emergencies over time without the need for intervention, but sometimes assistance is needed to help ecosystems recover. Activities that can be undertaken are listed below.

Activities:

7.7.1.1 Undertake erosion control on public land

- DELWP and Parks Victoria investigate and carry out erosion control works on DELWP managed land
- VicRoads investigates and carries out restoration works associated with roads, bridges and culverts within the arterial road reserve
- DELWP, Parks Victoria and VicRoads are supported by municipal councils.

7.7.1.2 Restoration, clearing and rehabilitation of public land and assets managed directly by DELWP, PV, or CMAs

- DELWP and Parks Victoria lead this activity
- DELWP clears and restores assets and rehabilitates disturbance on public land it or Parks Victoria directly manages
- Parks Victoria recovers and rehabilitates natural values, cultural values, tourism and visitor assets affected by an emergency on parks, reserves, rivers, waterways and local ports it manages. Parks Victoria:
 - clean-up following oil or chemical pollution incidents in collaboration with DELWP (or their agents) and the EPA
 - clean-up fish kill incidents in collaboration with the EPA and DELWP.
- Parks Victoria may, at the request of DELWP, support in the recovery and rehabilitation of other Victorian public land affected by emergencies.
- Catchment Management Authorities (CMAs):
 - clear and restore assets and rehabilitation of disturbance on land and waterways that they manage
 - restore impacts of river erosion where there is an immediate danger of the formation of river breakaways and/or immediate danger to CMA assets
 - implement balanced flood recovery programs consistent with allocated funding.
- VMIA supports DELWP/Parks Victoria.

7.7.1.3 Provision of advice and information services to municipal councils and delegated public land managers and community groups.

- DELWP, EPA and CMAs lead this activity.
- DELWP:
 - advises communities on reforestation of native forest (not plantations)
 - advises on native flora and fauna (including within aquatic and terrestrial environments).
- EPA provides advice and information services to municipal councils and delegated public land managers and community groups by ensuring that appropriate disposal methods are adopted
- CMAs develop and prioritise flood recovery programs for their assets and waterways.

7.7.1.4 Emergency approvals

- The EPA provides Emergency Approvals in line with the Environment Protection Act 1970 where required, e.g. mass animal burial sites, water discharges, etc.

7.7.1.5 Surveying and protecting threatened bird, marsupial, aquatic and plant species

- DELWP surveys and mitigates risks to protecting threatened bird, marsupial, aquatic and plant species affected by emergencies on land within its portfolio and provides advisory services to others.

7.7.1.6 Surveying and protecting ecosystems

- DELWP surveys and mitigates risks to ecosystems species affected by emergencies on land within its portfolio and provides advisory services to others.

7.7.1.7 Monitoring the rehabilitation of injured wildlife

- DELWP leads the development of policy, programs and training for responding to incidents of wildlife affected by marine pollution, and develops partnerships and agreements with key organisations that will support this response.

7.7.1.8 Waste pollution management strategies

- DELWP leads this activity and coordinates the development of strategies dealing with waste pollution management
- EPA supports DELWP by:
 - Ensuring that appropriate waste disposal methods are adopted and environmental clean-up activities conducted
 - Advising recovery services on the properties and environmental impacts of hazardous materials.

8. Plan administration

8.1 Authority

Under the *Emergency Management Act 2013* (the EM Act 2013) the Minister for Emergency Services must arrange for the preparation and review of a *State Emergency Recovery Plan*. This responsibility has been delegated to the Emergency Management Commissioner.

The *EM Act 2013* introduces the first stage of amendments to implement the Victorian Government's emergency management reform agenda. It is proposed that the *Emergency Management Act 1986* (*EM Act 1986*) be repealed following further legislative amendments; however, until this occurs, the EM Act 2013 is to be read and interpreted together with the EM Act 1986.

Under section 46 of the EM Act 2013, the Emergency Management Commissioner is responsible for the coordination of agencies with responsibilities under this plan.

The State Crisis and Resilience Council and agencies involved in relief and recovery activities have been consulted in the preparation of this plan. The Emergency Management Commissioner has approved the plan.

Victoria's emergency management arrangements are in effect at all times and do not require specific formal activation.

Section 60 of the EM Act 2013 requires this plan to contain certain provisions (or references) that are detailed in this table:

<i>Emergency Management Act 2013</i>	Reference
60(a) Specify the roles of agencies in emergency recovery	Sections 6 and 7
60(b) Specify the department or agency with responsibility for coordinating particular aspects of recovery, including recovery at the regional level	Sections 4 and 5
60(c) Relating to the coordination of the activities of agencies	Sections 4.5, 6.3 and 7.3
60(d) Defining regions for the purposes of regional recovery coordination	Section 4.5

8.2 Plan review

This plan (and its appendices) should be reviewed:

- before 31 October every two years
- as needed to address relevant changes in legislation, machinery-of-government or responsibility, or
- if required after a major emergency.

8.3 Plan resources

This plan should be read in conjunction with:

- *Emergency Management Act 1986*
- *Emergency Management Act 2013*
- Other parts of the *Emergency Management Manual Victoria*
- *National Strategy for Disaster Resilience*
<https://knowledge.aidr.org.au/resources/national-strategy-for-disaster-resilience/>
- *National Principles for Disaster Recovery* https://www.dss.gov.au/sites/default/files/documents/05_2012/recovery.pdf
- *Community recovery handbook*
<https://knowledge.aidr.org.au/media/4108/handbook-2-community-recovery.pdf>
- *Communicating in recovery* guide www.redcross.org.au/communicating-in-recovery.aspx
- *Emergency relief handbook 2013: A planning guide*
http://www.dhs.vic.gov.au/__data/assets/pdf_file/0003/612372/Final_Emergency-relief-handbook_2013_WEB.pdf
- *LAP2 Guidelines* <https://www.iap2.org.au>
- *Victorian Emergency Animal Welfare Plan*
<http://agriculture.vic.gov.au/agriculture/emergencies/response/victorian-emergency-animal-welfare-plan>
- *Psychosocial support: A framework for emergencies*
http://www.dhs.vic.gov.au/__data/assets/pdf_file/0004/905575/web_Psychosocial-support-a-framework-for-emergencies.pdf
- *State Health Emergency Response Plan*
<https://www2.health.vic.gov.au/emergencies/shera>
- *Code of practice for bushfire management on Public Land (2012)*
- *Emergency management planning for children and young people- planning guide for local government* <http://earlytraumagrieff.anu.edu.au/files/EM-planning-for-children-and-young-people-web.pdf>
- Supporting local, regional and state relief and recovery plans.

State and Regional Emergency Management Committees

Part 5: Emergency Management Manual Victoria

Contents

5.1	Introduction	5-1
5.2	Committees in Emergency Management	5-1
5.3	State Crisis and Resilience Council	5-2
5.4	SCRC Sub-Committees	5-3
	Risk and Resilience Sub-Committee.....	5-3
	Capability and Response Sub-Committee	5-3
	Relief and Recovery Sub-Committee.....	5-3
	Emergency Services Leadership Group	5-3
5.5	Committees/Working Groups Supporting SCRC Sub-Committees	5-4
	Current Committees/Working Groups.....	5-4
5.6	State Level Advisory Committees	5-5
	Ministerial Advisory Committee on Emergency Services.....	5-5
	Volunteer Consultative Forum.....	5-5
	Municipal Emergency Management Enhancement Group.....	5-5
5.7	Regional Emergency Management Planning	5-6
	Regional Emergency Response Planning Committee	5-6
	Preparation of Regional Emergency Response Plans.....	5-7
	Regional Emergency Recovery Planning Committee	5-9
	Preparation of Regional Emergency Recovery Plans.....	5-9
	Regional Strategic Fire Management Planning Committee.....	5-10
	Regional Municipal Emergency Management Enhancement Groups.....	5-12

5.1 Introduction

This part of the manual sets out Victoria's committee structure for emergency management governance and planning at state and regional levels. Guidelines for municipal emergency management planning are in Part 6 of this Manual.

5.2 Committees in Emergency Management

The system for governance in emergency management is based on networked arrangements across a wide range of agencies accompanied by an obligation to participate. Committees are a key element in the emergency management governance arrangements. The other main governance element is the implementation of statutory roles assigned to agencies or positions, such as the Emergency Management Commissioner. These roles are detailed in Part 7 of this Manual.

The committee structure at the top level is designed to support the development and implementation of whole of government emergency management policy and strategy. It streamlines decision-making and creates clear lines of accountability.

In addition, planning at all levels is undertaken through committees to ensure the contributions of all relevant parties and to support robust partnerships and networks that will operate during emergencies. The planning system operates at the state, regional, municipal and local levels and across the components of emergency management, mitigation, response and recovery.

Figure 5.1 below shows the principal emergency management governance, planning and advisory committees in Victoria at state, regional and municipal levels.

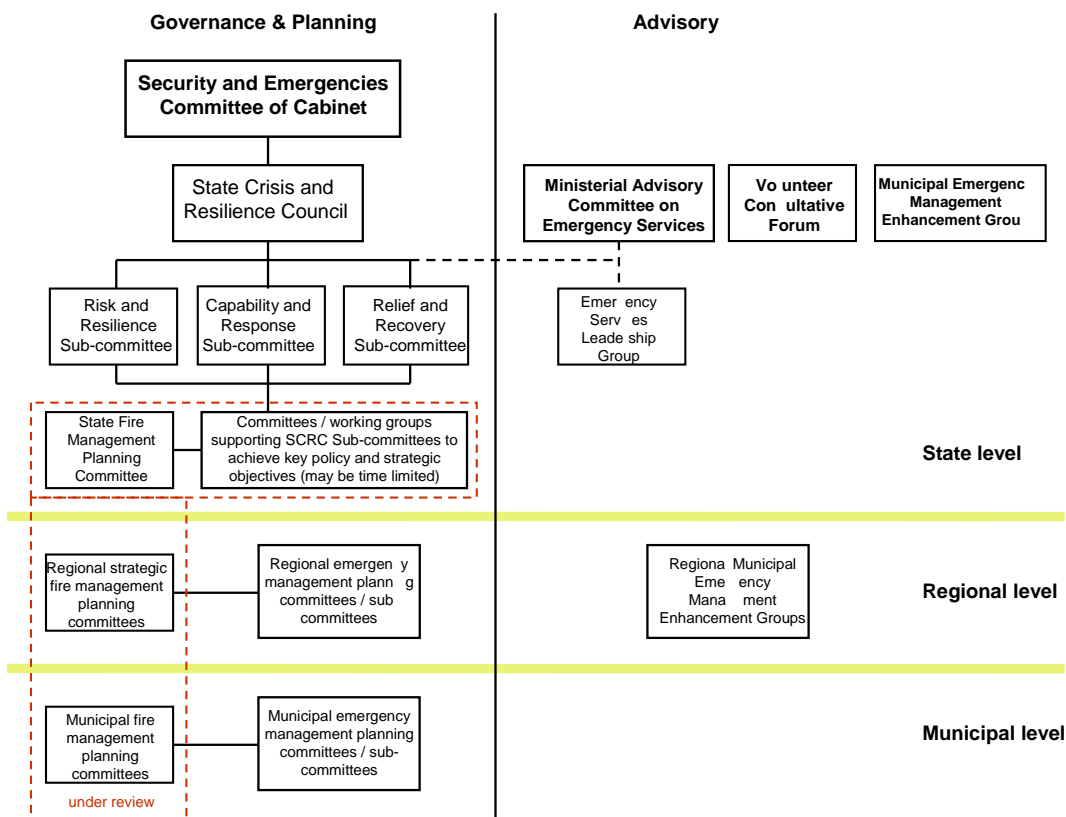


Figure 5.1 Principal Emergency Management Governance, Planning and Advisory Committees

5.3 State Crisis and Resilience Council

The State Crisis and Resilience Council (SCRC) is Victoria's peak body to develop and coordinate policy and strategy across the emergency management spectrum and to oversee its implementation.

The SCRC is required to develop a three-year rolling Strategic Action Plan (SAP) with a medium to long-term outlook for emergency management reform. It identifies priority areas for action and specific implementation plans to be undertaken within agreed timeframes.

The SCRC oversees the work of its standing sub-committees (Risk and Resilience, Capability and Response, and Relief and Recovery) and the implementation of the Strategic Action Plan

The membership of the SCRC includes:

- The Secretaries of each Government Department
- The Chief Commissioner of Police
- The Chief Executive of Emergency Management Victoria
- The Emergency Management Commissioner
- The Inspector General for Emergency Management (observer)
- The Chief Executive Officer of the Municipal Association of Victoria (representative of local government).

5.4 SCRC Sub-Committees

The SCRC is supported by three sub-committees; Risk and Resilience, Capability and Response, and Relief and Recovery and the Emergency Services Leadership Group.

The SCRC and its sub-committees ensure integration and coherence across the sector and enable the Government to deliver its broader emergency management reform agenda.

Risk and Resilience Sub-Committee

The Risk and Resilience Sub-committee is the peak advisory body to SCRC on emergency management matters relating to risk and resilience, and shares responsibility for ensuring the delivery of the emergency management SAP.

A key role of the Risk and Resilience Sub-committee is to oversee the implementation of the State Risk and Mitigation arrangements.

Capability and Response Sub-Committee

The Capability and Response Sub-committee is the peak advisory body to SCRC on emergency management matters relating to capability and response, and shares responsibility for ensuring the delivery of the emergency management SAP.

A key role of the Capability and Response Sub-committee is to oversee the implementation of the State Emergency Response Plan.

Relief and Recovery Sub-Committee

The Relief and Recovery Sub-committee is the peak advisory body to SCRC on emergency management matters relating to recovery, and shares responsibility for ensuring the delivery of the emergency management SAP.

A key role of the Relief and Recovery Sub-committee is to oversee the implementation of the State Emergency Relief and Recovery Plan.

Emergency Services Leadership Group

The Emergency Services Leadership Group (ESLG) contributes to the development of the emergency management SAP, and ensures delivery of relevant elements to achieve the most effective and efficient outcome for the State. The group reports to the SCRC.

The ESLG has a particular focus:

- training
- procurement
- Information and communications technology
- workforce systems and management
- major infrastructure

The role of ESLG is to:

- endorse project plans developed by the agency assigned responsibility for delivery under the Strategic Action Plan
- oversee such projects or functions (or establish specific purpose project control boards to manage projects and report to it) and remove 'blockages', and
- advise the Ministerial Advisory Committee on Emergency Services (MACES) on implementation progress

In partnership with MACES, promote a sector culture of community focus, interoperability and public value, and embed Strategic Action Plan reform outcomes within member organisations.

5.5 Committees/Working Groups Supporting SCRC Sub-Committees

Functional committees/working groups provide advice, plans and guidance to support SCRC sub-committees. Such committees/working groups are usually established for a specific purpose or task, at the discretion of the relevant SCRC sub-committee.

SCRC sub-committees apply the following criteria when creating a new committee/working group:

- it will provide strategic advice on capability and response, risk and resilience or recovery emergency management reform priorities, or
- it will develop whole of government emergency management capability and response, risk and resilience or recovery policy advice, or
- it will directly contribute to the implementation of capability and response, risk and resilience or recovery policy and strategy, or
- it will meet a legislated emergency management obligation.

Current Committees/Working Groups

The committees/working groups currently supporting SCRC sub-committees are under review. Following this review, relevant details will be published in this section.

State Fire Management Planning Committee

The State Fire Management Planning Committee will continue to manage the implementation of the Integrated Fire Management Planning framework. This committee now reports to the Risk and Resilience Sub-committee.

5.6 State Level Advisory Committees

Ministerial Advisory Committee on Emergency Services

The Ministerial Advisory Committee on Emergency Services (MACES) oversees and monitors the implementation of relevant segments of the SCRC Strategic Action Plan by the emergency services agencies and inform the Minister for Police and Emergency Services on the progress of implementation.

Key roles of MACES include:

- providing high level strategic advice to Government to support coordinated Government investment in the emergency services
- promoting a sector culture of community focus, interoperability and public value.

Volunteer Consultative Forum

The Volunteer Consultative Forum (VCF) provides a forum for direct volunteer input and advice to the Minister on a range of issues affecting Victoria's emergency management volunteers, including:

- the capacity of volunteers to deliver emergency management services in Victoria
- strengthening the culture of volunteerism in Victoria and building a shared understanding of, and respect for, the critical role that volunteers play in emergency management.

Municipal Emergency Management Enhancement Group

The Municipal Emergency Management Enhancement Group (MEMEG) provides support for local government emergency management practitioners.

Key roles of MEMEG include:

- Raising awareness of local government roles, capabilities and capacities in municipal emergency management across all relevant agencies
- Promoting good practice in municipal emergency management.

5.7 Regional Emergency Management Planning

Planning for both response and recovery at the regional level is required because many emergencies traverse municipal boundaries, and because many services provided by State government agencies are administered and delivered at a regional level. Both response planning and recovery planning are aligned to the State's geographic regions as detailed in Part 8, Appendix 8 of this Manual.

Regional plans must address inter-agency issues such as coordination of activities and programs. Regional plans may also address in detail, if considered appropriate, the provision of particular services and programs, and will also include details of contact arrangements and resource availability. Regional planning should identify resources and services:

- which can be made available from local resources, in accordance with municipal plans; and
- which must be obtained from elsewhere.

The practice for emergency management planning at regional level has been to convene separate planning committees for response and recovery (as detailed below). A number of regions have recently adopted an integrated approach to emergency management planning, combining the response and recovery planning committees into a single regional emergency management planning committee (REMPC). This section is currently under revision to incorporate detailed information regarding REMPCs and regional emergency management planning.

Regional Emergency Response Planning Committee

Terms of Reference

The role of each regional emergency response planning committee is to:

- Ensure that a regional emergency response plan is prepared, maintained and adopted;
- Ensure that all relevant control and support agencies are consulted as the plan is developed and maintained;
- Advise the Emergency Management Commissioner regarding the region's response capability;
- Ensure that planning and co-ordination arrangements are regularly exercised and reviewed to ensure the effectiveness of the regional response plan;
- Review and comment on municipal emergency management plans as part of the statutory audit program conducted by the Director of Operations, Victoria State Emergency Service.
- Participate in the process for the approval and audit of Road Rescue Units, determination of service area boundaries and the resolution of disputes and grievances under the Victorian Road Rescue Arrangements.

Membership

Agencies represented include the following:

- Communications provider
- Department of Human Services
- Fire Services
- Medical Services
- Regional emergency response coordinator (Chair)
- VicRoads
- Victoria Police
- Victoria State Emergency Service
- Water Authorities

Meeting Frequency

Each committee should meet at least twice yearly and following debriefs of major incidents. Minutes of meetings are forwarded to the State Emergency Response Co-ordinator.

Preparation of Regional Emergency Response Plans

Emergency response commences at the local or municipal level, and, if necessary, advances to regional and state levels. It is vital that regional emergency response plans be frequently exercised, amended and re-tested to ensure effective response to emergencies.

The activities of the designated control and support agencies are not necessarily concurrent, nor of equal emphasis throughout an emergency. These activities must be effectively co-ordinated irrespective of the degree of input of the various agencies. The responsibility for co-ordination will always rest with the emergency response co-ordinator (with the exception of emergencies involving Defence Force aircraft or vessels).

The broad objectives of regional emergency response plans are to:

- identify control and support agencies for different types of emergencies;
- coordinate arrangements for the utilisation of regional resources in support of the emergency response plans of specialist agencies;
- identify support available from adjoining regions;
- identify support available to adjoining regions.

Each regional plan should be specifically tailored to the individual needs of the region, and should address the subjects below.

Emergency Risk Assessment

This section of the plan should include a brief description of the risks to the community. History and existing municipal risk assessments conducted by Municipal Emergency Management Planning Committees will often indicate them. Typical headings are:

- Bushfires
- Floods
- Windstorms

- Agriculture (exotic animal diseases, plagues)
- Transportation
- Public utility
- Special: e.g. hospitals, industrial complexes.

Agency Roles

The roles of each agency should be clearly identified based on agency role statements in Part 7, State plans and assurances that each agency has the capacity to fulfil roles within the region.

Arrangements

The description of the regional emergency response arrangements should include a chart that clearly identifies control agencies for different emergencies and their areas of operation. Information in the plan should also include details of telephone numbers and contact points.

Communications Arrangements

Reliable communications are essential, and must be clearly described in the plan. Information should include:

- primary and alternative means of communications to co-ordinate the response to the emergency;
- primary and alternative means of communication for command and control of field operations. (Many municipal councils, businesses and public authorities have radio communications that may be utilised in emergencies.);
- means of communications with adjoining municipal councils and regional headquarters.

Information Arrangements

To enable information to be disseminated, plans should give details of centres where the media and public can obtain official information. It should be made clear who is authorised to release information.

Post Emergency De-briefing

Regional plans should contain provisions for a de-briefing conference convened by the regional co-ordinator as soon as practicable after the emergency is contained. All agencies that participated in the emergency response should be represented to enable assessment of the adequacy of the response and the regional plan, and to improve future responses.

Special Information

Plans should include any special information relevant to the region, such as:

- reference to any other specific plans, e.g. industrial complexes, hospitals, airports;
- any special instructions, e.g. special procedures to be followed for a specific threat like a flood on a given stream.

Regional Emergency Recovery Planning Committee

Terms of Reference

The role of each regional emergency recovery planning committee is to:

- develop and maintain a regional recovery plan;
- plan for the establishment and support of community recovery committees when required;
- provide a regional forum to ensure that the plans of individual agencies complement each other;
- monitor and review recovery operations and the effectiveness of the regional recovery plan;
- make recommendations to the State Emergency Recovery Planning Committee, through the Department of Human Services, on matters of recovery policy and planning;
- review and comment on municipal emergency management plans as part of the statutory audit program conducted by the Director of Operations, Victoria State Emergency Service.

Membership

Regional emergency recovery planning committees should include representatives of:

- Department of Human Services (Chair)
- Victoria State Emergency Service;
- Government, private and voluntary agencies with a significant recovery role;
- Municipal councils in the region;
- Representatives of appropriate regional response planning committees.

Meeting Frequency

Regional emergency recovery planning committees should meet at least twice a year.

Preparation of Regional Emergency Recovery Plans

The format and content of each regional emergency recovery plan depends on local conditions, and is decided by the regional recovery planning committee. The plan should take account of regional emergency response plans, municipal emergency management plans and the plans of individual agencies. Relevant community groups should be involved in the plan's preparation, testing and review.

The Department of Human Services provides detailed guidance on the preparation of regional emergency recovery plans.

Community Recovery Committees

The plan should cover the establishment and purpose of community recovery committees, including their role, composition and support. (Refer to Part 6 – Guidelines for Municipal Emergency Management Planning.)

Regional Strategic Fire Management Planning Committee

The role of the Committee is to plan for fire management, considering preparation, prevention, response and recovery and the use of fire as a tool across boundaries, including legal, land tenure and use, administrative and municipal borders. The Committee provides a critical communication link between Municipal and State Fire Management Planning Committees.

The functions of the Committee will satisfy the obligations for regional fire prevention committees specified in Section 53 of the *Country Fire Authority Act 1958*.

Terms of Reference

In addition to its role in facilitating fire management planning within the region, the Committee will have the responsibility for a number of activities. These activities are listed below:

- Produce the integrated Regional Strategic Fire Management Plan.
- Identify and promote the priorities and possible treatments for fire risk within the region.
- Provide a regional forum to build and sustain organisational partnerships, generate a common understanding and shared purpose with regard to fire management and ensure that the plans of individual agencies are linked and complement each other.
- Oversee municipal fire management planning within the region.
- Monitor and review the implementation of fire management plans and treatments within each of the municipal districts within the region.
- To ensure risk environments that cross regional boundaries are treated in a seamless manner with regard to risk and treatments.
- Advocate and monitor to ensure that a consistent community engagement process is in place during planning at the regional and municipal level.
- Advocate to the State Fire Management Planning Committee for municipal and regional fire management needs.
- Report to the State Fire Management Planning Committee on fire planning issues affecting that region.
- Provide advice and support to municipal fire management planning.

The Committee will provide fire management planning advice to the Regional Emergency Response and Regional Recovery Committees.

Membership

- Local municipal councils
- Country Fire Authority
- Department of Sustainability and Environment
- Metropolitan Fire and Emergency Services Board (for the metropolitan fire district only)

Part 5 – State and Regional Emergency Management Committees

- Department of Human Services
- Department of Primary Industry
- Parks Victoria
- Rail Authority/ies
- Utilities
- VicRoads
- Victoria Police
- Victoria State Emergency Service
- Other members required.

Structure

The Committee will be chaired by a member of the committee elected by the Committee.

The organisations listed above will provide representation at the appropriate level to enable decisions and commitment to be made on behalf of their organisations. The Committee may appoint new members as required.

Report

The Chair on behalf of the Regional Strategic Fire Management Planning Committee will report quarterly to the State Fire Management Planning Committee which will in turn report relevant information to the Chair.

Support

Executive support to the Committee will be provided by the State Fire Management Planning Support Team and the Chair will arrange administrative support.

A number of the activities outlined in the Role of the Committee will be coordinated by the State Fire Management Planning Support Team for endorsement by the Committee.

Schedule of Meetings:

The Committee will meet at least once every quarter unless otherwise required.

Regional Municipal Emergency Management Enhancement Groups

Terms of Reference

The purpose of regional municipal enhancement groups is to:

- promote, facilitate and advocate for continuous improvement in the municipal emergency management sector
- provide a link between regional local government emergency management practitioners and MEMEG
- provide opportunities for discussion, development and information sharing on emergency management between/within local government
- advocate on behalf of local government in the area of emergency management
- provide a forum for emergency management agencies to meet with local government practitioners
- form action groups as required to manage identified issues

Membership

Membership is open to all local government emergency management practitioners. This includes:

- Municipal Emergency Managers (or delegate)
- Municipal Emergency Resources Officers (or delegate)
- Municipal Emergency Recovery Managers (or delegate)
- Municipal Fire Prevention Officers (or delegate)
- Observers, guests and visitors are welcome and encouraged to attend meetings.

Meeting Frequency

Minimum meeting frequency is twice per year.

Chair

The Chair is appointed by consensus of the members at the first meeting of the year biennially (by ballot if more than one nomination is received).

Municipal Emergency Management Planning Arrangements Guidelines for Committees

Part 6: Emergency Management Manual Victoria

Contents

6.1	Introduction and Overview.....	1
6.2	Emergency Management Planning at the Municipal Level	3
	Introduction and Purpose	3
	The Emergency Management Planning Process.....	3
6.3	The Municipal Emergency Management Plan	7
	Specific Hazard Planning	8
	Provision for joint or integrated MEMPlanning	8
	Agency roles	8
	Organisational responsibilities	8
	Audit	9
	How it all comes together	10
6.4	The Municipal Emergency Management Planning Committee.....	11
	Introduction	11
	Role.....	11
	Membership	11
6.5	Risk Management	13
	Introduction	13
	Establishing the Context	13
	Risk identification and assessment	14
	Risk treatment	14
	Financial Arrangements	14
6.6	Plan for emergency activities	16
	Introduction	16
	Response	17
	Relief	18
	Recovery	19
6.7	Other Information.....	20
	Municipal emergency management plan publication	20
	Municipal emergency management personnel	20
	Roles of Commonwealth and State Governments	20
	Related Documents.....	21
	Appendix 1 – Suggested Structure and Content of a Municipal Emergency Management Plan	22
	Appendix 2 – Audit Questions	24
	Appendix 3 – Key Municipal Emergency Management Roles – Indicative Functions	26
	Municipal Emergency Resource Officer.....	26
	Municipal Recovery Manager.....	27
	Municipal Emergency Manager (Suggested)	27
	Municipal Fire Prevention Officer (MFPO)	28
	Municipal Emergency Coordination Group	29

6.1 Introduction and Overview

Purpose of these Guidelines

In accordance with Section 21(5) of the *Emergency Management Act 1986*, these guidelines are issued by the Minister for Emergency Services. These guidelines encourage and support a consistent approach to emergency management planning at the municipal level. They are directed at municipal emergency management planning committees to assist them in the preparation and maintenance of a Municipal Emergency Management Plan (MEMP).

Emergency management planning at the municipal level is a multi-agency responsibility with councils playing an important role as direct participants as well as facilitating the planning process through the appointment of the planning committees.

These guidelines reinforce the multi-agency nature of the planning process and assist the organisational representatives who contribute to the MEMP. They include information on the planning process, risk assessment and provide information on the expected roles and responsibilities for people and organisations involved in developing the plan.

They also incorporate 2009 Victorian Bushfires Royal Commission recommendations directed to MEMPs.

They must be read in conjunction with the *State Emergency Response Plan* (Part 3 of this Manual) and the *State Emergency Relief and Recovery Plan* (Part 4 of this Manual).

Other requisite and useful information sources are also included.

Statutory Framework

The *Emergency Management Act 1986* (1986 Act) and *Emergency Management Act 2013* (2013 Act) provide the emergency management framework for Victoria. The objectives of the 1986 Act are: "... to ensure that the ...components of emergency management are organised within a structure which facilitates planning, preparedness, operational coordination and community participation." (s. 4A)

This includes responsibilities for the prevention of, response to and recovery¹ from emergencies at the State, Regional, and Municipal (Local) levels.

It does this through setting up structures to deal with emergencies and assigning roles and responsibilities to organisations and individuals.²

The 1986 Act provides the legislative basis for the MEMP as a document that lies within the emergency management planning hierarchy in Victoria.

¹ The components of emergency management are defined as:

- prevention – the elimination or reduction of the incidence or severity of emergencies and the mitigation of their effects [1986 Act, s.4A]
- response – the combating of emergencies and the provision of rescue services [2013 Act, s. 3]
- recovery – the assisting of persons and communities affected by emergencies to achieve a proper and effective level of functioning [2013 Act, s.3].

² For further information on Victoria's emergency management legislation and structures see Part 1 of this Manual

Roles and Responsibilities

Part 4 of the 1986 Act specifies the responsibilities of municipal councils in connection with emergency management. These responsibilities include the preparation and maintenance of a MEMP. The MEMP is a multi-agency plan managed by the municipal council.

Councils are required to establish a multi-agency municipal emergency management planning committee. The function of this committee is to prepare a draft MEMP for consideration by the municipal council.

In developing the plan, the committee is required to give effect to any guidelines or directions issued by the Minister for Emergency Services.

A brief summary of the roles and responsibilities of key municipal positions is also provided in Appendix 3.

Other Plans

The 2013 Act also requires the Minister to arrange for the preparation and review of a state emergency response plan and a state emergency recovery plan. The Minister has delegated this responsibility to the Emergency Management Commissioner.

These state level plans are published as the *State Emergency Response Plan* (Part 3 of this Manual) and *State Emergency Relief and Recovery Plan* (Part 4 of this Manual) and provide the foundation and guidance for other plans for regions, municipal districts, and local plans.

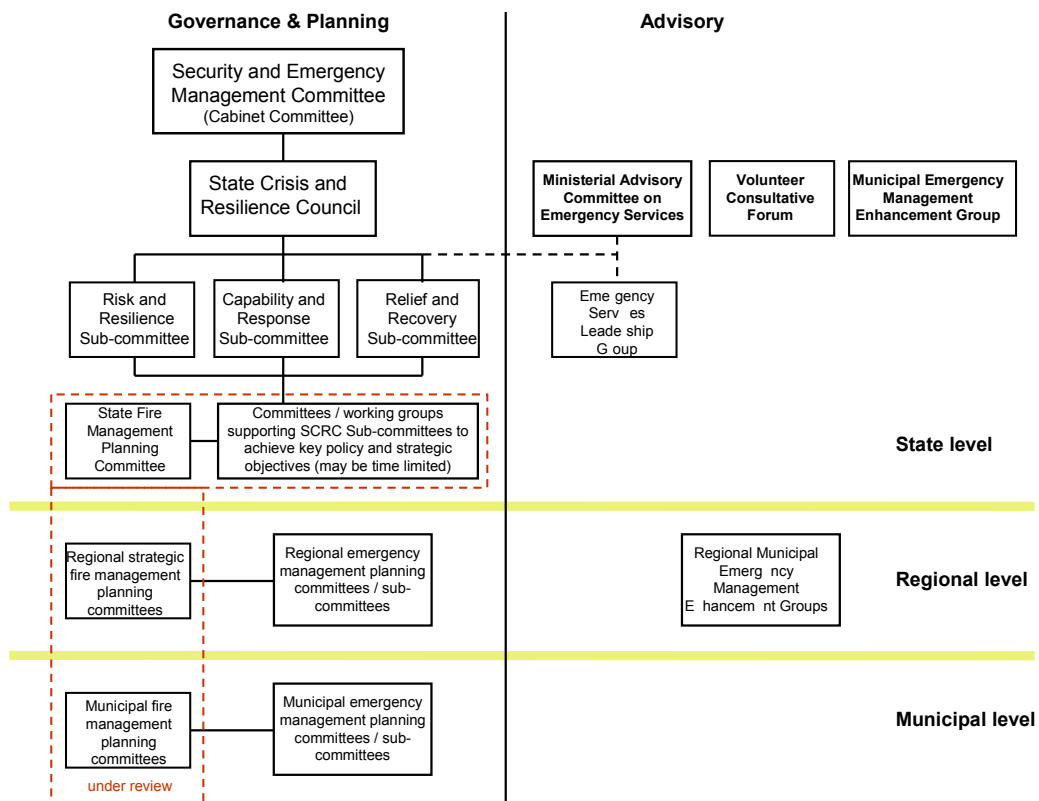


Figure 1. An overview of the State's emergency management and planning and committee structure

6.2 Emergency Management Planning at the Municipal Level

Introduction and Purpose

Emergency management contributes to community safety through the reduction of the impact of emergency related events that can cause death, injury, loss of property and community disruption.

The planning for, and the management of, emergencies is a shared responsibility involving many people and organisations in the community. It is not something done by one organisation or sector of the community although some organisations have specialist roles in dealing with emergencies.

Municipal emergency management planning involves the identification and documentation of the overall multi-agency arrangements in place for the prevention of, response to and recovery from emergencies that affect the municipal district.

The planning process includes the identification of risks that are likely to affect the assets and people in the municipal district and the steps to be taken to address those risks. It also allows organisations involved in dealing with emergencies and their impacts the opportunity to discuss and better understand the capabilities of other organisations (including councils) that have a role in dealing with emergencies, and develop a comprehensive plan.

The MEMP is not a static document and while it is the outcome of the planning process conducted at a point in time, it must be maintained, regularly revisited and up-dated.

The Emergency Management Planning Process

The planning process can be seen as a series of steps that results in the development, maintenance and refinement of an emergency management plan. The diagram at figure 2 illustrates the continuous nature of the planning process and identifies its main steps.



Figure 2. Emergency management planning process

The following describe the steps in the emergency management planning process, and which body is responsible for each step in the process.

1. Establish Planning Committee: Council

- Identify stakeholders – which organisations and groups have responsibilities to assist in the emergency management process, including legislative responsibilities? This includes the control and coordination of the response to emergency events. In particular, engaging with community representatives and ensuring that the community has input into the process and is aware of the outcomes is good practice.
- Establish the planning committee – the MEMP committee is organised by the Council in accordance with the 1986 Act. The MEMP committee establishes its meeting procedure, subject to any regulations made under the s.39 of the 1986 Act. (There are none at this time.)
- A planning committee structure may also include a Risk Management Group and sub-committees that are risk/hazard specific, with one focused on understanding and promoting community resilience.

2. Risk Management Study: MEMP Committee (Risk Management Group and specialist risk groups)

- This involves an environmental or information scan to examine the data and information available, the identification of hazards³ (not limited to natural), the analysis of likelihood and consequence of emergencies (actual and/or potential) and the development of a list of priority risks.
- That list specifically informs both response planning and risk treatment (mitigation) planning.
- Groups at particular exposure in relation to priority risks should be identified and measures to assist those groups included in the MEMP (or hazard-specific sub-plans).

3. Develop Management Strategies: MEMP Committee and organisations

- Using information received from the risk assessment, develop the emergency management arrangements – discussing and recording the outcomes and arrangements for prevention/mitigation, response, relief and recovery activities. This should also cover issues such as communications, community involvement, public warnings and management arrangements.
- Councils' specific management and support arrangements are also relevant and may be explored in the context of the Committee.

³ A hazard is defined as a source of potential harm that can be a source of risk. The level of risk represented by a specific hazard in particular area is determined by a risk assessment. (Refer AS/NZS ISO 31000 Risk Management – Principles and Guidelines)

Part 6 - Municipal Emergency Management Planning Arrangements

- Identify the resources and services required from all sources – including resolving identified gaps or shortfalls.

4. Develop and Document the Plan: MEMP Committee

- Develop and document the plan – including a main plan and specific hazard-based sub-plans e.g. flood, fire⁴, storm surge ensuring compatibility between the main plan and the sub-plans. Wherever possible duplication of plan contents should be avoided and reference made to the contents of primary/higher level plans.
- Agencies endorse draft plan – confirming intention and capability to meet obligations
- Submit a draft MEMP for consideration by the municipal council
- Acknowledge feedback and review plan.

Adopt the MEMP: Council

- Consider the plan against legislative and audit requirements
- Public exhibition – prepare and exhibit. Develop communication and education strategies to increase community awareness and develop community resilience
- Provide feedback to committee.

5. Implement the Plan: Organisations with responsibilities under the Plan

- Mitigation and management strategies that have been determined by the committee and agreed by participating agencies are implemented and accountabilities assigned and accepted.

6. Monitor and Review: MEMP Committee and organisations with responsibilities under the plan

- This includes the conduct of exercises to test the plan and post incident reviews to ensure the currency of the plan. Planning should be seen as a continuous process.

Communication and Consultation: Multi-agency and community

- This is an integral and enabling component of the planning process and is conducted throughout each step. It also provides information and consultation with stakeholders on the contents of the plan.
- Advice should be provided to residents to enable them to properly prepare for likely emergencies. Community education, awareness and engagement programs should be considered.

⁴ This would be the Municipal Fire Prevention Plan for municipalities that include areas within the responsibility of the Country Fire Authority. See Part 6A of this Manual. Note: these plans are subject to a separate audit process in accordance with the *Country Fire Authority Act 1958*.

The following diagram shows the municipal emergency management planning process in more detail.

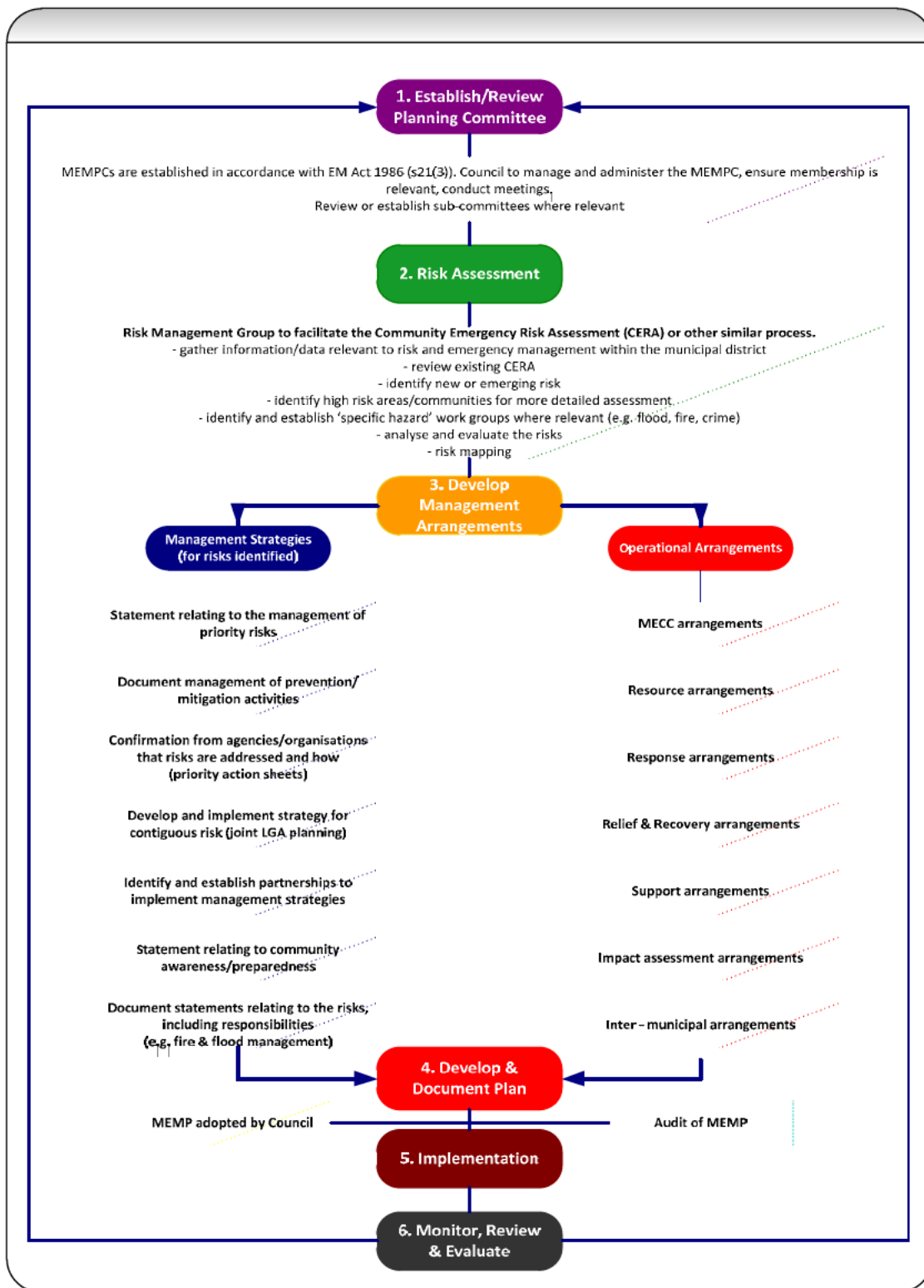


Figure 3: Detailed municipal emergency management planning process

Information on the CERA process can be obtained from the Victoria State Emergency Service (VICSES).

6.3 The Municipal Emergency Management Plan

The MEMP documents the outcomes of the planning process conducted by the municipal emergency management planning committee.

It is the overarching emergency management plan for the municipal district and provides information to emergency services, other organisations and the community on how risks will be dealt with and the management arrangements for emergencies, to promote community safety.

It provides the context for the development and integration of risk specific response and recovery plans.

The plan identifies what hazards are likely to impact the municipal district, what steps are to be taken to prevent, respond to and recover from emergency events and the role of organisations in relation to emergencies.

It is a record of the commitment of all of the participating organisations and groups to undertake and complete the tasks assigned to them under the plan, and to cooperate in the delivery of the MEMP's objectives.

It must also contain other information required by legislation, including municipal resources, fire refuges and neighbourhood safer places – places of last resort (for municipalities that include areas within the responsibility of the CFA).

A more detailed list of information required for inclusion in MEMPs and other material that is suggested to be included is provided in the following Sections.

Figure 4 illustrates the municipal emergency management planning structure established by the 1986 Act.

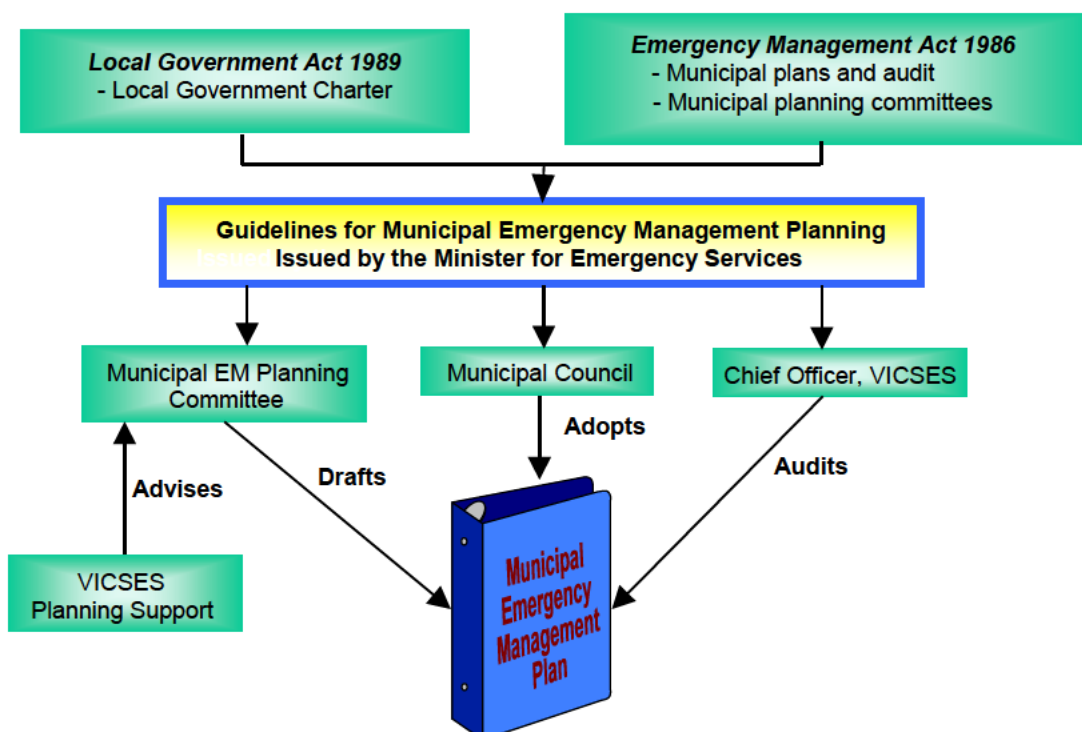


Figure 4. Municipal emergency Management Planning Structure

Specific Hazard Planning

The Plan need not incorporate the arrangements to deal with specific hazards such as fire, flood, storm etc. However, where they are identified as priority risks, hazard-specific plans should be developed as sub-plans. Sub-plans detail the relevant prevention and response arrangements, and are referenced in the MEMP. Where a risk is not as significant, the MEMP itself may well contain hazard-specific plans and information for that risk.

Sub-plans should be consistent with, and refer to, the overall arrangements contained in the MEMP.⁵

Provision for joint or integrated MEMPlanning⁶

Section 18 of the 1986 Act provides for two or more councils to carry out their municipal emergency management planning jointly. No external approval is needed for such arrangements as long as each council retains individual responsibility for meeting its planning requirements under the 1986 Act.

Where there are totally integrated emergency arrangements planned for two or more councils, one of the councils must be nominated as the principal municipal council and approval must be obtained from the Minister for Emergency Services. In this case a planning committee will prepare one plan on behalf of all of the participating councils, and one council will be nominated as the principal council.

Agency roles

Emergency services and other agencies play key roles in the planning process. Agency representatives participate and contribute as members of the MEMP committee and provide expert advice on the content of the plan.

They contribute information on the structures in place for the response to and recovery from emergencies and the coordination arrangements in place for dealing with emergencies in the municipal district.

Some of those agencies will also be involved in the treatment management strategies/initiatives (commensurate with their jurisdiction) for identified risks.

Organisational responsibilities

The MEMP contains the actions that agencies will take in the response to and recovery from emergencies in the municipality. It relies on the ability of all participants to fulfil their obligations under the plan.

All agencies with responsibilities under the MEMP should provide written confirmation of their capability and commitment to meet their obligations. This can be evidenced by their endorsement of the draft MEMP, including revisions, before it is presented to the council for consideration.

⁵ These sub-plans are not normally subject to the same audit regime as MEMPs.

⁶ Where specific risks can impact more than one municipal district, the hazard-specific plan developed can be a sub-plan for more than one MEMP.

Where a group or organisation indicates that it will not, cannot or demonstrates that it does not meet its obligations as provided in the MEMP, the matter should be brought to the attention of the Chair or convenor of the MEMP committee.

The organisation or group in question should be requested to provide an explanation for its non-compliance and consideration may be given to the notification of the matter to the municipal emergency response coordinator (MERC) for consideration and any necessary action.

The MERC has the discretion to escalate the matter to the regional level if appropriate. This situation should rarely arise.

Audit

Each MEMP must be audited at least once every 3 years to ensure that it complies with these guidelines.

The audit process is intended to support the development of high quality MEMPs that are consistent with these guidelines. It provides councils with constructive comments to assist in the preparation and maintenance of MEMPs.

The Chief Officer, VICSES is responsible for the audit process, which is conducted using a standard set of criteria directly related to these guidelines. Those criteria⁷ may be used by MEMP committees and councils as a checklist to confirm that the plan contains the minimum required information. The MEMP provided for audit must be the most recent version endorsed by the MEMP Committee and adopted by the council.

An audit report is provided to the council, indicating whether or not the MEMP complies with these guidelines and if there are opportunities to improve the plan or planning process. Councils must within three months of receiving an audit report forward a copy of its written response to the Chief Officer, VICSES.

A MEMP that does not comply with these guidelines will be audited again in 12 months.

MEMP sub-plans are not audited as part of the MEMP audit process.

If a Municipal Fire Management Plan (that may be a sub-plan of the MEMP) has been developed in accordance with the Integrated Fire Management Planning framework, it will be audited in accordance with S. 55B of the *Country Fire Authority Act 1958* (see part 6A of this Manual).

⁷ See Appendix 2 – Audit Questions

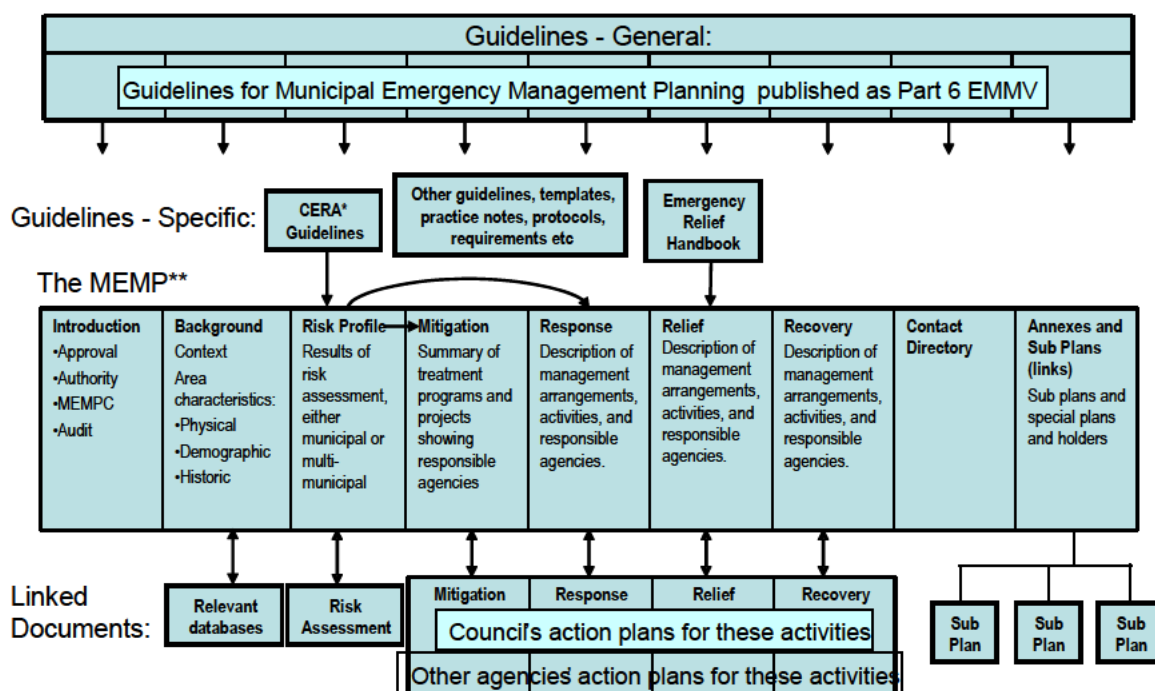
How it all comes together

The Municipal emergency management planning process and the resultant plans are shown in the following diagram.

The diagram illustrates the use of various information sources⁸ available to MEMP Committees to assist in the planning process; the breadth of information that the MEMP should contain; and the relationship of other plans to the MEMP.

The council is the custodian of the MEMP, as well as being one of the participants in the planning process during the development and maintenance phases. It is party to the MEMP just the same as the other agencies and organisations involved in the MEMP process, and it has its own specific organisational plan, as do other agencies and organisations involved in the MEMP process.

Municipal Emergency Management Plans and Guidelines



*Community Emergency Risk Assessment
** Confined to multi-agency information

⁸ See the Related Documents section of these Guidelines on page 21.

6.4 The Municipal Emergency Management Planning Committee

Introduction

The 1986 Act requires the appointment of a planning committee, specifies the general make-up of the committee, requires the committee to comply with directions and guidelines issued by the Minister for Emergency Services and allows for the making of regulations about the operation of the committee.

Role

The Committee:

- develops and maintains the draft MEMPC for consideration by the municipal Council
- assists in analysing and evaluating emergency related risks
- determines the need for a Municipal Fire Management Planning Committee in accordance with Part 6A, EMMV
- helps produce risk treatment strategies; and
- prepares risk specific response and recovery plans for the municipal district.

The committee should operate as a *planning* committee and not merely as a reporting committee.

Membership

Section 21(3) of the 1986 Act recommends that each Council appoint to the MEMPC representatives of:

- the municipal council (members and employees)
- response agencies
- recovery agencies; and
- local community groups involved in emergency management issues.

The actual size of the committee will depend on the risk profile for the municipality and whether councils decide to conduct joint emergency management planning. The number of committee members must be relevant and manageable.

Membership could include the following:

- Executive officer to the Committee (council officer)
- Municipal Community Safety Manager/Municipal Emergency Manager or Councillor as chairperson
- Municipal Emergency Resource Officer
- Municipal Recovery Manager
- Municipal Fire Prevention Officer
- Municipal Emergency Response Coordinator (Victoria Police)
- Regional Recovery Coordinator or representative (Department of Health and Human Services and other Government departments)

- local emergency services' representatives
- local recovery agencies' representatives
- local representatives of other relevant agencies as needed (e.g. catchment management authority, Department of Environment, Land, Water and Planning, infrastructure bodies such as VLine, Electricity distribution companies)
- local medical representatives
- interested community groups
- local media representatives and others as required.

Specialist sub-committees

It may be appropriate to form one or more specialist sub-committees of the MEMPC on subjects of major significance to the municipal district, such as priority risks such as floods, fire, exotic animal diseases etc. Consideration may be given to the formation of activity based planning sub-committees such as response, relief and recovery.

Meetings - procedure

The Committee is free to determine its own procedure subject to any regulations issued under s. 39 of the 1986 Act. Bear in mind that the committee exists to plan and review, and is not merely a reporting committee.

Frequency of meetings

Once a plan is prepared, the Committee should ideally meet three or four times a year, and each time an organisational change or emergency occurs.

6.5 Risk Management

Introduction

To commence the emergency management planning process and as a means towards reducing or eliminating risks within the municipal district, the MEMP Committee is tasked with carrying out/overseeing the risk management process that includes:

- establishment of context and risk criteria
- hazard identification
- risk analysis
- evaluation and prioritisation of risks and possible treatments
- acting in its own right and making recommendations to responsible bodies as regards risk treatments
- monitoring and review.

Planning committees should use a risk management process consistent with the Australian/New Zealand Standard ISO 31000:2009 *Risk management – Principles and guidelines*, such as the Community Emergency Risk Assessment (CERA) process. VICSES can provide information and assistance on undertaking this process.

Emergency risk management allows a community to be aware of what risks exist and how these risks are to be dealt with to reduce future harm to the community. This enables the residents to prepare and seek assistance where necessary to enhance their safety.

The term risk management embraces the activities of establishing the context, risk assessment and risk treatment.

Establishing the Context

The information gathering stage provides the MEMP committee with a comprehensive picture of the municipal district; the people who live there, its geographic features, infrastructure, and the history of emergencies in the district.

Information can be obtained from a number of sources including:

- municipal databases e.g. the planning scheme
- previous risks assessments
- local historical societies
- emergency service organisations
- Government departments and agencies such as the Department of Environment, Land, Water and Planning, Department of Health and Human Services, Department of Education and Training; Catchment Management Authorities and Parks Victoria
- essential services such as electricity, water, gas and public transport bodies
- major industrial facilities in the area, or adjoining municipal districts, and
- the Australian Bureau of Statistics.

The development of risk criteria serves the determination of priority risks for preparation of sub-plans and for risk treatment.

Risk identification and assessment

The process of risk assessment identifies, analyses⁹, evaluates and prioritises the emergency-related risks faced within the municipal district, and identifies possible treatment/controls. Participants in the risk assessment process can be drawn from a wide range of interest groups.

Specialist risk groups/personnel should be utilised where possible to undertake more detailed analyses of specific hazards e.g. fire, flood, storm, landslip.

An appropriately experienced person could be appointed to coordinate and lead the risk assessment process.

Risk treatment

The responsibility for treatment of risks is shared by all agencies and the community. Treatment of specific risks for the municipal district is not the sole responsibility of the council. Many risk treatments will be carried out in the context of statewide programs or policies.

Consideration should be given to the establishment of specialist risk teams to identify and propose suitable risk treatments. These would be directed at both the sources of risk (i.e. hazards) and the elements at risk (i.e. population, physical assets, the environment and the economy).

Risk treatments include measures such as land-use planning, building control, major hazard facilities emergency planning (where applicable), health plans and a range of community safety programs.

Community education and engagement strategies are key elements in risk treatment at municipal level. There are a number of well established programs conducted by emergency services and others that inform and empower residents to assist in the prevention/mitigation of emergencies and enhance their own safety.

Selection of risk treatments involves cost-benefit analyses and consideration of the sources of funds. Some funding may be available from State agencies or grant funding programs.

Risk treatment activities should be monitored to ensure they meet the desired objectives.

A systematic record of risk treatment strategies is also helpful when seeking State government financial assistance as a demonstration of the measures that have been taken in the municipal district to minimise the risk to life and property.

Financial Arrangements

Financial responsibility for risk treatments varies according to the type of treatment and the agencies that are involved. At the date of publication, one source of grant funds for municipal mitigation projects in Victoria is as follows:

Natural Disaster Resilience Grants Scheme

This annual scheme funds natural disaster (and other) mitigation works, measures and related activities that contribute to safer, sustainable communities. These include natural disaster risk management studies,

⁹ A broad-based risk analysis should consider the consequences of possible emergencies of different magnitudes on a range of elements at risk including: people, the natural and built environments and the economy.

Part 6 - Municipal Emergency Management Planning Arrangements

risk treatments, warning systems, community awareness and readiness measures, investment in disaster resilient public infrastructure and other risk reduction measures.

It is part funded by the Commonwealth Government under the Natural Disaster Resilience Program, with a contribution from the applicant and/or other project partners.

Further information may be found at www.emv.vic.gov.au and search under the following links: Our Work>Current projects>Natural Disaster Resilience Grants.

6.6 Plan for emergency activities

Introduction

Following the risk assessment process and the identification of residual risks¹⁰, the planning process should address the strategies and arrangements for response to emergency events, provision of relief services and the processes for recovery from likely emergencies.

A brief description of the processes involved is provided to assist the planning committees to plan for these issues and ensure that they are adequately addressed in the plan.

Municipal Resources and Other Functions

Although emergency planning is not solely about municipal resources, the following is provided for information.

Municipal resources are the resources owned by or under the direct control of council. The 1986 Act requires that the MEMP identify such resources and specify how they are to be used in emergency prevention, response and recovery. Planning must consider the matter of access to municipal resources for response, relief and recovery.

The Practice Note *Sourcing Supplementary Emergency Response Resources for Municipal Councils*¹¹ sets out in some detail the policy on responsibilities and reasonable expectations on councils in this matter, with an emphasis on response.

The Practice Note also explains the discretionary role of councils in providing access to 'other resources', defined as resources that are identified in the Plan as available, but are neither owned nor controlled by the municipal council.

MEMPs should identify local resources (both 'municipal' and 'other') that can be used during emergency response, relief and recovery operations. These resources may include:

- municipal council owned or controlled assets;
- municipal council employed or contracted personnel;
- local agencies that have agreed to participate in the formal emergency relief and recovery arrangements;
- local community agencies that have a capacity to assist people affected by emergencies; and
- private businesses and organisations with a capacity to provide emergency response, relief and recovery services or activities.

Where possible, these resources should be services and activities that are existing and already being provided to the community.

The MEMP must describe the arrangements that may be used to support the provision of municipal resources, to coordinate relief and recovery, and maintain community services in an emergency.

¹⁰ Residual risks are those that still exist after the implementation of risk treatments

¹¹ To obtain a copy of this document, refer to the section Related Documents on page 6-21

Part 6 - Municipal Emergency Management Planning Arrangements

These functions can be delivered in a number of different ways, depending on the council and the situation. These include:

- a council presence in the Incident Control Centre, which could be facilitated by an Emergency Management Liaison Officer
- a physical facility, such as an operations centre run out of the council, and/or
- virtually, using phone and email, or an incident management system.

Financial arrangements¹²

As a general principle, municipal councils, government and non-government agencies and organisations are responsible for funding the provision of these services themselves.

Council financial responsibilities

Councils are responsible for the costs of providing municipal resources (owned or under the direct control of council) including:

- equipment such as heavy machinery (even where under existing contract from external suppliers)
- personnel for response, relief and recovery activities
- resources for relief and recovery activities

The provision of some council resources for response activities may be subject to limits and/or constraints, e.g. the use of some equipment may be limited due to the expense of its operation.

Natural Disaster Financial Assistance

Some financial assistance towards councils' operational expenditures in a natural disaster is provided under the State of Victoria's Natural Disaster Financial Assistance arrangements to assist in the recovery process and alleviate some of the financial burden. Financial assistance is provided through the Department of Treasury and Finance under the Commonwealth's Natural Disaster Relief and Recovery Arrangements.

Further information and claim form may be found at www.dtf.vic.gov.au and search under Publications (topic: Victoria's Economy).

Response

This part of the planning process should include:

- response management definitions including command, control and coordination drawn from the State Emergency Response Plan
- control and support agencies and information on the local arrangements for response to identified emergencies, including evacuation
- response/recovery interface to reinforce the understanding that recovery arrangements commence during the response to emergencies and manage the transition of coordination between response and recovery.

¹² See also Appendix 1 *Financial Arrangements* in Part 8 of this Manual.

Evacuation

Evacuation is a risk management strategy that involves the movement of people to a safer location. However, to be effective it must be correctly planned and executed.

As with emergency response activities, the main priority when deciding to undertake evacuation is the protection of life.

There are five stages in the evacuation process: decision, warning, withdrawal, shelter and return, detailed in the *Evacuation Guidelines*. (Refer to Part 8, Appendix 9 of this Manual)

Evacuation is a scalable activity that may be applied to individuals, a house, a street, a large facility (e.g. school or hospital), a suburb/town, or a large area of the State.

Primary responsibilities for evacuation are held by the control agency and Victoria Police (Evacuation Manager). A list of roles and responsibilities is included in the *Evacuation Guidelines*.

In Victoria, evacuation is largely voluntary. The controller makes a recommendation to evacuate and it the choice of individuals as to how they respond to this recommendation. However, in particular circumstances, legislation provides some emergency service personnel with authority to remove people from areas or prohibit their entry. (Refer to 'Restricting freedom of movement' in Part 3 of this Manual)

Vulnerable Persons

The 2009 Victorian Bushfires Royal Commission recommended that MEMPs contain information about vulnerable people. Therefore MEMPs must contain both:

- information about community organisations already working with vulnerable individuals at the local level,
- a register of facilities where vulnerable people are likely to be situated – for example, aged care facilities, hospitals, schools and child care centres

Victoria Police, as the agency responsible for facilitating evacuations, depends on the MEMPs containing such information.

The Department of Health and Human Services *Vulnerable People in Emergencies Policy* provides further guidance on planning for the needs of vulnerable people.

Community Fire Refuges

Neighbourhood Safer Places (Places of Last Resort)

Where a municipal district is located wholly or partly in the country area of Victoria within the meaning of the Country Fire Authority Act, provisions identifying all designated neighbourhood safer places and community fire refuges in the municipal district are required to be included in MEMPs.

Relief

Emergency relief is the provision of essential needs to individuals, families and communities during and in the immediate aftermath of an emergency.

Part 6 - Municipal Emergency Management Planning Arrangements

The municipal councils are responsible for coordinating relief at the local level. Municipal councils will be assisted by other organisations and supported by the Department of Health and Human Services as the agency responsible for regional and state relief coordination.

The State Emergency Relief and Recovery Plan (Part 4 of this Manual) specifies the relief principles, responsibilities and planning requirements for MEMPs. Appendix 7 of the plan summarises the arrangements that must be addressed in MEMPs.

The *Emergency Relief Handbook: A planning guide*¹³ can also assist with the preparation of local relief plans and operational procedures.

Recovery

Recovery assists individuals and communities affected by emergencies to achieve an effective level of functioning. Recovery requires collaboration across five inter-related recovery environments:

1. **social environment** – the emotional, social, spiritual, financial and physical wellbeing of affected individuals and communities
2. **built environment** – the restoration of essential and community infrastructure
3. **economic environment** – the revitalisation of the affected economy
4. **natural environment** – the rehabilitation of the affected environment
5. **agricultural environment** – the restoration of affected agricultural activities.

The municipal councils are responsible for coordinating recovery at the local level. Municipal councils will be assisted by other organisations and supported by the Department of Health and Human Services as the agency responsible for regional and state recovery coordination.

The State Emergency Relief and Recovery Plan (Part 4 of this Manual) specifies the recovery principles, responsibilities and planning requirements for MEMPs. Appendix 7 of the plan summarises the arrangements that must be addressed in MEMPs.

¹³ To obtain a copy of this document, refer to the section Related Documents on page 6-21

6.7 Other Information

Municipal emergency management plan publication

After completing a draft of the plan, the Committee may choose to circulate it for comment and seek users' views on the content, organisation, presentation, consistency, and ease of use of the document. These may include key stakeholders, members of the community facing particular risks, interested organisations and local businesses. The draft plan could be posted in the council offices or a meeting could be held to discuss its contents.

The Committee would then seek and expect to receive the endorsement of all agencies and organisations with roles and responsibilities listed in the MEMP before its presentation to the municipal council for consideration/adoption.

When publishing and distributing the MEMP, consideration should be given to the following:

- who needs and who will receive the MEMP? - Make sure identified stakeholders and organisations mentioned in the plan are on the distribution list.
- how to make the plan available/accessible to stakeholders;
- arrangements for updating the MEMP
- the number of copies required; and
- publicising the MEMP including within council.

Legal Deposit

Councils should also be aware of the legislative requirement for a copy of each plan to be provided to the State Library of Victoria. Legal deposit is required under s. 49 of the *Libraries Act 1988*. The Act requires the deposit, within two months, of every new or amended publication published in Victoria. For more information see: www.slv.vic.gov.au/services/make-legal-deposit

Municipal emergency management personnel

There are a number of positions that have important roles in municipal emergency management processes. Information on the suggested range of responsibilities for these key council roles is at Appendix 3.

Roles of Commonwealth and State Governments

The Commonwealth Government has no constitutional responsibility for local safety and emergency services. But, it is responsible for the military defence of Australia and the civil defence of the Australian community during hostilities.

The Commonwealth supports emergency management in the states and territories in various ways. These include the provision of funds to the States to support emergency management and community resilience initiatives, and the direct involvement of Commonwealth agencies such as the Bureau of Meteorology, Centrelink and the Australian Defence Force.

Part 6 - Municipal Emergency Management Planning Arrangements

State departments and agencies are responsible for providing emergency and emergency related services to the community, such as policing, social welfare and recovery services, agriculture, education, health and ambulance, land use planning policy, building control policy, and fire, rescue and other emergency services.

These services are delivered through regional offices/local branches, brigades/units and councils.

Related Documents

- *Emergency Management Manual Victoria* (EMMV): Available in downloadable pdf format at www.emv.vic.gov.au/policies/emmv
- *Emergency Relief Handbook*: www.dhs.vic.gov.au/emergency
- Practice Note: *Operation of a Municipal Emergency Co-ordination Centre* at www.mav.asn.au and search under the following links: Policy & services>Emergency management>Municipal Emergency Management Enhancement Group
- Practice Note: *Sourcing Supplementary Emergency Response Resources from Municipal Councils*: www.mav.asn.au and search under the following links: Policy & services>Emergency Management>Municipal Emergency Management Enhancement Group..

Appendix 1 – Suggested Structure and Content of a Municipal Emergency Management Plan

PART ONE – INTRODUCTION

1. Agency and Municipal Council endorsement
2. Audit report
3. Aim
4. Objectives

PART TWO – BACKGROUND

1. Context
2. Area Characteristics
 - a. Topography
 - b. Demography
 - c. Vulnerable persons: community organisations and facilities
 - d. Municipal locations map
 - e. History of emergencies

PART THREE – PLANNING ARRANGEMENTS

1. Planning structures and responsibilities
2. Audit requirements and process

PART FOUR – PREVENTION/MITIGATION ARRANGEMENTS

1. Background/Introduction
2. Hazard, Exposure, Vulnerability and Resilience
3. Risk assessment process and results
4. Treatment plans
5. Monitoring and review

PART FIVE: RESPONSE ARRANGEMENTS

1. Introduction
2. Command, Control, Coordination
3. Local response arrangements and responsible agencies
4. Municipal Emergency Coordination Centre(s) (MECC)
5. Financial considerations
6. Neighbourhood Safer Places (Places of Last Resort) and Fire Refuges
7. Planning for cross boundary events
8. Resource sharing protocols
9. Debriefing arrangements
10. Response/Recovery transition

PART SIX – RELIEF and RECOVERY ARRANGEMENTS

1. Introduction
2. Overview
3. Objectives of the Relief and Recovery
4. Management structure
5. Summary of relief and recovery arrangements, roles and responsibilities
 - a. Role of Department of Health and Human Services in Recovery
 - b. Supply of Goods/Services
 - c. Counselling, Emergency Grants and Temporary Accommodation
 - d. Public Funding
6. Government Assistance Measures

APPENDICES**A ADMINISTRATION**

- Amendment History
- Distribution List
- Contact Directory

B SPECIAL PLANS AND ARRANGEMENTS (a list may be sufficient), including:**MUNICIPAL LEVEL**

- Neighbourhood Safer Places (places of last resort)
- Community Fire Refuges
- Municipal Fire Management Plan
- Municipal Flood Management Plan (as required)
- Municipal Emergency Coordination Centre
- Emergency Relief Centres
- Others

COUNCIL

- Council Relief and Recovery Plan
- Other plans and standard operating procedures

C MAPS

Appendix 2 – Audit Questions



- 1 Describe and demonstrate how the MEMP reflects and incorporates the characteristics of the municipal district.
- 2 Describe how Council has prepared and maintained the MEMP in relation to the identification, use and coordination of municipal resources for emergency management activities.
- 3 Outline who has been appointed by the Council, to coordinate, support and manage municipal emergency management activities.
- 4 Provide evidence that the Council has appointed a Municipal Emergency Management Planning Committee (MEMPC) and that the plan identifies appropriate representation of agencies/ groups.
- 5 How often and under what circumstances does the MEMPC convene?
- 6 Explain the process by which the MEMP has been developed and maintained.
- 7 Explain how the MEMP has been reviewed by the MEMPC and the frequency.
- 8 Explain the process by which the contact directory is reviewed, updated and maintained.
- 9 Provide evidence that the MEMP has been presented to the Municipal Council for consideration.
- 10 Explain the process for the distribution of amendments to the MEMP, and to whom.
- 11 Describe and elaborate on the linkages between the MEMP and other municipal plans or strategies.
- 12 Outline the process by which the emergency risk management process is conducted and reviewed.
- 13 Explain what process has been undertaken to analyse and evaluate the identified risks.
- 14 Outline the process which was undertaken to develop an action plan for the treatment of risks.
- 15 Provide evidence that sub-plans are consistent with the risk profile of the municipal district.
- 16 Explain and demonstrate where the MEMP addresses the frequency of and details for exercises, which test elements of the MEMP.
- 17 Demonstrate that arrangements are in place for community awareness and information.
- 18 Demonstrate how the MEMP has considered and identified the response arrangements and whether these are consistent with State and Regional level plans.
- 19 Outline what procedures and arrangements are in place for the management of municipal response activities.

Part 6 - Municipal Emergency Management Planning Arrangements

- 20 Demonstrate how the MEMP has considered and identified the emergency relief and recovery arrangements and whether these are consistent with Regional and State Emergency Relief and Recovery Plans.
- 21 Outline the procedures and policies in place for municipal emergency relief arrangements in relation to the coordination, management and provision of emergency relief activities.
- 22 Outline the procedures and policies in place for municipal recovery arrangements in relation to the coordination, management and service provision of emergency recovery activities.
- 23 Outline what procedures and arrangements are in place for municipal emergency relief and recovery arrangements in relation to the gathering and processing of information.
- 24 Outline what procedures and arrangements are in place for the establishment and functioning of Community Recovery Committee.

Appendix 3 – Key Municipal Emergency Management Roles – Indicative Functions

Councils are required by the 1986 Act to appoint functional positions in relation to emergency management, including the Municipal Emergency Resource Officer(s) (MERO) who is responsible for the coordination of municipal resources to be used in emergency response and recovery operations. These positions will almost certainly also have a role in the MEMP process.

In addition, while not having a legislative basis, additional managerial roles such as Municipal Recovery Manager (MRM) and Municipal Emergency Manager (MEM) may assist in the planning for, and the delivery of council's emergency management roles and responsibilities.

For more information on these roles in connection with their responsibilities in the operation of a Municipal Emergency Coordination Centre see the Practice Note - *Operation of a Municipal Emergency Co-ordination Centre*.

In addition to municipal personnel, the VicPol Municipal Emergency Response Coordinator (MERC) plays an important role in the MEMP process to ensure that proper response plans are in place and that the municipal district arrangements are appropriate. For more information on the MERC role see the State Emergency Response Plan, Part 3 of this Manual.

Municipal Emergency Resource Officer

The 1986 Act requires each council to appoint a Municipal Emergency Resource Officer/s (MERO).

The role of the MERO is to:

- coordinate municipal resources in emergency response¹⁴;
- provide council resources when requested by emergency services or police during response activities;
- maintain effective liaison with emergency agencies within or servicing the municipal district;
- maintain an effective contact base so municipal resources can be accessed on a twenty-four hour basis;
- keep the municipal emergency coordination centre(s) prepared to ensure prompt activation if needed;
- liaise with the MEM and the MRM on the best use of municipal resources;
- organise a response debrief if requested by the Municipal Emergency Response Coordinator (MERC), an appointee of Victoria Police;
- ensure procedures and systems are in place to monitor and record expenditure by the council in relation to emergencies; and
- perform other duties as determined.

¹⁴ The MERO is also responsible for coordination of municipal recovery resources if no municipal recovery manager is appointed

Municipal Recovery Manager

The MRM should be a senior officer, as the recovery process can involve many aspects of council's activities over a considerable period. If the MERO is also the MRM, special planning is needed to minimise a clash of priorities in the early stages of dealing with emergencies, as response and recovery activities will be operating simultaneously.

The role of the MRM to:

- coordinate municipal and community resources for recovery;
- assist with collating and evaluate information gathered in the post-impact assessment;
- establish priorities for the restoration of community services and needs;
- liaise with the MEM and MERO on the best use of municipal resources;
- establish an information and coordination centre at the municipal offices or a location more appropriate to the affected area;
- liaise, consult and negotiate with recovery agencies and council on behalf of the affected area and community recovery committees;
- liaise with the regional recovery committee and Department of Health and Human Services;
- undertake other specific recovery activities as determined.

Municipal Emergency Manager (Suggested)

The suggested roles and responsibilities for the MEM are;

- chair the Risk Management Group;
- coordinate a range of risk reduction activities to ensure maximum efficiency and synergy is obtained;
- liaise with the community on all safety matters and support staff and groups designated to deal with specific risks;
- track the progress of risk treatment programs.
- chair the MEMPC;
- ensure the MEMPC is effective and current;
- ensure that municipal resources are utilised effectively in a community emergency, for response and recovery activities;
- coordinate the emergency management activities of, and liaise closely with the MERO, MRM and MFPO;
- ensure that an MECC can be activated at short notice in event of an emergency;
- arrange meetings of the MEMPC or the Municipal Emergency Coordination Group as appropriate during an emergency;
- maintain effective liaison with all regional, state or Commonwealth emergency related agencies servicing the municipal district;
- ensure that an effective contact base is maintained so that municipal resources can be accessed on a 24-hour basis;

- ensure that contractual arrangements with contractors to provide response or recovery support during an emergency are agreed to and documented in advance of such events;
- ensure that appropriate operating procedures and processes are developed, documented and tested by those required to use them during an emergency, and that suitable training takes place;
- ensure that appropriate procedures, processes and systems are in place to record and monitor any council expenditure specifically applicable to an emergency;
- ensure that applications for expenditures eligible for assistance from State sources are submitted to appropriate agencies;
- ensure that debriefing sessions are held for any response and recovery operation after an emergency to examine effectiveness of the MEMP, and upgrade it as necessary;
- keep the Council and Chief Executive informed on emergency management activities, including the presentation of an annual report on activities that includes expenditure incurred by the council during the previous 12 months.

Municipal Fire Prevention Officer (MFPO)

The Country Fire Authority Act and the *Metropolitan Fire Brigades Act 1958* require each municipal council to appoint a fire prevention officer (generally known as a Municipal Fire Prevention Officer) and any number of assistant fire prevention officers.

With the introduction of the Integrated Fire Management Planning framework, a Municipal Fire Management Plan may be developed as a sub-plan to the MEMP or the risk may be dealt with by the MEMP.

The role of the MFPO is to:

- undertake and regularly review council's fire prevention planning and plans (together with the Municipal Fire Management Planning Committee (MFMP), if one exists);
- liaise with fire services, brigades, other authorities and councils regarding fire prevention planning and implementation;
- advise and assist the Municipal Emergency Management Planning Committee (or MFMP) on fire prevention and related matters;
- ensure the MEMP contains reference to the Municipal Fire Management Plan;
- report to council on fire prevention and related matters;
- carry out statutory tasks related to fire prevention notices and infringement notices;
- investigate and act on complaints regarding potential fire hazards;
- advise, assist and make recommendations to the general public on fire prevention and related matters;
- issue permits to burn (under s. 38 of the Country Fire Authority Act); and
- facilitate community fire safety education programs and support Community Fireguard groups in fire-prone areas. Support fire

Part 6 - Municipal Emergency Management Planning Arrangements

services in the delivery of community fire safety education programs.

Municipal Emergency Coordination Group

It has become common practice to utilise a core group of municipal emergency management staff to manage the roles that council undertakes during emergencies.

The Municipal Emergency Coordination Group is a key municipal decision making group that includes the MERC, MERO and MRM and performs a leadership role in the MECC. There is a constant information flow and regular consultation between these positions.

The Group provides a link between the Incident Control Centre/Emergency Operation Centre, Emergency Management Liaison Officers and the MECC staff to ensure that requests for resources and any other related requirements can be addressed.

Guidelines for Municipal Fire Management Planning

Part 6A: Emergency Management Manual Victoria

Preface

These guidelines are issued to municipal emergency management planning committees by the Minister for Emergency Services.

They are published to facilitate the introduction of integrated fire management planning at municipal level, using the provisions of the *Emergency Management Act 1986*, which provides that a municipal emergency planning committee must give effect to any direction or guideline issued by the Minister. (S 21(5))

The integrated fire management planning framework is designed to support the integration, consistency and coordination of the fire management planning activities of government, the fire management sector and communities to achieve effective fire management for the State of Victoria. The State Fire Management Planning Committee has published a detailed Planning Guide about the planning process and products.

In relation to municipal councils wholly or partly in the Country Area of Victoria, a municipal fire management plan prepared and endorsed in compliance with these guidelines will be deemed to fulfil section 55A of the *Country Fire Authority Act 1958* which requires them to have a municipal fire prevention plan with certain defined contents. (Note that while the Country Fire Authority Act requires each council in its area to have a municipal fire prevention plan, the appointment of a municipal fire prevention committee (s. 54) is at the discretion of the Authority, and is not mandatory.)

The municipal fire management plan prepared under these Guidelines will be a sub-plan of the municipal emergency management plan. It may be prepared by the Municipal Emergency Management Planning Committee or a sub-committee (the Municipal Fire Management Planning Committee) appointed for the purpose.

In due course, the Country Fire Authority Act and the *Metropolitan Fire Brigades Act 1958* may be amended to provide a specific statutory requirement for municipal fire management planning across the State.

These guidelines are published to enable Municipal Emergency Management Planning Committees to implement the municipal level of integrated fire management planning. **These are interim guidelines specifically designed for the implementation phase of integrated fire management planning, and will be reviewed and replaced as implementation progresses.**

Contents

6A.1	Decision to establish a Municipal Fire Management Planning Committee	6A-1
6A.2	Municipal Fire Management Planning Committee: Suggested Terms of Reference ...	6A-2
	Purpose	6A-2
	Membership.....	6A-2
	Role of the Committee.....	6A-2
	Governance.....	6A-3
	Reporting.....	6A-3
	Support.....	6A-3
	Schedule of Meetings.....	6A-3
6A.3	Municipal Fire Management Planning	6A-4
	Planning Process.....	6A-4
6A.4	Plan Endorsement and Adoption.....	6A-4
6A.5	Contents of the Municipal Fire Management Plan	6A-5

6A.1 Decision to establish a Municipal Fire Management Planning Committee

While these Guidelines are primarily about the development of the municipal fire management plan, an initial decision for the Municipal Emergency Management Planning Committee (MEMPC) will be whether to form a Municipal Fire Management Planning Committee (MFMP). The decision should be based on the level and nature of the fire risk in each municipal district.

This will be determined by a review of fire risk assessments already undertaken including through the Community Emergency Risk Assessment (CERA) process. This review will be informed by the fire services using their expertise, information and tools at their disposal and facilitated by the relevant Fire Planning Network Manager. The review will identify the complexity of any fire risk, consider the level and range of potential consequences from historic and potential fire events for the municipal district and determine the need to form a MFMP.

To facilitate the development and maintenance of a fire management plan it is recommended that an MFMP be a sub-committee to the MEMPC. The MEMPC will be responsible for the development and endorsement of the terms of reference for the MFMP, committee membership and overseeing the election of the Chair of the MFMP.

In municipal districts where the risk from fire does not indicate the need for a specialist sub committee, the roles and responsibilities of the MFMP as set out below must be carried out by the MEMPC, including the development of a municipal fire management plan.

6A.2 Municipal Fire Management Planning Committee: Suggested Terms of Reference

Purpose

The Committee's purpose, of which the development of a municipal fire management plan is part, is to provide a municipal-level forum to build and sustain organisational partnerships, generate a common understanding and shared purpose with regard to fire management and ensure that the plans of individual agencies are linked and complement each other.

Membership

The Municipal Fire Management Planning Committee, appointed by the Municipal Emergency Management Planning Committee, has representation from the following organisations:

- Municipal council
- Relevant Fire Service(s)
 - Country Fire Authority
 - Department of Environment, Land, Water and Planning
 - Metropolitan Fire Brigade
- Other members as required.

Role of the Committee

The Committee is to:

- plan for fire management in a manner that coordinates fire management activities across agencies
- provide information to and engage with the community on matters related to fire management planning
- using the planning guide issued by the State Fire Management Planning Committee, draft a Municipal Fire Management Plan for recommendation to the MEMPC and comment by the Regional Strategic Fire Management Planning Committee, prior to consideration by the Council
- monitor, review and report on the delivery of the Municipal Fire Management Plan
- advocate to the Regional Strategic Fire Management Planning Committee for municipal fire management needs
- work with the Municipal Emergency Management Planning Committee to align planning activities

- share knowledge and create an environment of continuous improvement.

Governance

The Municipal Fire Management Planning Committee is established and undertakes planning as a sub-committee of the Municipal Emergency Management Planning Committee formed under s. 21(3) of the *Emergency Management Act 1986*.

- The MFMPC will be chaired from within its membership
- The MFMPC will receive support and guidance from the Regional Strategic Fire Management Planning Committee
- Composition will be as determined by the MEMPC.

Reporting

The Municipal Fire Management Planning Committee will report quarterly to the Municipal Emergency Management Planning Committee and the Regional Strategic Fire Management Planning Committee.

Support

Administrative support requirements will be determined by the committee and resourced through committee members where possible.

Planning processes will be managed and supported with technical expertise by relevant fire services.

Schedule of Meetings

The Committee will meet at least once every quarter unless otherwise required.

6A.3 Municipal Fire Management Planning

Planning Process

The State Fire Management Planning Committee is responsible for providing direction and support to implement integrated fire management planning at regional and municipal levels. It has developed a detailed guide to assist committees in undertaking the planning process for integrated fire management.

A rigorous planning process is required to ensure integrated fire management planning is successfully implemented. This planning process supports the multi-agency approach to fire management. Fire management planning committees will work cooperatively and collaboratively on the development and implementation of plans through:

- implementing common planning models and methodologies
- allocating resources and responsibilities
- participating in common decision-making through the committee process
- collaboratively delivering fire management activities
- engaging cooperatively.

6A.4 Plan Endorsement and Adoption

The MEMPC/MFMPC shall seek endorsement, by signature, of the draft plan from committee and, where appropriate, non-committee members with responsibilities and accountabilities under the plan.

Once endorsed by the Municipal Emergency Management Planning Committee, the plan will be sent to the Regional Strategic Fire Management Planning Committee for comment, prior to the recommendation to council for consideration.

For councils wholly or partly within the Country Area of Victoria, the Municipal Fire Management Plan as adopted by council will be deemed to meet the requirement for a municipal fire prevention plan under S 55A(1) of the Country Fire Authority Act, provided that it contains the provisions as set out in S 55A(2).

6A.5 Audit

For councils wholly or partly within the Country Area of Victoria, the Municipal Fire Management Plan will also be audited under S 55B of the *Country Fire Authority Act 1958*. For other councils, audit arrangements will be determined prior to the initial audit of the Municipal Fire Management Plan.

6A.6 Contents of the Municipal Fire Management Plan

Section	Heading	Suggested Contents
1	Introduction	<ul style="list-style-type: none"> Context and starting point to engage the reader into the fire management planning process, including <ul style="list-style-type: none"> authority for the plan and planning processes period of the plan summary of the plan preparation process stakeholder analysis community and organisational engagement process
2	Engagement and communications	<ul style="list-style-type: none"> Summary of process undertaken and its outcomes
3	Summary of the environmental scan	<ul style="list-style-type: none"> Description of the municipal district, including demographic and geographic characteristics Outputs of environmental scanning, e.g. <ul style="list-style-type: none"> values of the region/municipal district assumptions about the future of the region/municipal district, and their implications for fire management
4	Municipal fire management objectives	<ul style="list-style-type: none"> Alignment to regional objectives Objectives and outcomes proposed Strategic directions Required links to other business planning and program development of key stakeholders
5	Fire management risk strategies	<ul style="list-style-type: none"> Matrix of the priority risks in the municipal district showing management strategies, including <ul style="list-style-type: none"> physical and geographical risks as well as systems risks treatments and actions to implement fire management objectives timelines* responsible agencies
6	Improvement and plan reporting and review processes	<ul style="list-style-type: none"> Detail intentions to <ul style="list-style-type: none"> monitor, evaluate and report on plan outcomes review and update plan itself
7	Attachments	<ul style="list-style-type: none"> Including: <ul style="list-style-type: none"> maps where appropriate reference and linkages with any local plans where appropriate

* planning cycle for municipal-level treatment activities is 3 years

NB: In the country area of Victoria, the municipal fire management plan must contain provisions as required by S 55A(2) of the *Country Fire Authority Act 1958*.

Emergency Management Agency Roles

Part 7: Emergency Management Manual Victoria

Contents

CONTROL AND SUPPORT AGENCIES FOR RESPONSE.....	7-1
SUPPORT SERVICES FOR RESPONSE.....	7-5
ASSISTANCE AND AGENCIES FOR RELIEF AND RECOVERY	7-6
AGENCY ROLE STATEMENTS	7-19
Airservices	7-20
Ambulance Victoria.....	7-22
Australian Defence Force: Victoria	7-24
Australian Energy Market Operator (AEMO)	7-25
Australian Government Department of Home Affairs.....	7-26
Australian Government Department of Human Services	7-27
Australian Maritime Safety Authority.....	7-28
Australian Red Cross.....	7-29
Australian Transport Safety Bureau.....	7-30
Bureau of Meteorology	7-31
Catchment Management Authorities	7-32
CityLink.....	7-34
Coroners Court of Victoria	7-35
Country Fire Authority.....	7-36
Department of Education and Training.....	7-38
Department of Environment, Land, Water and Planning	7-39
Department of Health and Human Services	7-45
Department of Jobs, Precincts and Regions.....	7-48
Department of Justice and Community Safety.....	7-52
Department of Premier and Cabinet.....	7-54
Department of Transport (including Head, Transport for Victoria).....	7-56
Department of Treasury and Finance	7-59
EastLink.....	7-60
Emergency Broadcasters	7-61
Emergency Management Commissioner.....	7-62
Emergency Management Victoria.....	7-63
Emergency Services Telecommunications Authority (ESTA).....	7-65
Energy Safe Victoria.....	7-66
Environment Protection Authority	7-68
Fire Rescue Victoria	7-70
Foodbank Victoria.....	7-72
Inspector-General for Emergency Management.....	7-73
Insurance Council of Australia Ltd.....	7-74

Lend Lease (Peninsula Link)	7-75
Life Saving Victoria	7-76
Melbourne Water	7-77
Municipal Councils	7-79
National Offshore Petroleum Safety and Environmental Management Authority	7-81
NBN Co	7-82
Parks Victoria	7-83
Rural Assistance Commissioner	7-85
Salvation Army - Victorian Emergency Services	7-86
St John Ambulance Australia (Vic.)	7-87
Telstra Corporation Limited	7-88
Transport Safety Victoria	7-89
VicRoads	7-90
Victoria Police	7-92
Victoria State Emergency Service	7-93
Victorian Building Authority	7-94
Victorian Council of Churches	7-95
Victorian Fisheries Authority	7-96
Victorian Institute of Forensic Medicine	7-97
Victorian Managed Insurance Authority	7-99
Victorian Ports Corporation (Melbourne)	7-100
Victorian Regional Channels Authority	7-101
VicTrack	7-102
Volunteer Search and Rescue Organisations	7-103
Volunteer Marine Search and Rescue Organisations	7-104
Water Corporations	7-105
Wireless Institute Civil Emergency Network (WICEN)	7-106
WorkSafe Victoria (Victorian WorkCover Authority)	7-107

Control and Support Agencies for Response

The purpose of this table, required by the *Emergency Management Act 2013*, is to identify control agencies and key support agencies for response. Response planners should use it as a guide to agencies that need to be included in response plans. It does not list all agencies that may be involved in any particular emergency. Nor does it list all emergencies that may be encountered.

In using this table, reference should be made to the *State Emergency Response Plan* (Part 3 of this manual) for an explanation of response concepts and operational arrangements. The general responsibilities of control and support agencies are listed in the *State Emergency Response Plan* (Part 3 Appendix A of this manual).

Refer to Part 8 of this manual, for explanations of abbreviations and technical terms.

Traditional Owners who are party to Indigenous Land Use Agreements with the Victorian Government should be involved and consulted in accordance with the requirements of the agreement, when managing emergencies.

Control Agency

A control agency is an agency identified within this table that is the primary agency responsible for responding to a specified type of emergency. The control agency may change as the emergency progresses or is clarified.

There are complex emergencies where a shared accountability across a number of agencies occurs. In these cases there is a need for a single agency to be responsible for the collaborative response of all the agencies. For the purposes of consistency, the term control agency will be used to describe this lead agency role.

Where an emergency type is not listed or where there is uncertainty in identifying a control agency, the Emergency Management Commissioner or relevant emergency response coordinator will determine the control agency. The control agency will generally be the agency with a role or responsibility that is most closely aligned to the emergency.

The control agency is based on the major effect of the incident/event rather than the cause and control can be transferred when the major effect of the incident/event reduces and another effect becomes more important.

Where multiple control agencies are listed, the control agency responsibility is delineated through legislation or administrative arrangements. Refer to agency role statements for clarification.

Support Agency

A support agency is an agency that provides essential services, personnel or material to support or assist a control agency or affected persons.

Any agency may be requested to assist in any emergency if it has skills, expertise or resources that may contribute to the management of the emergency.

There are generic support services and support agencies listed in the Support Services for Response table.

Emergency Management Manual Victoria

Emergency (as per the Emergency Management Act 2013)	Form of emergency	Control agency (agency with the primary responsibility for responding to the emergency)	Class of major emergency
An earthquake, flood, wind- storm or other natural event	Earthquake	VICSES	1
	Flood	VICSES	1
	Heat	EMC	2
	Storm	VICSES	1
	Tsunami	VICSES	1
	Landslide	VICSES	1
Fire and explosion	Aircraft	ARFF /CFA/FRV	1 (2 if ARFF)
	Boilers and pressure vessels	CFA/FRV	1
	Explosion	CFA/FRV	1
	Explosive device	Victoria Police	3
	Fire	CFA/FRV/DELWP	1
Road accident or any other accident	Aircraft	Victoria Police	2
	Biological materials (including leaks and spills)	DHHS	2
	Gas leakage	CFA/FRV	1
	Hazardous materials, high consequence dangerous goods or dangerous goods (including leaks and spills)	CFA/FRV/ARFF	1 (2 if ARFF)
	Lifts, cranes or scaffolding and amusement structures	CFA (excl. cranes)/FRV	1
	Building collapse	CFA/FRV/VICSES	1
	Dam safety	DELWP	2
	Marine (not including marine pollution)	Victoria Police	2
	Military aircraft and ships	Defence Force	2
	Radioactive materials (including leaks and spills)	DHHS	2
	Rail and tram	Victoria Police	2
	Road	Victoria Police	2
	Aircraft – inflight emergency	Airservices Australia	2
	Maritime casualty – non SAR (all vessels) in commercial and local port waters	Commercial or Local Port Manager ^{1/} TSV	2
	Maritime casualty – non SAR (all vessels in coastal waters) not in commercial and local port waters	TSV	2
	Cetacean (whale and dolphin) stranding, entanglement and vessel strike	DELWP	2

¹ Commercial Port Manager for this purposes of this table are the following: Port of Hastings; Port of Portland; Port of Gippsland; Victorian Ports Corporation (Melbourne)

Part 7 – Emergency Management Agency Roles

Emergency (as per the Emergency Management Act 2013)	Form of emergency	Control agency (agency with the primary responsibility for responding to the emergency)	Class of major emergency
Plague or an epidemic or contamination	Chemical contamination of livestock or agricultural produce (agricultural or veterinary)	DJPR	2
	Exotic animal disease (includes bees and aquaculture)	DJPR	2
	Plant pest or disease	DJPR	2
	Marine pollution oil spills in Victorian coastal waters up to three nautical miles	DoT/ Port Manager	2
	Wildlife affected by marine pollution	DELWP	2
	Exotic marine pest incursion	DJPR	2
	Vertebrate pest/plagues	DJPR	2
	Retail food contamination	DHHS	2
	Food/drinking water contamination	DHHS	2
	Human disease	DHHS	2
	Blue-green algae	DELWP	2
	Non-hazardous pollution of inland waters	DELWP	2
	Shark hazard	Victorian Fisheries Authority	2
A warlike act or act of terrorism, hijack, siege or riot	A warlike act or act of terrorism, hijack, siege or riot	Victoria Police	3
	Other threats against persons, property or environment	Victoria Police	2
A disruption to an essential service	Food supply, critical infrastructure damage or disruption	Victoria Police	2
	Electricity	DELWP	2
	Natural gas	DELWP	2
	Petroleum and liquid fuels	DELWP	2
	Public transport	DoT	2
	Roads/bridges/tunnels	DoT	2
	Drinking water and sewerage services	DELWP	2
	Cyber Security	DPC	2
Rescue <i>(note – not listed in the EM Act 2013 and potentially a support service)</i>	Building, structure	CFA/FRV/VICSES	1
	Cave	Victoria Police	2
	Land	Victoria Police	2
	Lift, crane, scaffolding or amusement structure	CFA/FRV	1
	Mine/quarry	Victoria Police	2
	Rail, aircraft and industrial	CFA/FRV/VICSES	1
	Road	CFA/FRV/VICSES	1

Emergency Management Manual Victoria

Emergency (as per the Emergency Management Act 2013)	Form of emergency	Control agency (agency with the primary responsibility for responding to the emergency)	Class of major emergency
	Trench or tunnel	FRV	1
	Water	Victoria Police	2
Search (as above)	Land	Victoria Police	2
	Water	Victoria Police / AMSA	2
	Overdue aircraft	AMSA	2

Support Services for Response

In addition to the list of control agencies, there are a range of functional support services for response. All agencies listed in Part 7 of this manual, may potentially be support agencies in the event of an emergency, where they have the skills, expertise or resources to contribute to the management of an emergency. Refer to each agency's role statement for a list of the services provided.

The agency with portfolio responsibility for the subject area will generally be the lead agency for the functional area and will coordinate the involvement of service providers within the portfolio.

Functional support area	Lead agency (state)
Agriculture	DJPR
Animal Welfare (livestock and companion animals)	DJPR
Animal Welfare (wildlife)	DELWP
Ambulance / first aid	AV
Business and industry	DJPR
Coronial services	Coroner's Court of Victoria
Courts, corrections and consumer affairs	DJCS
Deceased person identification	Victoria Police
Earth resources (mines)	DJPR
Education	DET
Emergency services telecommunications	ESTA
Energy (including electricity, gas and liquid fuels)	DELWP
Environmental impact (air, land and water quality)	EPA
Health and human services	DHHS
Health command	AV
Local government	DELWP
Media/communications	EMV
Public land	DELWP
Public transport	DoT
Responder agencies	CFA, FRV, DELWP, VICSES
Roads	DoT
Spatial data	DELWP
Specific facilities (including secure facilities)	Owner or manager
State Government	DPC
Telecommunications	DJPR
Tourism	DJPR
Transport (including airports and ports)	DoT
Water and sewerage	DELWP
Weather	BOM
Worksafe	Victorian WorkSafe Authority

Assistance and Agencies for Relief and Recovery

The tables below provide a guide for relief and recovery planners to understand the range and types of assistance, and the providers of each, to support community relief and recovery.

They must be read in conjunction with the *State Emergency Relief and Recovery Plan* (Part 4 of this manual).

The information shown is in summary form. Refer to the Agency Role Statements following these tables for further details or consult agencies directly. For government post-emergency assistance measures and eligibility refer to Part 8: Appendix 1 of this manual.

This guide does not preclude the provision of these or additional services by others than those shown, provided they are managed within the relief and recovery coordination arrangements outlined in *State Emergency Relief and Recovery Plan* (Part 4 of this manual).

Acronyms, abbreviations and a glossary of terms are provided in Part 8 of this manual.

Relief

Relief is defined as ‘the provision of assistance to meet essential needs of individuals, families and communities during and in the immediate aftermath of an emergency’.

State relief is the responsibility of Emergency Management Victoria, supported by Australian Red Cross. Regional relief coordination is the responsibility of the Department of Health and Human Services and municipal relief coordination is the responsibility of municipal councils.

Relief assistance is grouped into the following areas of responsibility. Each area has a lead coordinating agency/ies responsible for:

- Coordinating strategic information sharing, to facilitate activities listed under that area of responsibility
- Monitoring relief issues, risks, progress and capacity issues
- Determining and implementing appropriate communication and information sharing mechanisms with relevant departments, agencies and key stakeholders to facilitate the above
- Reporting progress and issues to the Relief and Recovery Manager at the next higher level

Part 7 – Emergency Management Agency Roles

Each relief area of responsibility is summarised below.

RELIEF			
<i>The provision of assistance to meet essential needs of individuals, families and communities during and in the immediate aftermath of an emergency</i>			
FUNCTIONAL AREA (lead coordinating agency)	ACTIVITIES	INCIDENT / LOCAL LEAD	SUPPORT AGENCIES
Emergency Shelter (DHHS)	<ul style="list-style-type: none"> Arrange emergency shelter and accommodation for displaced households 	<ul style="list-style-type: none"> Municipal council 	<ul style="list-style-type: none"> DHHS
Food and Water (Aust. Red Cross)	<ul style="list-style-type: none"> At regional and state levels, Red Cross coordinates food and water including support from agencies, and provides support at the local level when requested 	<ul style="list-style-type: none"> Red Cross 	<ul style="list-style-type: none"> Salvation Army Foodbank Victoria
Reconnecting family and friends (VicPol, Aust. Red Cross)	<ul style="list-style-type: none"> Operate Register.Find.Reunite in relief centres, enquiry centres or online, to reconnect people with family, friends and their communities 	<ul style="list-style-type: none"> VicPol 	<ul style="list-style-type: none"> Aust. Red Cross
Disbursement of material aid (non-food items) (Salvation Army)	<ul style="list-style-type: none"> Provide essential material aid (non-food items) to emergency affected persons including clothing, bedding and other personal requisites. 	<ul style="list-style-type: none"> Salvation Army 	
Emergency financial assistance (DHHS)	<ul style="list-style-type: none"> Administer relief payments through the personal hardship assistance program, to help individuals meet their basic needs 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Australian Government Department of Human Services
Animal welfare (DJPR, DELWP)	<ul style="list-style-type: none"> DJPR is the primary agency for animal welfare (other than wildlife) support services DELWP is the primary agency to respond to wildlife welfare Municipal councils are responsible for housing of displaced and lost/stray companion animals 	<ul style="list-style-type: none"> DJPR DELWP Municipal Councils 	<ul style="list-style-type: none"> Municipal Councils VFF RSPCA Australian Veterinary Association

Emergency Management Manual Victoria

Drinking water for households (DELWP)	<ul style="list-style-type: none"> • Provide drinking water to households 	<ul style="list-style-type: none"> • Local water corporation 	<ul style="list-style-type: none"> • DELWP • Municipal Councils • DHHS
Food and grocery supply logistics continuity (DJPR)	<ul style="list-style-type: none"> • DJPR will support food and grocery supply logistics continuity planning and operations with the major food distribution operators 	<ul style="list-style-type: none"> • DJPR 	
Health and Medical assistance and first aid (Ambulance Victoria)	<ul style="list-style-type: none"> • Provide pre hospital care to people affected by emergencies • Establish field primary care clinics • Provide other health and medical relief assistance measures 	<ul style="list-style-type: none"> • Ambulance Victoria 	<ul style="list-style-type: none"> • St John Ambulance • DHHS
Community information (Control agency)	<ul style="list-style-type: none"> • Provide relief and recovery information to assist communities to make informed decisions about their safety 	<ul style="list-style-type: none"> • Control agency 	
Psychosocial support (DHHS)	<ul style="list-style-type: none"> • Personal support (psychological first aid and emotional-spiritual care) in relief and recovery centres and through community outreach 	<ul style="list-style-type: none"> • Municipal Councils 	<ul style="list-style-type: none"> • Aust. Red Cross • VCC EM

Recovery

Recovery is defined as ‘the assisting of persons and communities affected by emergencies to achieve an effective level of functioning’.

State recovery coordination is the responsibility of Emergency Management Victoria at state level, the Department of Health and Human Services at regional level, and municipal councils at the local level. Recovery assistance is arranged into four environments of *social, economic, built and natural*. Each environment has one or more functional areas that bring together a number of related recovery activities to address specific community needs.

The four recovery interrelated environments described below provide a framework within which recovery can be planned, reported, monitored and evaluated. They do not have a single agency responsible for their coordination.

Functional areas describe a community need and bring together a number of related recovery activities. They provide the sector and broader public with a clear understanding of relief and recovery services and the agency responsible for coordinating them. There are fourteen functional areas across the four environments.

The coordinating agency for a recovery functional area will be responsible for:

- overseeing the service delivery of recovery elements for that function
- monitoring and reporting risks, consequences, progress and capacity issues to ensure service delivery is being achieved to impacted communities in a timely manner
- determining and implementing appropriate communication and information sharing mechanisms with relevant departments, agencies and key stakeholders to facilitate the above
- reporting progress and issues to the State Relief and Recovery Manager

Each functional area has a number of recovery activities. An activity is a defined recovery program, service or product that is delivered to assist a community in its recovery. Every activity has a State Government lead agency responsible for its delivery, often with several other agencies supporting them. Community needs will determine if the recovery activity is required.

Recovery environments and functional areas are as follows.

SOCIAL ENVIRONMENT			
<i>The social environment considers the impact an event may have on the health and wellbeing of individuals, families and communities. This environment is primarily concerned with safety, security and shelter, health and psychosocial wellbeing.</i>			
FUNCTIONAL AREA (lead coordinating agency)	ACTIVITIES	LEAD	SUPPORT
<p style="text-align: center;">Housing and Accommodation (DHHS)</p> <p>Assist people displaced by the emergency to access temporary accommodation, and return to permanent housing as soon as possible</p>	<ul style="list-style-type: none"> Support securing interim accommodation 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Municipal Councils Community Housing agencies
	<ul style="list-style-type: none"> Advice to councils on interim accommodation standards for displaced people 	<ul style="list-style-type: none"> DHHS 	
	<ul style="list-style-type: none"> Survey and make a determination regarding occupancy of damaged buildings 	<ul style="list-style-type: none"> Municipal Councils 	
	<ul style="list-style-type: none"> Building advice and information to residents 	<ul style="list-style-type: none"> VBA 	<ul style="list-style-type: none"> Municipal Councils
	<ul style="list-style-type: none"> Transition to permanent housing 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Community Housing agencies
<p style="text-align: center;">Individual and Household Financial Assistance (DHHS)</p> <p>Assist households to minimise the financial impact of the emergency by providing advice and financial assistance where eligible</p>	<ul style="list-style-type: none"> Personal hardship assistance program- Re-establishment assistance 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> DTF EMV
	<ul style="list-style-type: none"> Australian Government Disaster Recovery financial assistance 	<ul style="list-style-type: none"> DHHS as lead Govt liaison 	<ul style="list-style-type: none"> Aust. Government Department of Human Services
	<ul style="list-style-type: none"> Insurance advice and information to customers 	<ul style="list-style-type: none"> DTF as lead Govt liaison 	<ul style="list-style-type: none"> ICA VMIA Victoria Legal Aid

Part 7 – Emergency Management Agency Roles

<p>Psycho-social Support (DHHS)</p> <p>Support the emotional, spiritual, cultural, psychological and social needs of affected people</p>	<ul style="list-style-type: none"> Personal support (psychological first aid and emotional-spiritual care) in relief and recovery centres and through community outreach 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Aust. Red Cross VCC EM
	<ul style="list-style-type: none"> Family violence services and information 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Specialist family violence services Mental health services Private providers
	<ul style="list-style-type: none"> Counselling 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Mental health services Private providers
	<ul style="list-style-type: none"> Support in emergencies caused by criminal acts 	<ul style="list-style-type: none"> Victim Support Agency 	<ul style="list-style-type: none"> VCC EM
	<ul style="list-style-type: none"> Support and advice to aid schools and early childhood services 	<ul style="list-style-type: none"> DET 	
	<ul style="list-style-type: none"> Referrals to psychosocial support services for primary producers and animal owners 	<ul style="list-style-type: none"> DJPR 	<ul style="list-style-type: none"> DHHS
	<ul style="list-style-type: none"> Support for the bereaved 	<ul style="list-style-type: none"> VIFM 	<ul style="list-style-type: none"> Coroners Court DHHS VCC EM

Emergency Management Manual Victoria

<p>Health and Medical Assistance (DHHS)</p> <p>Ensure that health and medical emergency responses are coordinated and appropriate</p>	<ul style="list-style-type: none"> Public health advice 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Municipal councils
	<ul style="list-style-type: none"> Advice on wellbeing in recovery 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Municipal Councils Aust. Red Cross
	<ul style="list-style-type: none"> Primary and acute health services 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> DHHS funded health care services Other primary and acute health services and agencies
<p>Community development (EMV)</p> <p>Support communities to share responsibility in recovery activities</p>	<ul style="list-style-type: none"> Community information 	<ul style="list-style-type: none"> EMV 	<ul style="list-style-type: none"> DHHS Municipal Councils
	<ul style="list-style-type: none"> Formation, leadership and support of Municipal/Community Recovery Committees 	<ul style="list-style-type: none"> Municipal Councils 	<ul style="list-style-type: none"> DHHS
	<ul style="list-style-type: none"> Local Community Events 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> DJPR
	<ul style="list-style-type: none"> Provision and staffing for Recovery/Information Centres 	<ul style="list-style-type: none"> Municipal Councils 	<ul style="list-style-type: none"> DHHS Aust. Red Cross
	<ul style="list-style-type: none"> Provision and management of community development services 	<ul style="list-style-type: none"> Municipal Councils 	<ul style="list-style-type: none"> DHHS
	<ul style="list-style-type: none"> Organisation of state-wide public appeals 	<ul style="list-style-type: none"> DPC 	<ul style="list-style-type: none"> Aust. Red Cross
	<ul style="list-style-type: none"> Coordination of spontaneous volunteers 	<ul style="list-style-type: none"> DHHS 	<ul style="list-style-type: none"> Aust. Red Cross Volunteering Victoria

Part 7 – Emergency Management Agency Roles

ECONOMIC ENVIRONMENT			
<i>The economic environment considers the direct and indirect impacts that an event may have on business, primary producers and the broader economy</i>			
FUNCTIONAL AREA (lead coordinating agency)	ACTIVITIES	LEAD	SUPPORT
Local Economies (DJPR) Mitigate the impact of emergencies on economic activity in affected communities	<ul style="list-style-type: none"> Implement available financial assistance under the DRFA to assist voluntary non-profit groups, communities and economies 	<ul style="list-style-type: none"> DTF 	<ul style="list-style-type: none"> DPC DJPR RAC
	<ul style="list-style-type: none"> Implement approved actions and projects to assist economic recovery 	<ul style="list-style-type: none"> DJPR 	
	<ul style="list-style-type: none"> Encourage and bring forward the resumption of local trade and economic activity 	<ul style="list-style-type: none"> DJPR 	
	<ul style="list-style-type: none"> Monitor broad economic impacts and consequences 	<ul style="list-style-type: none"> DJPR 	
Businesses (DJPR) Information, advice and support to businesses to facilitate good decision making and assist their recovery	<ul style="list-style-type: none"> Assist businesses to access available information and advice following an emergency 	<ul style="list-style-type: none"> DJPR 	
	<ul style="list-style-type: none"> Information and advice to small businesses to support decision making and encourage return to business 	<ul style="list-style-type: none"> DJPR 	<ul style="list-style-type: none"> Small Business Mentoring Services
	<ul style="list-style-type: none"> Implement available financial assistance under the DRFA to assist small businesses' recovery 	<ul style="list-style-type: none"> DTF 	<ul style="list-style-type: none"> RAC DJPR DPC
	<ul style="list-style-type: none"> Implement approved actions to assist business recovery 	<ul style="list-style-type: none"> DJPR 	

Emergency Management Manual Victoria

	<ul style="list-style-type: none"> • Provide opportunities for the enhancement of knowledge and skills within small businesses 	<ul style="list-style-type: none"> • DJPR 	
	<ul style="list-style-type: none"> • Coordinate the insurance industry response, information, advice and government liaison 	<ul style="list-style-type: none"> • DTF 	<ul style="list-style-type: none"> • ICA • VMIA
<p>Agriculture (DJPR)</p> <p>To assist the agriculture sector to recover and minimise long term social and economic impact on primary producers and other animal owners</p>	<ul style="list-style-type: none"> • Deliver recovery programs and advice to primary producers, and rural land managers and other animal businesses 	<ul style="list-style-type: none"> • DJPR 	<ul style="list-style-type: none"> • DPC • DTF
	<ul style="list-style-type: none"> • Implement available financial assistance under the DRFA to assist primary producers' recovery 	<ul style="list-style-type: none"> • DTF 	<ul style="list-style-type: none"> • RAC • DJPR • DPC
	<ul style="list-style-type: none"> • Provide technical advice to primary producers and rural land managers on re-establishment or alternative strategies 	<ul style="list-style-type: none"> • DJPR 	
	<ul style="list-style-type: none"> • Assist farmers repair and restore fences damaged by fire or suppression activities 	<ul style="list-style-type: none"> • DELWP • CFA 	<ul style="list-style-type: none"> • DJPR • Municipal councils

Part 7 – Emergency Management Agency Roles

BUILT ENVIRONMENT			
<i>The built environment considers the impacts that an event may have on essential physical infrastructure including essential services, commercial and industrial facilities, public buildings and assets and housing.</i>			
FUNCTIONAL AREA (lead coordinating agency)	ACTIVITIES	LEAD	SUPPORT
Energy Services (DELWP) To build resilience within the energy sector from emergencies and minimise the impact on Victoria's economy and communities	<ul style="list-style-type: none"> Electricity services assets reinstatement and return to reliable supply 	<ul style="list-style-type: none"> DELWP lead Govt Liaison 	<ul style="list-style-type: none"> AEMO Electricity businesses
	<ul style="list-style-type: none"> Gas services assets reinstatement and return to reliable supply 	<ul style="list-style-type: none"> DELWP lead Govt Liaison 	<ul style="list-style-type: none"> AEMO Gas businesses and other pipeline operators
	<ul style="list-style-type: none"> Restoration of liquid fuel supply 	<ul style="list-style-type: none"> DELWP lead Govt Liaison 	<ul style="list-style-type: none"> Fuel companies
Telecommunications (DJPR) To build resilience within the telecommunications sector from emergencies and minimise the impact on Victoria's economy and communities	<ul style="list-style-type: none"> Telecommunications assets reinstatement and return to reliable supply 	<ul style="list-style-type: none"> DJPR lead Govt Liaison 	<ul style="list-style-type: none"> Telecommunications carriers
Drinking Water and Sewerage (DELWP) Restoration of drinking water supplies and sewerage services for domestic use	<ul style="list-style-type: none"> Recovery and rehabilitation of essential water supply for domestic use 	<ul style="list-style-type: none"> DELWP Water Corporations 	
	<ul style="list-style-type: none"> Restoration of sewerage, sanitation systems and wastewater management 	<ul style="list-style-type: none"> DELWP Local water Corporations 	
	<ul style="list-style-type: none"> Replacement of essential water used in bushfire fighting 	<ul style="list-style-type: none"> DELWP CFA 	<ul style="list-style-type: none"> Local water Corporations

Emergency Management Manual Victoria

<p>Transport (DoT)</p> <p>To build resilience within the transport sector from emergencies and minimise the impact on Victoria's economy and communities</p>	<ul style="list-style-type: none"> • Airports restoration to normal activity 	<ul style="list-style-type: none"> • DoT lead Govt Liaison 	<ul style="list-style-type: none"> • Airport owners and operators • Other agencies and businesses as required
	<ul style="list-style-type: none"> • Restoration of port infrastructure 	<ul style="list-style-type: none"> • DoT lead Govt Liaison 	<ul style="list-style-type: none"> • Port Managers • Other agencies and businesses as required
	<ul style="list-style-type: none"> • Restoration of major arterial roads, bridges and tunnels 	<ul style="list-style-type: none"> • DoT 	<ul style="list-style-type: none"> • DEDJTR • VicTrack • VMIA • Infrastructure operators
	<ul style="list-style-type: none"> • Restoration of tram, bus, rail services 	<ul style="list-style-type: none"> • DoT 	<ul style="list-style-type: none"> • DJPR • VMIA
	<ul style="list-style-type: none"> • Assist with logistics interdependencies, contingencies and reconstruction 	<ul style="list-style-type: none"> • DJPR 	<ul style="list-style-type: none"> • Freight, warehouse, port, airport and railway operators • DoT • Other agencies and businesses as required

Part 7 – Emergency Management Agency Roles

Buildings and Assets (Activity Leads)	<ul style="list-style-type: none"> • Coordination of clean-up activities 	<ul style="list-style-type: none"> • Municipal Councils 	<ul style="list-style-type: none"> • EMV • DELWP
Management of risk and facilitating restoration of buildings and assets	<ul style="list-style-type: none"> • The provision of financial assistance to municipal councils for the restoration of essential municipal assets 	<ul style="list-style-type: none"> • EMV 	<ul style="list-style-type: none"> • DoT
	<ul style="list-style-type: none"> • Undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. roads, bridges, sporting facilities, public amenities, station buildings, schools, hospitals) where an agency is the manager of that respective building or asset 	<ul style="list-style-type: none"> • Respective asset managing agency 	<ul style="list-style-type: none"> • DoT
	<ul style="list-style-type: none"> • Oversight and inspection of rebuilding/ redevelopment 	<ul style="list-style-type: none"> • Municipal Councils 	
	<ul style="list-style-type: none"> • Administration of insurance claims for state assets 	<ul style="list-style-type: none"> • VMIA 	

NATURAL ENVIRONMENT			
<i>The natural environment considers the impact that an event may have on a healthy and functioning environment, which underpins the economy and society.</i>			
<i>Components of the natural environment include air and water quality; land degradation and contamination; plant and wildlife damage/ loss; and national parks, cultural and heritage sites.</i>			
FUNCTIONAL AREA (lead coordinating agency)	ACTIVITIES	LEAD	SUPPORT
Natural environment, public land and waterways (DELWP)	<ul style="list-style-type: none"> Undertake erosion control on public land 	<ul style="list-style-type: none"> DELWP/PV DoT 	<ul style="list-style-type: none"> Municipal Councils
	<ul style="list-style-type: none"> Restoration, clearing and rehabilitation of public land and assets managed directly by DELWP, PV, or CMAs 	<ul style="list-style-type: none"> DELWP/ PV 	<ul style="list-style-type: none"> CMA VMIA
Manage consequence and mitigate risk to the natural environment on public land	<ul style="list-style-type: none"> Provision of advice and information services to municipal councils and delegated public land managers and community groups 	<ul style="list-style-type: none"> DELWP EPA CMAs 	
	<ul style="list-style-type: none"> Surveying and protecting threatened bird, marsupial, aquatic and plant species 	<ul style="list-style-type: none"> DELWP 	
	<ul style="list-style-type: none"> Surveying and protecting ecosystems 	<ul style="list-style-type: none"> DELWP 	
	<ul style="list-style-type: none"> Monitoring the rehabilitation of injured wildlife 	<ul style="list-style-type: none"> DELWP 	
	<ul style="list-style-type: none"> Waste pollution management strategies 	<ul style="list-style-type: none"> DELWP 	<ul style="list-style-type: none"> EPA

Agency Role Statements

These role statements have been discussed with participating emergency management organisations for inclusion in this manual. The general format for role statements includes a categorisation of relevant activities under:

- Prevention/Mitigation/Risk Reduction
- Response
- Relief/Recovery.

Relief is grouped with recovery in this Part of the manual because the relief activities are often similar to those undertaken in the early stages of recovery.

While the role statements are believed to be current at the date of publication, readers are advised to contact the required agency to ensure that functions can still be carried out as expected.

Users of this manual are also requested to suggest additional organisations which they believe should be included in the next edition.

These role statements form part of the *State Emergency Response Plan* (Part 3 of this manual).

Other Support Agencies

The Victorian community receives significant benefit from the emergency management contributions of a wide range of volunteer groups and organisations whose operations are either quite specialised and/or available mainly in a specific locality.

These groups should be identified in relevant municipal emergency management plans and/or regional response plans or regional recovery plans, as appropriate.

This includes the range of agencies that manage public buildings and assets, who have the responsibility to undertake the assessment, restoration, clearing and rehabilitation of assets within their respective portfolio e.g. roads, bridges, sporting facilities, public amenities, schools and hospitals (refer to 'Building and Assets' functional area).

The organisations listed in this manual are those with either broad or statewide presence, Government organisations, those with a statutory emergency management involvement and some private corporations with specific roles.

Airservices

Control Agency for Aircraft – inflight emergency.

Airservices Australia is an Australian government organisation providing air traffic management, air navigation infrastructure, and aviation rescue and firefighting services.

Prevention / Mitigation / Risk Reduction Activities

Aviation safety is the single most important area of focus for Airservices. The safety of the Australian air transport system is maintained and improved by:

- Aircraft collision prevention and separation
- Airspace design
- Pilot and air traffic management procedures
- Surveillance and navigation systems
- Fire and injury prevention and risk management.

Response Activities

- Provision of an In Flight Emergency Response (IFER) service to aircraft in flight, that need assistance, and that are in communication with air traffic control
- Provision of an Alerting Post service for aircraft in emergency situations, and notification of appropriate agencies and organisations
- Assistance to the Joint Rescue Coordination Centre (JRCC) run by AMSA in the reporting and location of Emergency Locator Transmitters (ELT)
- When appropriate, the initial activation of the relevant Aerodrome Emergency Plan (AEP) on behalf of the pilot of an aircraft in need of assistance that might reach a licensed airport
- Actions in accordance with the Airport Emergency Plan at Melbourne, Essendon, Moorabbin and Avalon airports – in addition to the normal control of aircraft and the aircraft movement areas (at various times) at those airports
- Assistance to aircraft involved in emergency operations (such as extra communications, priority handling, track shortening, etc.)
- Designation of, and assistance with the management of, temporary aviation Restricted Areas in the vicinity of an emergency operation
- Provision of Aviation Rescue Fire Fighting (ARFF) service at Melbourne and Avalon Airport inclusive of:
 - ◆ A medical first responder role anywhere on the airport
 - ◆ Structural fire fighting to any airport facility
 - ◆ Initial Hazardous Materials response.

Note:

1. All airspace above all of Victoria (and also a much wider area) is managed by Airservices at Melbourne airport, except for aviation Restricted Areas – some of which are managed by various other agencies and organisations (e.g. Defence). The degree of normal service available varies – depending on the aircraft, the location, and the circumstances.
2. Licensed airports (and their AEPs) are the responsibility of the airport owner – which in many cases is the local council.

3. If aviation Search and Rescue assistance is (or may be) required, the JRCC must be notified.
4. The Australian Defence Force (RAAF) is responsible for handling emergencies connected with Defence aircraft and state aircraft of a foreign country (e.g. visiting Presidents, Prime Ministers, etc.). First response rests with the handling agency (e.g. Airservices air traffic control) at the instance of the occurrence.

Relief / Recovery Activities

Airservices works with DoT (as lead Government liaison) to deliver the following recovery activities:

- Restoring airports to normal activity
- Assisting logistics interdependencies, contingencies and reconstruction.

Ambulance Victoria

Prevention / Mitigation / Risk Reduction Activities

- Provide appropriate pre-hospital leadership, skills and equipment through planning for various health emergencies, including mass casualty incidents
- Undertake and participate in research to improve pre-hospital clinical skills and patient outcomes
- Active participation and representation in emergency management committees and forums at all tiers (municipal, regional and state)
- Coordinate and participate in training and exercises to maintain a high level of preparedness for all emergencies, including mass casualty incidents, both internally and with other emergency services and health service providers
- Engage with communities to build their resilience in preventing and managing emergencies, through targeted and general education programs.
- Provide information to the public relating to health emergencies, and how the risk or consequence of these can be reduced
- Coordinate a Public Access Defibrillation program, and Community Emergency Response Teams.

Response Activities

The role of Ambulance Victoria under the *State Health Emergency Response Plan (SHERP)* is to:

- Deploy a Health Commander to direct the operational health response
- Assemble and lead the Health Incident Management Team
- Represent Health as a member of the Emergency Management Team
- Activate other key SHERP position holders or mobile specialist teams
- Initially notify receiving hospitals of patients
- Support the Evacuation Manager in evacuating vulnerable people
- Liaise with control agencies to ensure the safety of responders, health care workers, and the public for identified and emergent risks from an incident. This includes activation of personal support arrangements.

The role of Ambulance Victoria is to:

- Respond to requests for pre-hospital emergency care
- Triage patients and determine treatment priority
- Provide pre-hospital clinical care
- Transport and distribute patients to appropriate medical care
- Provide health support to other agencies, where appropriate
- Provide health support to patients undergoing decontamination.

Relief / Recovery Activities

Relief and recovery coordination responsibilities summary:

- Ambulance Victoria is responsibility for coordination the areas of relief medical assistance and first aid.

Ambulance Victoria is lead agency for the following relief activities:

- Coordinating pre hospital care

Part 7 – Emergency Management Agency Roles

- Establishing field primary care clinics or other health relief assistance measures as directed by the State Health Commander
- Restoration, clearing and rehabilitation of public buildings and assets managed within Ambulance Victoria's portfolio.

Ambulance Victoria supports the controller as requested to deliver relief and recovery activities.

Australian Defence Force: Victoria

Control Agency for emergencies involving Australian Defence Force (ADF) personnel and/or resources.

Response Activities

Emergency Defence Assistance to the Civil Community (DACC)

DACC Category 1: is the provision of emergency assistance for support, that should not normally exceed 48 hours, provided by the Senior ADF Officer (SADFO) or Unit Commanding Officer (CO) from within their own resources, when:

- immediate action is necessary to save human life, alleviate suffering, prevent extensive loss of animal life or prevent widespread loss/damage to property, and environmental damage; and
- local civilian resources are inadequate, unavailable or cannot be mobilised in time.

DACC Category 2: is emergency assistance in a more extensive or continuing disaster, beyond that provided by DACC 1, when:

- action, or continuing action, is necessary to save human life or alleviate suffering, prevent extensive loss of animal life or prevent widespread loss/damage to property, including environmental damage;
- local, state or territory resources, including commercially available resources, are exhausted, inadequate, not available or cannot be mobilised in time;
- the support provided exceeds the DACC 1 resources of SADFO or Unit COs; and
- the Australian Disaster Plan (COMDISPLAN) has been activated.

Relief / Recovery Activities

DACC Category 3: is the provision of Defence assistance in the recovery from a civil emergency or disaster which is not directly related to the saving of life or property.

The ADF supports DJPR to deliver its activities of logistics interdependencies, contingencies and reconstruction.

Note:

1. Category 1 assistance may be sought by a request directly to a SADFO or Unit CO. The RERC must notify the EMC of such a request through the Senior Police Liaison Officer, unless the request relates to a Class 3 emergency.
2. Category 2 or 3 assistance requires activation of COMDISPLAN and must be sought through the EMC to Emergency Management Australia (EMA).
3. Category 3 assistance involves direct cost recovery unless a waiver is approved.
4. DACC support must not involve the use, or potential use, of force by Defence members. Force includes the restriction of freedom of movement of the civil community whether there is physical contact or not.
5. Requests for Defence assistance should only specify the task and effect required: Defence, in collaboration with EMA, will determine the actual equipment and personnel resources to be deployed.

Australian Energy Market Operator (AEMO)

The responsibilities of AEMO are as the key support agency for response for:

- Energy supply network disruption, where AEMO and industry manage system stability and restoration of supply, and provide advice to the state.

Prevention / Mitigation / Risk Reduction Activities

- Coordinate gas and electricity industry emergency exercises
- Prepare gas emergency procedures, in consultation with government, Energy Safe Victoria (ESV) and industry
- Facilitate the Gas Emergency Management Consultative Forum (chaired by ESV) and the Victorian Electricity Emergency Committee
- Provide electricity load shedding priority tables after consultation with industry and government
- Prepare gas curtailment tables in consultation with government.

Response Activities

- Provide information and advice to the control agency regarding the impact of an emergency on electricity supply or gas and formulate management strategies in relation to incidents that threaten the technical integrity of the generation and transmission system (system security incidents)
- Provide information to the control agency on the extent and likely duration of major disruptions to electricity and gas supply
- Assess the security of Victoria's gas and electricity systems
- Coordinate and direct the gas and electricity industry to respond to a system security emergency
- Operate the Victorian Gas Declared Transmission System.

Relief / Recovery Activities

AEMO works with DELWP (as lead Government liaison) to deliver the following recovery activities:

- Electricity services assets reinstatement and return to reliable supply by managing electricity system security emergencies. AEMO operate and are responsible for the transmission system while other network operators manage the distribution system and the restoration of infrastructure and electric supply
- Gas services assets reinstatement and return to reliable supply by managing gas system security emergencies within the Victorian Declared Transmission System (DTS). Other pipeline operators manage non DTS segments of the system, and the restoration of infrastructure and gas supply.

Australian Government Department of Home Affairs

The Department of Home Affairs is the Australian Government department with responsibility for providing national leadership in the development of emergency management measures to reduce the impact of emergencies on the Australian community.

The department achieves this through its various divisions including:

- Emergency Management Australia (EMA)
- National Security Division.

The Department of Home Affairs continues to work closely with Victoria, the other states and territories emergency management organisations and related Australian Government agencies to achieve emergency management objectives. Strong links are also maintained with local governments, community-based organisations, volunteers, academia and researchers, businesses, industry bodies and individuals. The Department of Home Affairs has cultivated international partnerships as Australia takes a greater role in regional emergency and disaster capacity building, response and recovery.

Prevention / Mitigation / Risk Reduction Activities

The Department of Home Affairs funds and supports several capability development activities, often in partnership with the states and territories. Activities include the Australian Tsunami Warning System, Bushfire Arson Prevention, National Aerial Firefighting Centre, Telephone-based Emergency Warnings and Urban Search and Rescue.

The National Security Division is responsible for policy, legislation, advice and programs related to developing resilience in the areas of critical infrastructure resilience, chemical, electronic and identity security and protective security policy.

Response Activities

EMA has a central role in coordinating the Australian Government response to emergencies in support of the states and territories.

EMA operates the Australian Government Crisis Coordination Centre, which provides whole-of-government situational awareness to inform national decision-making during a crisis. This includes the coordination of physical assistance requested by a State under the Australian Government Disaster Response Plan (COMDISPLAN), as well as briefing and support to executive decision-makers in the Australian Government, the state and territory governments and non-government agencies.

Relief / Recovery Activities

EMA facilitates the Australian Government financial assistance available under the DRFA to help eligible individuals and communities recover from a major disaster.

Australian Government Department of Human Services

Relief / Recovery Activities

The department's priority in a disaster event is:

- continuity of Australian payments and services for existing customers; and
- provision of information and advice about Australian Government payments and services for affected Australians.

The department also delivers additional Australian Government assistance (payments and services) when requested by the Australian Government, including facilitating the delivery of the Australian Government Disaster Recovery Payment, Disaster Recovery Allowance and their equivalent ex-Gratia assistance when activated.

The Australian Government Department of Human Services may also provide the following services:

- participation in the operation of community recovery centres on request of DHHS
- participation in outreach services teams on request of DHHS
- provision of information to the Victorian Government, through the State's recovery governance structures on Australian Department of Human Services payments and services available to the Australian public
- have staff available with specialist skills (for example social workers, community engagement officers, indigenous service officers) to work with disaster affected individuals and communities in relation to Australian Government Department of Human Services payments and services.

The department may also provide National Emergency Call Centre surge capacity on behalf of the Victorian Government on a cost recovery basis, under a separate agreement.

The Victorian Department of Health and Human Services is lead liaison with the department.

Note:

Any emergency relief/recovery activities undertaken by the Australian Government Department of Human Services are subject to authorisation from the Secretary or delegate. The Australian Government Department of Human Services will seek cost recovery for activities it undertakes on behalf of another agency or department and such arrangements need to be documented in a formal agreement.

Australian Maritime Safety Authority

The Australian Maritime Safety Authority is an Australian Government Statutory Authority with a public safety focus.

The Australian Government has a responsibility under a number of international conventions to provide:

- A maritime and aviation search and rescue service, within the Australian Search and Rescue Region covering 52.8 million square kilometres of land and sea
- A response to pollution in the marine environment
- That these obligations have been nationally legislated
- Measures for ship and crew safety.

Prevention / Mitigation / Risk Reduction Activities

- Development and implementation of legislation designed to enhance safety of ships and crews, and maintain qualifications of crews
- Prevent and mitigate pollution from ships
- Development and maintenance of maritime navigation safety
- Promotion of aviation and maritime search and rescue (SAR) and development of associated arrangements
- Promotion and registration of distress beacons for safety in aviation, maritime and remote land activities including bush walking
- Building awareness of aviation and maritime safety through participation in seminars, aircraft, boat and 4WD shows, safety campaigns and journal articles
- Participation in relevant aviation, maritime, emergency management and critical infrastructure forums, exercises, and training
- Participation in national emergency planning, preparedness and mitigation measures.

Response Activities

- Control agency for both aviation and maritime search and rescue, and distress beacon detection
- Control agency for ship casualty within Australian waters falling outside of a state or the Northern Territory
- Manager of the *National Plan for Maritime Environmental Emergencies* including management of oil spill response equipment stockpiles, an aerial dispersant capability and a national team of trained responders and emergency managers
- The Australian Maritime Safety Authority is an Australian Government emergency first responder agency.

Australian Red Cross

Prevention / Mitigation / Risk Reduction Activities

Delivery of community information to assist people, communities, government and agencies prepare for, respond to and recover from emergencies using resources such as RediPlan.

Response Activities

Coordination and provision of relief services, as shown below, to ensure communities are effectively supported.

Relief / Recovery Activities

Relief and recovery coordination responsibilities summary:

- Red Cross supports EMV to undertake state level emergency relief coordination
- Red Cross supports DHHS to undertake regional level relief coordination.

Red Cross is lead agency for the following relief activities:

- Provides and coordinates food and water for emergency relief e.g. catering in emergency relief centres and emergency relief packs to isolated communities, where agreed, at the local level.

Red Cross supports the following agencies to deliver their respective activities.

Relief

- VicPol in its role to operate Register.Find.Reunite in relief centres, enquiry centres or online, to reconnect people with family, friends and their communities
- DHHS in its role to provide personal support (psychological first aid) in relief centres and through community outreach.

Recovery

- Municipal councils through advice, guidance and connections to individuals and organisations that can provide additional support to affected persons
- DHHS in its role to provide personal support (psychological first aid), in recovery centres and through community outreach
- DPC in its role to organise public appeals when requested, through collecting monetary donations for state-wide public appeals.

Australian Transport Safety Bureau

Prevention / Mitigation / Risk Reduction Activities

The Australian Transport Safety Bureau (ATSB) is an independent Australian Government statutory agency. The ATSB is governed by a Commission and is entirely separate from transport regulators, policy makers and service providers. The ATSB's function is to improve safety and public confidence in the aviation, marine and rail modes of transport through independent investigation of transport accidents and other safety occurrences; safety data recording, analysis and research; fostering safety awareness, knowledge and action.

The ATSB also has the function of cooperating with an agency of the Commonwealth, a state or territory that has functions or powers relating to transport safety or functions affected by the ATSB's function of improving transport safety.

The ATSB performs its functions in accordance with the provisions of the *Transport Safety Investigation Act 2003* and Regulations and, where applicable, relevant international agreements.

Response Activities

- Under Australian legislation, the ATSB is responsible for investigating accidents and other transport safety matters involving civil aviation, marine and rail operations in Australia that fall within Commonwealth jurisdiction, as well as participating in overseas investigations involving Australian registered aircraft and ships. A primary concern is the safety of commercial transport, with particular regard to operations involving the travelling public
- Through safety investigation, determining contributing and other safety factors to identify and reduce safety-related risk. ATSB investigations determine and communicate the factors related to the transport safety matter being investigated to foster safety awareness, knowledge and actions. It is not a function of the ATSB to apportion blame or determine liability
- Section 21 of the *Transport Safety Investigation Act 2003* defines the power of the ATSB to investigate a transport safety matter. Although the ATSB works in cooperation with the police and emergency services when exercising this power and works in parallel with other investigative bodies, there are significant limitations on release of information/evidence gathered by the ATSB under the *TSI Act*. In addition, noting the agency's significant coercive evidence gathering powers and its no-blame role, ATSB reports are inadmissible in civil or criminal proceedings. However, 'final' ATSB reports are admissible in coronial inquiries
- Issue public reports on investigations, safety issues and reports on remedial safety actions.

Bureau of Meteorology

Prevention / Mitigation / Risk Reduction Activities

- Contribute to community awareness activities related to meteorological and hydrological phenomena and warning systems
- Contribute to community hazard mapping by taking the lead role in the analysis of relevant meteorological and hydrological information.

Response Activities

- Issue warnings on gales, storms and other weather conditions likely to endanger life or property, or that give rise to floods or bushfires
- Provide weather forecasts and meteorological and hydrological information
- Provide expert advice for emergencies that are influenced by meteorological and hydrological conditions
- Provide weather-related information to media, including direct broadcast via radio and the internet.

Catchment Management Authorities

Prevention / Mitigation / Risk Reduction Activities

- Manage and prioritise regional flooding issues in cooperation with local government and the community
- Advise government on regional priorities for floodplain management activities through the implementation of regional floodplain management strategies
- In partnership with local government, prepare and implement local floodplain management plans in accordance with the regional floodplain management strategy and community expectations
- Collect, maintain and enhance flood information
- Advise and assist local government in the incorporation of flood related planning controls in planning schemes
- Advise local government and other authorities on planning permit referrals, building issues and infrastructure management within floodplains
- Provide flood advice to local government and the community in general
- Assist local government, the Bureau of Meteorology and DELWP, facilitate the development, maintenance and upgrading of regional flood warning systems
- Prepare flood response action plans for internal use
- Support community education and involvement on flooding issues
- Manage and maintain specific strategic and regional (non-urban) works and measures in accordance with responsibilities under the regional floodplain management strategy or catchment management strategy
- Monitor and report on performance of regional floodplain management strategies
- Implement flood damage restoration programs for flood affected waterways.

Response Activities

- Support response agencies at the regional level through the provision of flood advice, including flood extent and severity during major flood events
- Monitor significant flood events and collect flood data in conjunction with local government
- Support response agencies through the provision of advice on emergency stabilisation and other activities to arrest river breakaways, and the removal of debris accumulation threatening structural stability of public assets
- Assess all river waterway damage that poses a threat to the stability of river systems.

Relief / Recovery Activities

Catchment Management Authorities (CMAs) are a lead agency responsible for the following recovery activities:

- Developing and prioritising flood recovery programs for CMA assets/waterways
- Providing advice and information services to municipal councils and delegated public land managers and community groups (with DELWP and EPA)

CMAAs support DELWP to deliver on its following recovery activities:

- Restoring, clearing and rehabilitation of public land and assets managed directly by DELWP through:
 - ◆ Clearing and restoring of assets and rehabilitation of disturbances on land and waterways managed by CMAAs
 - ◆ Restoring impacts of river erosion where there is an immediate danger of the formation of river breakaways and/or immediate danger to CMA assets
 - ◆ Implementing balanced flood recovery programs consistent with funding allocated.

CityLink

CityLink is a support agency for any incident that occurs within CityLink leased land and Incident Response Service (IRS) boundaries. CityLink will provide resources, within its capability, to assist control and support agencies or persons affected by an emergency. CityLink may also have a role in emergencies that do not occur on CityLink leased land, but may impact its operation. CityLink will provide the initial response on behalf of DoT within the IRS area.

Response

During an emergency CityLink will:

- Assist the control and support agencies as required and within its capabilities
- If first responders at a scene, initiate incident management procedures until control agency on site
- Provide an Emergency Management Liaison Officer
- Providing an Incident Management facility to assist in the coordination of the emergency.

Relief / Recovery

CityLink's role in recovery is:

- Restoration and/or reconstruction of CityLink to return to full operations as quickly as resourcing allows
- Assistance with the on-going management of traffic on the arterial network if the Link is not available for use
- Provision of information concerning the commercial issues
- Work collaboratively with state authorities and local government regarding CityLink operations
- To facilitate steps to ensure the physical and mental wellbeing of all customers and company personnel involved in the emergency
- To participate on a Community Recovery Committee, if required.
- To participate in a post incident review/debrief.

Coroners Court of Victoria

Prevention / Mitigation / Risk Reduction Activities

- To contribute to the reduction of the number of preventable deaths and fires through the findings of coronial investigations of deaths and fires, and the making of recommendations by coroners to promote public health and safety.

Response Activities

- To exercise as necessary the coroner's statutory powers in relation to the investigation of the scene of a reportable death or fire
- To commence the coronial investigation process
- To facilitate the transportation of deceased persons to a coronial mortuary.

Relief / Recovery Activities

- The Coroners Court is the lead agency for the recovery activity of identifying deceased persons and determining the cause and circumstances of their death.

Country Fire Authority

Control Agency for:

- fire on private land within Country Area Victoria
- accidents involving gas leakage, hazardous materials, lifts, or scaffolding and amusement structures, and building collapse
- fire and explosion incidents involving aircraft and boilers and pressure vessels
- rescue incidents involving rail, aircraft and industrial, road, and building structures.

Prevention / Mitigation / Risk Reduction Activities

Reduce the number of fires and hazardous incidents through:

- increasing community involvement and awareness in hazard prevention
- changing community behaviour through public education and legislation
- increasing the understanding of the use of fire protection and detection systems
- applying risk management strategies to identified community risk
- developing/enforcing of relevant legislation and regulations
- broadening community awareness and preparedness to minimise the impact of an emergency on the community.

Response Activities

Provide continuous protection of life, property and the environment from the effects of fire, accidents and other hazards through:

- suppression of uncontrolled fires
- rescue of persons from:
 - ◆ fire
 - ◆ road, rail and aircraft accidents
 - ◆ industrial accidents
 - ◆ other emergencies (including provision of steep and high angle rescues)
- controlling accidents involving:
 - ◆ boilers/pressure vessels
 - ◆ dangerous goods/hazardous materials
 - ◆ lifts
 - ◆ building collapse
 - ◆ explosions, e.g. gas
- providing advice to threatened and affected communities on actions that they should take during an emergency event.

Provide key support for:

- Urban Search and Rescue (USAR) capability across Victoria in accordance with state arrangements
- provide Emergency Medical Response (EMR) from designated stations to relevant events to support Ambulance Victoria
- investigation into the causes of fire
- Tunnel and trench rescue incidents
- Mines Rescue capability across Victoria in accordance with state arrangements.

Relief and Recovery Activities

CFA supports DELWP to deliver the following recovery activities:

- assisting farmers to repair and restore fences damaged by fire or suppression activities
- ensuring essential water taken from private landholders during bushfire suppression activities is replaced.

CFA supports the Controller by:

- providing assistance and advice to individuals, families and communities who have been affected by fire or other incidents as described above
- providing assistance, advice and information to other agencies responsible for, or involved in, recovery activities.

CFA is the lead agency for undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets, where the CFA is the manager of that building or asset.

Department of Education and Training

Prevention / Mitigation / Risk Reduction Activities

- development of the department's statewide emergency management policy, including guidelines for all children's services, government and non-government schools that can prevent or reduce the risks associated with emergencies.
- development of emergency management planning resources for all children's services, government and non-government schools including templates that assist in identifying actions that support mitigation including resources and training.

Response Activities

- provision of an emergency notification and reporting service between government schools and emergency services through the department's 24-hour Security Services Unit
- provision of assistance and support for management of incidents involving parents, staff, students and media during emergencies
- coordination of emergency response for children's services, government and non-government schools
- provision of a coordinated departmental response for emergencies at schools and at the scene of off-site emergencies involving school buses, registered camps, excursions and outdoor activities, to ensure the safety of students and staff
- provision of advice and list of suggested resources to non-government schools.

Relief / Recovery Activities

DET is lead agency for the following recovery activities:

- helping students and school staff of government schools to overcome the immediate impact of an emergency by providing specialist support services including providing psychological first aid and psychoeducation
- providing advice and support to early childhood services and non-government schools when required
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. public amenities, schools) where DET is the manager of that building or asset.

Department of Environment, Land, Water and Planning

The Department of Environment, Land, Water and Planning (DELWP) is the control agency for:

- cetacean (whale and dolphin) stranding, entanglement and vessel strike
- dam safety
- fire in state forest, national park and protected public land
- wildlife affected by marine pollution
- blue-green algae bloom
- drinking water and sewerage service disruption
- energy (electricity, gas and liquid fuels network supply disruptions)
- non-hazardous pollution of inland waters.

DELWP is a support agency for:

- fire on private land
- electricity disruption (in respect of issues affecting water supply to generators)
- drinking water contamination
- flood plain management / flood
- marine pest incursion
- extreme heat
- marine pollution (shoreline response).

DELWP is responsible for relief coordination of:

- animal welfare with DJPR and municipal councils (who are responsible for housing displaced and lost/stray companion animals)
- drinking water for households.

DELWP is responsible for recovery functional area coordination of:

- drinking water for households and sewerage services
- natural environment, public land and waterways.

Animal welfare (wildlife)

Prevention / Mitigation / Risk Reduction Activities

- formulation of policy and regulation for wildlife welfare during emergencies
- engagement with DJPR on the delivery of the *Victorian Emergency Animal Welfare Plan*

Response Activities

- provision of advice to government and emergency agencies regarding impacts of animal welfare for wildlife.
- lead agency for providing a coordinated response to wildlife welfare arising from declared emergencies under the *Victorian Emergency Animal Welfare Plan*.

Blue-green algae bloom

- provision of advice to government and emergency management agencies regarding the impacts of algal blooms on drinking water supplies and/or recreational water bodies.

Cetacean (whale and dolphin) stranding, entanglement or vessel strike

Prevention / Mitigation / Risk Reduction Activities

- formulation of policy and regulation
- planning and delivery of programs to reduce the incidence of cetacean stranding, entanglement and vessel strike.

Response Activities

- control agency for providing a coordinated response to cetacean entanglements under the *Victorian Cetacean Emergency Plan*
- control agency for providing a coordinated response to cetacean strandings for either living or deceased animals under the *Victorian Cetacean Emergency Plan*
- control agency for response to cetaceans impacted by vessel strike under the *Victorian Cetacean Emergency Plan*.

Dam safety, drinking water and sewerage services

Prevention / Mitigation / Risk Reduction Activities

- formulation of policy and regulation for dam safety, drinking water and sewerage services
- administration of dam safety provision in the *Water Act 1989* and water corporation obligations in the Statement of Obligations.

Response Activities

- manage escalated response activities in order to minimise the impact on the community and the environment from dam safety, drinking water and sewerage service related incidents.

Energy

Prevention / Mitigation / Risk Reduction Activities

DELWP responsibilities under Part 7A of the *Emergency Management Act 2013* involves working with the energy sector to enhance critical infrastructure resilience, in particular: through:

- designating vital critical infrastructure where appropriate
- emergency risk management planning by operators
- observing exercises as part of resilience improvement cycles
- formulation of policy

Response Activities

- provide analysis and advice to government regarding impacts on energy supply
- advise the Minister for Energy, Environment and Climate Change about the potential implications of energy supply disruptions and, in extreme outages, about reserve legislative powers to intervene in energy markets. These include the direction of energy supply or usage through Orders in Council under the *Gas Industry Act 2001*, the *Electricity Industry Act 2000*, the *Fuel Emergency Act 1977* and national arrangements.
- report on the impacts (loss and damage) to energy supply infrastructure to inform immediate priorities and recovery programs, including the restoration and supply of essential services.

While DELWP is the control agency for energy disruptions, most resources are located within each industry sector itself (for example the reinstatement of failed generation or transmission/distribution assets). The industry participants are identified as support agencies. If a disruption is not being resolved effectively by support/other agencies (e.g. the essential service providers) under plans and procedures for dealing with such situations, the specified control agency will take ultimate responsibility within the powers available to resolve the situation.

Fire

Prevention / Mitigation / Risk Reduction Activities

- formulation of policy and regulation for bushfire management in state forest, national parks and protected public lands
- planning and delivery of programs to reduce the risk of bushfire in state forest, national parks and protected public lands.

Response Activities

- Control agency for bushfires in state forest, national parks, and protected public lands in accordance with the *State Bushfire Plan* and the *State Emergency Response Plan* (Part 3 of this manual)
- Support agency for other fires on private land.

Floodplain management / flood

Prevention / Mitigation / Risk Reduction Activities

- formulation of policy and regulation for floodplain management
- planning and delivery of floodplain management programs to reduce the risk of major flood.

Response Activities

- provide real time access to stream flow data collection for flood warning purposes
- provide flood mapping information and flood advice
- provide a coordinated response to manage any residual water after a major flood event.

Mapping and information services

Response Activities

- support to emergency response agencies through provision of digital and spatial information and services, and topographical mapping, both hardcopy and electronic.

Marine pest incursions

Prevention / Mitigation / Risk Reduction Activities

- formulation of policy and regulation for marine pest incursions
- planning and delivery of programs to reduce the risk of marine pest incursions.

Response Activities

- Support agency for responding to marine pest incursions.

Wildlife affected by marine pollution

Prevention / Mitigation / Risk Reduction Activities

- development of policy, programs and training for responding to incidents of wildlife affected by marine pollution
- development of partnerships and agreements with key organisations that will support DELWP in responding to wildlife affected by marine pollution

Response Activities

- Control agency for responding to wildlife impacted by marine pollution, including oil or chemical spills, under the *Wildlife Response Plan for Marine Pollution Emergencies*.

Marine pollution

Response Activities

- provide support for foreshore and beach clean-up of oil or chemical pollution incidents on public land managed directly by DELWP or Parks Victoria.

Relief / Recovery Activities

DELWP is lead agency for the following relief activities:

- animal welfare in co-lead with DJPR and municipal councils (who are responsible for housing displaced and lost/stray companion animals). DELWP is the primary agency for wildlife animal welfare support services. DELWP will work with the Victorian Farmers' Federation, RSPCA and Australian Veterinary Association where required.

Part 7 – Emergency Management Agency Roles

- ◆ establish links with other agencies and organisations with emergency responsibilities as well as those organisations involved in the management of animal welfare to coordinate the delivery of animal welfare support services
- ◆ as per the *Animal Welfare Plan*, animal welfare support services during relief include, but are not limited to:
 - management of displaced animals (including relocated animals)
 - animal welfare assessment, veterinary treatment, humane destruction, and disposal
 - liaise with DJPR, local government and animal welfare support agencies and organisations to ensure effective allocation of resources
 - advise local government disposal needs of dead or injured animals (e.g. location, number and type of animals)
 - inform and coordinate animal welfare organisations, volunteer groups or community groups wanting to contribute
 - liaise with DHHS where emergencies impacting on human health may also have associated animal health issues.
- Provide drinking water for households.

DELWP is lead agency for the following recovery activities:

- Works with CFA to assist farmers repair and restore fences damaged by fire or suppression activities by:
 - ◆ Determining eligibility of damaged fences for restoration /repair/ replacement
 - ◆ Restoring/repairing/replacement of fences damaged by fire bordering national or state parks or state forest
 - ◆ Restoring/repairing/replacement of fences on public lands
 - ◆ Restoring/repairing/replacement of fences damaged by fire agencies, i.e. machinery/cutting
 - ◆ Coordinating payment to landholders for materials to repair/replace affected fences.
- Recovering and rehabilitating essential water supply for domestic use for areas where reticulated water services are not in use. Oversee activities undertaken by water corporations
- Restoring sewerage, sanitation systems and wastewater management systems for domestic use for areas where reticulated services are not available. Oversee activities undertaken by water corporations
- working with CFA ensuring essential water taken from private landholders during bushfire suppression activities is replaced
- investigating and carrying out erosion control on public land, as co-lead with Parks Victoria and DoT
- restoring, clearing and rehabilitating public land and assets managed directly by DELWP, Parks Victoria and Catchment Management Authorities
- providing advice and information to municipal councils and delegated public land managers and community groups on reforestation of native forest (not plantations). Advice regarding native flora and fauna, including within aquatic and terrestrial environments
- surveying and mitigating risks to protect threatened bird, marsupial, aquatic and plant species affected by emergencies on land within its portfolio and providing advisory services to others

Emergency Management Manual Victoria

- surveying and mitigating risks to ecosystem species affected by emergencies on land within its portfolio and providing advisory services to others
- providing strategic and expert advice on animal welfare for wildlife
- coordinating waste pollution management strategies
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. roads, bridges, public amenities) where DELWP is the manager of that building or asset.

DELWP (LGV) supports municipal councils in their role to coordinate clean-up activities.

Department of Health and Human Services

The Department of Health and Human Services (DHHS) works to minimise the impact of emergencies on the health and wellbeing of communities and individuals, especially the most disadvantaged and vulnerable.

Prevention / Mitigation / Risk Reduction Activities

- promoting awareness of safe practices and emergency procedures and implementing safety and warning systems for clients and funded services of DHHS
- providing whole-of-health leadership and direction in planning and preparing for emergencies with major health consequences, including mass casualties
- implementing legislation, programs and monitoring procedures to minimise public health risk from:
 - ◆ infectious diseases
 - ◆ contaminated food
 - ◆ contaminated water supplies
 - ◆ radiation and chemicals.

Response Activities

- control agency for human disease/epidemics, food/drinking water contamination and incidents involving radiological substances and biological releases
- through the *State Health Emergency Response Plan (SHERP)*, ensure a safe, effective coordinated health and medical response to emergency incidents that go beyond day-to-day arrangements.
- access additional resources for the provision of appropriate care during an emergency with major health consequences.
- direct the strategic health response during an emergency with major health consequences.
- coordinate the training, development and deployment of suitably-qualified health professionals to enable Victoria to contribute to national or international deployments of health and medical teams, when requested by an interstate government, or by the Australian Government under AUSASSISTPLAN.

Relief / Recovery Activities

Relief and recovery coordination responsibilities summary:

- DHHS is responsible for regional relief and recovery coordination across the four recovery environments. The Secretary of the DHHS has appointed a Relief and Recovery Coordination Senior Liaison Officer to act as a strategic and operational interface between regional and state tiers of relief and recovery coordination.
- DHHS is responsible for the relief coordination of:
 - ◆ Emergency shelter
 - ◆ Emergency financial assistance
 - ◆ Psychosocial support

- DHHS is responsible for the recovery functional area coordination of:
 - ◆ Housing and accommodation
 - ◆ Psychosocial support
 - ◆ Individual and household assistance
 - ◆ Health and medical assistance

DHHS is state lead agency for the following relief activities:

- Arranging emergency shelter and accommodation for displaced households when requested by municipal councils
- Administering emergency financial assistance in the form of relief payments through the personal hardship assistance program, to help individuals meet their basic needs
- Providing psychosocial support through information, practical assistance, emotional support, assessment of immediate needs and referrals to other support agencies and services in relief and recovery centres and through outreach.

DHHS is state lead agency for the following recovery activities:

- supporting securing interim accommodation, when requested by councils and other referring agencies, for individuals, families and households whose primary residence is destroyed or damaged
- advising on accommodation standards for interim accommodation of displaced people, when requested by councils
- coordinating plans when requested, to assist households to prepare for the transition to permanent housing
- coordinating the provision of psychological first aid to affected people to overcome the immediate impact, feel safe, connected to others, able to help themselves and able to access physical, emotional and social support
- coordinating the provision of counselling and targeted psychosocial support
- coordinating the provision of personal support through information, practical assistance, assessment of immediate needs and referral to other support agencies and services in relief and recovery centres
- administering income-tested re-establishment payments through the personal hardship assistance program, to help eligible households re-establish as quickly as possible
- liaising with Australian Government and providing advocacy to and liaison with, the Australian Government Department of Human Services regarding income support issues
- providing public health advice to councils, other agencies and the community on a range of topics including safe water, safe food, waste disposal, adequate washing/toilet facilities
- advising on wellbeing in recovery through 'whole-of-health' advice, information and assistance to community
- maintaining community access to primary and acute health services through DHHS funded health care services and other primary and acute health services
- at the regional level, providing tailored information services to affected communities

Part 7 – Emergency Management Agency Roles

- coordinating spontaneous volunteers through capturing and providing offers of spontaneous emergency volunteers to municipal councils
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. disability housing) where DHHS is the manager of that building or asset.

DHHS supports the following agencies in their respective roles to deliver relief and recovery activities:

- EMV in its role of leading whole of government coordination of public information and communication in relation to emergency management for major emergencies
- DJPR in its role of referring to available services for primary producers and animal owners as needed
- Coroners Court in its role to facilitate support and counselling for families of the bereaved by using relationships with grief and bereavement support agencies to extend assistance for this emergency
- Municipal councils in their roles of
 - ◆ forming, leading and supporting Municipal /Community Recovery Committees.
 - ◆ providing and staffing of recovery/information centres.
 - ◆ advising on, providing and managing community development services.
 - ◆ providing tailored information services to affected communities, using e.g. information lines, newsletters, community meetings and websites.

Department of Jobs, Precincts and Regions

The Department of Jobs, Precincts and Regions (DJPR) is Victoria's lead agency for creating the conditions to lift the living standards and wellbeing of all Victorians by sustainably growing Victoria's economy and employment and by working with the private and public sectors to foster innovation, creativity, productivity, investment and trade.

This broad economic development strategy will be complemented by more specific strategies at the sectoral level across resources, investment attraction and facilitation, trade, innovation, regional development and small business, together with key services to sectors such as agriculture, the creative industries, extractive resources and tourism.

DJPR's key responsibility for emergency management is to minimise the impact of emergencies in portfolio areas through effective preparation, coordination and response.

Prevention / Mitigation / Risk Reduction Activities

DJPR's responsibilities under the *Emergency Management Act 2013* involve working with the communications and food and grocery sectors to enhance critical infrastructure resilience through Sector Resilience Networks and exercising.

DJPR works with industry, primary producers and community groups on the management of threats (including high risk biosecurity threats, economic shocks and stresses and regulation) to the economy, business and industry.

DJPR promotes resilience through:

- agricultural or veterinary chemical contamination of livestock or agricultural produce emergency planning and preparedness
- business continuity
- linkages to emergency services
- communication and networking
- food and grocery supply logistics prioritisation in an emergency
- surge capacity.

Response Activities

DJPR is the control agency for:

- agricultural or veterinary chemical contamination of livestock or agricultural produce
- biosecurity incursions, including:
 - ◆ exotic animal disease outbreaks (including in fish and bees)
 - ◆ plant pest or disease outbreaks (including plague locusts)
 - ◆ invasive plant and animal incursions
 - ◆ rapid and significant increases in established pest populations (vertebrate pests and plagues)
- marine pest incursion.

DJPR is a key support agency for:

- mining and petroleum emergencies by providing expert advice for mine and quarry incidents and rescues, and petroleum/geothermal wells
- critical infrastructure damage or disruption for the communications sector
- essential service disruption to communications

- explosion
- rescue: mine/quarry and lift, crane, scaffolding or amusement structure
- Wildlife affected by marine pollution
- Foodborne illness.

The (vast) majority of resources for response to a disruption to essential services are within relevant industry sectors.

Relief / Recovery Activities

Relief and recovery coordination responsibilities summary:

- DJPR is responsible for the relief coordination of:
 - ◆ food and grocery supply logistics continuity
 - ◆ animal welfare.

DJPR is responsible for the recovery functional area coordination of:

- local economies
- businesses
- agriculture
- telecommunications.

DJPR is lead agency for the following relief activities:

- animal welfare support services, other than wildlife, which sits with DELWP, in co-lead with municipal councils who hold responsibility for housing of displaced and lost/stray companion animals. DJPR will work with the Victorian Farmers' Federation, RSPCA and Australian Veterinary Association where required
- As per the *Victorian Emergency Animal Welfare Plan*, animal welfare support services during relief include, but are not limited to:
 - ◆ management of displaced animals (including relocated animals)
 - ◆ animal welfare assessment, veterinary treatment, humane destruction, salvage slaughter and disposal
 - ◆ provision of emergency pet food, livestock fodder and water
 - ◆ liaise with DELWP, local government and animal welfare support agencies and organisations to ensure effective allocation of resources advise local government of containment needs of stray or roaming animals and disposal needs of dead or injured animals (e.g. location, number and type of animals)
 - ◆ inform and coordinate animal welfare organisations, volunteer groups or community groups wanting to contribute
 - ◆ assess and report losses and damage to agricultural assets and animals, and needs of affected persons and communities to government
 - ◆ liaise with DHHS where emergencies impacting on human health may also have associated animal health issues.
- Food and grocery supply logistics continuity by providing strategic and expert advice to government and emergency agencies regarding impacts on food and grocery supply logistics.

DJPR is lead agency for the following recovery activities:

- referring primary producers and animal owners to services. DJPR will gather information on affected primary producers and other animal owners' properties to assess the impact, loss and damage. Relevant information will be shared with municipal councils and appropriate departments

- supporting local community events by providing seed funding for events that aid recovery through restoring social networks and functioning
- working with municipal councils to develop and implement appropriate actions and projects that support local and regional economy recovery priorities. Initiatives will be tailored to address the specific consequences of an emergency
- delivering a wide range of marketing/public relations and industry/product development activities, in partnership with regional tourism boards, to assist the affected tourism region/s and businesses recover, including “Open for Business” messaging and campaigns
- working with municipal councils to implement appropriate actions and initiatives that encourage and bring forward the resumption of local economic activity, including:
 - ◆ tourism visitation when safe to do so
 - ◆ the use of local business in recovery activities
 - ◆ buy-local initiatives
 - ◆ events that attract visitation
 - ◆ other relevant activities.
- monitoring broad economic impacts and consequences in partnership with other agencies and municipal councils, and
 - ◆ ensuring this information is shared across government to inform responses
 - ◆ working with agencies to prioritise planned activities in order to minimise economic consequences
- assisting businesses to access available information, advice and support following an emergency including from:
 - ◆ Australian Tax Office
 - ◆ financial institutions
 - ◆ Australian Securities & Investment Commission
 - ◆ Centrelink
 - ◆ Victorian Government
 - ◆ other sources and resources
- providing information and advice to small businesses to support decision making and, where appropriate, encourage a return to business. This may include:
 - ◆ mentoring and business counselling
 - ◆ support through the small business bus
 - ◆ connection to other services
- working with municipal councils to develop and implement appropriate approved actions to assist business recovery. Initiatives will be tailored to address the specific consequences of an emergency
- providing opportunities for the enhancement of knowledge and skills within small businesses by supporting the delivery of small business workshops and training, with a particular focus on resilience and business continuity
- delivering recovery programs and advice to primary producers, and rural land managers and other animal businesses by
 - ◆ ensuring effective communication channels between various agencies, organisations and communities
 - ◆ providing advice on ongoing treatments
 - ◆ providing technical advice and services to primary producers, rural land managers and other animal businesses on strategies for the re-establishment of rural enterprises, rehabilitation of productive land and economic recovery

Part 7 – Emergency Management Agency Roles

- providing advice about fencing (for safe ongoing containment), feed planning and pasture management, water supplies including dam management, and animal health considerations
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. public amenities) where DJPR is the manager of that building or asset.

DJPR is the lead government liaison to support the delivery of telecommunications assets reinstatement, return to reliable supply and restoration of services by coordinating relevant information. DJPR will work with telecommunication businesses as required.

DJPR supports the following agencies in their respective roles to deliver relief and recovery activities:

- EMV in
 - ◆ implementing available financial assistance under the DRFA to assist voluntary non-profit groups, communities and economies by administering the Community Recovery Fund subject to the severity and significance of a natural disaster event
 - ◆ implementing available financial assistance under the DRFA to assist small businesses and primary producers' recovery by gathering impact and loss information for primary producers and small businesses and providing it to EMV and DPC
- DELWP and CFA in assisting farmers repair and restore fences damaged by fire or suppression activities by collecting information from affected primary producers and refer private fencing damage to municipal councils, and fences on public land to DELWP.

Department of Justice and Community Safety

The Department of Justice and Community Safety (DJCS) leads the delivery of justice and regulation services in Victoria. It is comprised of divisions that deliver policy and programs, regional services and corporate services. The department delivers its services to the community in seven regions throughout Victoria – Loddon Mallee, Hume, South East Metropolitan, Gippsland, Barwon South West, Grampians and North West Metropolitan.

These services include:

- Community Correctional Services
- Prison management
- Offending Behaviour Programs
- Consumer Affairs Victoria
- Dispute Settlement Centre of Victoria
- Registry of Births, Deaths and Marriages
- Sheriff's Operations
- Victims Assistance Program
- Crime Prevention
- Youth Justice.

The DJCS contributes to the broader Victorian emergency management sector through key business units:

- Emergency Management Victoria (EMV), (refer to the specific role statement in this Part of the manual, for EMV and Emergency Management Commissioner's functions)
- Community Safety Building Authority
- Regulation (including the Inspector-General for Emergency Management, refer to separate role statement in this Part of the manual)
- Corrections and Justice Services
- Youth Justice
- Service Delivery Reform, Coordination and Workplace Safety.

Prevention / Mitigation / Risk Reduction Activities

- Secretary of DJCS is the Deputy Chair of the State Crisis and Resilience Council
- Supports EMV to coordinate whole of government policy and planning for emergency management
- Develops policies and plans to reduce the risk of harm to its people (both staff and clients), facilities, systems and services from major emergencies
- Participates in multi-agency emergency management planning at the local, regional and state level
- Supports EMV in the administration of the Natural Disaster Resilience Grants Scheme for Victoria
- Through the Community Safety Building Authority, develops regulations and policies for building standards and community safety
- Through Corrections and Justice Reform, can assist communities through the provision of community work.

Response Activities

- Supports EMV and the Emergency Management Commissioner for emergency response management (predominantly response coordination for major emergencies)
- Provides the initial response capability for emergencies within prisons
- Participates on emergency management teams at the local, regional and state level as required
- Provides support resources to incident and regional control centres, where possible.

Relief / Recovery Activities

Relief and recovery support agency responsibilities summary:

- Supports EMV and the Emergency Management Commissioner for the coordination of emergency relief and recovery services at State level
- Community Corrections Services can support in the clean-up and restoration of communities, including waterway restoration, weed eradication, large-scale tree planting, countering soil erosion, rubbish collection, fence maintenance and other community projects.
- Provide resources to support relief centres, where possible.
- Provide advice, information and assistance to individuals, communities and funded agencies and councils about relevant DJCS services.
- Coordinates outreach justice services, such as births, deaths and marriages and community work group resources as required for recovery.
- Assumes responsibility for business continuity and disaster recovery for DJCS services.

DJCS is the lead agency for undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets where DJCS is the manager of that building or asset.

Department of Premier and Cabinet

Control Agency for Cyber Security

Prevention / Mitigation / Risk Reduction Activities

- provide information and strategic advice to the Premier, Security and Emergency Management Committee and State Crisis and Resilience Council on whole-of-government security and emergency management issues
- chair the State Crisis and Resilience Council
- support the Security and Emergency Management Committee and State Crisis and Resilience Council to lead coordination of whole-of-government strategic emergency management
- coordinate with Commonwealth and state and territory First Ministers' departments on a range of security and emergency management issues
- maintain the State Crisis Centre to support the government response during an extreme event, in particular under the *National Counter Terrorism Plan*
- support the protection and rehabilitation of Aboriginal cultural and heritage sites on public land affected by emergencies and associated activities, through the Office of Aboriginal Victoria
- Implement actions arising from the Victorian Government Cyber Security Strategy, including enhancing the cyber security resilience of Victorian Government organisations by providing cyber security threat and risk management advice.

Response Activities

- provide information and strategic advice to the Premier, Security and Emergency Management Committee and State Crisis and Resilience Council and its sub-committees on whole-of-government response activities for emergencies
- advise the Premier on his/her power to declare a State of Disaster
- chair the State Crisis and Resilience Council
- support the Security and Emergency Management Committee and its sub-committees, and State Crisis and Resilience Council to lead coordination of whole of government strategic emergency management
- coordinate with Commonwealth and state and territory First Ministers' departments on security and emergency response matters
- activate and manage the State Crisis Centre to support government response during an extreme event, in particular under the *National Counter Terrorism Plan*
- support the protection and rehabilitation of Aboriginal cultural and heritage sites on public land affected by emergencies and associated activities, through the Office of Aboriginal Victoria
- Coordinate Victorian Government responses to cyber security incidents, including liaison with other states/territories and the Commonwealth Government (via the Australian Cyber Security Centre).

Relief / Recovery Activities

Relief and recovery coordination responsibilities summary:

- provide information and strategic advice to the Premier, Security and Emergency Management Committee and its sub-committee, and the State Crisis and Resilience Council on whole-of-government relief and recovery activities following emergencies
- advise the Premier, Security and Emergency Management Committee and its sub-committees, and State Crisis and Resilience Council on State and inter-jurisdictional matters relating to the provision of natural disaster assistance
- chair the State Crisis and Resilience Council
- support the Security and Emergency Management Committee and its Sub-Committees, and State Crisis and Resilience Council to lead coordination of whole of Government strategic emergency management
- coordinate with Commonwealth and state and territory First Ministers' departments on recovery matters
- activate and managing the State Crisis Centre to support government during recovery from an extreme event, in particular under the *National Counter Terrorism Plan*
- support the protection and rehabilitation of Aboriginal cultural and heritage sites on public land affected by emergencies and associated activities, through the Office of Aboriginal Victoria.

DPC is lead agency for the following recovery activities:

- organisation of State-wide public-appeals by setting up and allocating the management of public appeals and appeal funds.

DPC also supports EMV in delivering the following recovery activities:

- implementing financial assistance under the DRFA by providing advice to the Victorian Premier to request the Prime Minister activate DRFA Category C and D as required
- implementing available financial assistance under the DRFA to assist small businesses and primary producers' recovery by providing advice to the Victorian Premier to request the activation of DRFA Category B, as required.

Department of Transport (including Head, Transport for Victoria)

The Department of Transport (DoT) plans, builds and operates an integrated, sustainable and safe transport system for Victoria. DoT's job is to make journeys simpler, safer and more reliable for everyone. The Secretary, as Department Head of DoT, is responsible for overseeing the transport system and transport bodies.

The Head, Transport for Victoria (Head, TfV) is a statutory authority established by s 64A of the *Transport Integration Act 2010*. Head, TfV is responsible for coordinating, providing, operating and maintaining the public transport system and the road system in Victoria. The objects and functions of the Head, TfV are outlined in sections 64B and 64C of the *Transport Integration Act 2010*, as well as the *Road Management Act 2004*. Head, TfV has taken over the road management responsibilities of the Roads Corporation (VicRoads). Head, TfV practically operates as part of DoT.

DoT supports the Secretary, Ministers, the Head, TfV, and other transport bodies in planning, procuring and commissioning transport infrastructure and commissioning passenger services, rolling stock and transport assets. Statutory functions are held by either the Secretary, DoT or Head, TfV.

DoT aims to coordinate and manage disruptions during construction and delivery of new infrastructure, and to integrate this, whilst planning and managing network operations and challenges across all modes as part of a single broader transport network.

DoT's key responsibility for emergency management is to minimise the impact of emergencies in portfolio areas through effective preparation, coordination and response.

Prevention / Mitigation / Risk Reduction Activities

DoT's responsibilities include supporting relevant Ministers, and overseeing responsible entities, nominated under Part 7A of the *Emergency Management Act 2013* with respect to the transport system.

DoT works with the transport sectors to enhance critical infrastructure resilience, through:

- designating vital critical infrastructure where appropriate
- emergency risk management planning by vital critical infrastructure owners and operators
- conducting, participating in and observing exercises as part of resilience improvement cycles for vital critical infrastructure owners and operators.

Other activities include:

- providing leadership to the transport sector through development and running of multiagency exercises
- assurance of preparation of vital critical infrastructure owners' and operators' emergency risk management plans
- participation in state and regional emergency management meetings and other fora and exercises where these provide advice on likely risks and impacts to the transport network
- maintaining a high level of preparedness for emergencies that may affect the state's road and rail network.

Response Activities

DoT is the control agency for level 2 and level 3 marine pollution oil spills in Victorian coastal waters up to three nautical miles. Level 1 spills are the responsibility of designated port managers and facility operators as per arrangements set out in the State Maritime Emergencies (non-Search and Rescue) Sub-plan.

DoT provides staff and other support to the Head, TfV, who is the control agency for disruptions to public transport, roads, bridges and tunnels.

DoT will respond by:

- providing immediate assistance in coordination of all private rail, tram, bus, contracted ferry organisations, road contractor and other organisations related to emergencies involving loss of life, injury to persons, fire, hazardous chemical accidents, general policing incidents and other major emergencies
- providing and facilitating professional and skilled engineering and technical emergency teams/experts, equipment and material to other emergencies from either the department, public transport operators or contractors as appropriate
- providing a mechanism for developing multi-agency/operator incident action strategy
- addressing safety of staff, passengers and the impacted community
- maintaining community safety and confidence
- assisting with the management of road links during emergencies, which includes route selection, emergency traffic management, escorting, route conditions advice and control
- providing transport closure and condition information to the media and public
- providing relevant support to other agencies in the management of emergencies.

The majority of resources for response to a disruption to essential services are within relevant industry sectors, except for a disruption to roads.

Relief / Recovery Activities

Head, TfV is responsible for, with the support of DoT, coordinating the restoration of rail, tram, contracted ferries and bus services. DoT will provide the following relief/recovery activities:

- restoring major arterial roads, bridges and tunnels
- undertaking erosion control on public land (co-lead with DELWP/PV)
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. roads, bridges, public amenities) where DoT is the manager of that building or asset
- leading liaison between airport operators/owners and the Victorian Government and land transport network links to airports, including coordinating information regarding restoration of services and land transport network links to airports – DoT will work with airport owners and operators and other agencies and businesses as required
- leading liaison between port managers and the Victorian Government. DoT will work with port owners and operators and other agencies and businesses as required

- assisting with logistics interdependencies, contingencies and reconstruction by providing clearing, restoration and rehabilitation works on arterial roads and bridges.

Public Transport Operator Responsibilities

Head, TfV oversees Public Transport Operator Responsibilities, being:

Melbourne Metropolitan Rail Network

METRO Trains Melbourne (MTM) is responsible for the maintenance of the electrified metropolitan train network in Melbourne and the Stony Point line. MTM also operates Metrol, which is the train control centre for all train and track vehicle movements over the electrified metropolitan rail network and the Stony Point line.

Melbourne Tram Network

KDR Victoria Pty Ltd (trading as Yarra Trams) is responsible for maintaining the light rail (tram) network in Melbourne. This includes rolling stock, tram lines, the trams control centre in the CBD, depots and Melbourne's tram stops.

Melbourne Metropolitan, Regional and DET School Bus Networks

DoT is responsible for maintaining the Victorian route and school bus networks. Operators are required to maintain vehicles and depots and compliance with Transport Safety Victoria accreditation requirements. The Head, Transport for Victoria is responsible for the infrastructure associated with bus operations, stops, shelters and hardstands. The Head, Transport for Victoria is also responsible for the Doncaster and North Fitzroy bus depots operated by Transdev Melbourne.

Intrastate Rail Network

V/Line Corporation is responsible for maintaining the Victorian intrastate train network including both the freight-only and regional passenger networks. This includes some non-electrified, broad gauge freight-only lines in and around the metropolitan area including the Port of Melbourne land. V/Line Corporation also operates Control, which is the train control centre for all train and track vehicle movements over the non-electrified intrastate rail network.

Interstate Rail Lines

The Australian Rail Track Corporation (ARTC) is responsible for the maintenance of the Victorian interstate standard gauge and the Albion to Jacana broad gauge rail lines (known as the Designated Interstate Rail Lines (DIRN)). This includes the lines that run from the Moonee Ponds Junction (located approximately 2 kilometres from Southern Cross Station) to Albury (NSW) including the Benalla to Oaklands line and from Tottenham Junction to Wolseley (South Australia) including the Maroona to Portland line.

The ARTC also operates control centres at Mile End, Adelaide and Junee, NSW for all trains running on its tracks.

Department of Treasury and Finance

Relief / Recovery Activities

DTF is lead agency for the following recovery activities:

- Coordinating insurance advice and information to government through liaison with the Insurance Council of Australia (ICA)

DTF supports the following agencies in delivering their respective relief and recovery activities:

- DJPR in its role in delivering recovery programs and advice to primary producers, and rural land managers and other animal businesses.

EastLink

ConnectEast is the responsible road authority for EastLink under the *Road Management Act 2004*. For the purpose of this document, Connect East and its Operations and Maintenance partner(s) will be referred to as Eastlink.

EastLink is the support agency for any incident that occurs on the leased land.

EastLink will provide resources, within its capability, to assist control and support agencies or persons affected by an emergency on the EastLink project land.

EastLink may also have a role in emergencies that do not involve EastLink directly, but which affect its operation.

Response Activities

During an emergency Eastlink will support the control and support agencies by:

- Providing a Liaison Officer
- Providing an Incident Management facility to assist in the coordination of the emergency
- Other assistance as required.

Relief / Recovery Activities

Eastlink's role in recovery is:

- Restoration and /or reconstruction of EastLink
- Assistance with the on-going management of traffic on the arterial network if the Link is not available for use
- Provision of information concerning the commercial issues
- Liaison with state authorities and local government regarding EastLink
- To facilitate steps to ensure the physical and mental wellbeing of all company personnel involved in the emergency
- To participate on a Community Recovery Committee, if required.

Emergency Broadcasters

Prevention / Mitigation / Risk Reduction Activities

- broadcast of information that promotes community safety

Response Activities

- operation and maintenance of appropriate communication system for authorised emergency service representatives to initiate emergency broadcasts
- broadcast of emergency messages (warnings and information) in the form provided by an authorised emergency service representative, interrupting scheduled programming and repeating as required
- broadcast of the Standard Emergency Warning Signal (SEWS) as required, in accordance with the SEWS Guidelines (refer to Appendix 14, Part 8 of this manual)
- broadcast of weather forecast information from the Bureau of Meteorology relevant to developing emergencies
- provision of continuous broadcast services in parts of Victoria affected by a significant emergency (abandoning scheduled programming)
- participation in emergency debrief forums, particularly regarding public information and media issues.

Note:

Emergency broadcast arrangements with Victoria's Emergency Services Organisations are formalised through memoranda of understanding (MOU). The MOU facilitates closer working relationships by providing details about the system used to communicate emergency messages.

Relief / Recovery Activities

- Emergency Broadcasters will support EMV to coordinate relief and recovery communications including public information.

Emergency Management Commissioner

The Emergency Management Commissioner (EMC) provides leadership for emergency management in Victoria, including driving improvements, particularly for operational capability and interoperability. During a major emergency, the EMC has an over-arching management role to ensure that the response is systematic and coordinated.

The EMC is responsible for leading and promoting the implementation of the elements of the *Strategic Action Plan* that relate to improvements to the operational capability of responder agencies. This includes working with the Chief Executive of Emergency Management Victoria to ensure that agencies implement their work programs under the *Strategic Action Plan*.

The EMC must have regard for the fundamental importance of the role of volunteers in emergency management for Victoria.

Response Activities

- ensuring the coordination of activities of agencies with roles and responsibilities in Class 1 and Class 2 emergencies
- ensuring that control arrangements are in place for Class 1 and Class 2 emergencies
- appointing a State Response Controller for Class 1 emergencies
- managing the State Control Centre on behalf of, and in collaboration with, agencies that may use it for emergencies
- ensuring that warnings are issued, and information is provided to the community in relation to fires, for the purposes of protecting life and property
- ensuring that the Minister for Police and Emergency Services is provided with timely and up to date information regarding major emergencies either occurring or imminent
- coordinating agencies that manage or regulate services or infrastructure which is, or may be, affected by a major emergency (known as consequence management) for all classes of emergencies
- for major emergencies, appoint a State Consequence Manager, as required

Relief / Recovery Activities

- for major emergencies, appoint a State Relief and Recovery Manager, as required
- the EMC is responsible for state relief and recovery coordination and effectively oversees the management of coordination at every level, in accordance with the *State Emergency Relief and Recovery Plan* (Part 4 of this Manual)
- reporting to the Minister for Police and Emergency Services on relief and recovery
- coordinating data collection and impact assessment processes.

Emergency Management Victoria

Emergency Management Victoria (EMV) is a central body for emergency management in Victoria. EMV consists of a Chief Executive and the Emergency Management Commissioner (EMC), supported by staff from the Department of Justice and Community Safety.

EMV is the agency responsible for the coordination and development of the whole-of-government policy for emergency management in Victoria, including the following key roles:

- providing secretariat support for the standing sub-committees of the State Crisis and Resilience Council (SCRC)
- providing policy advice to the Minister for Emergency Services in relation to emergency management
- implementing the government’s emergency management reform initiatives
- liaising with the Australian Government on emergency management

In the performance of its roles, EMV must:

- have regard for the decisions made by SCRC
- collaborate and consult with the emergency management sector
- have regard for the fundamental importance of the role of volunteers in emergency management for Victoria.

Chief Executive of EMV

The Chief Executive of EMV is responsible for:

- ensuring that agencies implement their work programs under the *Strategic Action Plan*, together with the EMC
- providing advice and making recommendations to the Minister for Emergency Services regarding the functions of EMV, having regard for the guidance or advice provided by SCRC
- leading the coordination of investment planning and large-scale strategic projects on behalf of the responder agencies.

Prevention / Mitigation / Risk Reduction Activities

- establishing and maintaining the Victorian Critical Infrastructure Register
- in collaboration with the whole-of-government, lead the coordination of public information and communication in relation to emergency management for major emergencies

Response Activities

- supporting the EMC in the performance of his or her functions
- managing the operation and administration of the State Control Centre
- in collaboration with the whole-of-government, lead the coordination of public information and communication in relation to emergency management for major emergencies
- the State Consequence Manager is to lead the coordination of agencies who have responsibilities for consequence management for major emergencies.

Relief / Recovery Activities

EMV is lead agency for the following recovery activities:

- administering the Victorian Natural Disaster Financial Assistance (NDFA) scheme, in accordance with the Commonwealth Disaster Recovery Funding Arrangements (DRFA)
- providing financial assistance to relevant government agencies and to municipal councils where eligible for disaster expenditure including counter disaster operations and the restoration of essential municipal assets.
- implementing available financial assistance under the DRFA to assist primary producers, small businesses and voluntary non-profit groups by
 - ◆ a low-interest concessional loan scheme; and
 - ◆ recovery grants, subject to approval by the Australian Government.
- implementing available financial assistance under the DRFA to assist primary producers' recovery subject to activation by the State and Australian governments:
 - ◆ a low-interest concessional loan scheme to primary producers; and
 - ◆ recovery grants for primary producers, subject to approval by the Australian Government.

Relief and recovery coordination responsibilities summary:

- EMV is responsible for supporting the EMC in
 - ◆ state relief and recovery coordination and effectively overseeing the management of coordination at every level, in accordance with the State Emergency Relief and Recovery Plan (Part 4 of this Manual)
 - ◆ reporting to the Minister for Police and Emergency Services on relief and recovery
 - ◆ coordinating data collection and state impact assessment processes
 - ◆ coordinating investment and planning.
- state level impact assessment coordination
- in collaboration with the whole-of-government, lead the coordination of public information and communication in relation to emergency management for major emergencies

EMV is responsible for the coordination of the recovery functional area of:

- community development

EMV supports the following agencies to deliver their respective relief and recovery activities:

- DHHS in its delivery of income-tested re-establishment payments through activation of the personal hardship assistance program, to help eligible households re-establish as quickly as possible.
- Municipal councils in their coordinating of clean-up activities where state assistance is required
- DJPR in its role in delivering recovery programs and advice to primary producers, and rural land managers and other animal businesses.

Emergency Services Telecommunications Authority (ESTA)

ESTA provides the critical link between the Victorian community and the state's emergency services agencies. It provides Victoria's 24-hour state-wide emergency call-taking and dispatch services for Police, Fire, Ambulance and VICSES. ESTA now takes more than 2.4 million calls for assistance per year; on average this is a call every 13 seconds - close to 1.7 million of which come via the Triple Zero emergency call service.

ESTA also manages the provision of advanced, operational communications for Victoria's emergency services. These operational communications support Police, Fire, Ambulance and VICSES personnel in the field by this year carrying close to 20 million radio calls over the Metropolitan Mobile Radio Service (MMR); supporting 7.8 million data transactions on the Mobile Data Network (MDN); and delivering more than a million messages to CFA, VICSES and Ambulance Victoria volunteers and staff via the state-wide Emergency Alerting System (EAS).

Prevention / Mitigation / Risk Reduction Activities

- progress Triple Zero caller location verification enhancements through enhanced technology and system processes to enable alternate means of communication from the public including the provision of Mobile Origin Location Information (MOLI) and the continual expansion of the emergency markers program.

Response Activities

- answer Triple Zero emergency calls from Telstra and activate agency responses through a Computer Aided Dispatch (CAD) system
- dispatch appropriate emergency response resources
- track and maintain a record of the progress and status of events and emergency services resources
- conduct immediate, operational enquiries on persons, vehicles and locations for Victoria Police
- provide clinical triage and pre-ambulance life support advice via the telephone and access to specialist referral services as required for medical emergencies
- render communication and media response support for the control agency as appropriate
- support other agencies in business continuity and redundancy planning and testing
- provide an advisory and coordination role on improvements, standards and policy relating to VicMap data, underpinning the CAD system and used by emergency services
- provide information for post-incident data analysis for review and future planning.

Energy Safe Victoria

Prevention / Mitigation / Risk Reduction Activities

Gas

- develop and administer Regulations and codes to ensure:
 - ◆ safety of gas supply and use
 - ◆ safety of gas installations
 - ◆ safety of gas workers
 - ◆ safety of the gas industry.
- Conduct public/industry awareness campaigns.

Electricity

- develop and administer Regulations to ensure:
 - ◆ safety of the supply of electricity
 - ◆ safety of electricity products
 - ◆ safety of electrical installations
 - ◆ safety standard of electrical workers.
- develop and administer Code of Practice for power line clearance (vegetation) and bushfire mitigation Regulations to minimise the danger of bushfires and electrocution caused by power lines in contact with vegetation
- investigate electrical accident/fatalities and analyse accident trends to develop preventative measures
- prevent corrosion and associated leakage of underground/underwater structures such as gas, oil, water pipelines and electrical supply/telecommunication cables due to stray electrical current
- conduct public/industry awareness campaigns.

Pipelines

- administer Regulations to ensure the safety of pipeline construction and operation
- administer Regulations to ensure the protection of the environment during pipeline operation

Response Activities

Gas

- investigation of incidents including:
 - ◆ fatalities
 - ◆ gas Safety implications
 - ◆ fires
 - ◆ escapes
 - ◆ damage.
- provide advice to government
- direct industry to take any necessary actions to ensure safety and supply.

Electricity

- attend sites of serious electrical accidents to conduct investigations

Part 7 – Emergency Management Agency Roles

- intervene as required to ensure appropriate action is taken by all relevant parties in the case of electricity safety emergencies.

Pipelines

- attend sites of serious pipeline incidents to conduct investigations
- intervene as required to ensure appropriate action is taken by all relevant parties in the case of pipeline incidents.

Relief / Recovery Activities

- Energy Safe Victoria works with DELWP (as lead government liaison) to ensure electricity and gas services assets reinstatement and return to reliable supply.

Environment Protection Authority

The Environment Protection Authority (EPA) provides a technical support agency role in Victoria's emergency management arrangements. Technical advice is provided before, during and after emergencies to the Control agency, government, industry and the community through scientific, engineering and regulatory expertise on the environmental and public health impacts of pollution and waste.

The Chief Environmental Scientist (CES) has an important role during emergencies involving significant pollution consequences by supporting the Emergency Management Commissioner, State Controller and Chief Health Officer with expert advice on the practical measures to protect the environment and public health from the impacts of pollution and waste. The CES also provides a trusted and authoritative public face for the communication of complex pollution and waste advice.

Prevention / Mitigation / Risk Reduction Activities

In applying and enforcing the Environment Protection Act the EPA provides technical support in the prevention, mitigation and risk reduction of pollution and waste emergencies by:

- Undertaking regulatory, enforcement and investigative activities under the Environment Protection Act
- Working with government, industry and community to help identify and manage significant waste and pollution risks
- Managing systems for the transport of priority waste from generation to disposal
- Equipping government, industry and community with best practice guidance and practical tools to prevent pollution and manage waste
- Supporting regional and state emergency management planning.

Response Activities

EPA provides a technical support agency role by:

- Responding to and assessing reports of pollution from the community, industry, government agencies and emergency services
- Providing advice to the control agency on risks to the environment and public health, and the practical measures to reduce environmental and public health impacts of pollution and waste from the emergency and response activities
- Providing and coordinating with other support agencies for environmental monitoring to inform the provision of advice
- In cooperation with the control agency, providing advice to the community on the harmful effects of pollution and waste and recommend actions to protect public health
- Supporting the control and other support agencies with powers under the Environment Protection Act where required
- Providing expert advice to the Chief Health Officer on the risks of pollution and waste on public health, as required.

Relief / Recovery Activities

EPA provides a technical support agency role by:

- Providing advice and information services to recovery agencies, municipal councils, duty holders and community on:
 - ◆ the environmental and public health impacts of pollution and waste
 - ◆ environmental clean-up methods
 - ◆ appropriate disposal of waste
- Providing emergency approvals under the Environment Protection Act
- Undertaking regulatory, enforcement and investigative activities under the *Environment Protection Act 1970*.

Fire Rescue Victoria

Control agency for:

- fire in the Fire Rescue Victoria Fire District (including the Port of Melbourne and waters as defined in the *Port Management Act 1995*)
- accidents involving gas leakage, hazardous materials, lifts, cranes or scaffolding and amusement structures, and building collapse
- fire and explosion incidents involving aircraft and boilers and pressure vessels
- rescue incidents involving rail, aircraft and industrial, road, trench and tunnel, and building structures.

Prevention / Mitigation / Risk Reduction Activities

Reduce the number of fires and hazardous incidents through:

- increasing community involvement and awareness in hazard prevention
- changing community behaviour through public education and legislation
- increasing the understanding of the use of fire protection and detection systems
- applying risk management strategies to identified community risk
- developing/enforcing of relevant legislation and regulations
- broadening community awareness and preparedness to minimise the impact of an emergency on the community.

Response Activities

Provide continuous protection of life, property and the environment from the effects of fire, accidents and other hazards through:

- suppression of uncontrolled fires
- rescue of persons from:
 - ◆ fire
 - ◆ road, rail and aircraft accidents
 - ◆ industrial accidents
 - ◆ other emergencies
- controlling accidents involving:
 - ◆ boilers/pressure vessels
 - ◆ dangerous goods/hazardous materials
 - ◆ lifts and cranes
 - ◆ tunnelling/trenches
 - ◆ building collapse
 - ◆ explosions, e.g. gas

Provide key support for:

- Urban Search and Rescue (USAR) capability across Victoria in accordance with state arrangements
- initial impact assessment at the request and in support of, the state requirements
- Emergency Medical Response (EMR) to relevant, as defined, events to support Ambulance Victoria within the Fire Rescue Victoria Fire District.
- investigation into the causes of fire

Part 7 – Emergency Management Agency Roles

- incidents involving explosive devices, natural events (flood, storm and tsunami) and maritime casualty involving commercial ships in Port of Melbourne waters (non-SAR)
- swift water rescue and maritime incidents across the state.

Relief / Recovery Activities

- FRV is the lead agency for undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets, where the FRV is the manager of that building or asset.
- FRV support the controller by providing post incident assistance and advice to persons impacted by fire and other emergencies.
- Provide support to other agencies, where appropriate, for recovery activities involving personnel or the environment.

Foodbank Victoria

Relief / Recovery Activities

- Foodbank Victoria is the co-lead agency with the Salvation Army to provide essential material aid (non-food items) to emergency affected persons including clothing, bedding and other personal requisites
- Foodbank Victoria supports Australian Red Cross in its role to coordinate food and water at regional and state levels, and support food and water coordination at the local level when requested.

Inspector-General for Emergency Management

The Inspector-General of Emergency Management (IGEM) provides assurance to the government and the community in relation to Victoria's emergency management arrangements and fosters continuous improvement of emergency management.

Roles / functions

The key roles for IGEM include:

- developing and maintaining a monitoring and assurance framework for emergency management, including measures for assessing the capacity, capability and performance of the emergency management sector
- undertaking system-wide reviews, including reviewing the emergency management functions of responder agencies and departments in relation to the monitoring and assurance framework
- at the request of the Minister for Police and Emergency Services, providing advice to, or preparing a report for, the Minister on any matter relating to the IGEM's functions
- evaluating state-wide training and exercising arrangements to maintain and strengthen emergency management capability
- monitor and report to the Minister for Police and Emergency Services on the implementation of the *Strategic Action Plan* by;
 - ◆ responder agencies
 - ◆ departments
 - ◆ the Emergency Services Telecommunications Authority (ESTA)
 - ◆ Emergency Management Victoria.
- monitoring and investigating the performance (in non-financial matters) of ESTA regarding the provision of services to emergency services and related organisations
- making recommendations to the Minister regarding matters arising from monitoring and investigating ESTA.

In the performance of these roles, the IGEM must:

- in relation to making recommendations, have regard to the resources that agencies have to implement the recommendations
- in relation to developing and maintaining a monitoring and assurance framework for emergency management;
 - ◆ consult with the parts of the emergency management sector affected by the framework, and the State Crisis and Resilience Council
 - ◆ submit the framework to the Minister for approval
- in relation to undertaking system-wide reviews;
 - ◆ prepare an annual forward plan of reviews
 - ◆ consult with the agencies or departments affected
 - ◆ provide a copy of the annual forward plan to the Minister.

Insurance Council of Australia Ltd

Relief / Recovery Activities

Insurance Council of Australia provides support to DTF in its role to deliver the following recovery activities:

- providing a point of contact to assist policyholders, and provide information to insurers, governments, the media and other parties
- assisting the insurance industry to respond to claims in an efficient, fair and timely manner through the coordination of insurers, adjusters and intermediaries as appropriate
- establishing contact with government at all levels and participating on any external committee on behalf of the insurance industry
- providing information to insurers, governments, the media and other interested parties and maintaining statistics showing the final insured cost of the event.

Lend Lease (Peninsula Link)

Lend Lease is responsible for the operation and maintenance of the Peninsula Link freeway. Lend Lease is a support agency for emergencies occurring within Peninsula Link freeway land. Lend Lease will provide resources, within its capability, to assist control and support agencies or persons affected by an emergency on the Peninsula Link freeway. Lend Lease may also have a role in emergencies that do not involve the Peninsula Link freeway directly but affect its operation.

Response Activities

Lend Lease supports emergency response activities by:

- providing a forward liaison officer
- providing an incident management facility to assist in the coordination of the emergency
- other assistance as required.

Relief / Recovery Activities

Lend Lease's role in recovery is:

- restoration and /or reconstruction of Peninsula Link
- assistance with the on-going management of traffic on the arterial network if the Link is not available for use
- provision of information concerning the commercial issues
- liaison with state authorities and local government regarding Peninsula Link
- to facilitate steps to ensure the physical and mental wellbeing of all company personnel involved in the emergency
- to participate on a Community Recovery Committee, if required.

Life Saving Victoria

Prevention / Mitigation / Risk Reduction Activities

- development of safety standards for the development, operation and use of a range of waterways including beaches, public swimming pools, home pools and spas, and urban waterways
- development and provision of learn water safety, first aid, CPR, swimming and lifesaving programs at swimming pools, open water locations, schools and lifesaving clubs
- provision of aquatic risk management services including safety design services to designers of swimming pools and waterways
- provision of water safety services to aquatic based events
- provision of subject matter expertise on water safety for public awareness campaigns and communications
- provision of expert advice on aquatic risk management systems and water safety signage
- provision of technical and reference manuals, texts, resources, and newsletters on water safety, lifesaving, life guarding, CPR and first aid
- provision of information and education displays at tradeshows and community events
- provision of accredited training for Personal Water Craft and Inflatable Rescue Boats
- provision of vocational education and training programs such as Pool Lifeguard, first aid, oxygen equipment, and specialist areas such as Automatic External Defibrillation (AED) and aquatic and dry spinal injury management
- provision of safety inspection services for swimming pools, urban, coastal and inland waterways using approved risk management tools.

Response Activities

- provision of both professional and volunteer beach-based patrolling including inshore, rescue and response services provided from 67 locations across Port Phillip Bay, the Victorian coastline and Mildura (Murray River)
- provision of emergency evacuation centres at the lifesaving club clubrooms
- provision of support services to Victoria Police (Water Police Squad)
- provision of coastal communication network
- provision of offshore rescue boat services
- provision of Westpac lifesaver rescue helicopter services.

Melbourne Water

Prevention / Mitigation / Risk Reduction Activities

- develop and implement plans and operational procedures for the continuity of Melbourne’s water supply systems, dams, sewerage systems, waterways and drainage assets
- develop and implement plans for the protection of Melbourne Water’s assets and systems, including dam safety, water quality, catchment and asset security
- develop and undertake training and exercise activities to ensure that Melbourne Water’s people, customers and partners are able to implement plans and procedures
- prepare sub-catchment drainage strategies to support urban development
- establish agreements with land developers for the provision of drainage infrastructure
- regulate development in flood prone areas within Melbourne Water’s waterway management district as a referral authority under council planning schemes
- develop policies and procedures for the management of trade waste
- continue to develop the flood monitoring system for Melbourne Water’s waterway management district.

Response Activities

- implement plans and procedures for the continuity of services in the event of a threat or impact to Melbourne Water’s water supply systems, dams, sewerage systems, waterways and drainage assets
- implement plans for the protection of Melbourne Water’s assets and systems from threats and impacts, including dam safety, water quality, catchment and asset security
- provide flood predictions to the Bureau of Meteorology for Melbourne’s water courses for which flood warning systems have been developed
- provide emergency works to alleviate flooding and clearance of waterways and drainage assets after flooding has occurred
- provide advice and support to the Environment Protection Authority and other response agencies regarding the impact of an incident or emergency (including pollution to waterways) within Melbourne Water’s waterway management district
- provide advice and support to the Department of Environment, Land, Water and Planning (DELWP) for any dam safety event.

Relief / Recovery Activities

Melbourne Water leads delivery of the following relief and recovery activities:

- support the recovery and rehabilitation of areas directly impacted by the failure of Melbourne Water’s assets or systems
- restoration, clearing and rehabilitation of public buildings and assets managed within Melbourne Water’s portfolio
- recovery and rehabilitation of essential water supply for domestic use by leading the restoration of water supply when reticulated water supply is available (co-lead with DELWP)

Emergency Management Manual Victoria

- restoration of sewerage, sanitation systems and wastewater management by leading the restoration of sewerage /sanitation systems/wastewater systems for domestic use when reticulated water supply is available (co-lead with DELWP)
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. public amenities) where Melbourne Water is the manager of that building or asset.

Melbourne Water, as a local water corporation, supports DELWP in its role to coordinate the provision of drinking water to households, when within Melbourne Water's remit.

Municipal Councils

This is an indicative list. The nature and extent of work by councils to deliver activities will depend on their capability, capacity and particular circumstances of an event. Municipal councils will utilise a variety of approaches and local arrangements to best affect the delivery of these responsibilities to meet unique municipal needs. Most of the activities in the list below are carried out by councils in close conjunction with, or with direct support by, government departments and agencies.

Prevention / Mitigation / Risk Reduction Activities

- perform municipal functions under local government, fire, health, building, and planning legislation e.g. planning, building, occupancy
- identification and assessment of hazards/risks
- provision of community awareness, information and warning system(s)
- identification and assessment of risks using a community emergency risk management framework
- implementation/coordination of specific risk treatments for identified risks and exposed elements in the community, including, flood/fire management, maintaining a register of at-risk groups, fire risk reduction (private and council lands).

Response Activities

- provision of available municipal resources needed by the community and response agencies
- provision of facilities for emergency services' staging areas
- facilitation of the delivery of warnings to the community
- provision of information to public and media
- coordination of the provision and operation of emergency relief (includes catering, emergency relief centres, emergency shelters and material needs)
- clearance of blocked drains and local roads, including tree removal
- support to DoT for partial/full road closures and determination of alternative routes.

Relief / Recovery Activities

Relief and recovery coordination responsibilities summary:

- Municipal councils are responsible for the coordination of local relief and recovery activities

Municipal councils are the lead agency at the local level for the following relief and recovery activities:

- arranging emergency shelter and accommodation for displaced households
- providing personal support and counselling referral
- housing of displaced and lost/stray companion animals. Municipal councils will work with the Victorian Farmers' Federation, RSPCA and Australian Veterinary Association where required.
- secondary impact assessment — gathering and processing of information

Emergency Management Manual Victoria

- surveying and making a determination regarding occupancy of damaged buildings
- forming, leadership and supporting Municipal/Community Recovery Committees
- providing and staffing recovery/information centres
- providing and managing community development services and activities
- coordinating clean-up activities, including disposal of dead animals (domestic, native and feral)
- overseeing and inspecting rebuilding/redevelopment
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. roads, bridges, sporting facilities, public amenities) where the municipal council is the manager of that building or asset.

Municipal councils support the following agencies in their respective responsibilities to deliver relief and recovery activities:

- EMV for coordination of public information and communication in relation to emergency management for major emergencies
- DJPR for:
 - ◆ implementing approved actions and projects to assist economic recovery
 - ◆ encouraging and bringing forward the resumption of local trade and economic activity
 - ◆ monitoring broad economic impacts and consequences
- Victorian Building Authority for providing building maintenance and safety information to affected persons and residents
- DELWP and CFA for coordinating local volunteer efforts for damage to private fencing after emergencies, as referred to by DJPR
- DELWP, PV, DoT for undertaking erosion control on public land.

National Offshore Petroleum Safety and Environmental Management Authority

The National Offshore Petroleum Safety and Environmental Management Authority (NOPSEMA) is an Australian Government statutory agency and is Australia's national regulator for health and safety, structural integrity and environmental management for all offshore oil and gas operations in Commonwealth waters.

While NOPSEMA maintains regulatory oversight of offshore petroleum incidents, offshore petroleum titleholders are required to control the response activities.

Prevention / Mitigation / Risk Reduction Activities

- promotion of safe and environmentally responsible Australian offshore petroleum and greenhouse gas storage industries
- development and implementation of effective monitoring and enforcement strategies for occupational health and safety, well integrity and environmental management in offshore petroleum operations
- investigate accidents, occurrences and other circumstances that may affect occupational health and safety, well integrity and environmental management of offshore petroleum operations
- advising persons on occupational health and safety, well integrity and environmental matters relating to offshore petroleum operations

Response Activities

- input to strategic direction of the Australian Government response to offshore petroleum incidents
- ensuring that response activities in an offshore area are carried out in a manner consistent with accepted regulatory documents
- provision of expert advice to assist other agencies who are responding to emergencies at or involving offshore petroleum operations
- provision of advice and briefings to Ministers, the public and the media on emergencies at or involving offshore petroleum operations.

NBN Co

NBN Co. operates a national wholesale-only open-access broadband network, and provides services to retail service provider phone and internet companies, who in turn provide broadband services, over the nbn™ network, to their end user customers.

NBN Co utilises a variety of broadband access technologies, including the following nbn™ fixed line connections (which utilise a physical line running to the premises):

- Fibre to the premises (FTTP)
- Fibre to the Node (FTTN)
- Fibre to the Basement (FTTB)
- Fibre to the Curb (FTTC)
- Hybrid Fibre Coaxial (HFC)

NBN Co also utilises the following technologies which are used mostly in regional and remote areas:

- Fixed wireless
- Sky Muster™ Satellite

NBN Co has a variety of mobile facilities that it may deploy into impacted communities with the aim of delivering limited/partial service restoration subsequent to service disruption driven through the impacts of a natural disaster event.

Prevention / Mitigation / Risk Reduction Activities

- Provide advice regarding emergency communications infrastructure.

Response Activities

- Monitor emergency events at local, district and state levels in collaboration with DJPR
- Provide a liaison officer function to the State Control Centre to attend/provide information and advice on the impacts of emergency events regarding nbn™ services as they effect Victoria
- Contribute to the SCC situation reports and National Impact Assessment Model data
- Facilitate actions within, and across the telecommunications sector in response to an emergency event
- NBN Co manages its own emergency response arrangements and supply issues. NBN Co may seek assistance from government through the provision of situational information and in gaining access to impacted areas.

Relief / Recovery Activities

- NBN Co has a variety of mobile facilities that it may deploy into impacted communities with the aim of delivering limited/partial service restoration subsequent to service disruption driven through the impacts of a natural disaster event.

Parks Victoria

Prevention/ Mitigation/ Risk Reduction Activities

- fire prevention and preparedness on public land in Victoria (Fire Protected Area (FPA)): provide support to the Department of Environment, Land, Water and Planning (DELWP) and undertake activities (including works) described in DELWP *Fire Protection and Readiness and Response Plans*
- responsible as the land manager for fire prevention works on parks and reserves managed by Parks Victoria (PV) in the Country Area of Victoria and Fire Rescue Victoria Fire District (other than planned burns which are the responsibility of DELWP with the support of PV staff)
- responsible for preparing and maintaining emergency response plans (ERPs) for parks, reserves, rivers and waterways managed by PV
- responsible for preparation and implementation of *Safety and Environment Management Plans* (SEMPs) for the local ports of Port Phillip and Western Port
- responsible for the safe, efficient and environmental management of the local ports of Port Phillip, Western Port and Port Campbell, including the navigable sections of the Yarra and Maribyrnong Rivers (excluding Commercial Ports), and other specified navigable waterways in its management areas
- administration of legislation and policy governing the use and enjoyment of parks, reserves, rivers, waterways and ports managed by PV, including Marine National Parks and Sanctuaries to reduce risk to the environment and visitor safety
- support enforcement activities of DELWP in accordance with DELWP policy
- development and administration of procedures and guidelines to ensure processes are in place to manage any potential risks associated with dams managed by PV consistent with the *Strategic Framework for Dam Safety Regulations*. Mitigation activities include:
 - ◆ implementing dam safety monitoring procedures for PV dams
 - ◆ developing emergency management plans (EMP) for large dams
 - ◆ undertake periodic training and exercising to ensure the EMP and associated business continuity plan is tested and can be implemented effectively.

Response Activities

- fire suppression on public land in Victoria (FPA): provide staff and equipment to support DELWP
- fire suppression activities in parks and reserves managed by PV in the Fire Recue Victoria Fire District under the direction of FRV
- fire suppression activities in parks and reserves managed by PV in the Country Area of Victoria under the direction of CFA
- oil and chemical pollution incidents in the local ports of Port Phillip, Western Port and Port Campbell, and state waters under the direction of the Department of Transport (DoT), in liaison with or as their agents, and the Environment Protection Authority (EPA) under the *Victorian Marine Pollution Contingency Plan (VICPLAN)*.
- maritime casualty – non SAR – (all vessels) in local port waters of the local ports of Port Phillip, Western Port and Port Campbell

- non-hazardous waterway pollution (as determined by EPA, FRV, CFA and/or DoT) on rivers managed by PV, under the direction of EPA
- hazardous waterway pollution on rivers managed by PV (as determined by EPA), under the direction of Melbourne Water, FRV, CFA, and DJPR or their agents
- oiled wildlife, in accordance with the Wildlife Response Plan for Oil Spills under the direction of DELWP or DoT through the Wildlife Response Plan for Marine Pollution Emergencies and/or the Marine Pollution Contingency Plan
- cetacean strandings and entanglements under the direction of DELWP in accordance with the *Victorian Cetacean Contingency Plan (DELWP)*
- fish kills, under the direction of EPA in accordance with the *Fish Death Response Procedure*
- marine pest incursions under the direction of DELWP in accordance with the *Interim Victorian Protocol for Managing Exotic Marine Organism Incursions (DELWP)*
- search and rescue on land and in Victorian waters, particularly those managed by PV under the direction of Victoria Police
- wildlife incidents on public land under the direction of DELWP
- floods, severe storms and earthquakes particularly within parks, reserves, rivers and waterways managed by PV, under the direction of VICSES
- blue-green algal blooms as described in the *Blue Green Algae Circular* where PV is the designated waterway manager under the *Marine Act 1988*, (e.g. Albert Park Lake, lower reaches of the Barwon River system (including Lake Connemara, Lysterfield Lake and Tower Hill) under the direction of the relevant CMAs.

Relief / Recovery Activities

Parks Victoria is lead agency for the following recovery activities:

- investigate and carryout erosion control works on PV managed land (co-lead with DELWP/PV and DoT)
- restoration, clearing and rehabilitation of public land and assets managed directly by DELWP, PV, or CMAs (co-lead with DELWP/PV and CMAs)
 - ◆ recovery and rehabilitation of natural values, cultural values, tourism and visitor assets affected by an emergency on parks, reserves, rivers, waterways and local ports managed by PV. In collaboration with DELWP and DHHS
 - ◆ clean-up following oil or chemical pollution incidents on parks, reserves, rivers, waterways and local ports managed by PV, in liaison with DELWP, or their agents, and the EPA
 - ◆ clean-up of fish kill incidents in collaboration with EPA and DELWP
 - ◆ PV can also assist with the recovery and rehabilitation of other public land affected by an emergency.
- undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. roads, bridges, public amenities) where PV is the manager of that building or asset.

Rural Assistance Commissioner

Relief / Recovery Activities

Provide financial assistance via grants, interest rate subsidies or concessional loans to disaster affected farmers, small business owners and non-profit organisations.

The Rural Assistance Commissioner supports EMV in its responsibility of:

- implementing available financial assistance under the DRFA to assist voluntary non-profit groups, communities and economies
- implementing available financial assistance under the DRFA to assist small businesses and primary producer's recovery.

Salvation Army - Victorian Emergency Services

Response Activities

- provide refreshments to emergency management personnel
- assist in the provision of catering to emergency management personnel and affected persons
- primary support agency at State level for provision of material needs (including bedding and clothing) to affected persons
- make available any Salvation Army service that may be available during an emergency to assist persons affected (e.g. personal support, emergency accommodation, transport)
- provide support to community safety activities.

Relief / Recovery Activities

Relief coordination responsibilities summary:

- coordinating the provision of essential material aid (non-food items) to individuals, families and communities affected by emergencies such as clothing, bedding materials and personal necessities, to help ensure their personal comfort, dignity, health and wellbeing
- Salvation Army supports the Australian Red Cross in its responsibility of coordinating food and water at regional and state levels, including support from other agencies, and provide support at the local level when requested.

St John Ambulance Australia (Vic.)

Prevention / Mitigation / Risk Reduction Activities

- promotion and provision of community first aid training through public education in schools, workplaces and to the public
- improve community readiness through the marketing of appropriate and cost effective first aid kits
- provide onsite consultations with workplaces and community groups to include first aid component within first aid management plans for the prevention of minor injuries
- provide advice to event organisers with the planning of first aid and medical service delivery at local and major events

Response Activities

- support agency for the provision of first aid services to other emergency service agencies and public
- support for Ambulance Victoria with first aid and medical services within the scope of the *State Health Emergency Response Plan (SHERP)*
- provide response and resources within the scope of the first aid support to the SHERP, i.e., Mobile first aid vehicles, first aid/first responder trained teams, medical assistance teams and provides standalone communication system
- support of Ambulance Victoria through the provision of non-emergency patient transport as a licenced operator

Relief / Recovery Activities

- provide first aid support to community within the scope of SHERP.

Telstra Corporation Limited

Response Activities

- Telstra may provide supporting emergency communications facilities to response agencies on request from the State Control Centre
- provide network status information via its Emergency Management Liaison Officers (EMLO) as required
- identify Telstra sites that may be at risk and potential consequences of loss of asset
- provide priority fault restoration of Telstra services for response agencies.

Relief / Recovery Activities

- can provide DISPLAN phone lines and internet services to relief and recovery centres and/or deploy mobile shopfront resources as appropriate
- where appropriate, provide relief packages for Telstra customers
- switch payphones to free service in disaster impacted areas as deemed necessary.

Transport Safety Victoria

Transport Safety Victoria (TSV) supports the independent statutory office of the Director Transport Safety (Safety Director), which is the state's safety regulator for bus, maritime and rail transport. The primary object of the Safety Director is to seek the highest transport safety standards that are reasonably practicable consistent with the transport system vision statement and objectives under the *Transport Integration Act 2010*. The Safety Director administers bus, maritime and rail safety legislation that promotes transport safety outcomes in Victoria.

The Safety Director is Victoria's lead operational agency for the national maritime and rail safety regulatory schemes, exercising powers and functions delegated from the Australian Maritime Safety Authority and the Office of the National Rail Safety Regulator respectively.

As Victoria's transport safety regulator, the Safety Director:

- licences, certifies, registers and accredits operators and other industry participants
- monitors transport operators' and participants' systems for managing safety risks
- monitors compliance with transport safety legislation, and
- takes enforcement action as appropriate to promote safety outcomes in Victoria.

Prevention / Mitigation / Risk Reduction Activities

- investigate and report on transport safety matters
- conduct safety audits of transport operators and determine compliance with safety requirements
- provide advice and recommendations to the Minister for Ports and the Minister for Public Transport on transport safety matters
- provide information, guidance and education that promotes awareness and understanding of transport safety issues
- collect, analyse and report on safety data and performance
- develop policy relating to the administration of transport safety legislation.

Response

- receive notifications of notifiable occurrences/ incidents/ accidents in bus, maritime and rail transport
- investigate incidents and accidents for compliance with transport safety legislation and take enforcement action as appropriate
- control agency for maritime casualty non-search and rescue of all vessels in coastal waters excluding those in commercial and local port waters
- liaise with relevant agencies following incidents and accident, including, Victoria Police, Office of the Chief Investigator (Transport and Marine Safety Investigations), WorkSafe and the Department of Transport.

VicRoads

The Roads Corporation (VicRoads) is responsible for delivering social, economic and environmental benefits to communities throughout Victoria by managing Victoria's road system and its use as an integral part of the overall transport network. The functions and objects of the Corporation are outlined in the *Transport Act 1983*, *Road Safety Act 1986*, *Road Management Act 2004* and the *Transport Integration Act 2010*.

Prevention / Mitigation / Risk Reduction Activities

- plan for the management of incidents on major arterial roads with other agencies, including diversion routes for the different classes of vehicles
- maintain a high level of preparedness for emergencies that may affect the state's road network
- active participation and representation in emergency management forums and exercises
- coordinate road safety programs with community groups and other agencies.

Response Activities

- control agency for the essential service disruption to roads, bridges and tunnels
- assist with the management of road links during emergencies, which includes route selection, emergency traffic management, escorting, route conditions advice and control
- provide support advice on transport matters
- primary support agency for transport service for emergency response activities
- provide road closure and condition information to the media and public
- provide relevant support to other agencies in the management of emergencies.

Relief / Recovery Activities

VicRoads is lead agency for the following recovery activities:

- restoring arterial roads, bridges and tunnels:
 - ◆ undertaking assessments of impacts on infrastructure in relation to major arterial roads, bridges and tunnels
 - ◆ rebuilding, upgrading (betterment) or re-locating infrastructure associated with arterial roads, bridges and tunnels.
- undertake erosion control on public land (co-lead with DELWP/PV):
 - ◆ investigating and carrying out restoration works associated with roads, bridges and culverts within the arterial road reserve.

VicRoads also supports the delivery of the following relief and recovery activities:

- VicRoads works with DoT (as lead government liaison) in
 - ◆ coordinating information regarding restoration of services and land transport network links to airports
 - ◆ assisting with logistics interdependencies, contingencies and reconstruction by providing clearing, restoration and rehabilitation works on arterial roads and bridges

Part 7 – Emergency Management Agency Roles

- EMV in delivering its responsibility in providing financial assistance to municipal councils, for the restoration of essential municipal assets including local roads, bridges and tunnels under municipal council responsibility.

Victoria Police

Prevention / Mitigation / Risk Reduction Activities

Development of community emergency awareness through the provision of information and education in the media, and other means.

Response Activities

Control agency for:

- search and rescue on land and Victorian waters, other than for Australian Defence Force ships and planes
- road, rail, tram, aircraft and marine (not pollution) accidents/incidents
- rescue in mines and caves
- explosive devices
- threats to life and property (unless otherwise designated)

Responsible for the effective coordination of emergency response within regions and/or municipal areas

Responsible for:

- evacuation - in consultation with the control agency and other expert advice
- registration of evacuees - in conjunction with the Australian Red Cross
- provision of media coordination (where no other facility exists)
- traffic management – in consultation with the control agency and other expert advice.

Support to other agencies in:

- provision of personnel
- provision of land, air and water transport
- dissemination of public information
- access to communications
- coronial investigations.

Relief / Recovery Activities

Victoria Police is co-lead agency with Australian Red Cross for the relief activity of reconnecting family and friends by operating *Register.Find.Reunite* in relief centres, enquiry centres or online, to reconnect people with family, friends and their communities.

Victoria Police is lead agency for the recovery activity of undertaking the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. public amenities, station buildings) where the Victoria Police is the manager of that building or asset.

Victoria State Emergency Service

Control agency for:

- storm, flood, landslide, tsunami and earthquake
- accidents involving building collapse
- rescue incidents involving rail, aircraft and industrial, road, and building structures

Prevention / Mitigation / Risk Reduction

- provision of advice, information, education, training and assistance to municipal councils, agencies and the community in relation to emergency management principles and practice
- assistance to municipal councils in the development of emergency management plans including assistance to incorporate an all hazards risk management approach
- audit municipal emergency management plans
- assistance to emergency management planning committees in the facilitation of municipal risk assessments that consider and improve safety and resilience of their community from hazards and emergencies
- provide the emergency response development function to each emergency response region
- engage with communities providing storm, flood, landslide, earthquake and tsunami risk information.

Response Activities

Provide continuous protection of life, property and the environment through

- leading the response to storms, floods, landslides, tsunami and earthquakes
- rescue of persons from, or endangered by:
 - ◆ road, rail aircraft and industrial incidents
 - ◆ steep and high angle incidents
 - ◆ buildings damaged or collapsed
 - ◆ swift water
 - ◆ other emergency or dangerous situations.
- provision of information to the community and government.

Provide key support for:

- search and rescue on land, including caves, and on water
- evacuation
- incidents involving mass casualties

Relief / Recovery Activities

- VICSES undertakes the assessment, restoration, clearing and rehabilitation of public buildings and assets (e.g. public amenities, unit buildings) where the VICSES is the manager of that building or asset.
- VICSES supports controller through providing human and other resources for relief and recovery activities where appropriate.

Victorian Building Authority

The Victorian Building Authority (VBA) oversees regulation of building and plumbing practitioners to aid the achievement of efficient and competitive building and plumbing industries in Victoria.

Prevention / Mitigation / Risk Reduction Activities

- respond to general enquiries from the public about the building and plumbing industries, Building Practitioners Board and Building Appeals Board
- facilitate the registration and licensing of builders and plumbers in Victoria
- provide expert technical advice and informed solutions to industry
- work with other agencies and regulators to ensure builders and plumbers are compliant and that consumers are protected
- publish data for building and plumbing practitioners and participate in their disciplinary processes
- administer the collection of building levies
- oversee the work of building surveyors and Victoria's building permit system.

Response Activities

- provide building maintenance and safety information resources to response agencies
- undertake inspections, investigations and audits to enforce compliance with relevant legislation.

Relief / Recovery Activities

- VBA is lead agency for the recovery activity of providing building maintenance and safety information to affected persons.

Victorian Council of Churches

The Victorian Council of Churches, Emergencies Ministry (VCC EM) provides its services through volunteers from several religious and cultural groups including Christian, Muslim, Buddhist, Sikh and Hindu, trained to respond to all affected persons following emergencies in Victoria.

Prevention / Mitigation / Risk Reduction Activities

- provide information, education and training to cultural and faith communities, municipal council emergency management staff and other agencies

Response Activities

- Provide psychosocial support including emotional spiritual care under the *State Health Emergency Response Plan*.

Relief / Recovery Activities

VCC EM supports DHHS to deliver the following relief and recovery activities:

- provide psychosocial support including psychological first aid, emotional and spiritual care and personal support in relief & recovery centres and through community outreach, direct visits, community meetings and gatherings
- coordinate the multi-faith multicultural response to emergencies
- assist the Department of Premier and Cabinet in the development and coordination of state services of worship and assist in the organisation of public memorials and gatherings to support the recovery of affected communities.

Victorian Fisheries Authority

The Victorian Fisheries Authority (VFA) is established to promote sustainable and responsible fishing and fishing-related activities in Victoria. It is also a function of the VFA under Section 8(k) of the *Victorian Fisheries Authority Act 2016* to work with land, water, waterway and coastal managers and public sector bodies to improve fisheries, respond to any emergency or undertake compliance and enforcement activities.

The VFA is the control agency for shark hazards in Victorian waters and is a support agency for emergencies in the aquatic environment.

Prevention / Mitigation / Risk Reduction Activities

- enforcement of regulations relating to shark attractants
- publishing educational material on shark hazards (website)
- publishing information for the community on shark hazards
- supporting DELWP in the delivery of programs to reduce the incidence of cetacean entanglement and vessel strike from fishing activities
- supporting DHHS in sampling of shellfish for marine biotoxin contamination
- publishing educational material on declared noxious aquatic species (website)
- enforcement of provisions under the *Fisheries Act 1995* prohibiting bringing into Victoria, possession, transporting or release of declared noxious aquatic species.

Response Activities

VFA is the control agency for:

- providing a coordinated response to shark hazards under the State Shark Hazard Plan.

VFA is a key support agency for:

- responding to cetacean entanglements or impacts under the Victorian Cetacean Emergency Plan, including providing vessels and crew
- responding to cetacean strandings for either living or deceased animals under the Victorian Cetacean Emergency Plan and control agency for the management of shark hazards arising out of strandings
- response to fish mortality (fish kills) events, including an initial impact assessment and notifying the relevant control agency if the cause relates /is suspected to relate to hazards managed by that agency i.e. exotic animal disease, pollution, blue-green algae bloom
- responding to Blue-green algae blooms where these impact on fisheries and fishing
- DHHS responding to food contamination involving fish in Victorian waters
- responding to marine pest incursions
- the relevant control agency responding to pollution of waterways.

Relief / Recovery Activities

- Liaise with DJPR or other control agencies for relief or recovery activities affecting the fishing or aquaculture industries.

Victorian Institute of Forensic Medicine

The Victorian Institute of Forensic medicine (VIFM) is the statutory authority providing forensic medical and related scientific services for Victoria. VIFM is established by the *Victorian Institute of Forensic Medicine Act 1985*.

Prevention / Mitigation / Risk Reduction Activities

- VIFM provides expert forensic medical management and advice to the justice and healthcare sectors (including the Coroners Court of Victoria, criminal justice agencies and healthcare providers)
- in accordance with the Act, VIFM's role is to provide medical death investigation, including:
 - ◆ reducing the number of preventable deaths and promote public health and safety and the administration of justice S.64(2)(ha)
 - ◆ promoting and assisting in the performance by the Coroners Court of its functions S.64(2)(j)
 - ◆ facilities and staff required to undertake medical death investigations including autopsies S.66(1)(a)(d)
 - ◆ facilities and staff to conduct chemical, microscopic, serological, toxicological and other examinations of tissue and fluids taken from deceased persons S.66(1)(b)
 - ◆ facilities and staff to identify, by radiological or odontological examinations or other means, the remains of deceased persons S.66(1)(c)
 - ◆ documenting and recording the findings and results of investigations S.66(1)(e)
 - ◆ providing reports to Coroners about causes of death and the results of investigations S.66(1)(f).
- VIFM provides expert medical and scientific advice, including associated public health and safety policy advice, to a variety of Victorian Government departments and agencies on fatality management.

Response Activities

- coordinate the management of deceased persons (including multi-fatality incidents) for the Victorian State Coroner including liaison with funeral service providers S.66(1)(j)
- assist emergency response agencies with the investigation of a range of death scenes including mass fatality emergencies
- respond to requests from DFAT and AFP regarding fatality incidents overseas
- manage the Victorian State mortuary facility and where required, establish temporary mortuary facilities
- undertake Disaster Victim Identification (DVI) procedures including forensic pathology, anthropology, odontology, radiology and molecular biology (DNA)
- undertake medical, toxicological, microbiological and other forensic scientific analyses related to the investigation of deaths
- prepare specialist reports into deaths required by the criminal justice system (terrorism, arson etc.).

Relief / Recovery Activities

VIFM is a lead agency for communicating with the families of deceased persons S.66(1)(h)(l)

VIFM can support the following recovery activities:

- Disaster Victim Identification
- reconnection of family and friends
- forensic scientific analysis

VIFM supports the following commonwealth and international agencies in the delivery of their respective recovery activities:

- AFP, DFAT, Interpol, Red Cross/ICRC and ICMP (Missing Persons).

Victorian Managed Insurance Authority

The Victorian Managed Insurance Authority (VMIA) is a statutory body that provides insurance for State Government assets. VMIA is mandated under the *Victorian Managed Insurance Authority Act 1996*.

Prevention / Mitigation / Risk Reduction Activities

- provides expert risk management support/advice to individual organisations and through emergency management forums.
- in accordance with the Act, VMIA's role is to assist departments and participating bodies to establish programs:
 - ◆ for the identification, quantification and management of risks
 - ◆ to monitor risk management by departments and participating bodies
 - ◆ to provide risk management advice to the state
 - ◆ to provide risk management advice and training to departments and participating bodies, and
 - ◆ to act as insurer for, or provide insurance services to, departments and participating bodies.
- VMIA also provides services to the Victorian government on risk and insurance issues and trends
- Provides insurance to emergency services agencies and other agencies and departments involved in emergency management.

Response Activities

- provides insurance for the Emergency Resource Providers Support Scheme (EmRePSS) for response preparedness (Refer to Part 8, Appendix 11 of this manual for details) to enable use of private resources for emergency response.

Relief / Recovery Activities

- VMIA is lead agency for the recovery activity of administering insurance claims for the restoration of State Government assets damaged or destroyed in an emergency and liability against state agencies.

VMIA supports the following agencies in the delivery of their respective recovery activities:

- DTF in its role of
 - ◆ Providing insurance advice and information to customers
 - ◆ Coordinating the insurance industry response, information, advice and government liaison.
- Port of Melbourne Operations Pty Ltd in its role of restoring port infrastructure
- DoT in its role of restoring major arterial roads, bridges and tunnels, tram, bus and rail services
- DEWP/PV in its role of restoring, clearing and rehabilitation of public land and assets managed directly by DELWP, PV, or CMAs.

Victorian Ports Corporation (Melbourne)

The Victorian Ports Corporation (Melbourne) (VPC(M)) is responsible for the safe management of commercial shipping within the waters of the Port of Melbourne, including the channels between Melbourne and the sea.

Prevention/Mitigation/Risk Reduction activities

- maintain the Melbourne Port Emergency Management Plan
- chair the Melbourne Port Emergency Management Committee
- ensure safe management of commercial shipping within the waters of the Port of Melbourne via Vessel Traffic Services authority (VTS)
- monitor the movement of dangerous goods through the Port
- provide control systems for fuel bunkering and “Hot Work” activities in the Port
- coordinate whole of port emergency management exercises

Response Activities:

- provide access to VPC(M) controlled resources
- control agency for maritime casualty non-search and rescue in Port of Melbourne waters under its control
- control agency for oil pollution in the Port Phillip Region (Cape Otway to Cape Shanck)
- provide marine expertise to State response agencies

Relief / Recovery Activities:

- manage and participate in the development of recovery management within the *Melbourne Port Emergency Management Plan*
- provide maritime expertise to state recovery agencies.

Victorian Regional Channels Authority

The Victorian Regional Channels Authority (VCRA) is responsible for managing the shipping channels in the Ports of Geelong and Hastings. The shipping channel at the Port of Portland is subject to a legally binding Channel Operating Agreement that assigns VRCA's authority and responsibilities to the port owner, Port of Portland Pty Ltd.

Prevention / Mitigation / Risk Reduction Activities

- safe management of the movement of all vessels within the port waters of Geelong, Hastings and Portland.

Response Activities

- control agency for maritime casualty which is non search and rescue in waters under its control.

VicTrack

Prevention / Mitigation / Risk Reduction Activities

- identification and removal or reduction of risks on rail reserves, other than operational corridors allocated to transport franchise operators or leased to third parties
- maintain certain road-over-rail bridges and platforms
- maintain certain radio and telecommunication services that support public transport, other than services managed by DoT or the transport franchise operators.

Response Activities

- provide professional engineering and technical advice to control agencies (communications, level crossings & infrastructure).

Relief / Recovery Activities

VicTrack has responsibility to repair, recover and provide alternative public transport telecommunications services in times of system outages, other than services managed by PTV or transport franchise operators.

VicTrack supports the following agencies to deliver their respective recovery activities:

- DoT in its role restoring tram, bus, rail services
- DJPR in its role assisting with logistics interdependencies, contingencies and reconstruction.

Volunteer Search and Rescue Organisations

Search and Rescue operations are often supported by volunteer emergency search and rescue organisations.

There are a number of volunteer emergency land, water and transport search and rescue organisations who are specialised and/or provide search and rescue support services in localised areas of the State, including

- Bush Search and Rescue Victoria
- Arapiles Rescue Group (SES)
- approved units of the Victoria State Emergency Service for Vertical Rescue/Swift Water Rescue
- approved units of Country Fire Authority for Vertical Rescue
- Oscar One (CFA Bendigo) for Mine Rescue
- Echuca Moama Search and Rescue Squad (land and road)
- Shepparton Search and Rescue Squad (land, water and road)

Response Activities

- support agency to Victoria Police for land, water and transport search and rescue
- provision of specialised search and rescue equipment.

Note:

Further information about specific roles/services provided can be obtained by contacting Victoria Police Search & Rescue Squad.

The Country Fire Authority and Victoria State Emergency Service are statutory authorities that also provide volunteer emergency workers for emergency search and rescue response operations (refer to specific role statements in this Part).

Volunteer Marine Search and Rescue Organisations

These organisations provide marine safety services for recreational and commercial vessels on Victoria's inland and coastal waterways. They support Victoria Police as the control agency. The agencies are:

- Australian Volunteer Coast Guard Association
- Coastwatch Radio and Marine Rescue Squad, Ocean Grove
- Southern Peninsula Rescue Squad
- Torquay Marine Rescue Service
- Volunteer Marine Rescue Mornington
- Volunteer Marine Rescue Hastings
- Port Fairy Marine Rescue Service
- Apollo Bay Ocean Rescue
- approved units of the Victoria State Emergency Service
- approved lifesaving clubs affiliated with Life Saving Victoria

These organisations provide a range of services (not all organisations provide all services) including:

Prevention / Mitigation / Risk Reduction Activities

- provide small boat seamanship, navigation and marine radio courses for the recreational boating sector
- provide marine safety education and awareness programs for operators of small vessels
- operation of radio stations to provide local weather information and ship reporting services.

Response Activities

- rescue of persons endangered by:
 - ◆ vessel disablement due to mechanical or electrical failure
 - ◆ foundering
 - ◆ fire
 - ◆ person falling overboard
- in partnership with CFA provide level 1 response activities for small ports and vessels
- support agency for Victoria Police (marine search and rescue)
- support agency for CFA (fire on waterways)
- support Ambulance Victoria with casualties on water.

Water Corporations

Prevention / Mitigation / Risk Reduction Activities

- develop appropriate operation and maintenance plans, risk management plans, emergency management plans and business continuity plans to ensure, water supply, wastewater and irrigation and drainage assets perform their function appropriately
- develop appropriate dam safety emergency plans to deal with a potential dam failure
- conduct periodic training exercises to ensure that emergency management plans can be implemented effectively.

Response Activities

- activate emergency management plans and business continuity plans when there is a foreseeable or actual asset failure or disruption to services.

Relief / Recovery Activities

Water Corporations lead the delivery of the following recovery activities:

- restoring, clearing and rehabilitating of public buildings and assets managed within water corporations' portfolio
- recovery and rehabilitation of essential water supply for domestic use by leading the restoration of water supply when reticulated water supply is available (co-lead with DELWP)
- in co-lead with DELWP, restoring sewerage, sanitation systems and wastewater management systems for domestic use when reticulated water supply is available.

Water Corporations support DELWP in their role to coordinate the provision of drinking water to households.

Water Corporations support DELWP and CFA in their responsibility to make available essential replacement water taken from private landholders during bushfire suppression activities.

Wireless Institute Civil Emergency Network (WICEN)

Response Activities

- provision of communications or supplementary facilities for and between response and/or recovery agencies
- provision of communications to the community where conventional communications facilities are not available.

Relief / Recovery Activities

- WICEN works with DJPR (as lead Government liaison) to coordinate information regarding restoration of telecommunication services including providing alternate communications networks where required.

WorkSafe Victoria (Victorian WorkCover Authority)

Prevention / Mitigation / Risk Reduction Activities

- promote workplace health and safety management systems
- development and publishing of guidance notes and alerts on a wide range of occupational health and safety, and dangerous goods matters
- investigation and reporting on:
 - ◆ workplace fatalities and incidents resulting in life threatening or serious injury
 - ◆ incidents involving transport of dangerous goods and chemicals and high consequence dangerous goods and explosives
 - ◆ use, storage and handling of dangerous goods and chemicals and high consequence dangerous goods.
- inspection and certifications/authorisations/approvals under health and safety and dangerous goods legislation
- public safety where WorkSafe has jurisdiction under the *Equipment Public Safety Act* and *Regulations*.

Response Activities

- technical support to other agencies mainly in the area of plant, chemicals, dangerous goods, high consequence dangerous goods, explosives (other than ordinance and explosives or firearms at crime scenes), mines, prescribed mines, quarries, on-shore petroleum sites and geothermal or on-shore exploration sites
- investigation into the cause of workplace and work-related incidents including incidents in public places involving registered, licensed and prescribed equipment and at major public events where such equipment is involved in an incident including amusement structures and amusement rides.

Appendices and Glossary

Part 8: Emergency Management Manual Victoria

Contents

Appendix 1 Financial Arrangements	8-1
Appendix 2 Best Practice Principles for Community Education, Awareness and Engagement (EAE) Programs	8-9
Appendix 3 Special Response Arrangements (USAR, DVI, Marine EMT)	8-12
Appendix 4 Emergency Support from the Commonwealth Government and Other States	8-15
Appendix 5 Model Arrangements for Leadership During Emergencies of National Consequence.....	8-23
Appendix 6 States of Emergency Under Victorian Law	8-25
Appendix 7 Legal Protection for Emergency Volunteer Workers	8-27
Appendix 8 Response and Recovery Regions	8-29
Appendix 9 Evacuation Guidelines	8-32
Appendix 10 Multi Agency Plans, Policies and Practice Notes	8-42
Appendix 11 Emergency Resource Providers Support Scheme (EmRePSS).....	8-55
Appendix 12 Public Information via Media During Emergencies: The Role of EMJPIC.....	8-57*
Appendix 13 (Blank).....	8-58
Appendix 14 Standard Emergency Warning Signal	8-59
Acronyms and Abbreviations	8-63
Glossary.....	8-66*

* Withdrawn pending review

Appendix 1 Financial Arrangements

Mitigation and Preparedness

Mitigation and Preparedness: Financial Assistance for Natural Disasters

Natural Disaster Resilience Grants Scheme

The Commonwealth Attorney General's Department provides funding under the National Partnership Agreement on Natural Disaster Resilience (NPA) to support disaster resilience projects which are prioritised by the states in accordance with their respective state-wide natural disaster risk assessments. States are responsible for securing matched funding, which may include third party and in-kind contributions. Each year, the Commonwealth provides up to 50% of the total cost of the approved program up to a set amount.

In Victoria, the NPA funds are applied towards the Natural Disaster Resilience Grants Scheme. The scheme provides grants to organisations for projects that fulfil the purposes of the NPA.

Contact Agency

Emergency Management Victoria administers the Natural Disaster Resilience Grants Scheme for Victoria.

Response and Recovery

The following summarises financial responsibilities for expenditure on response and recovery activities.

Emergency Payment Responsibilities

- Where an agency's expenditure is in order to fulfil its own responsibilities, that agency is responsible for the costs, including services and resources sourced from others¹
- An agency cannot transfer its responsibility for the cost of undertaking its roles/responsibilities if the activity is in compliance with the direction or request of a response controller from another agency².
- When a control agency requests services and supplies (for example, catering) on behalf of a number of supporting agencies, the control agency will be responsible for costs incurred.
- Municipal councils are responsible for the cost of emergency relief measures provided to emergency-affected people.

Principles Applying to Types of Organisations

Volunteer Agencies

Volunteer agencies are called upon to provide resources within the limit of their means. Where a volunteer agency expends extraordinary funds providing

¹ Legislation may empower agencies to recover some costs from property owners. For example, the fire services may recover additional costs incurred in attending hazardous materials incidents.

² Including directions or requests from the Emergency Management Commissioner.

resources for emergency response or recovery to the extent that it seeks financial reimbursement, it should notify the control agency, or the agency to which it is providing services, at the earliest possible opportunity, preferably before deployment commences.

Municipal Councils

Municipal councils are expected to use their resources for emergency operations within the municipal district. Municipal resources are those used to perform municipal functions, even if the resources are privately owned (contracted to council). Generally, councils are expected to provide municipal resources without charge, however some resources may be subject to limits and/or constraints, (e.g. the use of some equipment may be limited to a timeframe due to the expense of operation). Such limits and/or constraints should be reasonable, commensurate with each council's capacity to provide such resources, and details included in municipal emergency management plans.

Some reimbursement is available. Extraordinary expenditure incurred, (e.g. for overtime, or equipment hire used in emergency protection works, restoration of publicly owned assets or relief provided to emergency-affected people) may qualify for reimbursement by the Department of Treasury and Finance (DTF) according to a sharing formula. See the next section of this Appendix and Part 6 of this Manual.

State Agencies

State agencies involved in emergency response and recovery activities as part of their normal activities will initially fund them from within their budgets, including supplies (e.g. catering) purchased from contractors or volunteer agencies. For major emergencies, some funding supplementation may be required from DTF. This would be the subject of a Government decision at the time, in the context of the agency's budget position.

Commonwealth Agencies

Local resources, including those privately owned, must be fully committed prior to Commonwealth assistance being sought. There is no charge for Australian Defence Force resources used to save human life, alleviate suffering or prevent extensive loss of animals or property. (See also Appendix 4, Part 8).

Private Organisations

Private organisations that provide resources for emergency response or recovery activities would expect to be paid by the agency using the resources. The emergency response coordinator or municipal council may be an intermediary in sourcing private resources for agencies.

Recovery: Government Post-Emergency Assistance Measures

This table summarises the basic package of post-emergency assistance measures that may be made available to assist in various aspects of the recovery process. Most are provided by Victorian government agencies; a few Commonwealth assistance measures are also listed. Important factors to note are:

- Assistance measures are identified as being generally available at departmental discretion, or requiring a specific government decision on each occasion;
- The table is intended to list specific assistance in the form of financial or in-kind measures. Other recovery services are listed under Assistance and Agencies for Relief and Recovery in Part 7, pages 7–7 to 7–16.
- Refer to *Acronyms and Abbreviations* for an explanation of abbreviations.

MEASURE	PURPOSE	AGENCY	OTHER DETAILS
INDIVIDUAL HUMAN NEED ASSISTANCE MEASURES			
<i>Generally available at departmental discretion</i>			
Emergency relief assistance	To alleviate personal hardship arising from the effects of an emergency by helping to meet immediate essential health, safety and wellbeing needs.	DHHS	<p>Payments available to assist a household during the first seven days after a single house fire or natural emergency event. Payments may also be available for single emergency incidents, other than single house fires, at the discretion of the Director, Emergency Management Branch.</p> <p>Eligibility is based on alleviating hardship, for an individual or household affected by an emergency (occurring or likely to occur) to provide shelter, food, clothing, personal items or transport to leave an affected area.</p> <p>The amount paid is based on a pre-determined 'set' amount per individual (adult and child), capped per household.</p>
RESIDENTIAL AND COMMUNITY RE-ESTABLISHMENT ASSISTANCE MEASURES			
<i>Available subject to specific government approval</i>			
Emergency re-establishment assistance *	To assist with the re-establishment of a principal place of residence and essential household items where the householder's needs are not met by their own resources (including insurance) or other forms of assistance.	DHHS	<p>Payments available to eligible applicants following the activation of this assistance measure by the Minister for Emergency Services or the Premier.</p> <p>Eligibility is based on an applicant's principle place of residence being uninhabitable or inaccessible for more than seven days as a consequence of the natural emergency event. Applicants must also meet an income test and expenses/ losses not being covered by insurance.</p> <p>Payments can be used for alternative accommodation, removal of debris from residential properties, essential repairs to housing to restore it to a habitable condition and repair or replacement of essential household items.</p> <p>The application period closes 180-days after the natural emergency event.</p>

* Only available for 'Natural Disasters' as defined under the Commonwealth Government's Natural Disaster Relief and Recovery Arrangements. Refer Glossary for a definition.

MEASURE	PURPOSE	AGENCY	OTHER DETAILS
Concessional loans for principal residence *	To assist with the re-establishment of the principal place of residence.	RFCV	Concessional housing loans may be made to people whose principal residence has been damaged or destroyed by natural disaster, and who wish to rebuild or buy another house within Victoria. These loans are granted on the basis of need to bridge the gap between the cost of rebuilding or relocation and the financial resources which are available to the individual including insurance.
Concessional loans for churches, voluntary organisations, etc. *	To assist with re-establishment of premises	RFCV	Concessional loans may be made available from time to time to non-profit organisations which have no reasonable access to commercial sources of finance. Loans are made on the basis of need to bridge the gap between re-establishment costs and insurance recovery.
COMMUNITY SAFETY/HEALTH ASSISTANCE MEASURES			
<i>Generally available at departmental discretion</i>			
Disposal of dead or maimed stock	To minimise the risk to public health.	Municipal councils in consultation with DEDJTR	Municipal councils are responsible for disposal. DEDJTR provides advice and supervision and may provide reimbursement.
ECONOMIC RECOVERY ASSISTANCE MEASURES			
<i>Available subject to specific government approval</i>			
Concessional loans for primary producers *	For carry-on purposes and to assist with the re-establishment of the economic enterprise.	RFCV	Concessional loans for carry-on purposes (restocking, restoration, etc.) may be made available to full-time bona fide primary producers who have suffered natural disaster losses and, after insurance recovery, are unable to obtain requirements through normal commercial channels on suitable terms, and in the Corporation's opinion have reasonable prospects of recovery.

* Only available for 'Natural Disasters' as defined under the Commonwealth Government's Natural Disaster Relief and Recovery Arrangements. Refer Glossary for a definition.

MEASURE	PURPOSE	AGENCY	OTHER DETAILS
Concessional loans for small business *	For carry-on purposes and to assist with the re-establishment of the economic enterprise.	RFCV	Concessional loans may be made available to small businesses which are in need of special assistance as a result of natural disasters and which cannot obtain finance on suitable terms from normal sources including insurance and which, in the opinion of the Corporation, have reasonable prospects of recovery. Generally the corporation would expect to share the funding for such businesses with normal sources of institutional finance.
Consequential effect concessional loans *	For carry-on purposes and to assist with the re-establishment of the economic enterprise.	RFCV	Concessional loans of up to \$100,000 may be made available to primary producers, small businesses and/or not-for-profit organisations that have suffered a significant loss of income indirectly from the consequences of a natural disaster. Generally only available where concessional loans of up to \$200,000 to directly affected parties are also activated and the community has been affected by the natural disaster for several weeks.
Clean-up grants for small businesses and primary producers *	To cover the cost of clean-up and reinstatement, not compensation for losses	RFCV	Clean-up grants are aimed at providing a holistic approach to the recovery for regions or communities severely affected by a natural disaster. Grants are subject to Commonwealth Government approval, maximum grant \$10,000, up to \$25,000 in exceptional circumstances.
Community recovery fund *		DPC/ DEDJTR	A community recovery fund may be established in circumstances where a community is severely affected by a natural disaster and needs to restore social networks, community functioning and community facilities. Requires Commonwealth Government approval. Amount to be determined at the time of triggering assistance.

* Only available for 'Natural Disasters' as defined under the Commonwealth Government's Natural Disaster Relief and Recovery Arrangements. Refer Glossary for a definition.

MEASURE	PURPOSE	AGENCY	OTHER DETAILS
<i>Generally available at departmental discretion</i>			
Repair of damage to private fences (internal and boundary) by fire agency machinery during bushfire emergencies	To make an equitable contribution to landholder bushfire recovery.	DELWP/ CFA	Full restoration costs paid for fences damaged on private land paid as a result of machinery used by fire agencies to control bushfires. This includes damage to fences by machinery such as bull-dozers entering the property and/or constructing fire control lines, and other fire emergency vehicles obtaining access.
Restoration of fences damaged by bushfire on the boundary of private land and public land	To make an equitable contribution to landholder bushfire recovery.	DELWP/ CFA	Half the cost of materials paid to replace or repair fencing between private land and all national parks, state parks and state forests destroyed or damaged by bushfires.
Restoration of fencing damaged by DELWP planned burns that escape from public land	To make an equitable contribution to landholder bushfire recovery.	DELWP	Full restoration costs paid for fences or other assets that are damaged or destroyed by planned burns that escape from public land onto private land.
Rehabilitation of fire control lines constructed by fire agencies during bushfire emergencies	To minimise environmental degradation and erosion.	DELWP/ CFA	<p>Assistance is provided to private land-holders to rehabilitate fire control lines, established by fire agencies, during the suppression of bushfires.</p> <p>Fire control line rehabilitation involves pushing back top soil and undertaking erosion control measures to protect the land from soil erosion and protect water quality. Government may also provide seed for use by the land-holder to control erosion and prevent soil movement.</p> <p>Assistance with the rehabilitation of fire control lines does not include replanting of trees, re-establishment of pasture, or any other agricultural crop.</p>

MEASURE	PURPOSE	AGENCY	OTHER DETAILS
Replacement of essential water taken from private land for use in wildfire suppression	To relieve genuine hardship in the community by replenishing essential private water supplies.	DELWP/ CFA	Water taken from household tanks or agricultural dams for fire fighting will be replaced (up to the quantity taken) when requested by the landholder and water is needed for essential use. The aim is to ensure that landholders have a sufficient water to sustain: the health of residents and pets, and the health and productivity of livestock and crops.
Assistance with contingencies or reconstruction of food supply chains and critical infrastructure	To ensure the rapid restoration of the supply of food	DEDJTR	
Assistance for the transport of donated fodder to affected rural landholders	To ensure the immediate welfare of livestock in fire or flood affected areas	DEDJTR	
STATE GOVERNMENT ASSISTANCE TO MUNICIPAL COUNCILS			
Financial assistance to municipal councils: (a) for the restoration of municipal assets * (b) for emergency protection works *	To support extraordinary municipal expenditure during emergencies.	D'TF	This assistance is generally available for natural disasters as defined. To lodge claims, see the D'TF website at www.dtf.vic.gov.au and search under Victoria's Economy, Natural disaster financial assistance. (a) Municipal council meets the first \$10,000 of approved expenditure, plus 25% of the next \$100,000. Approved expenditure exceeding \$100,000 is fully funded by the Government. (b) Government meets entire cost.

* Only available for 'Natural Disasters' as defined under the Commonwealth Government's Natural Disaster Relief and Recovery Arrangements. Refer Glossary for a definition.

COMMONWEALTH GOVERNMENT ASSISTANCE MEASURES TO PERSONS/ LOCAL GOVERNMENT			
Australian Government Disaster Recovery payment	To provide short-term financial assistance to people affected by major emergencies.	DHS (Cwlth)	Payment of \$1000 per adult plus \$400/child to affected persons who are already receiving a Centrelink income support payment. Subject to determination of an event as a major disaster by the Minister for Families, Housing, Community Services and Indigenous Affairs.
Income support, pensions, benefits and allowances	To assist people affected financially by emergencies.	DHS (Cwlth)	Payments are administered under the provisions of the <i>Social Security Act</i> .
Natural disaster relief payments to local government *	To assist municipal councils affected by natural disasters.	LGV	Grants of up to \$35,000 per council per eligible event are provided to reimburse councils for approved costs not reimbursed by DTF.

* Only available for 'Natural Disasters' as defined under the Commonwealth Government's Natural Disaster Relief and Recovery Arrangements. Refer Glossary for a definition.

Appendix 2

Best Practice Principles for Community Education, Awareness and Engagement (EAE) Programs³

Community education, awareness and engagement are essential to effective emergency management. The contribution of individuals and communities towards their own safety before and during emergencies can be enhanced by effective programs and other interventions conducted by emergency management agencies. Between 2006 and 2009, a team led by RMIT University conducted a systematic national analysis of community education, awareness and engagement programs in emergency management, that has now been published.

Reproduced below is Chapter 16 of Australian Emergency Manual No. 45, *Guidelines for the Development of Community Education, Awareness & Engagement Programs*, 2010. It is reproduced here with the kind permission of the Federal Attorney-General's Department.

Best Practice Principles

Six recommended 'principles of effective practice' for community EAE programs and activities for natural hazards, drawn from the synthesis of evaluation findings and the general theory model, are outlined. The list should not be regarded as definitive, but rather should be taken as a basis for discussion and debate among the diverse stakeholder groups in community safety. It should be open to amendment as further theoretical development, research and evaluation illuminate this complex field of social change.

Principle 1

Localise programs and activities where possible by:

- adapting generic media materials to specific localities and communities
- developing strategies to access and incorporate local knowledge and expertise in planning activities
- building activities that encourage awareness of the locality into community education activities (e.g. street-corner meetings, 'during event' briefings)
- identifying community champions and supporting them with necessary resources and training, and
- consulting with communities to understand their diversity, values and risk perceptions.

Principle 2

Develop a program theory model for present and new programs and activities that will provide a template for detailed planning and implementation, a 'roadmap' for evaluation and a permanent record of the thinking that occurred during program development.

The theory model might specify:

- the nature of the 'problem' to be addressed and its causes
- the outcomes to be achieved

³ Previous contents of Appendix 2, Emergency relief, has now been incorporated into Part 4, the State Emergency Relief and Recovery Plan

- the people and settings (communities and localities) that the programs/activities will be designed for
- the detailed strategies/activities to be offered, and their sequence (the ‘treatments’)
- the resources (personnel, materials etc) required
- the causal processes that will be activated by the treatments, and
- the diversity of community contexts where the program will be implemented.

Further, it will:

- utilise both expert and local knowledge in its development, and
- be sufficiently flexible to encourage optimal local ‘adaptation’.

Principle 3

Develop a small suite of programs and/or activities that focus on achieving different intermediate steps (processes) along the pathway from ‘risk awareness’ to ‘preparedness’ (planning, physical preparation, psychological preparation) that are integrated into a general plan for enhancing natural hazard preparedness in a locality or region.

At the macro level a possible suite of activities could focus on:

- awareness and engagement
- building trust and self-confidence (in self, others in the community, the agencies involved)
- encouraging confirmation or re-assessment of present thinking and plans (both at household and community levels)
- encouraging community engagement, active participation and collaboration, and
- encouraging workable partnerships (formal) and collaborations (informal) between agencies.

Principle 4

Where appropriate, consider an integrated approach to planning, program development and research including:

- a multi-hazard approach
- an approach that links plans, activities, agencies and communities across the spectrum of mitigation, preparedness, response and recovery, and
- an approach that seeks to learn actively from the response and recovery phases of an event, and capitalises on the diversity of community experience during an event.

Principle 5

Conduct and report frequent evaluations of programs and activities to continually enhance the evidence base for what works in particular contexts in community safety approaches.

- As the evidence base for developing effective EAE programs for natural hazards is sparse (both in Australia and overseas), the review team believes that all agencies should be encouraged to conduct and publicly report evaluations of both their existing and new programs wherever possible, particularly ‘pilot’ programs where continued funding may not be guaranteed.
- Simply written but comprehensive evaluation reports are a valuable resource for program developers and managers,

particularly if they are theory-based and contain rich descriptions of program processes and contexts.

- All evaluation is valuable. While randomised experiments with appropriate comparison groups may be appropriate in some (limited) situations, they are not crucial. Mixed-method (quantitative and qualitative) approaches can be as rigorous and are typically more useful for policy and practice improvement, particularly if they focus on the improvement of the underlying theory of the program for a range of appropriate contexts.

Principle 6

Optimise the balance between ‘central’ policy positions, agency operational requirements and specialist expertise on the one hand and community participation in planning, decision making, preparation and response activities on the other by:

- developing open strategies for community participation in planning activities that acknowledge and respond appropriately to the diversity of the Australian community
- ensuring equity in community representation and participation on planning committees and volunteer agencies/activities
- supporting open consultative groups that extend membership invitations to the broader community to incorporate a range of cultural backgrounds, knowledge and expertise and allow for new members to join during the process
- maintaining a transparent information-sharing approach throughout the engagement and consultation process
- considering independent facilitation, particularly in planning situations where it is necessary to work with technical detail, that will promote two-way dialogue
- valuing, hearing and understanding ideas, comments and feedback from diverse participants
- bridging power imbalances and levels of technical knowledge and expertise
- encouraging resident involvement in preparation and response organisations and activities (Community Fireguard-type groups and/or the Community Fire Units offer possible models), and
- developing and fostering partnerships with a range of organisations and community groups.

Appendix 3 Special Response Arrangements (USAR, DVI, Marine EMT)

A Urban Search and Rescue (USAR)

Urban Search and Rescue (USAR) is a specialised technical rescue capability for location and rescue of entrapped people following a structural collapse.

USAR response consists of highly trained multi agency specialists responsible for their own safety, who operate within a defined structure as a specialised resource working under normal emergency management arrangements.

An effective USAR response requires personnel from different disciplines to train and work together for maximum efficiency. Also required are an integrated response system of highly specialised equipment, effective communications, logistical support and an established command and control system.

Activation

If there is a need for USAR resources at an emergency, the Incident Controller or Emergency Response Coordinator should request their assistance using normal communications channels, from:

- MFB within the metropolitan fire district, or
- CFA or VICSES in the country area of Victoria, depending on the Municipal/Regional emergency response arrangements.

Each request for USAR support is to be accompanied by a detailed overview of the incident and contact names and numbers for communications.

The existing emergency response arrangements of command, control and coordination apply.

USAR is a specialised resource available to the Incident Controller, and USAR team reporting and tasking relies on effective Incident Management System implementation by the Incident Controller.

USAR Resources

USAR teams, like any other resource, form part of the overall emergency response structure. USAR teams identify their task and support the control agency, and must be able to operate in a manner that allows them to undertake their own risk assessment and safety management.

A USAR team will have specialised equipment, however the control agency, in conjunction with the Emergency Response Coordinator, may need to provide other resources as required.

B Disaster Victim Identification

Disaster Victim identification (DVI) is the term given to procedures used to positively identify the deceased in a multiple casualty event. These procedures can also be used for smaller events, such as single death incidents, where identification is difficult or where visual identification is unreliable.

Large numbers of deceased persons may arise as a result of any emergency situation. Deceased victims may be badly mutilated or burnt

to the extent where visible identification is unpleasant or impossible. Positive identification must then rely on other means such as fingerprints, odontology, medical condition, scientific analysis, possessions, clothing, and DNA.

Victoria Police has the responsibility for the identification of deceased persons on behalf of the Coroner. The Superintendent, Crime Scene Division, Victoria Forensic Science Centre is the DVI Commander, with the responsibility for DVI in this state.

DVI resources, such as:

- Coroner and staff;
- DVI Commander;
- Police, including crime scene investigators, photographers, and fingerprint experts;
- Medical and dental experts, including pathologists, forensic odontologists, and radiographers;
- Victim support groups, grief counsellors and allied professionals; and
- Support personnel, including transport operators, administrative staff and funeral directors

are requested in accordance with the existing emergency management arrangements, using normal communications channels.

C Marine Emergency Management Team (Marine EMT)

The Marine Emergency Management Team (Marine EMT) is a team of experts/personnel experienced in dealing with marine emergencies/casualties, and assembled to provide support and specialist advice to the control agency in managing such events within Victoria. The Team will comprise a nominated representative of the Control Agency, the Water RERC and any other person with the specialist knowledge and/or resources to effectively and efficiently contribute to the resolution of the emergency. See page 3-24 of this Manual for further detail in relation to the Emergency Management Team concept.

The potential marine emergencies/casualties include marine search and rescue incidents, chemical, oil, or other marine pollution incidents, fire or any other emergency occurring in the Victorian marine environment.

To enable effective utilisation of a Marine EMT, personnel from different disciplines are required to meet and plan regularly to ensure maximum efficiency. An integrated system of specialised marine response knowledge, resources, effective communications, and logistical support, all working within an established emergency management system is necessary in order to ensure the Marine EMT's capacity to effectively perform its function.

Activation

The Water Region Emergency Response Coordinator (Water RERC) is responsible for ensuring an appropriate response to marine emergencies/casualties within Victoria. In the event of a marine emergency/casualty, where there is a Control Agency identified, the Incident Controller is to immediately liaise with the Water RERC, and advise him of the situation. Where a Control Agency is not identified, the Water RERC will nominate the best equipped agency to assume that responsibility.

It is the responsibility of the Incident Controller, in consultation with the Water RERC to establish a Marine EMT. The composition of the Marine EMT will vary, depending on the emergency type, location and the support/advice required.

The Marine EMT will be responsible to assist the Incident Controller to resolve the emergency situation using the collective knowledge of, and resources available to the members of that Team.

Control Agency

As the Control Agency will vary with the marine emergency/casualty being encountered, overall responsibility for ensuring effective control rests with the Water RERC. It is recognised that for marine emergencies/casualty, the Control Agency may change throughout the duration of any single event, and any decisions in relation to this aspect of the response must be referred to the Water RERC.

Water Region Emergency Response Coordinator (Water RERC)

The Water Region Emergency Management Plan primarily refers to the emergency management of Port Phillip and Westernport Bays, however the Water RERC also has the responsibility to ensure that an appropriate response occurs for all marine emergencies/casualties.

The responsibility involves liaison with land-based Regional Emergency Response Coordinators to ensure that a smooth interface exists between emergencies occurring on the land, and water right across the State.

Planning should identify local resources and services that can be made available, in accordance with municipal and regional plans, and those that might need to be obtained from elsewhere.

See page 3-13 of this Manual for further information in relation to the role and responsibilities of Emergency Response Coordinators.

Marine EMT Resources

The Marine EMT, like its land-based counterpart, forms part of the overall State emergency management structure.

The Marine EMT must be able to operate in a manner that allows individual members of the team to undertake their respective agency's risk assessment and to consider their agency's personnel safety and resource management needs.

Personnel comprising the Marine EMT must have an in-depth knowledge of their respective agency's resources and capability to ensure that the best possible response can be achieved.

Should additional resources be required, they will be requested through the Water RERC in accordance with existing arrangements.

Appendix 4 Emergency Support from the Commonwealth Government and Other States

A Commonwealth Physical Support

Department of Home Affairs - Emergency Management Australia

The Department of Home Affairs, Emergency Management Australia's (EMA) operational function is the coordination of Commonwealth physical assistance to the States and Territories in the wake of a disaster or major emergency. To achieve this, all Commonwealth resources are centrally coordinated through EMA.

Commonwealth Physical Support

Under the Constitution, States and Territories have responsibility for the safety and welfare of their citizens. This in turn requires a capability to respond to a major emergency, using the resources of State and local governments and the private sector.

The Commonwealth cannot provide assistance to the State to deal with emergencies, unless officially requested by the affected State or Territory. That request may only be made by a designated State or Territory officer or officers. In the case of Victoria, the Emergency Management Commissioner and the Chief Commissioner of Police are the officers nominated to request Commonwealth physical assistance.

Criteria for Requesting Commonwealth Support

For Commonwealth support to be provided, the following criteria must be met:

- a. Assistance must be required to save life or property, or to relieve suffering;
- b. The task must be beyond the resources of the affected State or Territory, those resources are already fully committed or they cannot be mobilised in time; and,
- c. The task cannot be undertaken by commercial means available within the affected State or Territory.

Response

The Director-General of EMA determines the appropriate response, based on the substance of the request. While the Australian Defence Force (ADF), because of its capabilities and state of readiness, is frequently used, such use should not be anticipated by the requesting State or Territory. The EMA, given the basic need, timings, priorities and contacts, determines how best the Commonwealth can meet that request.

In parallel with EMA responses to requests, several Commonwealth departmental regional offices and statutory authorities (e.g. Department of Human Services) automatically implement their own response/recovery procedures, keeping the EMA informed.

Form of Request

As per COMDISPLAN arrangements, when making a request for Commonwealth assistance, the authorised State or Territory officer or a nominated delegate will contact EMA by telephone; EMA will act upon that call, which should be followed by a confirmatory hard copy as soon as practical. State or Territory agencies requiring Commonwealth assistance must seek such assistance through the appropriate regional or state emergency response co-ordinator. He or she, in turn, must be satisfied that the request meets the criteria before dispatch. The format for requests for Commonwealth assistance is as follows:

Subject:	Request for Commonwealth Assistance
Date/Time/Origin	This must include the date and local time of the request and the name of the person and department that is making the request.
Request Number	This should be a State/Territory number (EMA will allocate separate EMA numbers for each incoming request).
Situation	A brief summary of the reason for the request.
Own Resources	An explanation why the requirement cannot be met from within State/Territory (government or commercial resources).
Priority	Time in which the request is asked to be fulfilled within, e.g. Urgent, within 24 hrs.
Delivery Location	Details of when and where required.
Task Description	A brief description of the need and tasks for the requested resource/s (e.g. move 100 bales of fodder from supply dump to properties within a 20 km radius). Requesting authorities should not specify the means for meeting the need or tasks (e.g. by constraints that may influence EMA's decision (e.g. area unsuitable to all but rotary wing aircraft).
Contact Name & Details	To include full details of delivery point contact officer/s including name, location and telephone/facsimile numbers as appropriate. Where desired, contact officer/s may be from state/territory headquarters.
Jurisdictional Requesting Officer	Name and contact details.
Remarks	Any general comments that may contribute to providing the fastest and most effective response to the request.

B Role of the Australian Defence Force in Emergencies

Defence Assistance to the Civil Community (DACC) is the provision of Defence resources for the performance of emergency or non-emergency support within Australia and its territories that are primarily the responsibility of the civil community or other government organisations.

Category 1

DACC Category 1 is assistance where immediate action is necessary to save human life, alleviate suffering, prevent extensive loss of animal life or prevent widespread loss of, or damage to, property in a localised emergency situation:

- Approved by local commander
- Within local commander's own resources
- Short term, reviewed after 24 hours
- No cost recovery
- No indemnity or insurance required
- Reserves in training can be used
- In theory this support will only be required until State resources can be deployed to the emergency site.

Category 2

DACC Category 2 is assistance where action is necessary to save human life or alleviate suffering during a more extensive or continuing disaster following initial Category 1 assistance:

- General emergency with direct threat to life and/or property
- Coordinated by Headquarters Joint Operations Command. State authorities approach EMA
- Beyond local resources
- No cost recovery
- No indemnity or insurance required
- Reserves in training can be used.

Category 3

DACC Category 3 is assistance associated with recovery from an emergency or disaster, which is not directly related to the saving of life or property:

- Ongoing emergency with no direct threat to life and/or property
- Approved by Headquarters Joint Operations Command (HQJOC). State authorities approach EMA
- Full cost recovery is normal, but variations can be sought
- Indemnity (and if appropriate, insurance) required
- Formal agreement is necessary
- Reserves in training and Reserve specialists can be used.

C Guidelines for Interstate Disaster Assistance

(Approved by Australian Emergency Management Committee March 2004)

Principal Purpose

These Guidelines have been developed on the basis that many emergencies and disasters can require a response, which is beyond the capabilities of a State or Territory. This might result from the scale of the emergency or its duration. The prompt, full and effective use of the resources of an Assisting State for the safety, care and welfare of people, property and the environment of a Requesting State in the event of an emergency or disaster is the underlying principle on which these Guidelines are based.

The principal purpose of these Guidelines is to provide a basis of arrangements for the provision of mutual assistance between States in managing an emergency or disaster.

Interpretation

The following definitions are applied in these Guidelines:

Requesting State A State which requests resources of another State to assist in managing an emergency or disaster.

Assisting State A State which provides resources to a Requesting State to manage an emergency or a disaster.

Contingent Support Officer An officer who is responsible for the overall administrative aspects of the deployment to enable the field/forward commander to focus exclusively on the provision of operational support to the Requesting State. The Contingent Support Officer, from the requested assisting agency, provides a conduit for passing information between the field/forward commander and the Assisting State.

Designated Officer An officer of a State who is authorised under national emergency management arrangements (COMDISPLAN) to request Commonwealth physical assistance, the Commissioner of the relevant agency, or other officer appointed by the State to manage the type of emergency for which assistance is requested

Emergency / Disaster Includes all forms of disasters whether natural, the result of a technological hazard or resulting from terrorist or criminal acts. The terms recognise the differing terminology used in States.

Participating State A State which makes arrangements with another State on the basis of these Guidelines

State Includes each of the Australian States and Territories.

Scope

These Guidelines do not negate any existing arrangements between jurisdictions in relation to the provision of support, nor do they bind a State to use the approach set out here in preference to other agreements or arrangements the State may have with another State or States. They provide a template, however, which can be adopted readily in whole or in part by Assisting and Requesting States. The Guidelines are not intended to be restrictive, but to be adaptable and flexible to meet the particular requirements of managing an emergency or disaster. Nor are they intended to create any legal relations or to have any legal consequences; and any legal consequences that arise out of or in the

course of anything done as a result of these Guidelines should be dealt with on a case-by-case basis independently of the Guidelines.

These Guidelines do not apply to assistance provided in accordance with existing inter-State cross-border contingency arrangements or for the provision of Commonwealth Government assistance to States under national emergency management arrangements.

Nature of Assistance

Assistance may include but is not limited to fire services, emergency medical care, search and rescue, transportation, communications, public works and engineering assistance, recovery services, public health and other general or specialist medical services.

Requests for Assistance

No-one but a Designated Officer, or his or her authorised representative, may request assistance on behalf of a Requesting State, unless the Requesting State and the proposed Assisting State otherwise agree.

Requests for assistance may be oral or in writing. If oral, the request must be subsequently confirmed in writing. Acceptance or implementation, however, must not be withheld pending receipt of a written request or confirmation.

Requests for assistance should provide, as a minimum, the following information to enable the Assisting State to determine its capability to support the request:

- A description of the emergency or disaster for which assistance is needed.
- The desired outcome of assistance in the form of clear tasking instructions (to enable the Assisting State to assess correctly the type of resources to be provided) or the number and type of personnel, equipment, materials and supplies needed.
- The expected time of arrival and the duration of the assistance (to enable the Assisting State to plan rostering and changeover arrangements).
- The legislation or the authority for personnel from the Assisting State to provide support and operate with the Requesting State.
- Any issues relating to personnel competency standards or professional registration applying in the Requesting State that need to be considered by the Assisting State in the selection of personnel for deployment.
- The contact details of personnel who will provide initial reception support during the deployment into the area of operations.

Limitations

A State requested to provide assistance shall endeavour to make available the resources requested. An Assisting State may, on the basis of its risk assessment, withhold resources to the extent necessary to provide for its own needs and purposes or for any other reason. The Assisting State should endeavour to explain why it is unable to make certain resources available.

An Assisting State has the right to withdraw any assistance provided to a Requesting State at any time; however, sufficient notice appropriate to the circumstances of the emergency or an emerging incident in the

Assisting State should be provided to the Requesting State to enable alternative support arrangements to be made.

Powers

A Requesting State shall endeavour to afford to members of an Assisting State the same powers, duties, rights and privileges as are afforded to members of the Requesting State performing equivalent roles or functions.

Command, Control & Coordination

The Requesting State shall have primary responsibility for control and coordination of organisational units provided by an Assisting State but personnel from the Assisting State shall continue under their own command arrangements.

Where appropriate, the Assisting State shall provide a Liaison Officer to the headquarters, agency or operations centre as specified by the Requesting State.

To assist in the overall administrative management of the contingent, the Assisting State should consider providing a Contingent Support Officer to the operational headquarters of the Requesting State.

Operational Deployment

The Requesting State will use all endeavours to ensure that it effectively utilises the Assisting State's resources at all times.

The Requesting State is not authorised to utilise any equipment or personnel in a manner that is outside of the scope of the initial request, unless authorised by the Designated Officer of the Assisting State, and within the professional competencies and certification levels of the personnel and equipment supplied.

The Requesting State shall establish an orientation process for personnel from the Assisting State. This orientation should be provided before personnel are deployed to the incident site/s. The orientation should cover an overview of the emergency, operational issues (including command, control and communication arrangements), the provision of maps and any other relevant supportive documentation, administration and welfare, local safety and hazards, and any other issues deemed necessary by the Requesting State.

Where there is an issue relating to competencies, the Assisting State recognises that it is the role of the Requesting State to make a determination on the acceptability or not of competencies of personnel.

Personnel deployed from the Assisting State must meet the minimum health and fitness standards that would apply in the Assisting State, under existing Duty of Care provisions, for the type of work that is to be undertaken.

Administrative Support

The Requesting State is responsible for the provision of transportation, rationing, accommodation and other such facilities as are appropriate to support personnel for the Assisting State, unless arrangements to the contrary have been agreed.

The Requesting State is responsible for the management of the welfare of Assisting State personnel in consultation with the Contingent Support Officer or other responsible officer from the Assisting State.

Responsibility for issues such as rostering, fatigue and occupational health and safety is the responsibility of the Requesting State in consultation with the Contingency Support Officer or other responsible officer from the Assisting State.

Cost Recovery

With the exception of transportation, as outlined above, expenditure incurred in responding and providing assistance is to be met initially by the Assisting State.

Reimbursement of salaries of personnel provided by an Assisting State shall not be sought from the Requesting State, except for over-time, the cost of backfilling shift rosters to cover personnel who have been deployed interstate, and penalties that shall be calculated at the rates applicable in the Assisting State. The Requesting State shall meet all other reasonable additional costs incurred by the Assisting State for any loss, damage or other expense incurred in providing assistance.

Where cost recovery is sought, the Assisting State shall provide the Requesting State with a detailed account of costs claimed with full supporting documentation.

If a dispute arises in relation to the type or extent of costs being claimed, the disputing States shall each appoint appropriate officers to resolve the dispute.

Liability

Except to the extent that a relevant law of the Requesting State or the Assisting State or a separate agreement or any indemnity otherwise provides, the Requesting State is responsible for managing any issues incurred by the Assisting State or its personnel arising from personal injuries, death, public risk, property loss, damage, general and professional litigation, and associated expenses including legal representation arising during the course of providing assistance to the Requesting State.

Third Party Claims

The Requesting State and the Assisting State will consult concerning the handling of any third party claims that may arise out of the provision of assistance.

Settlement of Disputes

Participating States will endeavour to resolve any disputes arising from the interpretation or implementation of arrangements based on these guidelines by consultation or negotiation. Participating States should seek assistance from EMA if arbitration is required to resolve disputes.

Media

During the provision of assistance, the Requesting State shall be responsible for provision of information to the media on the management of the incident.

It is recognised that there will normally be significant interest by the media in personnel from an Assisting State. Comments to the media by Assisting State personnel should generally be limited to administrative matters as far as possible with questions on operational management being referred to the Requesting State, unless there is prior agreement from the Requesting State to the contrary.

Communication

The Assisting State is responsible for providing communication facilities for use within its own operational units, and for providing any link required to networks in its own State.

The Requesting State is responsible for providing communications from the operational units of an Assisting State to headquarters, agencies or operations centres of the Requesting State.

Australian Government Involvement

These Guidelines do not envisage involvement of the Australian Government. A Requesting State, however, may seek assistance from the Australian Government, through EMA, for coordination of resources to be provided by an Assisting State or States.

Where the inter-State provision of resources is likely to require use of Australian Government assets, such as military aircraft, approval is to be obtained for such assistance through EMA.

Variation and Review of Arrangement

Arrangements resulting from use of these Guidelines may be reviewed at any time by the Participating States at the request of a Participating State.

Withdrawal from Arrangement

A Participating State may, by written notice to Participating States, withdraw at any time from arrangements based on these Guidelines. Sufficient notice should be provided to enable alternative arrangements to be made.

Commencement Date

An arrangement based on these Guidelines shall come into operation immediately it is endorsed by the Participating States. Thereafter, it shall be inclusive of other States on their endorsement.

Appendix 5

Model Arrangements for Leadership During Emergencies of National Consequence⁴

1 Introduction

On 3 July 2008 the Council of Australian Governments (COAG) endorsed the Model Arrangements for Leadership during Emergencies of National Consequence (“the Arrangements”).

These Arrangements represent how Australian governments would work together to coordinate the response to, and recovery from, emergencies of national consequence. These are defined, for the purposes of these Arrangements, as emergencies that require consideration of national level policy, strategy and public messaging or inter-jurisdictional assistance, where such assistance is not covered by existing arrangements.

2 Purpose

The Arrangements are designed to guide national efforts in coordinating the response to, and recovery from, emergencies of national consequence. They provide clarity about how Australian governments would work together to coordinate national response and recovery assistance to an affected State or Territory.

In endorsing these Arrangements, leaders agreed that they are to be used:

- to inform the response to, or recovery from, emergencies of national consequence for which no national plans currently exist;
- to inform the development of any new national plans for responding to, or recovering from, emergencies of national consequence; and
- as guidance in any revision of existing plans for responding to, or recovering from, emergencies of national consequence.

3 Roles and Responsibilities

In adopting the Arrangements, leaders acknowledged the following roles and responsibilities:

- States and Territories have primary responsibility for the management of emergencies within their jurisdictions;
- when emergencies occur, the Commonwealth Government provides certain forms of physical and financial assistance to States and Territories, when requested to do so and may also provide financial and other assistance to individuals directly affected by an emergency;
- the Commonwealth Government also has specific responsibilities in relation to national security and defence, border control, aviation and maritime transport, quarantine, astronomical and meteorological observations, enforcement of Commonwealth legislation, and international relations; and

⁴ Annex 1 of *Australian Emergency Management Arrangements*, Attorney-General’s Department, 2009

- each jurisdiction is responsible for determining its own internal coordination mechanisms to give effect to these Arrangements.

4. Coordination Arrangements

As depicted in the attached diagram, these Arrangements provide that, in the event of an emergency of national consequence:

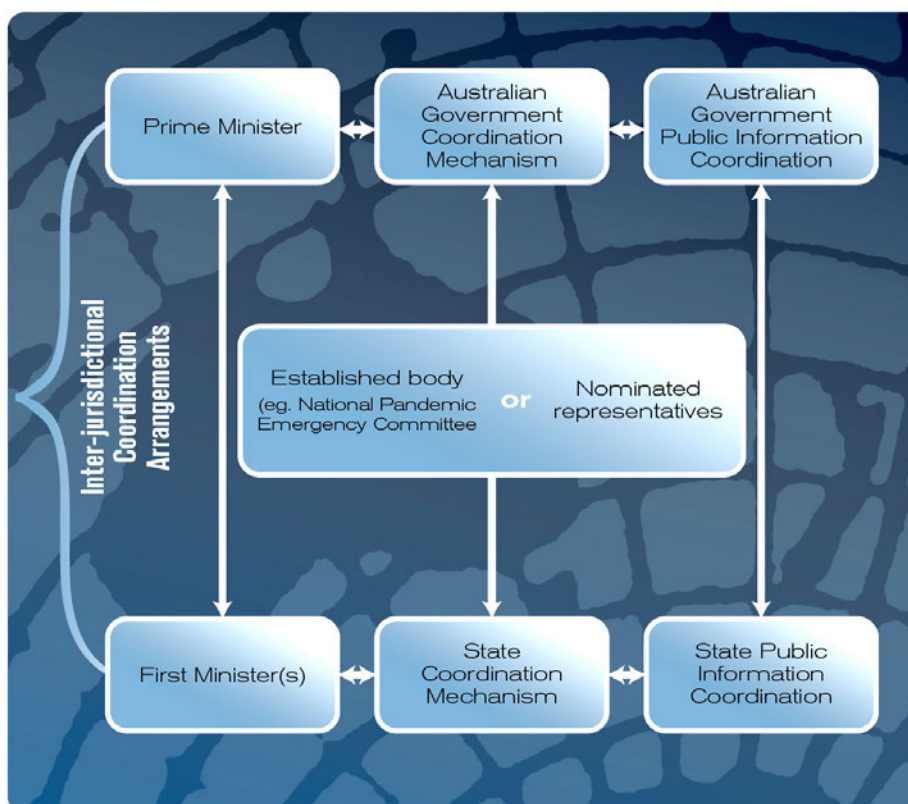
- the Prime Minister and the affected First Minister(s) will consult as necessary to coordinate the response to, and recovery, from the emergency including in relation to policy, strategy and public messaging, in support of an affected State or Territory;
- the Prime Minister and the affected First Minister(s) will consult on, and deliver the key leadership messages to be conveyed to the public;
- there will be communication, as appropriate, with all other States and Territories to enable the sharing of key information and public messages across jurisdictions; and
- all jurisdictions will coordinate the development of public messages through established public information coordination arrangements.

Updated contact arrangements will be maintained to ensure the efficient and effective communications between leaders in the event of an emergency of national consequence.

5. Review

These Arrangements will be reviewed by the Commonwealth, State and Territory Governments, in consultation with the Australian Local Government Association, after three years, or earlier as agreed.

The Arrangements may be amended by agreement in writing between the parties at any time.



Appendix 6

States of Emergency Under Victorian Law

In addition to a state of disaster under the *Emergency Management Act 1986* (which can be declared for an emergency as defined within the Act, and invokes wide coercive powers), there are specific states of emergency provided for in Victorian legislation.

Public Health and Wellbeing Act 2008

The Minister for Health may, on the advice of the Chief Health Officer and after consultation with the Co-ordinator in Chief and the State Co-ordinator, declare a state of emergency arising out of any circumstances causing a serious risk to public health. Declaration allows the Chief Health Officer to exercise extensive powers via departmental or council officers to eliminate or reduce a serious risk to public health. In addition, the Secretary to the Department of Health has powers to direct councils and/or their officers to perform any functions or duties, or exercise such powers as directed.

Public Safety Preservation Act 1958

Under this Act, assigned to the Premier, there is provision for declaration of a state of emergency in the whole or part of Victoria. This is for use if ‘action has been taken or is immediately threatened by any person or body of persons whereby the public safety or order is or is likely to be imperilled ...’ It gives the Governor in Council wide powers for securing public safety or order.

Fuel Emergency Act 1977

The Minister for Energy and Resources may, under this Act, declare a state of emergency with respect to any kind of fuel, which is, or is likely to become, unavailable to meet the community’s reasonable requirements. The Minister and the Premier then have wide powers in respect to the supply of fuel.

Essential Services Act 1958

Under this Act, assigned to the Premier, there is provision for a state of emergency to be declared in relation to a designated essential service, where essential service is likely to be interrupted. The definition of essential service includes transport, fuel, light, power, water and sewerage. The Premier is then given wide powers in relation to the provision of that essential service.

Notes:

- Under the *Emergency Management Act 1986*, disruptions to these defined essential services are clearly identified as emergencies.
- Section 23(1A) of the *Emergency Management Act 1986* provides that ‘the Premier must not make a declaration [of a state of disaster] under this section for the purpose of taking action against any person or body of persons in the circumstances to which section 4(1) of the *Essential Services Act 1958* applies.’

Petroleum (Submerged Lands) Act 1982

If the Commonwealth Minister has declared that a state of emergency exists, in relation to certain relevant zones, the State Minister for Energy and Resources may make a like declaration for Victoria. This provides wide powers for restricting entry of shipping, in cases of terrorism or other safety risks.

Gas Industry Act 2001 and Electricity Industry Act 2000

In situations of insufficient supply, the Governor in Council may proclaim emergency provisions that grant the Minister for Energy and Resources extensive powers to ensure and regulate the supply of gas or electricity.

Public Administration Act 2004

The Premier may declare that an emergency situation exists under various circumstances, including relevant declarations under other Acts, or if warranted by circumstances, including the necessity to assist all or part of the Victorian community to recover from an emergency. The declaration empowers the head of a public body to assign any duties to an employee, require an employee to perform duties with another public sector body, require an employee to perform duties at a place other than his or her usual place of work or direct an employee not to attend for duty.

Other Acts

Relevant declarations under other Acts include:

- a declaration of a vital state project as referred to in the *Vital State Projects Act 1976*;
- a declaration of a vital industry under the *Vital State Industries (Works and Services) Act 1992*;

Appendix 7

Legal Protection for Emergency Volunteer Workers

This appendix sets out those Victorian Acts which contain provision for volunteers about

- compensation in the case of injury or death,
- protection for volunteer emergency workers from legal liability or
- other protection.

It includes those Acts which protect a wider group of volunteers than emergency volunteer workers, but not those Acts which are unlikely to apply to volunteer emergency workers (for example the provisions in the *Education and Training Reform Act 2006*).

It is provided for guidance only and should not be relied on as legal advice.

Act and reference	Group referred to	Nature of provision
Compensation provisions		
<i>Emergency Management Act 1986</i> , Part 6	'Volunteer emergency worker': 'a volunteer worker who engages in emergency activity at the request (whether directly or indirectly) or with the express or implied consent of the chief executive (however designated), or of a person acting with the authority of the chief executive, of an agency to which the state emergency response plan or the state recovery plan applies.'	Sets up a compensation scheme covering both personal injury (including death) and property damage (own property or property under that person's control at the time) to apply in the circumstances specified. Offers benefits equivalent to normal WorkCover benefits. Does not apply to a person entitled to compensation under other Acts as employees, or volunteers attached to the VICSES or CFA.
<i>Country Fire Authority Act 1958</i> , section 110 (Regulations) and sections 62-65.	permanent officer or member, casual fire-fighter or voluntary auxiliary worker.	The Authority has a compensation scheme to cover personal injury and property damage.
<i>Victoria State Emergency Service Act 2005</i> Part 3	Registered and probationary members of the Service	A compensation scheme for both personal injury and property damage is established.
<i>Police Assistance Compensation Act 1968</i> Section 2	Persons assisting or attempting to assist a member of the police force either as a result of a request or where a request can reasonably be assumed in relation to the activities specified.	A compensation scheme is set up.

Emergency Management Manual Victoria

Act and reference	Group referred to	Nature of provision
Immunity provisions		
<i>Emergency Management Act, 1986, Section 37</i>	Volunteer emergency worker	No personal liability for loss or injury from emergency work, unless the loss or injury is caused by 'negligence or wilful default' in the specified circumstances.
<i>Country Fire Authority Act 1958, Section 92</i>	Chief Officer, other officers exercising those powers, any officer or member of a brigade, a volunteer auxiliary worker or a person who is a forest officer, or employed by Parks Victoria or DEPI in the circumstances specified.	No personal liability for any thing done or not done 'in good faith' in the specified circumstances. Instead the liability attaches to the CFA.
<i>Victoria State Emergency Service Act 2005, Section 42</i>	Registered member or probationary member	No personal liability for loss or injury from emergency work in the specified circumstances, unless the loss or injury is caused by 'negligence or wilful default'.
<i>Wrongs Act 1958, Part IX</i>	Volunteers, that is, individuals who provide a service in relation to community work on a voluntary basis. Excludes volunteer emergency workers under the <i>Emergency Management Act</i> , the <i>Country Fire Authority Act</i> or the <i>Victoria State Emergency Service Act</i> .	'A volunteer is not liable in any civil proceeding for anything done, or not done, in good faith by him or her in providing a service in relation to community work organised by a community organisation.'
<i>Wrongs Act 1958, Part VIA</i>	'Good Samaritan' – 'an individual who provides assistance, advice or care to another person in relation to an emergency or accident' in the circumstances specified	Protection from civil liability for anything done or not done in good faith in the circumstances specified.
<i>Occupational Health and Safety Act 2004, Sections 144 & 145</i>	An officer (as defined) of a body corporate, a partnership or an unincorporated body or association who is a volunteer. (Applies to senior management, that is, to people with significant decision-making power. Volunteers are people acting on a voluntary basis, even if they receive out-of-pocket expenses.	From prosecution for a breach of the <i>Occupational Health and Safety Act</i> for anything done or not done by him or her as a volunteer.

Appendix 8

Response and Recovery Regions

The emergency response and recovery regions are common to the eight State Government regions (three metropolitan and five non-metropolitan). Some departments and agencies may use alternative regional boundaries to deliver normal services efficiently, however the State Government regions are maintained for emergency response and recovery.

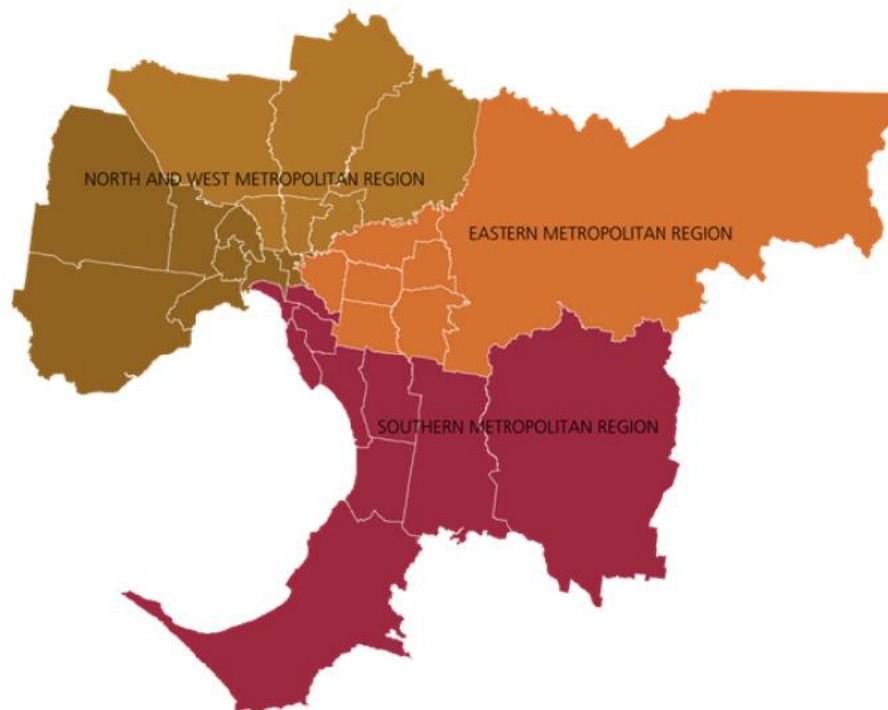
Municipal District	Response and Recovery Regions	VICSES Region	Fire Service
Alpine	Hume	North East	CFA
Ararat	Grampians	Mid West	CFA
Ballarat	Grampians	Mid West	CFA
Banyule	North & West	Central	MFESB CFA
Bass Coast	Gippsland	East	CFA
Baw Baw	Gippsland	East	CFA
Bayside	Southern	Central	MFESB
Benalla	Hume	North East	CFA
Bendigo	Loddon Mallee	North West	CFA
Boroondara	Eastern	Central	MFESB
Brimbank	North & West	Central	MFESB
Buloke	Loddon Mallee	North West	CFA
Campaspe	Loddon Mallee	North West	CFA
Cardinia	Southern	Central	CFA
Casey	Southern	Central	CFA
Central Goldfields	Loddon Mallee	North West	CFA
Colac-Otway	Barwon South West	South West	CFA
Corangamite	Barwon South West	South West	CFA
Dandenong	Southern	Central	MFESB CFA
Darebin	North & West	Central	MFESB
East Gippsland	Gippsland	East	CFA
Frankston	Southern	Central	CFA
Gannawarra	Loddon Mallee	North West	CFA
Geelong	Barwon South West	South West	CFA
Glen Eira	Southern	Central	MFESB
Glenelg	Barwon South West	South West	CFA
Golden Plains	Grampians	South West	CFA
Hepburn	Grampians	Mid West	CFA
Hindmarsh	Grampians	Mid West	CFA
Hobsons Bay	North & West	Central	MFESB
Horsham	Grampians	Mid West	CFA
Hume	North & West	Central	MFESB CFA
Indigo	Hume	North East	CFA
Kingston	Southern	Central	MFESB CFA
Knox	Eastern	Central	CFA
Latrobe	Gippsland	East	CFA
Loddon	Loddon Mallee	North West	CFA
Macedon Ranges	Loddon Mallee	North West	CFA
Manningham	Eastern	Central	MFESB CFA

Emergency Management Manual Victoria

Municipal District	Response and Recovery Regions	VICSES Region	Fire Service
Mansfield	Hume	North East	CFA
Maribyrnong	North & West	Central	MFESB
Maroondah	Eastern	Central	MFESB CFA
Melbourne	North & West	Central	MFESB
Melton	North & West	Central	CFA
Mildura	Loddon Mallee	North West	CFA
Mitchell	Hume	North East	CFA
Moira	Hume	North East	CFA
Monash	Eastern	Central	MFESB
Moonee Valley	North & West	Central	MFESB
Moorabool	Grampians	Mid West	CFA
Moreland	North & West	Central	MFESB
Mornington Peninsula	Southern	Central	CFA
Mount Alexander	Loddon Mallee	North West	CFA
Moyne	Barwon South West	South West	CFA
Murrindindi	Hume	North East	CFA
Nillumbik	North & West	Central	CFA
Northern Grampians	Grampians	Mid West	CFA
Port Phillip	Southern	Central	MFESB
Pyrenees	Grampians	Mid West	CFA
Queenscliff	Barwon South West	South West	CFA
Shepparton	Hume	North East	CFA
South Gippsland	Gippsland	East	CFA
Southern Grampians	Barwon South West	South West	CFA
Stonnington	Southern	Central	MFESB
Strathbogie	Hume	North East	CFA
Surf Coast	Barwon South West	South West	CFA
Swan Hill	Loddon Mallee	North West	CFA
Towong	Hume	North East	CFA
Wangaratta	Hume	North East	CFA
Warrnambool	Barwon South West	South West	CFA
Wellington	Gippsland	East	CFA
West Wimmera	Grampians	Mid West	CFA
Whitehorse	Eastern	Central	MFESB
Whittlesea	North & West	Central	MFESB CFA
Wodonga	Hume	North East	CFA
Wyndham	North & West	Central	MFESB CFA
Yarra	North & West	Central	MFESB
Yarra Ranges	Eastern	Central	MFESB CFA
Yarriambiack	Grampians	Mid West	CFA
Non Municipal Areas			
Falls Creek ARMB	Hume	North East	CFA
Lake Mountain ARMB	Hume	North East	CFA
Mt Baw Baw ARMB	Gippsland	East	CFA
Mt Buller ARMB	Hume	North East	CFA
Mt Hotham ARMB	Hume	North East	CFA
Mt Stirling ARMB	Hume	North East	CFA

Municipal District	Response and Recovery Regions	VICSES Region	Fire Service
Victorian waterways*	Water	Various	MFESB CFA

Response and Recovery Region Maps



* Defined as all waterways in the State of Victoria including both bays and coastal regions from the South Australian border to the New South Wales border.

Appendix 9 Evacuation Guidelines

Table of Contents

Introduction	8–33
Aim	8–33
Overview of evacuation	8–33
Authority to evacuate	8–33
Vulnerable people	8–34
The Evacuation Process	8–35
1. Decision	8–35
2. Warning or recommendation	8–36
3. Withdrawal	8–36
4. Shelter	8–36
5. Return	8–37
Roles and Responsibilities	8–38
Reference	8–40
Checklists	8–40
Checklist 1: Considerations for an evacuation	8–40
Checklist 2: Considerations for evacuation messages	8–41

Introduction

Aim

The aim of this document is to provide guidelines for conducting evacuations during emergencies. The guidelines draw on the Emergency Management Australia manual titled *Evacuation Planning*, and address evacuation in all hazards using a multi-agency response. They include:

- an overview of evacuation
- articulating five stages of the evacuation process
- roles and responsibilities of all agencies
- checklists of considerations for evacuation and messaging.

Overview of evacuation

Evacuation is a risk management strategy which may be used as a means of mitigating the effects of an emergency or disaster on a community. It involves the movement of people to a safer location. However, to be effective it must be correctly planned and executed. The process of evacuation is usually considered to include the return of the affected community⁵.

As with all emergency response activities, the main priority when deciding to undertake an evacuation is protection of life.

Evacuation is a scalable activity in that it may be applied to individuals, a house, a street, a large facility (i.e. school or hospital), a suburb, a town or a large area of the State.

Authority to evacuate

Primary responsibilities for evacuation are held by the control agency and Victoria Police and are detailed in later sections of this document.

In Victoria, evacuation is largely voluntary. The Incident Controller makes a recommendation to evacuate and it is the choice of individuals as to how they respond to this recommendation. However in particular circumstances legislation provides some emergency service personnel with authority to remove people from areas or prohibit their entry. These include:

The *Emergency Management Act 1986* (section 36A) makes provision for the declaration by police of an emergency area if normal community activities and freedom of movement must be restricted because of the size, nature or location of an emergency, and when the extreme powers available under a declared state of disaster are not needed or would take too long to implement. People and vehicles may be prevented from remaining in or entering the emergency area. However this power is limited when a person claims pecuniary interest in a property or goods or valuables in a property within the emergency area. If the person claiming pecuniary interest is not on that property, they can be directed to leave or prevented from entering the emergency area. However if they are located on the property then they cannot be required to leave (section 36B).

The *Country Fire Authority Act 1958* (section 30) provides authority for any member of any fire brigade or police, under the direction of the Chief Officer or his/her delegate, to remove any person whose presence interferes with the operation of the brigade on any land or building burning or threatened by fire. This authority may also be

⁵ *Evacuation Planning* Manual Number 11 (2005) Emergency Management Australia.

exercised by forest officers and employees of Parks Victoria and the Department of Environment and Primary Industries when directed by an officer or member of the CFA (section 30A). This power is also limited, as a person claiming pecuniary interest cannot be removed.

The *Metropolitan Fire Brigades Act 1958* (section 58) empowers fire fighters and police to forcibly remove people from premises on fire or threatened by fire if they do not first comply with an order to withdraw. This power is also limited, as a person claiming pecuniary interest cannot be removed.

The state of disaster provisions of the *Emergency Management Act 1986* (section 24) also contain a power for the Minister for Police and Emergency Services to compel evacuation from the declared disaster area. Again, this power may not be exercised where there is a pecuniary interest. The Minister may also control or restrict entry into, movement within and departure from the disaster area. This restriction power is not limited by pecuniary interest.

The *Coroners Act 2008* (sections 37(2), 37(3) & 38(1)) provides the Coroner or Chief Commissioner of Police to restrict access to places:

- where a death has occurred
- reasonably connected to the place where a death has occurred
- where an incident has occurred if it is reasonably expected that a person will die as a result of an incident
- reasonably connected to the place where an incident occurred if it is reasonably expected that a person will die as a result of an incident
- where a fire has occurred
- reasonably connected to the place where a fire has occurred.

The *Terrorism (Community Protection) Act 2003* (sections 16, 18 & 21) provides that a senior officer of police, if suspecting that an area has, or people in that area may have been exposed to such contamination by a terrorist act, may authorise a member of the force to direct a person or groups of persons to enter, not to enter, or to leave, any particular premises or area. Police may use reasonable and necessary force to ensure compliance with any authorised direction.

Vulnerable people

During an emergency or imminent threat of an emergency, special consideration must be given to evacuation of vulnerable people in the community.

Vulnerable people and those who may care for them, including facilities such as hospitals, aged care facilities, educational facilities and prisons, are likely to need more time, resources, support and assistance to evacuate safely.

These facilities should have existing evacuation plans in place to appropriately plan for and undertake an evacuation when this is recommended. However, such plans cannot rely on the availability of emergency service personnel to undertake the evacuation.

Some people living in the community may be unable to activate their own evacuation plan without support and a small number who do not have a personal support network will require assistance to safely evacuate.

In the context of bushfires a vulnerable person is an individual who lives in a high bushfire risk area and is socially isolated and without any other supports. Other factors that may be considered when assessing an individual's vulnerability include:

- lives alone and has additional needs and/or lives with an individual with similar or greater level of additional needs, and/or
- physical dependence, and/or
- inability to make an independent decision due to cognitive or other impairment, and/or
- geographic isolation.

For bushfires, the Departments of Health and Human Services, in conjunction with municipal councils, and other support agencies will provide tailored advice to vulnerable people. This advice will include the need to develop personal safety plans with an emphasis on leaving early and identification of appropriate support to do so.

Victoria Police, as the agency responsible for managing evacuations, will be required to identify vulnerable persons in the community and in addition, facilities that house vulnerable people.

- To access the list of vulnerable persons in the community, the Evacuation Manager will be required to access the web-based Vulnerable Persons Register. The Register is accessible in preparation for emergencies, and in emergencies when an evacuation has been deemed necessary. It provides information on the location of the vulnerable person as well as any special requirements in order to facilitate the evacuation of that person.
- The Victoria Police Evacuation Manager will be dependant on Municipal Emergency Management Plans (MEMPs) to have a list of facilities (and after hours contact details) where vulnerable people are likely to be situated. These lists and after hours contact details will be available to Victoria Police.

The Evacuation Process

There are five stages in the evacuation process: decision; warning; withdrawal, shelter and return.

1. Decision

The decision to recommend that people evacuate is made by the Incident Controller. In making this decision, the Incident Controller should, if time permits, consult with police and consider other expert advice.

In some urgent life threatening circumstances, and in an effort to preserve life, this decision may be made by any agency representative and in this circumstance, the Incident Controller must be notified of the decision as soon as possible.

Some facilities may be evacuated early due to the complexity of the process and the duty of care of the provider. Those housing vulnerable people may be evacuated early by Ambulance Victoria with coordination support from the Department of Health as required.

The decision to evacuate people who are at risk during an emergency is not always straightforward, as it is often based on incomplete or unverified information in a rapidly developing situation. Timing of the decision is a significant issue.

In some cases, evacuation may not be the best option and it may be assessed that people would be safer to seek other alternatives which will vary depending on the type of emergency. For bushfires this may be to shelter in place, or go to Neighbourhood Safer Places/Places of Last Resort or refuges.

Checklist 1 (at the end of this document) provides considerations for evacuation which can be used by the Incident Controller in decision-making.

2. Warning or recommendation

In emergency response, the terms ‘warning’ and ‘alert’ are often used to refer to communications from response agencies to the community to inform them of an impending emergency and/or provide them with information or advice regarding heightened risk situations.

Applied to evacuations, messages to the community will be either a warning to affected people that they prepare to evacuate or a recommendation that they evacuate immediately.

The Incident Controller is responsible for authorising and issuing such messages to the community. Where authorisation from the Incident Controller is not practicable and an extreme and imminent threat to life may exist, an evacuation message can be issued by any response agency personnel.

If the Incident Controller requires assistance with issuing an evacuation message Victoria Police must be advised who will issue the information.

To maximise the responsiveness to an evacuation message it should:

- be simple and succinct
- use plain language (e.g. be free of jargon or euphemisms)
- include explicit information.

Checklist 2 (at the end of this document) provides considerations for composing and disseminating evacuation messages.

The warning arrangements are set out in the Victorian Warning Protocol available from the Fire Services Commissioner’s website at: www.firecommissioner.vic.gov.au > Policies > Victorian Warning Protocol.

The user guide for the Emergency Alert System is on the Emergency Alert portal which can only be accessed by registered users in each agency.

The guidelines for the use of the Standard Emergency Warning Signal are in Appendix 14 in Part 8 of this Manual and are also available from the Office of Emergency Services Commissioner website at: www.oesc.vic.gov.au > Policy and Standards.

3. Withdrawal

Withdrawal is the removal of people from a dangerous or potentially dangerous area to a safer area.

The Victoria Police Evacuation Manager is responsible for managing the withdrawal from the affected area which includes developing an evacuation plan which clearly identifies activities and timelines as well as roles and responsibilities of any agencies involved. This will include consultation with the Health Commander and other agencies where required.

The Victoria Police Evacuation Manager may authorise the release of messages regarding withdrawal to the community in consultation with the Incident Controller. Checklist 1 (at the end of this document) can be used by the Evacuation Manager to assist planning for withdrawal.

4. Shelter

Emergency shelter provides for the temporary respite of evacuees. It may be limited in facilities, but should provide security and personal safety, protection from the climate and enhanced resistance to ill health and disease. It should also aim to sustain family and community life as far as possible in difficult circumstances⁶.

⁶ The Sphere Project *Humanitarian Charter and Minimum Standards in Disaster Response*, 2004

Emergency shelter, in the context of evacuation, may include:

- assembly areas which cater for people's basic needs
- emergency relief centres
- tents and other impermanent structures
- other places of relative safety.

Emergency shelter should be provided following an evacuation for as long as it is required until other accommodation arrangements are made.

Municipal councils are responsible for the provision of emergency shelter and for managing Emergency Relief Centres, which should be clearly identified in local emergency management plans, and communicated to the public when required.

The Victoria Police Evacuation Manager is responsible for coordinating the shelter of evacuated people. This may include authorising the release of messages regarding shelter to the community in consultation with the Incident Controller.

Shelter is managed according to the State Emergency Relief and Recovery Plan, Part 4 of this Manual.

Emergency relief is described in detail in the Emergency Relief Handbook, available from www.dhs.vic.gov.au/emergency.

5. Return

The final stage of the evacuation process involves the return of people to the place from which they were evacuated.

The Incident Controller makes the decision to advise people that they can return to the affected area in consultation with police and other relevant agencies. In the case of longer term evacuations where an Incident Control Centre is no longer activated, this decision may be made by the Victoria Police Evacuation Manager in consultation with relevant agencies.

Where deaths have occurred, or are suspected to have occurred, in the evacuated area, access may be restricted by the Coroner or Chief Commissioner of Police under provisions of the *Coroners Act 2008* (sections 37(2), 37(3) & 38(1)).

Other considerations in the decision include:

- safety of the affected area e.g. presence of hazardous conditions, possibility threat recurrence, structural safety
- crime scene preservation
- availability of services and utilities e.g. electricity, gas, water, sewerage, telecommunications, transportation and food
- availability of health and welfare services and support mechanisms
- evacuees' mental state and physical health
- economic factors involved in the return of evacuees (the condition and viability of commercial, financial, legal and insurance assistance to support the rebuilding process).

The Victoria Police Evacuation Manager is responsible for planning and managing the return of evacuated people with the assistance of other agencies where required. This may include authorising the release of messages regarding return to the community in consultation with the Incident Controller.

Roles and Responsibilities

The table below sets out the roles and responsibilities of those involved in the evacuation process.

Organisation/Role	Task
Control Agency (Incident Controller)	<ul style="list-style-type: none"> • Consider and recommend as appropriate evacuation in consultation with Victoria Police Evacuation Manager, Health Commander and other experts • Issue warnings, recommendations to evacuate and provide situation updates and ongoing advice that may impact an evacuation (including the dissemination of public information) • Activate emergency relief services • Maintain ongoing liaison with Victoria Police once the evacuation process has commenced.
Victoria Police (Evacuation Manager)	<ul style="list-style-type: none"> • Assist Incident Controller with the decision and warning stages if required • Manage the withdrawal, shelter and return stages of the evacuation in consultation with the Incident Controller and Health Commander • Source and manage resources to facilitate evacuation in consultation with control and support agencies • Maintain ongoing liaison with Incident Controller for the duration of the evacuation • Coordinate establishment and maintenance of traffic management points • Authorise and action communication with the community regarding withdrawal, shelter and return in consultation with the Incident Controller • Registration of evacuees (with Red Cross).
Ambulance Victoria (Health Commander)	<ul style="list-style-type: none"> • Provide health and medical strategy advice to the Incident Controller and Evacuation Manager • Manage the withdrawal and return of identified vulnerable people from health and aged care facilities • Support the withdrawal and return of identified vulnerable people who have health related needs.

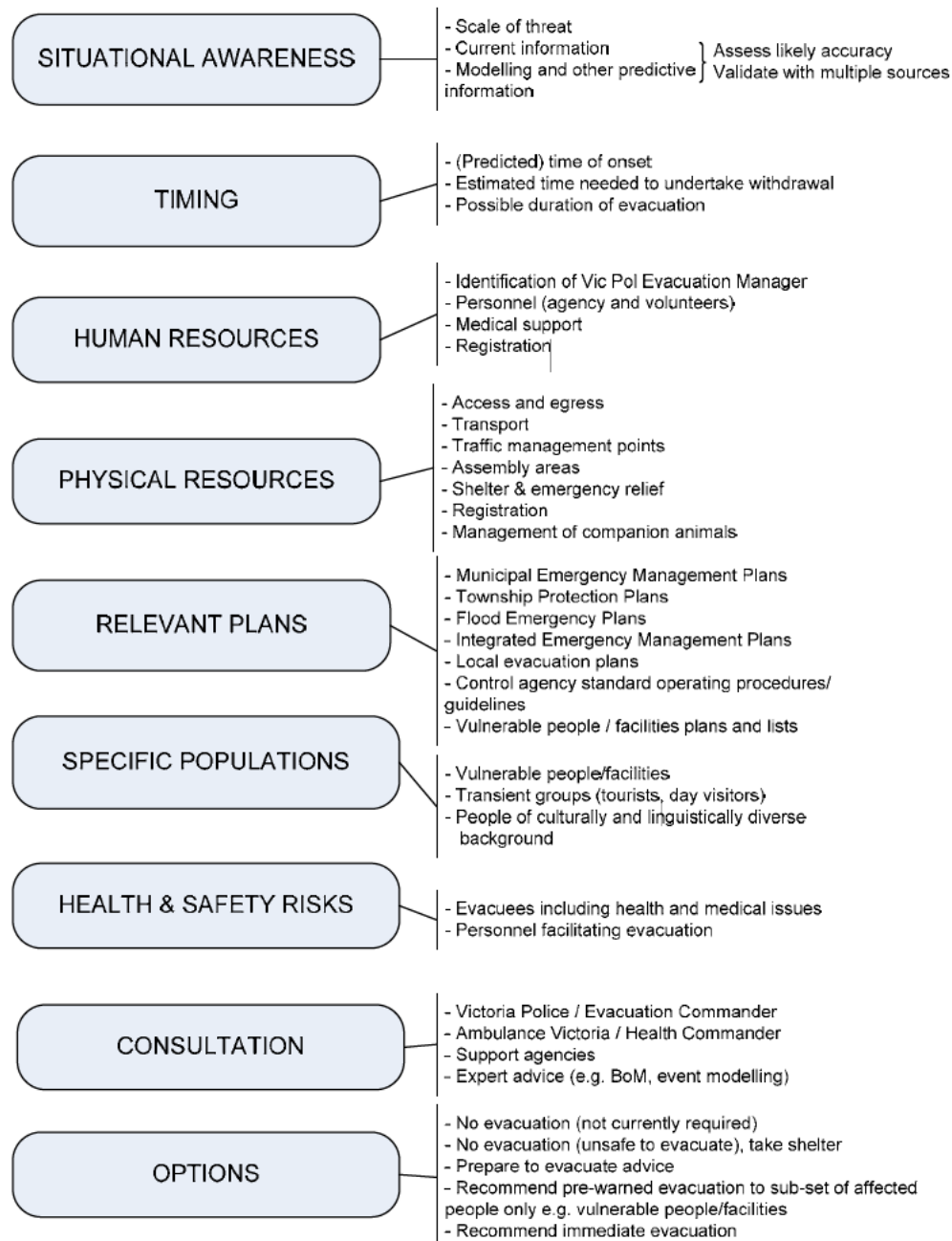
Organisation/Role	Task
Support agencies	<ul style="list-style-type: none"> • Assist with the provision of resources to facilitate evacuation • Provide support during the evacuation process, under the direction of Victoria Police.
Municipal councils	<ul style="list-style-type: none"> • Coordinate the provision of council resources as required • Establish and manage relief centres as required • Assist Victoria Police with management of traffic flow including provision of information regarding road availability, capacity and safety • Assist VicRoads to maintain list of road closures (public information). <p>With Municipal Emergency Management Planning Committees:</p> <ul style="list-style-type: none"> • Develop and maintain Municipal Emergency Management Plans • Assist CFA with the development of Township Protection Plans for bushfires • Assist SES with development of Flood Emergency Plans • Identify and document within Municipal Emergency Management Plans facilities where vulnerable people are likely to be located • Maintain within Municipal Emergency Management Plans a list of those services/agencies with awareness of vulnerable people within the community.
VicRoads	<ul style="list-style-type: none"> • Assist Victoria Police with management of traffic flow including provision of information regarding road availability, capacity and safety • Maintain list of road closures (public information).
Country Fire Authority (CFA)	<ul style="list-style-type: none"> • Develop and maintain Township Protection Plans for bushfires.
Australian Red Cross Victoria	<ul style="list-style-type: none"> • Registration of evacuees (with Victoria Police).
Department of Health and Human Services	<ul style="list-style-type: none"> • Support municipal councils in provision of emergency relief.
Department of Education and Training, Association of Independent Schools of Victoria, Catholic Education Office	<ul style="list-style-type: none"> • Development and maintenance of plans to manage evacuation of educational facilities including schools, universities, child care centres, etc.

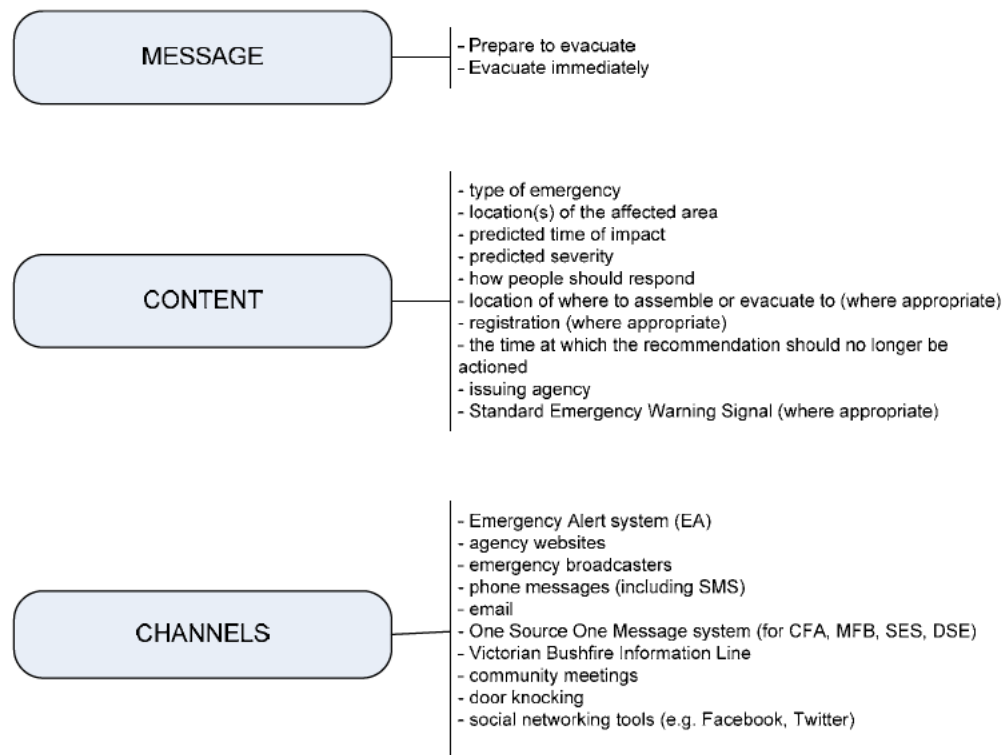
Reference

Evacuation Planning Manual Number 11 (2005) Emergency Management Australia.

Checklists

Checklist 1: Considerations for an evacuation



Checklist 2: Considerations for evacuation messages

Appendix 10

Multi Agency Plans, Policies and Practice Notes

This appendix contains summary details of specific multi-agency emergency management plans, key policy documents, protocols, practice notes and guidelines that contribute to Victoria's emergency management arrangements.*

Plans

Name	Road Rescue Arrangements Victoria
Objective/Purpose	To ensure an effective, sound and sustainable system of Road Rescue in Victoria that delivers the best possible care to, and safe extrication of, persons involved in road crashes.
Contents	Details the agencies involved, their roles and responsibilities.
Date of Publication	November 2017
Availability	Available upon request
Custodian Agency	Emergency Management Victoria
Related Plan	State Emergency Response Plan
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	State Bushfire Plan
Objective/Purpose	This plan provides Victorian Government and emergency management agencies with a consolidated overview of the current arrangements for the management of bushfire and its consequences.
Contents	Overview of the State's bushfire prevention, response and recovery arrangements.
Date of Publication	October 2014
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-bushfire-plan
Custodian Agency	Emergency Management Victoria
Related Plan	State Emergency Response Plan
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

* Note: Emergency management plans contained in this Manual are not listed in this appendix

Name	State Emergency Response Plan Earthquake Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to earthquake events in Victoria.
Contents	Details the roles and responsibilities of agencies/organisations that have a role in planning for, responding to and recovering from an earthquake.
Date of Publication	May 2016 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-earthquake-sub-plan
Custodian Agency	Victoria State Emergency Service (VICSES)
Related Plans	State Emergency Response Plan
Contact Person	Chief Officer, VICSES, Ph: (03) 9256 9000

Name	State Emergency Response Plan Flood Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency response to a flood event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from a flood event – including the provision of timely information to communities (based on meteorological event forecasts).
Date of Publication	May 2016 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-flood-sub-plan
Custodian Agency	Victoria State Emergency Service (VICSES)
Related Plans	State Emergency Response Plan
Contact Person	Chief Officer, VICSES Ph: (03) 9256 9000

Name	State Health Emergency Response Plan (SHERP)
Objective/Purpose	SHERP is the framework for a co-ordinated whole-of-health approach to emergencies – mass casualty incidents, complex trauma events, mass gatherings and other incidents that impact the health of Victorians.
Contents	Contains principles, procedures and guidelines to enable a safe, effective and co-ordinated health and medical response to emergencies.
Date of Publication	September 2017 (Edition 4)
Website for Access	www2.health.vic.gov.au/emergencies/shera
Custodian Agency	Department of Health and Human Services (DHHS)
Related Plan	State Emergency Response Plan
Contact Person	Director Emergency Management Branch, DHHS, Ph: (03) 9096 5014

Emergency Management Manual Victoria

Name	State Emergency Response Plan Storm Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to a storm event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from a storm event – including the provision of timely information to communities (based on meteorological event forecasts).
Date of Publication	May 2016 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-storm-sub-plan
Custodian Agency	Victoria State Emergency Service
Related Plan	State Emergency Response Plan
Contact Person	Chief Officer, VICSES, Ph: (03) 9256 9000

Name	State Emergency Response Plan Tsunami Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to a tsunami event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from a tsunami event.
Date of Publication	May 2016 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-tsunami-sub-plan
Custodian Agency	Victoria State Emergency Service
Related Plan	State Emergency Response Plan
Contact Person	Chief Officer, VICSES, Ph: (03) 9256 9000

Name	State Emergency Response Plan Biosecurity Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to a biosecurity event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from a biosecurity event, which may include; animal disease outbreak, plant pest or disease outbreak, invasive plant or animal incursion or rapid and significant increase in pest populations.
Date of Publication	June 2016 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-biosecurity-sub-plan
Custodian Agency	Department of Economic Development, Jobs, Transport and Resources
Related Plan	State Emergency Response Plan
Contact Person	Agriculture Victoria Customer Service Centre, Ph: 136 186

Name	State Emergency Response Plan Public Transport Disruption Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to a public transport disruption event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from a public transport disruption event.
Date of Publication	June 2016 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-public-transport-disruption-sub-plan
Custodian Agency	Public Transport Victoria (PTV)
Related Plan	State Emergency Response Plan
Contact Person	PTV Duty Officer, (03) 9027 4241

Name	State Emergency Response Plan Extreme Heat Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to an extreme heat event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from an extreme heat event.
Date of Publication	January 2017 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-extreme-heat-sub-plan
Custodian Agency	Emergency Management Victoria
Related Plan	State Emergency Response Plan
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	State Emergency Response Plan Electricity and Gas Supply Disruption Sub-Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to an electricity or gas supply disruption event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from an electricity or gas supply disruption event.
Date of Publication	September 2017 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-electricity-and-gas-supply-sub-plan
Custodian Agency	Department of Environment, Land, Water and Planning (DELWP)
Related Plan	State Emergency Response Plan
Contact Person	Energy Sector Reform, DELWP, Ph: 136 186

Emergency Management Manual Victoria

Name	State Maritime Emergencies (non-search and rescue) Plan
Objective/Purpose	This plan provides strategic guidance for effective emergency management to a marine (non-search and rescue) event in Victoria.
Contents	Describes the roles and responsibilities of agencies and organisations that have a role in planning for, responding to and recovering from a marine (non-search and rescue) event, including marine pollution, maritime casualties and wildlife affected by marine pollution.
Date of Publication	November 2016 (Edition 1)
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-maritime-emergencies-non-search-and-rescue-plan
Custodian Agency	Department of Economic Development, Jobs, Transport and Resources
Related Plan	State Emergency Response Plan
Contact Person	State Duty Officer, 0409 858 715

Name	Victorian Emergency Animal Welfare Plan
Objective/Purpose	To provide the efficient and effective management of animals and coordination of animal welfare support services before, during and after an emergency.
Contents	The Plan details the principles and policy for the coordinated management of animal welfare impacts to companion animals, livestock and wildlife as a direct result of an emergency event.
Date of Publication	January 2016 (Revision 1)
Website for Access	www.agriculture.vic.gov.au/agriculture/emergencies/response/victorian-emergency-animal-welfare-plan
Custodian Agencies	Department of Economic Development, Jobs, Transport and Resources & Department of Environment, Land, Water and Planning
Related Plan	N/A
Contact Person	Agriculture Victoria Customer Service Centre, Ph: 136 186

Name	Victorian Action Plan for Influenza Pandemic
Objective/Purpose	The action plan sets out Victoria's strategic approach to reduce the social and economic impacts and consequences of pandemic influenza on communities.
Contents	Describes the potential impacts and consequences of pandemic influenza, the preparation and response actions to mitigate these consequences, and communication considerations to ensure accurate, timely and helpful information is provided to the community.
Date of Publication	August 2015
Website for Access	www.emv.vic.gov.au/responsibilities/state-emergency-plans/victorian-action-plan-for-pandemic-influenza
Custodian Agency	Emergency Management Victoria
Related Plan	Victorian health management plan for pandemic influenza (October 2014)
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Key Policy Documents

Name	Bushfire Safety Policy Framework
Objective/Purpose	Provides direction and guidance to government and agencies on the improvement of community bushfire safety for Victoria.
Contents	The Framework identifies broad aims and key principles that guide the development and implementation of policies, programs and initiatives. It identifies five key priority areas for action: <ul style="list-style-type: none"> • Awareness and education • Community capacity building • Local community planning • Fire danger information and warnings • Bushfire safety options.
Date of Publication	November 2017
Website for Access	www.emv.vic.gov.au/publications/bushfire-safety-policy-framework
Custodian Agency	Emergency Management Victoria
Related Policy	N/A
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	Community Alert Sirens – Policy and Guidelines
Objective/Purpose	Provides the policy framework and responsibilities for the use, testing, maintenance and education of the community about the use of sirens to alert Victorian communities to emergencies.
Contents	Contains the policy and guidelines for the use of fixed sirens anywhere in Victoria for any type of emergency, and the implementation and assessment processes for fixed sirens.
Date of Publication	January 2016
Website for Access	www.emv.vic.gov.au/responsibilities/community-alert-sirens
Custodian Agency	Emergency Management Commissioner
Related Policy	Victorian Warning Protocol
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	Community Fire Refuges – Policy
Objective/Purpose	To provide the framework for identifying, establishing, managing, operating, maintaining, recording, auditing and decommissioning community fire refuges in areas of very high risk where other bushfire survival options are limited.
Contents	Contains the policy framework for community fire refuges in Victoria, including the principles for the identification, establishment and operation of a community fire refuge, one of the shelter options in Victoria’s Bushfire Safety Policy Framework.
Date of Publications	June 2015
Website for Access	www.emv.vic.gov.au/publications/community-fire-refuges-policy-2015
Custodian Agency	Emergency Management Commissioner
Related Policy	Bushfire Safety Policy Framework
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	Emergency Broadcasting Victoria – Memoranda of Understanding
Objective/Purpose	To ensure that emergency warnings and information is broadcast by participating media organisations in a timely way
Contents	The agreements between the Victorian Government and various media organisations provide details of special broadcast arrangements for emergencies, including the obligation for the media organisations to broadcast emergency warning information provided by emergency services.
Date of Publication	Various
Website for Access	www.emv.vic.gov.au/responsibilities/victorias-warning-system/emergency-broadcasters/emergency-broadcasting-victoria
Custodian Agency	Emergency Management Victoria
Related Policy	Practice Note - Broadcasting of Emergency Warnings and Information
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	State Tier Emergency Management Governance Arrangements
Objective/Purpose	To detail the arrangements for establishment and operation of governance committees in Victoria.
Contents	Information on the establishment and operation of governance committees during operational readiness, response and recovery activities for all major emergencies in Victoria.
Date of Publication	December 2017 (version 5.0)
Website for Access	Available upon request
Custodian Agency	Emergency Management Victoria
Related Plan	State Emergency Response Plan
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	Victorian Warning Protocol
Objective/Purpose	To provide emergency response agencies with coordinated and consistent direction on advice and/or warnings to inform the Victorian community of a potential or actual emergency event.
Contents	Contains detailed protocol covering all aspects of warnings such as authorisation, message construction and dissemination, process flowcharts and an appendix on telephony based warnings.
Date of Publication	October 2017
Website for Access	www.emv.vic.gov.au/responsibilities/victorias-warning-system/victorian-warning-protocol
Custodian Agency	Emergency Management Victoria
Related Documents	Practice Note - Broadcasting of Emergency Warnings and Information
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Practice Notes / Guidelines

Name	Guidelines for the Operation of Traffic Management Points During Class 1 emergencies
Objective/Purpose	To assist in the control and management of road travel in the vicinity of the scene of a class 1 emergency
Contents	Provides information regarding the establishment of traffic management points, assignment of access levels and associated operational procedures
Date of Publication	November 2014 (version 1.1)
Availability	Available upon request
Custodian Agency	Victoria Police (VicPol)
Related Documents	N/A
Contact Person	State Emergency Response Coordination, VicPol, Ph: (03) 9247 6946

Name	Emergency Management Team Arrangements
Objective/Purpose	To detail the arrangements for establishment and operation of Emergency Management Teams (EMT) in Victoria.
Contents	The EMT Arrangements include information on the establishment and operation of EMT at the incident, regional and State tiers of emergency management in Victoria. Appendices include a template and case study for EMT at each tier.
Date of Publication	December 2014
Website for Access	www.emv.vic.gov.au/responsibilities/incident-management
Custodian Agency	Emergency Management Victoria
Related Documents	State Emergency Response Plan
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	Local Government Emergency Management Handbook
Objective/Purpose	To provide guidance for municipal councils for undertaking their emergency management roles and responsibilities.
Contents	The handbook provides an overview of emergency management in Victoria and the emergency management roles and responsibilities of municipal councils, including the source of these obligations in Victorian legislation.
Date of Publication	April 2015, second edition
Website for Access	www.mav.asn.au/policy-services/emergency-management/capability-improvement/Pages/default.aspx
Custodian Agency	Municipal Association of Victoria (MAV), on behalf of MEMEG
Related Documents	N/A
Contact Person	MAV, Emergency Management Policy, Ph. (03) 9667 5555

Name	Practice Note - Operation of a Municipal Emergency Coordination Centre
Objective/Purpose	To provide guidance to municipal councils and emergency management agencies regarding the operation of a Municipal Emergency Coordination Centre (MECC)
Contents	Describes the purpose of establishing a MECC, its functions and operational guidelines, includes detailed role descriptions, work flow diagrams and templates
Date of Publication	August 2010 (version 2.1)
Website for Access	www.mav.asn.au/policy-services/emergency-management/capability-improvement/Pages/default.aspx
Custodian Agency	Local Government Victoria, on behalf of MEMEG
Related Documents	Local Government Emergency Management Handbook
Contact Person	MEMEG Secretariat – Local Government Victoria Ph. 1300 764 373

Name	Initial Impact Assessment for Class 1 emergencies – Guidelines
Objective/Purpose	To provide guidance to emergency management agencies regarding a standard approach for undertaking Initial Impact Assessment.
Contents	Describes the importance of early impact information for managing emergencies – includes operational guidelines, role descriptions and information flow diagrams
Date of Publication	October 2015 (version 1.0)
Availability	Available upon request
Custodian Agency	Emergency Management Victoria
Related Documents	Municipal Secondary Impact Assessment Guidelines
Contact Person	Emergency Management Commissioner, Ph: (03) 8685 1355

Name	Practice Note - Sourcing Supplementary Emergency Response Resources from Municipal Councils
Objective/Purpose	Clarifies the policy and procedures regarding sourcing of supplementary emergency response resources from municipal councils.
Contents	Provides detailed information about sourcing supplementary resources for emergency response operations, including resources contracted by councils and responsibilities for payment and insurance.
Date of Publication	May 2015 (version 3.2)
Website for Access	www.mav.asn.au/policy-services/emergency-management/Pages/memeg.aspx
Custodian Agency	Local Government Victoria, on behalf of MEMEG
Contact Person	MEMEG Secretariat – Local Government Victoria, Ph. 1300 764 373

National or Australian Government Plans

Name	Description
Australian Emergency Management Arrangements (AIDR, Handbook 9)	<p>The Australian Emergency Management Arrangements provide the Australian public with a high-level overview of how Australia addresses the risks and impacts of hazards through a collaborative approach for comprehensive emergency management.</p> <p>Website: www.knowledge.aidr.org.au</p>
<p>Intergovernmental Agreement on National Search and Rescue Response Arrangements</p> <p>National Search and Rescue Manual</p>	<p>The Agreement puts in place arrangements between the Commonwealth and State/Territory SAR Authorities on the coordination of search and rescue in the Australian region.</p> <p>The manual is the standard reference document for use by all Australian Search and Rescue authorities and promulgates the agreed methods of coordination through which search and rescue operations are conducted within Australia.</p> <p>Website: www.natsar.amsa.gov.au</p>
Australian Veterinary Emergency (AusVet) Plan	<p>AUSVETPLAN provides an overview of the national planning structure for the management of animal disease.</p> <p>Website: www.animalhealthaustralia.com.au</p>
The Australian Health Management Plan for Pandemic Influenza	<p>The Australian Health Management Plan for Pandemic Influenza (AHMPPI) outlines the agreed arrangements between the Australian Government and State and Territory Governments for the management of an influenza pandemic. To support an integrated and coordinated response, it also gives a broad indication of the roles and responsibilities of the other key health sector stakeholders that would be involved.</p> <p>Website: www.health.gov.au</p>
National Counter-Terrorism Plan (NCTP)	<p>The National Counter-terrorism Plan outlines responsibilities, authorities and the mechanisms to prevent, or if they occur manage, acts of terrorism and their consequences within Australia.</p> <p>Website: www.nationalsecurity.gov.au</p>
National Plan for Maritime Environmental Emergencies	<p>The National Plan for Maritime Environmental Emergencies sets out national arrangements, policies and principles for the management of maritime environmental emergencies.</p> <p>Website: www.amsa.gov.au/marine-environment</p>

The following Australian Government Emergency Management plans are noted on the Attorney General's Department website: www.ag.gov.au/emergencymanagement/emergency-response-plans

Name	Description
Australian Government Disaster Response Plan (COMDISPLAN)	This plan explains how the Australian Government responds to requests for assistance from state and territory governments responding to a disaster.
Australian Government Overseas Disaster Assistance Plan (AUSSASSISTPLAN)	This plan explains the coordination arrangements for providing physical assistance following a disaster or emergency in another country.
Australian Government Plan for the Reception of Australian Citizens and Approved Foreign Nationals Evacuated from Overseas (AUSRECEPLAN)	This plan explains how the Australia Government evacuates Australian citizens and approved foreign nationals following an emergency incident overseas.
Australian Government Aviation Disaster Response Plan (AUSAVPLAN)	The Plan provides guidance for the management of time critical phases of a response to a major aircraft accident. It addresses the processes associated with rapid deployment of search and rescue facilities and the establishment of the subsequent investigatory processes (COMDISPLAN can be activated to support AUSAVPLAN).
Australian Space Re-entry Debris Plan (AUSPREDPLAN)	This plan explains how the Australian Government manages risk posed by re-entering space debris, which may impact Australia.
National Catastrophic Natural Disaster Plan (NATCATDISPLAN)	This plan explains the national coordination arrangements for supporting states, territories and the Australian Government in responding to and recovering from catastrophic natural disasters in Australia.

Appendix 11

Emergency Resource Providers Support Scheme (EmRePSS)

What is EmRePSS?

EmRePSS is an insurance scheme that provides cover for private sector organisations or individuals who provide their resources, equipment, labour and professional services, for emergency operations on an ad hoc basis, i.e. not under a pre-existing contract.

The Scheme provides insurance cover for privately owned resources used in emergency operations at no cost to the owners of the resources. A number of government agencies with emergency management responsibilities participate in EmRePSS, which is insured by the Victorian Managed Insurance Authority (VMIA).

Why was EmRePSS Implemented?

Following government privatisation programs and outsourcing, the ownership of many specialised resources required to support emergency response and recovery operations has transferred from the public sector to the private sector.

Under EmRePSS, the participating government agencies (tasking agencies) can provide assurances (regarding adequate insurance) to the private sector owners of resources that are needed for emergency operations. EmRePSS facilitates the utilisation of privately owned resources for emergency operations and it is designed to ensure that insurance considerations will not be a disincentive to the private sector to provide assistance for emergencies.

Legislated immunities for volunteer emergency workers do not apply because resource providers and their employees are not considered to be volunteers, as they are generally paid for their services (refer to Part 8, Appendix 7).

Summary of Cover Provided by EmRePSS

Subject to the terms, conditions, limits and exclusions of the policies issued by VMIA, EmRePSS insurance is provided for:

Property Damage and Business Interruption

Indemnifies the resource provider for damage or loss of equipment used in the emergency. Indemnity is also provided for the resultant loss of income (net of the resource provider's fixed business operating costs) suffered by the resource provider as a result of damage to or loss of equipment.

The property (equipment) is covered for its reinstatement and replacement value.

Motor Vehicle

Indemnifies the resource provider for loss of or damage to a vehicle that is registered or licensed for use on public roads that is used in the emergency. The resource provider will also be covered for legal liability for loss of or damage to property resulting from the use of the vehicle.

Public and Products Liability

This covers the legal liability of the resource provider for property damage and/or personal injury to other parties (not employees) arising out of the provision of the activities and products of the resource provider.

Professional Indemnity

Provides cover for the legal liability of the resource provider for claims made by third parties for financial loss, property damage and/or personal injury to other parties arising out of a breach of professional duty owed by the resource provider.

It should be noted that professional advisers retained during an emergency by a tasking agency would be expected to maintain their own professional indemnity insurance coverage over their normal activities.

Directors and Officers Liability

The Directors and Officers policy insures against:

- A civil claim against a director or officer and the legal costs of defending it
- Legal expenses incurred by a director or officer of attending a prosecution, proceeding or inquiry incurred with agreement from VMIA.

The insured's conduct giving rise to the claim, or to the requirement to attend a prosecution, proceeding or inquiry, must be in his/her capacity as a director or officer.

Summary of Limits and Exclusions to EmRePSS Cover**Limits**

The limit of cover is \$10,000,000 with a \$5,000 deductible to be paid by the tasking agency.

Exclusions

Resources made available within the terms of pre-existing agreement for reward or consideration, which specifically provides that they are for an emergency purpose will not be covered by this scheme.

The Scheme does not provide insurance to cover injury or death to the operators of the equipment. Its major cover is of risks associated for property damage, professional indemnity and legal liability.

Tasking Agencies

The agencies that participate in EmRePSS are:

- Department of Economic Development, Jobs, Transport and Resources
- Department of Environment, Land, Water and Planning
- Department of Health and Human Services
- Environment Protection Authority
- Municipal Association of Victoria (on behalf of all councils)
- VicRoads
- Victoria Police
- Victoria State Emergency Service
- Victorian Water Industry Association (on behalf of all water authorities).

Other agencies are invited to participate in EmRePSS, noting that claims for events prior to joining the Scheme will not be accepted.

Further Information

Further information about EmRePSS including details of how to claim are on the VMIA website at www.vmia.vic.gov.au/insure/policies/emrepss.

Appendix 12

Public Information via Media During Emergencies: The Role of EMJPIC

This appendix has been temporarily withdrawn pending review

Appendix 13 (Blank)⁷

⁷ Previous contents of Appendix 13, Command and Control for Victorian Emergencies, is now incorporated into Part 3. the State Emergency Response Plan.

Appendix 14

Standard Emergency Warning Signal

Background

In 1999, an agreement was reached between all States and Territories on the need for a Standard Emergency Warning Signal (SEWS) to be used in assisting the delivery of public warnings and messages for major emergencies.

The signal to be used for the SEWS is the existing Bureau of Meteorology tropical cyclone warning signal.

The State and Territories further agreed to accept responsibility for the preparation and implementation of procedures related to the use of SEWS in each jurisdiction and to develop and conduct appropriate public awareness programs. Victoria endorsed this approach.

The 2009 fires in Victoria resulted in the 2009 Victorian Bushfires Royal Commission, whereby further recommendations were made for the use of SEWS. Victoria is particularly vulnerable to fire and the Royal Commission recommendations have been incorporated into these procedures.

SEWS may be broadcast immediately before an emergency warning or group of warnings for an emergency, or threat of an emergency, including:

- Major Fires
- Major Floods
- Major Severe Storms and their associated Storm Surges
- Earthquakes
- Chemical Hazards and any associated Major Pollution; or
- any other significant emergency

The signal may be occasionally broadcast as a test message. Any test of the signal will be announced prior to and after the signal.

Purpose of SEWS

SEWS is designed to:

- alert the public via a media announcement that an official emergency announcement is about to be made concerning an actual or potential emergency which has the potential to affect them; and
- alert the community at large, via a public address system, that an important official emergency announcement is about to be broadcast.

It should be noted that there is a set of National Guidelines for the Request and Broadcast of Emergency Public Warnings, which was developed in consultation with States and Territories and media outlets for the broadcast of emergency warnings. They are available at www.ag.gov.au/nbew.

The guidelines state that “an incident may require the activation of SEWS. Should this occur then the SEWS guidelines supersede the Guidelines for Broadcast of Emergency Public Warnings”.

The content and format of the announcement which **follows** the SEWS must:

- be simple, arresting and brief
- consist of clear language and avoid euphemisms
- contain explicit information,

- be suited to the needs of the potentially affected community
- be worded in accordance with advice from the relevant agencies, and
- utilise appropriate guidelines provided in the Victorian Warning Protocol

IMPORTANT: It is vital that the impact of the warning signal be preserved by ensuring that it is used only for emergencies of major community significance.

Overuse of SEWS

The overuse of SEWS can diminish its effectiveness. SEWS is not intended for use as an alert for general news, editorial comment or the dissemination of general emergency preparedness messages. Whilst the SEWS is for all hazards, in the event of fires, where the incident controller must ensure the signal is only broadcast before warnings about life threatening fires and, on extreme days, the frequency of its use is limited so as not to undermine the effectiveness of warning.

Three levels of warning

There are 3 distinct levels of alerts which are to be utilised for community warnings within Victoria.

Advice	There is no immediate danger. General information to keep you up-to-date with developments. SEWS must not be used
Watch & Act	It is likely that you may be impacted by the emergency. You may be in danger and should start taking action to protect your life and your family. SEWS must not be used
Emergency Warning	You will be impacted by the emergency. You are in danger and must take action immediately. This message will usually be preceded by the Standard Emergency Warning Signal (SEWS)

The SEWS should only be used for the **Emergency Warning** category of warning. Where there are a high number of warnings happening concurrently, or very close together, SEWS should be played before each group of warnings. This decision is made by the Incident Controller when a group of warnings is for an incident under his/her control. This decision can also be made at an ERC level when a group of warnings occurs across areas of operation.

IMPORTANT: Emergency Warning Notices are not to be construed as evacuation notices.

Authorisation of SEWS

The decision to use SEWS rests with the incident controller. This is reflected in and supports the State Emergency Response Plan (Part 3 of this Manual) and is also governed by the Victorian Warning Protocols.

Emergency Warning Messages

Emergency Warning templates will be used to ensure that uniform warnings are broadcast. A new computer system has been implemented for the 2009/2010 fire season, whereby automated templates are generated regarding fire. This technology will be migrated to all hazards but at this point in time that technology is not available. Agencies are encouraged to have pre-planned message templates to assist in the timely development and dissemination of warnings to the community. Telephony warning message templates are found in the Victorian Warning Protocols and reflect a common language for all hazards.

The operational application requires information to be compiled and supplied by the incident controller, for compilation of the appropriate notice. The incident controller will then arrange for the notice to be forwarded to the relevant media outlets.

The duration of the SEWS sound should be no more than 10 seconds. The incident controller can vary the duration of this signal depending on the circumstances of the emergency and the method by which the emergency warning message is to be delivered.

The primary responsibility for issuing information and warnings to the community lies with the incident controller, and in the event that he/she is unable to do so, the subsequent tiers of the control agency and then the State Controller.

The relevant control agency is to ensure that a copy of SEWS is made available to all local media outlets – this is available in digital form, and can be e-mailed to the media outlet. After hours contacts for media outlets should be checked before they are required during an emergency. In addition, a check with local media outlets to ensure that they have the SEWS signal should be conducted at this point.

Control agencies are to ensure that they liaise with relevant stakeholder and support agencies, utilising an Emergency Management Team where appropriate, that includes regular and timely information sharing with the State Controller. The Incident Controller (or representative) shall ensure where practicable that the Control Agency command, the supporting agency commanders for the incident and the Police co-ordinator are notified prior to a SEWS (and subsequent Emergency Warning) being issued.

The appropriate Emergency Warning message will be issued to the media through the Incident Controller's relevant agency. If required, assistance to disseminate the message(s) may be requested via the Police Liaison officer who will facilitate action through the Police Media Unit.

Agencies, where practicable and feasible, should monitor in real time the effectiveness of the dissemination of the warnings.

The Incident Controller should inform the community that the heightened risk / threat has passed / eased. SEWS is **not** to be used for this purpose.

Expectations of the Media

There are currently a number Memoranda of Understanding in place with media outlets, for example.

- Memorandum of Understanding – ABC Victoria and Victorian Emergency Services Organisations
- Memorandum of Understanding – Victorian Government and Sky News
- Memorandum of Understanding – Broadcasting of Emergency Information by Commercial Broadcasters in Victoria

These and other MOUs can be located at the Fire Services Commissioner's web site www.firecommissioner.vic.gov.au>Policies>Emergency Broadcasters. Agencies should ensure relevant personnel are familiar with the MOUs.

On receipt of a formal request to issue a warning, the media are expected to:

- Confirm the message (if in doubt)
- Break into broadcasting to commence the broadcast of the warning (or group of warnings) by playing the SEWS for a maximum of 10 seconds, unless specific duration is requested by the incident controller (when SEWS is specifically requested) and
- Broadcast the emergency announcement **verbatim**.

The emergency announcement, preceded by the SEWS, is to be repeated **twice** at approximately a five minute interval, unless requested otherwise by the Incident Controller.

If SEWS has been broadcast for some time and media have not been advised to cease the message at a certain time, they should confirm that it still needs to be played with the Incident Controller.

Acronyms and Abbreviations

AA	Airservices Australia
ADF	Australian Defence Force
AEMA	Australian Emergency Management Arrangements
AEMI	Australian Emergency Management Institute
AEMO	Australian Energy Market Operator
AFAC	Australasian Fire and Emergency Services Authorities Council
AGCDTF	Australian Government Counter Disaster Task Force
AGD	Attorney-General's Department (Commonwealth)
AHMPPPI	Australian Health Management Plan for Pandemic Influenza
AIDR	Australian Institute for Disaster Resilience
AIIMS	Australian Inter-Service Incident Management System
AMSA	Australian Maritime Safety Authority
ANZEMC	Australia-New Zealand Emergency Management Committee
ARCV	Australian Red Cross Victoria
ARFF	Aviation Rescue and Firefighting (part of Airservices Australia)
ARTC	Australian Rail Track Corporation
ATSB	Australian Transport Safety Bureau
AusSAR	Australian Search and Rescue (part of AMSA)
AUSVETPLAN	Australian Emergency Veterinary Plan
AV	Ambulance Victoria
AVCG	Australian Volunteer CoastGuard
BOM	Bureau of Meteorology
CAD	Computer Aided Dispatch
CBR	Chemical, Biological, Radiological
CBRIE	Chemical, Biological, Radiological, Incendiary Explosive
CCP	Chief Commissioner of Police
CCoV	Coroners Court of Victoria
CERA	Community Emergency Risk Assessment
CERM	Community Emergency Risk Management
CERT	Community Emergency Response Team
CFA	Country Fire Authority
CI	Critical Infrastructure
CMA	Catchment Management Authority
COAG	Council of Australian Governments
COMDISPLAN	Commonwealth Government Disaster Response Plan
CWA	Country Women's Association
DACC	Defence Assistance to the Civil Community
DEDJTR	Department of Economic Development, Jobs, Transport and Resources
DELWP	Department of Environment, Land, Water and Planning
DET	Department of Education and Training
DFACA	Defence Force Aid to the Civil Authorities
DFSV	Dairy Food Safety Victoria
DGEMA	Director-General Emergency Management Australia
DHA	Department of Home Affairs (Commonwealth)
DHHS	Department of Health and Human Services
DJR	Department of Justice and Regulation
DLHV	Disaster Legal Help Victoria
DPC	Department of Premier and Cabinet
DTF	Department of Treasury and Finance
DVI	Disaster Victim Identification
EA	Emergency Alert System

Emergency Management Manual Victoria

EM	Emergency Management
EMA	Emergency Management Australia
EMC	Emergency Management Commissioner
EMLO	Emergency Management Liaison Officer
EMJPIC	Emergency Management Joint Public Information Committee
EMMV	Emergency Management Manual Victoria
EmRePSS	Emergency Resource Providers Support Scheme
EMS	Emergency medical service
EMT	Emergency Management Team
EMV	Emergency Management Victoria
EOC	Emergency Operations Centre
EPA	Environment Protection Authority
ERC	Emergency Response Coordinator
ERCC	Emergency response coordination centre
ERDO	Emergency response development officer
ERM	Emergency Risk Management (also Enterprise Risk Management)
ESLG	Emergency Services Leadership Group
ESTA	Emergency Services Telecommunications Authority
GIS	Geospatial information system
HHS	Health and Human Services
HIMT	Health Incident Management Team
IIA	Initial Impact Assessment
ICA	Insurance Council of Australia
ICC	Incident Control Centre
IDRO	Insurance Disaster Response Organisation
IEMT	Incident Emergency Management Team
IERC	Incident Emergency Response Coordinator
IFMP	Integrated Fire Management Planning
IGEM	Inspector General for Emergency Management
IMS	Incident Management System
IMT	Incident Management Team
LCCSC	Law, Crime and Community Safety Council
LSV	Life Saving Victoria
MACES	Ministerial Advisory Committee on Emergency Services
Marine EMT	Marine Emergency Management Team
MAV	Municipal Association of Victoria
MECC	Municipal Emergency Coordination Centre
MEM	Municipal Emergency Manager
MEMEG	Municipal Emergency Management Enhancement Group
MEMP	Municipal Emergency Management Plan (also MEMPlan)
MEMPC	Municipal Emergency Management Planning Committee
MERC	Municipal Emergency Response Coordinator
MERO	Municipal Emergency Resource Officer
MFB	Metropolitan Fire Brigade
MFESB	Metropolitan Fire & Emergency Services Board
MFPO	Municipal fire prevention officer
MoG	Machinery of Government
MRM	Municipal recovery manager
MTM	Metro Trains Melbourne
NCTP	National Counter Terrorism Plan
NDFA	Natural Disaster Financial Assistance
NDRGS	Natural Disaster Resilience Grants Scheme
NDRRA	Natural Disaster Relief and Recovery Arrangements
NERAG	National Emergency Risk Assessment Guidelines

NOPSEMA	National Offshore Petroleum Safety and Environmental Management Authority
NPW	Nuclear powered warship
NRIS	National Registration and Inquiry System
NSDR	National Strategy for Disaster Resilience
POC	Police Operations Centre (D24)
POMC	Port of Melbourne Corporation
PTV	Public Transport Victoria
PV	Parks Victoria
Red Cross	Australian Red Cross Victoria
REMPC	Regional Emergency Management Planning Committee
REMT	Regional Emergency Management Team
RERC	Regional Emergency Response Coordinator
RERCC	Regional Emergency Response Coordination Centre
RFC	Rural Finance Corporation
RR	Road rescue
RSPCA	Royal Society for the Prevention of Cruelty to Animals
SAR	Search and Rescue
SBCS	Small Business Counselling Service
SCC	State Control Centre
SCC	State Crisis Centre
SCN	Security and Continuity Network
SCRC	State Crisis and Resilience Council
SEAWC	State Emergency Animal Welfare Coordinator
SEMC	Security and Emergency Management Committee (of Cabinet)
SEMT	State Emergency Management Team
SESC	State Emergency Support Centre
SEWS	Standard Emergency Warning Signal
SFMPC	State Fire Management Planning Committee
SHERP	State Health Emergency Response Plan
TAC	Transport Accident Commission
TESS	Transport, Engineering and Services Support
TSV	Transport Safety Victoria
USAR	Urban Search and Rescue
VBA	Victorian Building Authority
VCC	Victorian Council of Churches
VCF	Volunteer Consultative Forum
VGC	Victoria Grants Commission
VICPLAN	Victorian Marine Pollution Contingency Plan
VicPol	Victoria Police
VICSES	Victoria State Emergency Service
V/Line	V/Line Passenger Pty Ltd
VRCA	Victorian Regional Channels Authority
VWA	Victorian WorkCover Authority (WorkSafe)
WICEN	Wireless Institute Civil Emergency Network

Glossary

The Glossary has been temporarily withdrawn pending review.

COVID-19 – DHHS Physical Distancing Plan

Confidential and internal draft plan

31 March 2020

Contents

Current workplan for physical distancing	3
Background	4
Purpose	4
Scope	4
Authorising environment	4
Chief Health Officer and Deputy Chief Health Officer	4
National Cabinet	4
Victoria Police	4
Governance of physical distancing policy within the DIMT	4
Policy on control measures for physical distancing	5
AHPPC recommendations to National Cabinet	5
National requirements from National Cabinet	5
Legal directions in Victoria	5
Announced stages of restrictions in Victoria	8
Policy development and decision-making	10
Evidence for physical distancing policies	10
International and national comparisons	10
Evaluation of physical distancing policies	10
Compliance and enforcement for physical distancing	11
Purpose of this section	11
Scope of compliance and enforcement	11
Chain of command for enforcement and compliance	11
Strategy for compliance and enforcement	11
Data management to support compliance and enforcement	13
Management of exemption requests and exemptions	14
Management of requests relating to detention notices	15
Protocols for investigating and managing potential breaches of Directions	15
Reporting and evaluation of compliance and enforcement	19
Plan for people returning from overseas to Victoria	20
Background to mandatory detention intervention	20
Governance and oversight of the mandatory detention intervention	20
Process by stage	21
Resident risks and wellbeing	26

Tiers of risk for persons in mandatory detention	27
Duties and Requirements	32
Policy on exemptions from mandatory detention	32
Potential non-compliance and escalation	33
Other policies	34
Communication and education	35
Call centre for physical distancing queries	35
Current communications with the Victorian public and health sector	35
Appendix 1 - Standard emails and letter advice for compliance and enforcement	36
Airport arrivals	36
Mass gatherings	36
Aged Care Directions Facilities	37
Non-essential business closure	37
Appendix 2 – Evidence on physical distancing interventions for reducing impact of COVID-19	38
Introduction	38
1. Epidemiological features of COVID-19 that impact the effectiveness of physical distancing measures	38
2. Modelling studies evaluating potential impact of physical distancing interventions for COVID-19	39
3. Evidence on physical distancing measures for pandemic influenza	41
References	42
Appendix 3 – Physical distancing international comparison	46
Appendix 4 – Hotel Isolation Medical Screening Form	47
Appendix 5 – Welfare Survey	50

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 (03) 8335 5283 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 – **REDACT** is writing this now **RED** – 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.

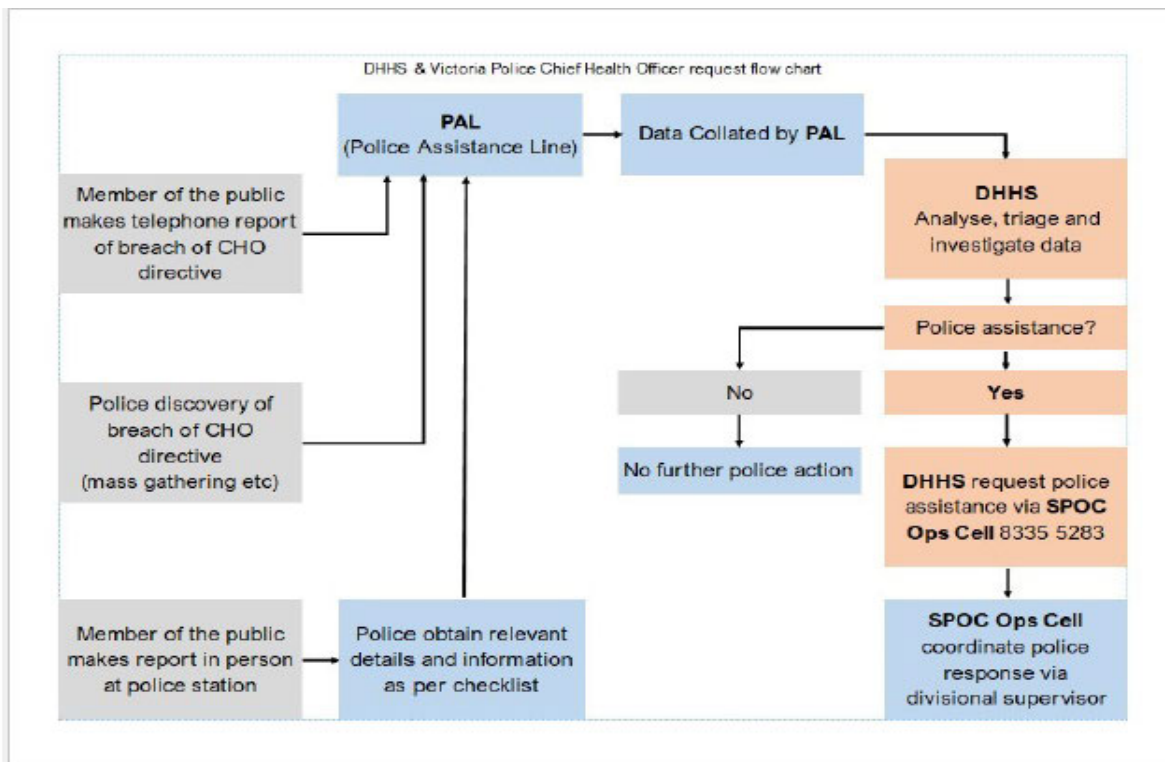
Protocols for investigating and managing potential breaches of Directions

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 8335 5283 if DHHS determines a site visit and issuing a direction on site is needed.

Currently occurring or recurring mass gatherings

Following a report of a currently occurring mass gathering, Victoria Police will determine if attendance is feasible. If Victoria Police attends, Victoria Police will:

- contact DHHS via the DHHS EMLO at the SPOC
- seek to identify a person who:
 - owns, controls or operates the premises; and/or
 - is organising the mass gathering
- seek to influence compliance by reiterating obligations, providing education such as a fact sheet and outlining penalties for non-compliance.

Noting DHHS has limited capacity to attend a mass gathering while it is occurring (particularly after hours), DHHS will:

- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider providing information about obligations through a phone call, email or standard letter if breach is inadvertent or low risk in nature and future compliance is likely
- consider issuing a verbal or written direction (through an authorised officer) to stop the mass gathering. For a written direction, this may be undertaken after the mass gathering has finished
- seek confirmation that the mass gathering will be stopped or does not breach the direction in future
- consider a site visit and seek assistance from Victoria Police through SPOC operation cell 8335 5283 to stop the mass gathering if:
 - a high risk is identified
 - there is no reasonable indication the mass gathering will be stopped.

Finished mass gatherings

Following a report of a finished mass gathering, Victoria Police will refer the matter to DHHS via for action. DHHS will:

- contact the organiser and/or person who owns, controls or operates the premises to:
 - obtain reasons why the mass gathering occurred
 - reiterate obligations, provide further education and penalties

- seek confirmation there will be no breach of the direction in the future
- consider the risk of the mass gathering including location, density of people, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to prevent a further mass gathering if the mass gathering is high risk in nature and there is a likelihood the mass gathering will recur.

Aged Care Facilities

Recording of details and initial assessment

Reports of an alleged breach of the Aged Care Facilities Direction will be referred to the Victoria Police Advice Line 131 444. Victoria Police will seek to obtain:

- contact details of the caller
- name, address and contact details of the person allegedly breaching the direction
- description of the breach
- relationship to the caller.

Actions to achieve compliance and address non-compliance

Following a report of a breach of the Aged Care Facilities Direction, Victoria Police will refer the matter to DHHS via COVID-19.vicpol@dhhs.vic.gov.au 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.

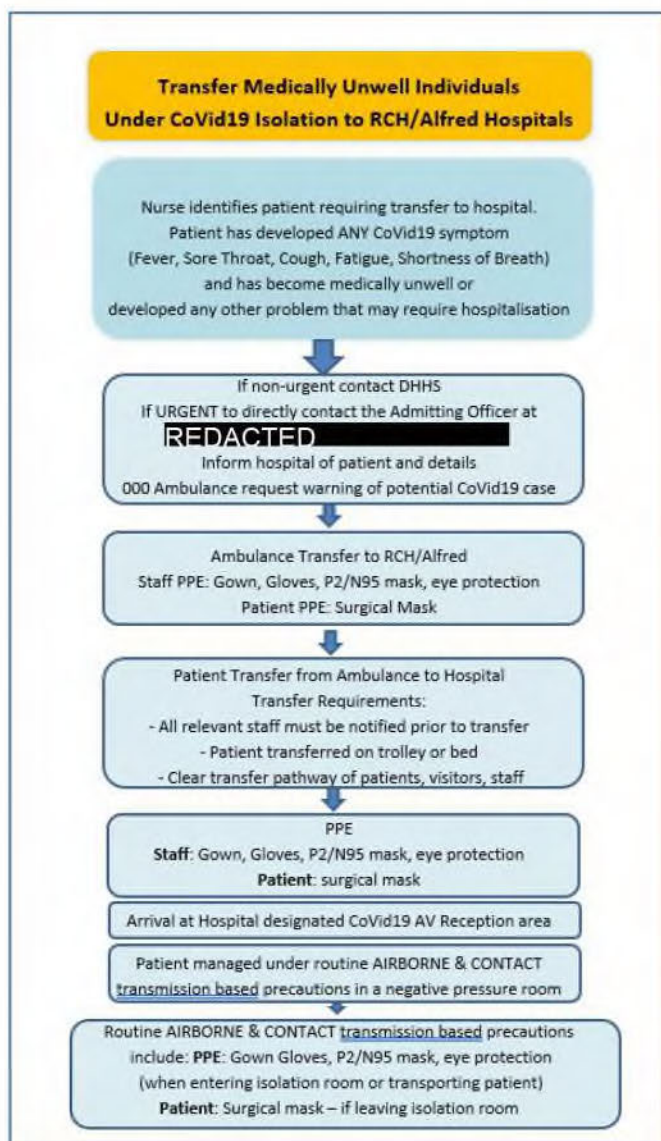
Actions to detect and test for COVID-19 amongst people in mandatory detention

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 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 be implemented once in the course of an epidemic and for a finite time period. This suggested that optimal timing depended on the aim of the intervention; that to minimise the total number infected the intervention should start close to the epidemic peak to avoid rebound once the intervention is stopped, while to minimise the peak prevalence, it should start earlier, allowing two peaks of comparable size rather than one very large peak.

2.1.3 Modelling the impact of physical distancing interventions in China

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number (R_t) in Wuhan declined from 2.35 (95% CI 1.15–4.77) 1 week before travel restrictions were introduced on Jan 23, 2020, to 1.05 (0.41–2.39) 1 week after.

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

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

2.2 Modelling the potential impact of case isolation and contact tracing

An analysis by Hellewell et al (32) considered the possibility of controlling a COVID-19 outbreak with contact tracing and case isolation alone. Under some parameter assumptions it was possible to control the outbreak without the need for physical distancing measures. However, the probability of controlling the outbreak in this way decreased with an R_0 of 2.5 or 3.5, when there was a larger initial infectious population, a longer delay to case detection and a larger proportion of pre-symptomatic transmission. The study concludes that "in most plausible outbreak scenarios, case isolation and contact tracing alone is insufficient to control outbreaks, and that in some scenarios even near perfect contact tracing will still be insufficient, and further interventions would be required to achieve control."

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

2.3 Modelling the impact of school closures for COVID-19

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

3. Evidence on physical distancing measures for pandemic influenza

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

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

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

3.1 School closures

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

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

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

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

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

3.2 Workplace interventions

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

In this review, for studies modelling $R_0 \leq 1.9$, workplace social distancing measures alone (single intervention) showed a median reduction of 23% in the cumulative influenza attack rate in the general population. Workplace social distancing measures combined with other nonpharmaceutical interventions showed a median reduction of 75% in the general population. However, the effectiveness was estimated to decline with higher R_0 values, delayed triggering of workplace social distancing, or lower compliance.

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

3.3 Avoiding crowding

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

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Appendix 3 – Physical distancing international comparison

[INSERT from REDACTED]

Appendix 4 – Hotel Isolation Medical Screening Form

DHHS Hotel Isolation Medical Screening Form	
Registration Number:	
Full Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address:	Indigenous <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Phone Number:	Nationality:
Date of Birth:	Place of Birth:
Phone #:	Primary language:
Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.	
Allergies:	
Past Medical History:	
Alerts: Alcohol & Other Drugs Y/N 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 **X X**. 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 **X X** at the hotel? Circle YES / NO

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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.

OFFICIAL

Operation Soteria

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

**EXERCISE AND FRESH AIR
IMPLEMENTATION PLAN**

Version 1: 15 April 2020

OFFICIAL

OFFICIAL**Objective**

Design and implement a plan that:

- Applies consistency across all hotel sites to help maintain management and a clear chain of command for any escalation issues
- Allows all quarantined travellers access to exercise and fresh air for supervised outdoor recreation breaks (where possible) as recognised in the Covid-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

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

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.

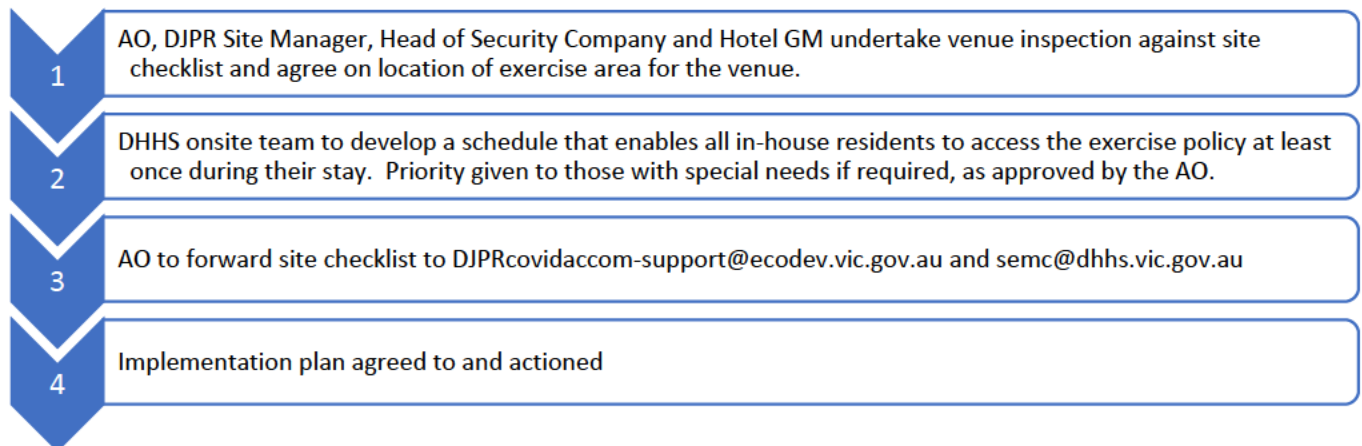
The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

OFFICIAL**FIRST STEPS****NUMBER OF TIMES A GUEST CAN ACCESS THIS SERVICE**

Where possible, it is the intent that all travelers are able to access the exercise area for a minimum of one opportunity per week.

Additional opportunities are at the discretion of the AO and subject to availability.

Children should have an exercise opportunity at least twice a week with strict oversight by a parent.

Visits above this number will depend on:

- The number of inhouse residents at a site.
- Wellbeing needs
- Mental health state (as monitored by the nurses)
- The ability to maintain a safe and sanitized exercise area during the course of implementing the exercise and fresh air plan.
- General compliance of the quarantined traveler
- Length of stay: i.e. the longer the stay, the higher the priority
- Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?

PERSONAL PROTECTION EQUIPMENT –**For travelers:**

The use of gloves and surgical masks by people going out to exercise is recommended, particularly as guests will be accompanied in lifts by security teams. Gloves and masks to be disposed of appropriately.

OFFICIAL**EXERCISE AREA CHECKLIST**

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhhs.vic.gov.au

Hotel Name: The Holiday Inn Flinders Lane

The identified and agreed exercise area for this venue is *known as* and *located at*:
(please provide specific detail)

Level 1 Courtyard within hotel. Walking area is enclosed. Also portion of the area is designated for smoking area

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	Yes	Within the hotel
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	Yes	Pool (which is fenced off)
4. Is the area visible by the outside public?	No	Can only be viewed by tradesmen who work next door
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	There is no other hotel guests apart from the guests in detention
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		The buttons of the lifts, poles on the outside.
3. How will these be sanitised?	No	As the guests are wearing gloves and masks
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>	N/A	They are not sanitised
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	
Hotel General Manager: REDACTED	Security General Manager: REDACTED	

OFFICIAL

OFFICIAL

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OFFICIAL

OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #1**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
13:30 – 14:00				
14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
17:00 – 17:30				
17:30 – 18:00				
18:00 –				

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18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #2**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
13:30 – 14:00				
14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
17:00 – 17:30				
17:30 – 18:00				
18:00 –				

OFFICIAL

OFFICIAL

18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #3**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
13:30 – 14:00				
14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
17:00 – 17:30				
17:30 – 18:00				
18:00 –				

OFFICIAL

OFFICIAL

18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

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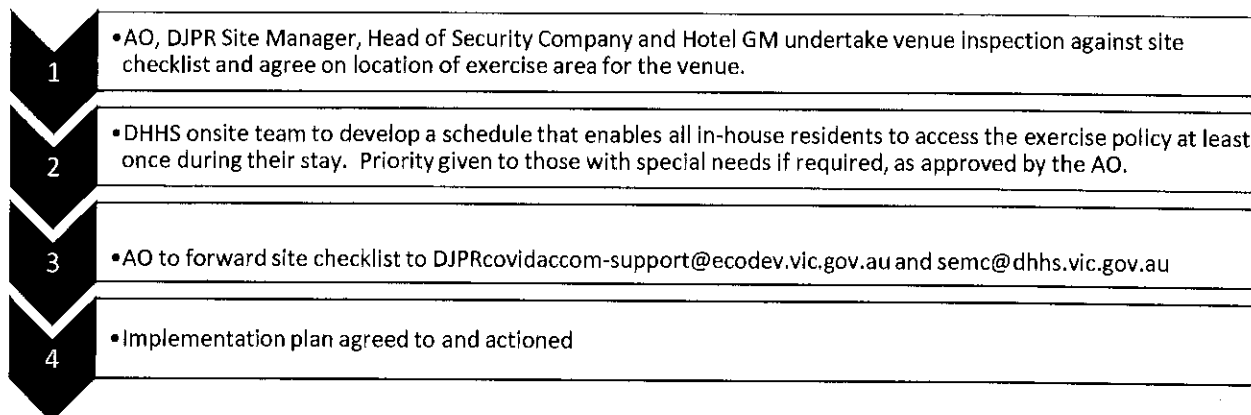
- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

FIRST STEPS



NUMBER OF TIMES A GUEST CAN ACCESS THIS SERVICE

Where possible, it is the intent that all travelers are able to access the exercise area for a minimum of one opportunity per week.

Additional opportunities are at the discretion of the AO and subject to availability.

Children should have an exercise opportunity at least twice a week with strict oversight by a parent.

Visits above this number will depend on:

- The number of inhouse residents at a site.
- Wellbeing needs
- Mental health state (as monitored by the nurses)
- The ability to maintain a safe and sanitized exercise area during the course of implementing the exercise and fresh air plan.
- General compliance of the quarantined traveler
- Length of stay: i.e. the longer the stay, the higher the priority
- Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?

PERSONAL PROTECTION EQUIPMENT –

For travelers:

The use of gloves and surgical masks by people going out to exercise is recommended, particularly as guests will be accompanied in lifts by security teams. Gloves and masks to be disposed of appropriately.

EXERCISE AREA CHECKLIST

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhhs.vic.gov.au

Hotel Name: Mercury Welcome

The identified and agreed exercise area for this venue is known as and located at:
(please provide specific detail)

Louden Place, between Mercury & Pullman Hotel

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	External	Public laneway between hotels
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	3x Security assisting
3. Are there any hazards within the area? ie, pool / heights / traffic Areas must be safe for children.	Yes	Delivery Vehicles, Guest drop-offs, Staff entry
4. Is the area visible by the outside public?	Yes	Visible from road/footpath
5. Is the area also accessible by other members of the public (such as other hotel guests)?	Yes	Public/guest access to area. Guests maintain 1.5m distance.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes.	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?	lift & sanitiser	Guests informed not to touch anything. Conard operates lift.
3. How will these be sanitised?	Hotel cleaner	Hotel manages cleaning routine
4. How often will these be sanitised? (Daily, weekly etc) To minimize the risk of cross contamination, touched areas must be sanitized between each use		Hourly by Hotel Staff.
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Area was chosen due to limited public access and minimal vehicle movement. Location is close to the hotel entry and guest movements can be controlled effectively.		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	
Hotel General Manager: REDACTED	Security General Manager: REDACTED	

SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA

(to be completed by onsite DHHS Team Leader)

Hotel Name:

Date:

Security Escort #1

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
13:30 – 14:00				
14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
17:00 – 17:30				
17:30 – 18:00				

18:00 - 18:30				
18:30 - 19:00				
19:00 - 19:30				
19:30 - 20:00				

SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #2**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
13:30 – 14:00				
14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
17:00 – 17:30				
17:30 – 18:00				

18:00 – 18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA

(to be completed by onsite DHHS Team Leader)

Hotel Name:

Date:

Security Escort #3

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
13:30 – 14:00				
14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
17:00 – 17:30				
17:30 – 18:00				

18:00 – 18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

OFFICIAL

Operation Soteria

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

**EXERCISE AND FRESH AIR
IMPLEMENTATION PLAN**

Version 1: 15 April 2020

OFFICIAL

OFFICIAL

Objective

Design and implement a plan that:

- Applies consistency across all hotel sites to help maintain management and a clear chain of command for any escalation issues
- Allows all quarantined travellers access to exercise and fresh air for supervised outdoor recreation breaks (where possible) as recognised in the Covid-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

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

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); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

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EXERCISE AREA CHECKLISTHotel Name: Crown PromenadeThe identified and agreed exercise area for this venue is *known as* and *located at*:

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	In hotel 3 rd floor	
2. Is it easy to keep the exercising traveler within the identified exercise area?	yes	
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	no	Swimming pool behind glass so safe.
4. Is the area visible by the outside public?	no	
5. Is the area also accessible by other members of the public (such as other hotel guests)?	no	
INFECTION CONTROL MEASURES		
1. Will lifts be used?	yes	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?	nil	
3. How will these be sanitised?	n/A	
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>	daily	
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	REDACTED
Hotel General Manager: REDACTED	Security General Manager: REDACTED	REDACTED

OFFICIAL

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SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #1**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
13:30 – 14:00				
14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
17:00 – 17:30				
17:30 – 18:00				

OFFICIAL

FRESH AIR AREA CHECKLIST

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager.

Hotel Name: CROWN PROMENADE

The identified and agreed exercise area for this venue is *known as* and *located at*:
(please provide specific detail)

 LEVEL 3 DECK AREA CROWN PROMENADE

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the FRESH AIR area within the hotel or external to the hotel?	Internal	Fresh air area is located outside the fitness center.
2. Is it easy to keep the traveler within the identified fresh air area?	Yes	Area will be condoned off to clearly identify area.
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	No	Pool and Gym on this area will be locked.
4. Is the area visible by the outside public?	No	Condoned off area is outside public view.
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	Condoned off area is outside hotel guest view.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	Guest will be escorted to level 3 by a security guard.
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		There is nothing to be touched by guests.
3. How will these be sanitised?		Nothing to be sanitized.
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>		Level 3 to be cleaned at the end of stay.
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	
Hotel General Manager: REDACTED	Security General Manager: REDACTED	

FRESH AIR AREA CHECKLIST

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager.

Hotel Name: _____ Crown Metropol

The identified and agreed exercise area for this venue is *known as* and *located at*:
(please provide specific detail)

_____ '28 Skybar' _level 28 CROWN METROPOL

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the FRESH AIR area within the hotel or external to the hotel?	Internal	Fresh area is located within the hotel on level 28
2. Is it easy to keep the traveler within the identified fresh air area?	Yes	Area is secure and traveler is isolated within
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	No	Area has high glass walls that would be difficult to climb over
4. Is the area visible by the outside public?	No	Restricted area is outside public view.
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	Restricted area is outside hotel guest view.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	Guest will be escorted to level 28 by a security guard and onsite nurse.
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		There is nothing to be touched by guests.
3. How will these be sanitised?		Nothing to be sanitized. (area to be left vacant for 2 days prior to cleaning)
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>		Level 28 to be fully cleaned at the end of each allocated stay.
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	REDACTED	SECURITY GENERAL REDACTED
Hotel General Manager: REDACTED	REDACTED	DJPR Site Manager: REDACTED
		Security General Manager: REDACTED

OFFICIAL

Operation Soteria

Compulsory Quarantine
for all Australian Arrivals
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State of Victoria

**EXERCISE AND FRESH AIR
IMPLEMENTATION PLAN**

Version 1: 15 April 2020

OFFICIAL

OFFICIAL**Objective**

Design and implement a plan that:

- Applies consistency across all hotel sites to help maintain management and a clear chain of command for any escalation issues
- Allows all quarantined travellers access to exercise and fresh air for supervised outdoor recreation breaks (where possible) as recognised in the Covid-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

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

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.

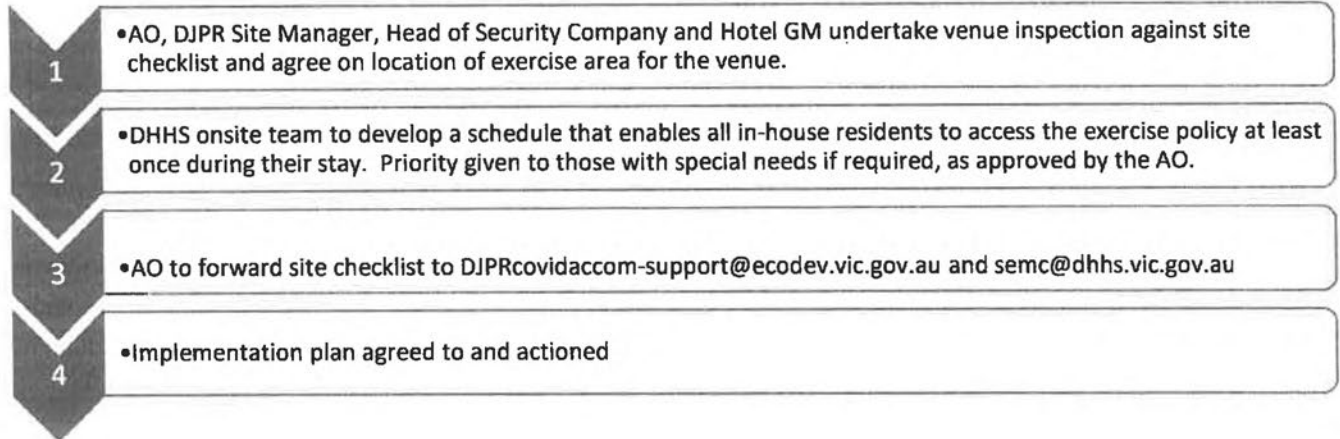
The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

OFFICIAL**FIRST STEPS****NUMBER OF TIMES A GUEST CAN ACCESS THIS SERVICE**

Where possible, it is the intent that all travelers are able to access the exercise area for a minimum of one opportunity per week.

Additional opportunities are at the discretion of the AO and subject to availability.

Children should have an exercise opportunity at least twice a week with strict oversight by a parent.

Visits above this number will depend on:

- The number of inhouse residents at a site.
- Wellbeing needs
- Mental health state (as monitored by the nurses)
- The ability to maintain a safe and sanitized exercise area during the course of implementing the exercise and fresh air plan.
- General compliance of the quarantined traveler
- Length of stay: i.e. the longer the stay, the higher the priority
- Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?

PERSONAL PROTECTION EQUIPMENT –**For travelers:**

The use of gloves and surgical masks by people going out to exercise is recommended, particularly as guests will be accompanied in lifts by security teams. Gloves and masks to be disposed of appropriately.

OFFICIAL**EXERCISE AREA CHECKLIST**

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager AO to send to completed version to: DJPRcovidacom-support@ecodev.vic.gov.au and semc@dhs.vic.gov.au

Hotel Name: Travelodge Southbank

The identified and agreed exercise area for this venue is *known as* and *located at*:

Entrance to the Eureka Towers next door to the Travelodge Hotel

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	yes	Between the hotel and Eureka Towers entrance
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	It is only a small area, so we have one person / room at a time
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	No	No car access, small isolated area, occasional on foot traffic, however security have been advised to caution the public within the area.
4. Is the area visible by the outside public?	Yes	People are able to walk past the area
5. Is the area also accessible by other members of the public (such as other hotel guests)?	Yes	To the general public, this is not a working hotel. We only have quarantined guests.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	We only have one room at a time as we do not have the space for more multiple fresh air breaks.
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		They are escorted by a security guard, who push the buttons and open doors. Minimal surfaces are touched. Each guest is asked to wear gloves and masks each time.
3. How will these be sanitised?		Hotel cleaner, sanitise' s the lifts and the general public area.
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>		This is completed for lifts 3 times daily and general public area once a day.
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
<p>This area is just outside the front door. Is visible from inside the hotel and other security details. It is the closest area that minimal public foot traffic can occur.</p>		

OFFICIAL

Endorsed by the: (REDACTED)	
Authorised Officer:	DJPR Site Manager: 
Hotel General Manager: (REDACTED)	Security General Manager: (REDACTED)

EXERCISE AREA CHECKLIST

To be completed by the Site AD, DUHR Site Manager, Hotel General Manager and Security General Manager. ADs need to complete report to: duhr@pdx.com or supplies@pdx.com and send to the site AD.

Hotel Name: Holiday Inn, McRobb's Airport

This identified and agreed exercise area for this venue is known as and located at:

RISTORANTE COURTYARD

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?		within the hotel grounds
2. Is it easy to keep the exercising traveller within the identified exercise area?	YES	
3. Are there any hazards within the area? in, pool / heights / traffic Areas must be safe for children	NO	
4. Is the area visible by the outside public?	NO	
5. Is the area also accessible by other members of the public (such as other hotel guests)?	NO	
INFECTION CONTROL MEASURES		
1. Will lifts be used?	NO	reception for people unable to walk
2. What type of surfaces are likely to be touched by travellers / staff in undertaking this task?		Concrete & TIMBER SEATS
3. How will these be sanitised?		SPRAYS
4. How often will these be sanitised? (Daily, weekly etc) To minimize the risk of cross contamination, touchpoint areas must be sanitised between each use		AFTER EACH ROUND OF EXERCISE

IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED

Endorsed by the: (please print name)

Authorised Officer:

Hotel General Manager

DUPR Site Manager

Security General Manager

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

Operation Soteria

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State of Victoria

EXERCISE AND FRESH AIR IMPLEMENTATION PLAN

Version 1: 15 April 2020

Objective

Design and implement a plan that:

- Applies consistency across all hotel sites to help maintain management and a clear chain of command for any escalation issues
- Allows all quarantined travellers access to exercise and fresh air for supervised outdoor recreation breaks (where possible) as recognised in the Covid-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

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

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:

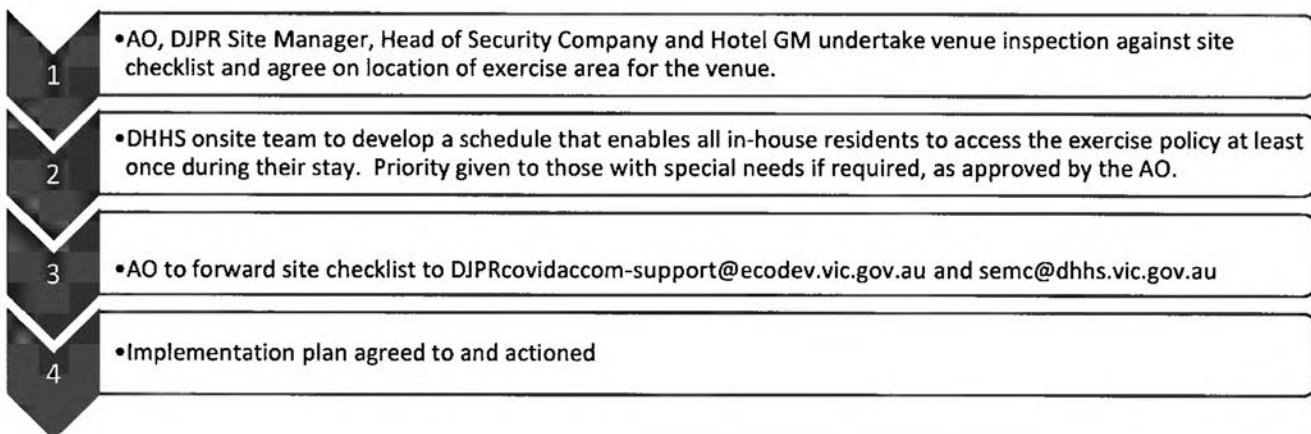
- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

FIRST STEPS



NUMBER OF TIMES A GUEST CAN ACCESS THIS SERVICE

Where possible, it is the intent that all travelers are able to access the exercise area for a minimum of one opportunity per week.

Additional opportunities are at the discretion of the AO and subject to availability.

Children should have an exercise opportunity at least twice a week with strict oversight by a parent.

Visits above this number will depend on:

- The number of inhouse residents at a site.
- Wellbeing needs
- Mental health state (as monitored by the nurses)
- The ability to maintain a safe and sanitized exercise area during the course of implementing the exercise and fresh air plan.
- General compliance of the quarantined traveler
- Length of stay: i.e. the longer the stay, the higher the priority
- Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?

PERSONAL PROTECTION EQUIPMENT –

For travelers:

The use of gloves and surgical masks by people going out to exercise is recommended, particularly as guests will be accompanied in lifts by security teams. Gloves and masks to be disposed of appropriately.

EXERCISE AREA CHECKLIST

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidacom-support@ecodev.vic.gov.au and semc@dhhs.vic.gov.au

Hotel Name: CROWNE PLAZA MELBOURNE

The identified and agreed exercise area for this venue is known as and located at:
(please provide specific detail)

Undercroft of guest tower.

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	Yes	
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	No	
4. Is the area visible by the outside public?	No	
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	No other guests in the hotel.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Y	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		Escalator rails.
3. How will these be sanitised?		Oxivir wipes recommended
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>		Oxivir wipedowns at 9.00am, Noon, 3.00pm, 6.00pm + 9.00pm.
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Sufficiently concealed by fencing.		
REDACTED		
REDACTED		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	REDACTED
Hotel General Manager: REDACTED	Security General Manager: REDACTED	REDACTED

OFFICIAL

Operation Soteria

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**EXERCISE AND FRESH AIR
IMPLEMENTATION PLAN**

Version 1: 15 April 2020

OFFICIAL

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Design and implement a plan that:

- Applies consistency across all hotel sites to help maintain management and a clear chain of command for any escalation issues
- Allows all quarantined travellers access to exercise and fresh air for supervised outdoor recreation breaks (where possible) as recognised in the Covid-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

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

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.

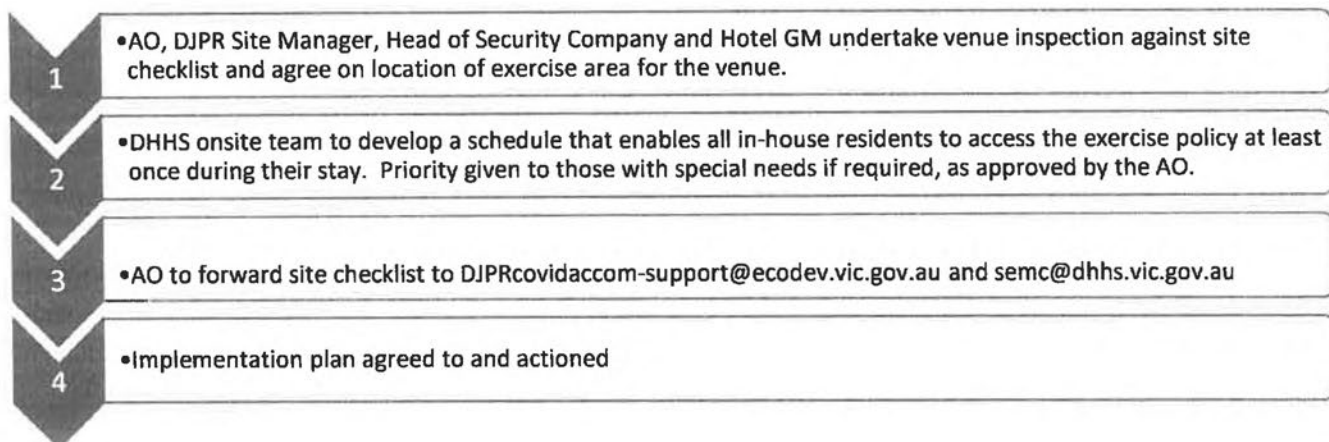
The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

OFFICIAL**FIRST STEPS****NUMBER OF TIMES A GUEST CAN ACCESS THIS SERVICE**

Where possible, it is the intent that all travelers are able to access the exercise area for a minimum of one opportunity per week.

Additional opportunities are at the discretion of the AO and subject to availability.

Children should have an exercise opportunity at least twice a week with strict oversight by a parent.

Visits above this number will depend on:

- The number of inhouse residents at a site.
- Wellbeing needs
- Mental health state (as monitored by the nurses)
- The ability to maintain a safe and sanitized exercise area during the course of implementing the exercise and fresh air plan.
- General compliance of the quarantined traveler
- Length of stay: i.e. the longer the stay, the higher the priority
- Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?

PERSONAL PROTECTION EQUIPMENT –**For travelers:**

The use of gloves and surgical masks by people going out to exercise is recommended, particularly as guests will be accompanied in lifts by security teams. Gloves and masks to be disposed of appropriately.

OFFICIAL**EXERCISE AREA CHECKLIST**

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidacom-support@ecodev.vic.gov.au and semc@dhs.vic.gov.au

Hotel Name: Travelodge Southbank

The identified and agreed exercise area for this venue is *known as* and *located at*:

Entrance to the Eureka Towers next door to the Travelodge Hotel

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	yes	Between the hotel and Eureka Towers entrance
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	It is only a small area, so we have one person / room at a time
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	No	No car access, small isolated area, occasional on foot traffic, however security have been advised to caution the public within the area.
4. Is the area visible by the outside public?	Yes	People are able to walk past the area
5. Is the area also accessible by other members of the public (such as other hotel guests)?	Yes	To the general public, this is not a working hotel. We only have quarantined guests.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	We only have one room at a time as we do not have the space for more multiple fresh air breaks.
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		They are escorted by a security guard, who push the buttons and open doors. Minimal surfaces are touched. Each guest is asked to wear gloves and masks each time.
3. How will these be sanitised?		Hotel cleaner, sanitise' s the lifts and the general public area.
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>		This is completed for lifts 3 times daily and general public area once a day.
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
<p>This area is just outside the front door. Is visible from inside the hotel and other security details. It is the closest area that minimal public foot traffic can occur.</p>		

OFFICIAL

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Endorsed by the: (please print name)	
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED
Hotel General Manager REDACTED	Security General Manager REDACTED

OFFICIAL

Operation Soteria

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

**EXERCISE AND FRESH AIR
IMPLEMENTATION PLAN**

Version 1: 15 April 2020

OFFICIAL

OFFICIAL**Objective**

Design and implement a plan that:

- Applies consistency across all hotel sites to help maintain management and a clear chain of command for any escalation issues
- Allows all quarantined travellers access to exercise and fresh air for supervised outdoor recreation breaks (where possible) as recognised in the Covid-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

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

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.

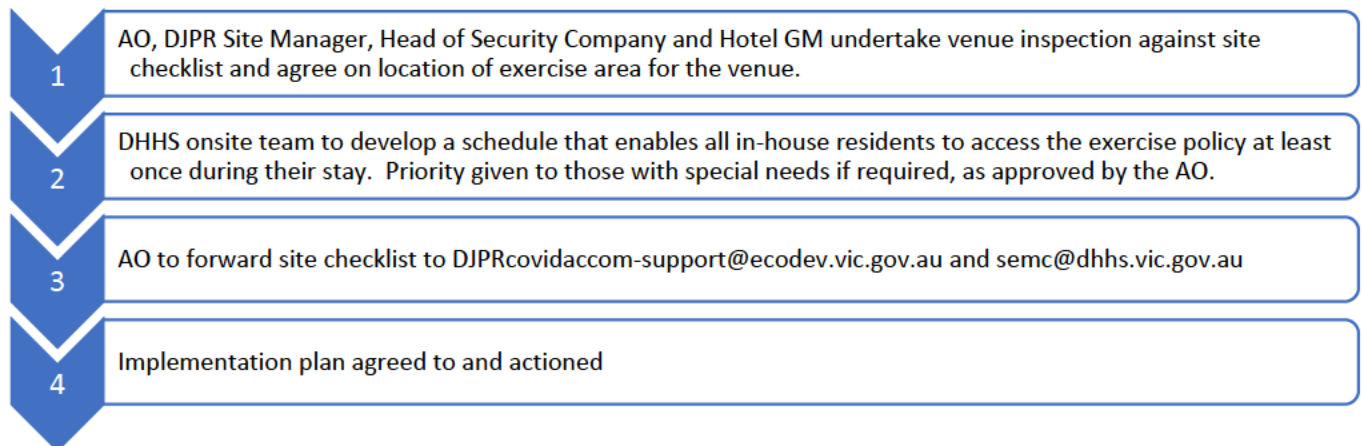
The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

OFFICIAL**FIRST STEPS****NUMBER OF TIMES A GUEST CAN ACCESS THIS SERVICE**

Where possible, it is the intent that all travelers are able to access the exercise area for a minimum of one opportunity per week.

Additional opportunities are at the discretion of the AO and subject to availability.

Children should have an exercise opportunity at least twice a week with strict oversight by a parent.

Visits above this number will depend on:

- The number of inhouse residents at a site.
- Wellbeing needs
- Mental health state (as monitored by the nurses)
- The ability to maintain a safe and sanitized exercise area during the course of implementing the exercise and fresh air plan.
- General compliance of the quarantined traveler
- Length of stay: i.e. the longer the stay, the higher the priority
- Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?

PERSONAL PROTECTION EQUIPMENT –**For travelers:**

The use of gloves and surgical masks by people going out to exercise is recommended, particularly as guests will be accompanied in lifts by security teams. Gloves and masks to be disposed of appropriately.

OFFICIAL**EXERCISE AREA CHECKLIST**

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhhs.vic.gov.au

Hotel Name: The Holiday Inn Flinders Lane

The identified and agreed exercise area for this venue is *known as* and *located at*:
(please provide specific detail)

Level 1 Courtyard within hotel. Walking area is enclosed. Also portion of the area is designated for smoking area

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	Yes	Within the hotel
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	Yes	Pool (which is fenced off)
4. Is the area visible by the outside public?	No	Can only be viewed by tradesmen who work next door
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	There is no other hotel guests apart from the guests in detention
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		The buttons of the lifts, poles on the outside.
3. How will these be sanitised?	No	As the guests are wearing gloves and masks
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>	N/A	They are not sanitised
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	
Hotel General Manager: REDACTED	Security General Manager: REDACTED	(Unified Security)

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OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #1**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
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30 MIN BREAK				
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18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #2**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
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14:00 – 14:30				
14:30 – 15:00				
15:00 – 15:30				
15:30 – 16:00				
30 MIN BREAK				
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18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #3**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
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30 MIN BREAK				
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15:30 – 16:00				
30 MIN BREAK				
16:30 – 17:00				
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18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

EXERCISE AREA CHECKLIST

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhs.vic.gov.au

Hotel Name: The Marriott

The identified and agreed exercise area for this venue is known as and located at:
(please provide specific detail)

Room ~~109~~ 109 Courtyard Room Room 109 Has courtyard

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	Yes	internal courtyard, accessed via hotel room.
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	No	pool is in adjacent courtyard.
4. Is the area visible by the outside public?	No	
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	1 st floor balcony.
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?	Yes	Internal / external door
3. How will these be sanitised?	Yes	1. regular internal cleaning. + common services
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>	1. 2.	1. cleaning of the surfaces after each use. 2. No cleaning of hotel room
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Endorsed by the: (please print name)	REDACTED	DJPR Site Manager
Authorised Officer:	REDACTED	REDACTED
Hotel General Manager	REDACTED	Security General Manager
		REDACTED

OFFICIAL

Operation Soteria

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

**EXERCISE AND FRESH AIR
IMPLEMENTATION PLAN**

Version 1: 15 April 2020

OFFICIAL

OFFICIAL**Objective**

Design and implement a plan that:

- Applies consistency across all hotel sites to help maintain management and a clear chain of command for any escalation issues
- Allows all quarantined travellers access to exercise and fresh air for supervised outdoor recreation breaks (where possible) as recognised in the Covid-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

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

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.

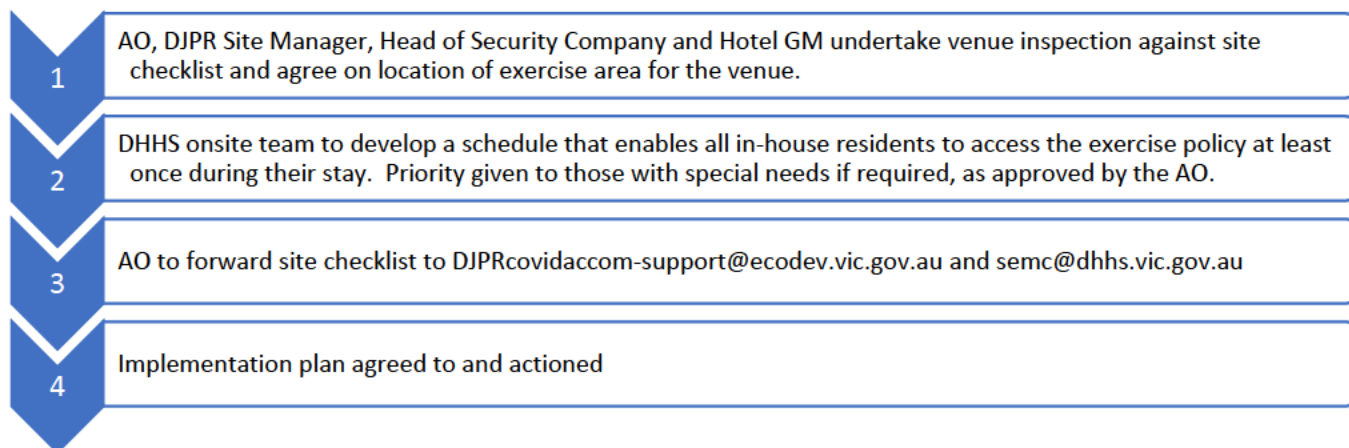
The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask); (supplies to be provided by DHHS)
- Perform hand hygiene with alcohol-based handrub as they leave; (supplies to be provided by DHHS)
- Be reminded to not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask; (supplies to be provided by DHHS)
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;
- Ensure no more than 3 people in a lift at any one time (including the security guard)
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water following the return of the person to their room.

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.

OFFICIAL**FIRST STEPS****NUMBER OF TIMES A GUEST CAN ACCESS THIS SERVICE**

Where possible, it is the intent that all travelers are able to access the exercise area for a minimum of one opportunity per week.

Additional opportunities are at the discretion of the AO and subject to availability.

Children should have an exercise opportunity at least twice a week with strict oversight by a parent.

Visits above this number will depend on:

- The number of inhouse residents at a site.
- Wellbeing needs
- Mental health state (as monitored by the nurses)
- The ability to maintain a safe and sanitized exercise area during the course of implementing the exercise and fresh air plan.
- General compliance of the quarantined traveler
- Length of stay: i.e. the longer the stay, the higher the priority
- Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?

PERSONAL PROTECTION EQUIPMENT –**For travelers:**

The use of gloves and surgical masks by people going out to exercise is recommended, particularly as guests will be accompanied in lifts by security teams. Gloves and masks to be disposed of appropriately.

OFFICIAL**EXERCISE AREA CHECKLIST**

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhhs.vic.gov.au

Hotel Name: Novotel Collins

The identified and agreed exercise area for this venue is *known as* and *located at*:

Level 7 Atrium within hotel. Walking area comprises approx. 40-50 metres of walkway. Wall on one side of walkway, railing on the other.

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	Yes	Within the hotel.
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	Yes	Heights.
4. Is the area visible by the outside public?	No	
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?	Lift, railings, walls	The buttons of the lifts, poles on the outside.
3. How will these be sanitised?	Standard process	As the guests are wearing gloves and masks
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>	Daily	
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	
Hotel General Manager: REDACTED	Security General Manager: REDACTED (Unified Security)	

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OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #1**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
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18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #2**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
13:00 – 13:30				
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18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

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OFFICIAL**SCHEDULE TO ENABLE ACCESS TO EXERCISE AREA**

(to be completed by onsite DHHS Team Leader)

Hotel Name:**Date:****Security Escort #3**

Time	Room Number	Number of people	Wellbeing considerations (AO)	Comments from security escort (Security)
08:00 – 08:30				
08:30 – 09:00				
09:00 – 09:30				
09:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00				
30 MIN BREAK				
12:30 – 13:00				
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18:30				
18:30 – 19:00				
19:00 – 19:30				
19:30 – 20:00				

EXERCISE AREA CHECKLIST

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhs.vic.gov.au

Hotel Name: Pan Pacific Hotel

The identified and agreed exercise area for this venue is known as and located at:
(please provide specific detail)

Loop out the front of Pan Pacific Hotel

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	External	Enclosed loop out the front of Hotel.
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	Security at each entry point
3. Are there any hazards within the area? ie, pool / heights / traffic Areas must be safe for children.	Traffic	but traffic restricted with security doing traffic control
4. Is the area visible by the outside public?	Yes	Minimal outside view, done enclosed area.
5. Is the area also accessible by other members of the public (such as other hotel guests)?	Yes	Security deterring MOP's from area.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	Facilitated by security
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?	Tables Bollards	These are outside only and will be cleaned.
3. How will these be sanitised?	Yes	Sanitised by cleaning staff.
4. How often will these be sanitised? (Daily, weekly etc) To minimize the risk of cross contamination, touched areas must be sanitized between each use	2 times daily	4 walking groups per day 2 twice daily cleaning
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
AO Endorsed enclosed area in front of Hotel, easy to monitor and restrict unauthorized access. Large mostly unobscured area, limited view from public. Traffic can be easily restricted not on main road.		
Endorsed by the: (please print name)		
Authorised Officer: <u>REDACTED</u>	DJPR Site Manager: <u>REDACTED</u>	
Hotel General Manager: <u>REDACTED</u>	Security General Manager: <u>REDACTED</u>	

OFFICIAL**EXERCISE AREA CHECKLIST**

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhhs.vic.gov.au

Hotel Name: Parkroyal Melbourne Airport

The identified and agreed exercise area for this venue is known as and located at:
(please provide specific detail)

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	yes	External / Car park level 2.
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	We have 6x Guards
3. Are there any hazards within the area? ie, pool / heights / traffic. Areas must be safe for children.	No	No car access, small isolated area, occasional on foot traffic, however security have been advised
4. Is the area visible by the outside public?	Yes	
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	We do have cars coming in the carpark
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	gets clean everytime
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		lifts
3. How will these be sanitised?		
4. How often will these be sanitised? (Daily, weekly etc) To minimize the risk of cross contamination, touched areas must be sanitized between each use		Daily x 4 times
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
This was endorsed by Airport management We wanted to use the carpark on level 2 or 3 as its undercover. This also has been approved for use only when it rains.		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED		DJPR Site Manager: REDACTED
Hotel General Manager:		Security General Manager: REDACTED

OFFICIAL

OFFICIAL**EXERCISE AREA CHECKLIST**

01 MAY 2020

Hotel Name: Rydges on Swanston

The identified and agreed exercise area for this venue is *known as* and *located at*:

Level 4 of hotel

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	Internal to the hotel on fourth floor	Comprising both a large indoor space floor (more suited to families with children) and an outdoor pool and decking space for compliant adults
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	No	The outdoor space has a pool and decking area that is within the pool fence. This area is unsuitable for children.
4. Is the area visible by the outside public?	No	
5. Is the area also accessible by other members of the public (such as other hotel guests)?	No	
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?	<ul style="list-style-type: none"> • Lift buttons • Door handles • Possibly metal railings • Pool fence latch • Wooden window sill 	
3. How will these be sanitised?	As per DHHS fact sheet	Cleaning and disinfecting to reduce COVID-19 transmission - tips for non-healthcare settings guide https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>	Touched areas must be sanitized between each use	
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
N/A		
Endorsed by the: (please print name)		
Authorized Officer: REDACTED	DJPR Site Manager:	<i>not applicable at this hotel.</i>
Hotel General Manager: REDACTED	Security General Manager:	REDACTED

OFFICIAL

EXERCISE AREA CHECKLIST

To be completed by the Site AO, DJPR Site Manager, Hotel General Manager and Security General Manager. AO to send to completed version to: DJPRcovidaccom-support@ecodev.vic.gov.au and semc@dhhs.vic.gov.au

Hotel Name: **Stamford Plaza Hotel – 111 Little Collins Street, Melbourne VIC 3000**

The identified and agreed exercise area for this venue is *known as and located at*: **Laneway adjacent to Stamford Plaza Hotel - Alfred Place, Melbourne VIC 3000**

IDENTIFICATION OF THE EXERCISE AREA	Answer	Comments
1. Is the exercise area within the hotel or external to the hotel?	Yes	No internal areas available. Advised by Hotel Duty Manager on 01/05/20.
2. Is it easy to keep the exercising traveler within the identified exercise area?	Yes	During the day 6x security personnel stationed throughout the laneway, including both ends. 3x security personnel available overnight, each equipped with reflective vests and torches.
3. Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>	Yes - occasional	Limited vehicle access for occasional deliveries, occasional foot traffic, exposed to elements
4. Is the area visible by the outside public?	Yes	Public laneway between Collins and Little Collins Sts
5. Is the area also accessible by other members of the public (such as other hotel guests)?	Yes	Members of the public and hotel staff may access this area as it is located between the two towers of the hotel.
INFECTION CONTROL MEASURES		
1. Will lifts be used?	Yes	
2. What type of surfaces are likely to be touched by travelers / staff in undertaking this task?		Travelers – nil Staff – lift access buttons, door handles
3. How will these be sanitised?		Cleaned with cleaning products by hotel cleaners
4. How often will these be sanitised? (Daily, weekly etc) <i>To minimize the risk of cross contamination, touched areas must be sanitized between each use</i>		Start of shift, end of shift and multiple times in between as required
IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED		
<p>No alternative internal exercise areas identified.</p> <p>Agreed side of walkway for hotel guests is on the eastern side of the walkway in Alfred Pl, this is consistent with hotel guests using only one set of lifts to access the eastern ground floor. If hotel guests are located on the western towers, security personnel will escort hotel guests to the level 2 walkway between the towers, where they will then enter the eastern lift lobby.</p> <p>Members of the public travelling along Alfred Pl will be directed by security guards to keep to the walkway on the western side of Alfred Pl.</p> <p>Between 11pm and 11am, a traffic bollard is retracted, meaning that traffic is able to pass through the walkway one-way, however from 11am onwards, this traffic bollard is in place, meaning that no further traffic is able to pass through from Little Collins St.</p> <p>Agreed time period for walks are in 15 minute time slots from 10am to 6pm. This allows time to collect guests, complete 10 minute walk outside and time to return the guests to their room.</p>		
Endorsed by the: (please print name)		
Authorised Officer: REDACTED	DJPR Site Manager: REDACTED	
Hotel General Manager: Karl Unterfrauner	Security General Manager: REDACTED	

OPERATION SOTERIA

Exercise Protocol - Rydges Hotel

Approved

Date: 12 May 2020 By: Merrin Bamert

Version 1.1

Objective

To safely provide fresh air and exercise to all guests at Rydges Hotel who are not symptomatic.

Considerations

- The health and safety of nurses, hotel staff, security staff, authorised officers and DHHS staff is our number one priority.
- The majority of guests at Rydges are diagnosed positive for COVID-19.
- The roof top exercise area has a pool that has been temporarily fenced, with no swimming allowed.
- Children can only be exercised in the indoor open area to the right of the lift.
- Guests will not be permitted to smoke during the exercise session.
- Exercise sessions are for a minimum of 15 minutes and can be extended on the recommendation of the mental health nurse.
- The lift is cleaned after every exercise session.
- Guests are informed they are not permitted to touch any surfaces during the exercise session.
- The hotel disinfects the exercise area at the end of every exercise session.
- Guests who have been tested negative are always scheduled before positive tested guests exercise sessions (Guests who have refused to be tested will be considered positive).
- Risks assessment of guest(s) must be undertaken before guest(s) are allowed to exercise, if there are any concerns regarding the safety or security of staff the guest will not be allowed to exercise.
- Guests must wear gloves and surgical masks during the exercise session.

Process

- Anyone requiring an exercise session are to contact the DHHS Team Leader to request a time.
- DHHS confirms with the nurse that the person is not symptomatic.
- A time is scheduled, and the team leader informs guest of the exercise time.
- Team Leader informs security, nurses and mental health nurse of the exercise session (time, number of people, how many children and any other issues related to guests).
- A nurse requests security to distance themselves during escort from guests' room to the lift.
- The nurse(s) in full PPE escorts guest(s) in lift to level 4.
- Three security guards with PPE meet the guest(s) whilst distancing themselves on level 4.
- A total of three security guards and one nurse will monitor guests during exercise session.
- At the end of the exercise session guest(s) are escorted to their room by nurse.

Rydges Hotel Exercise Procedure

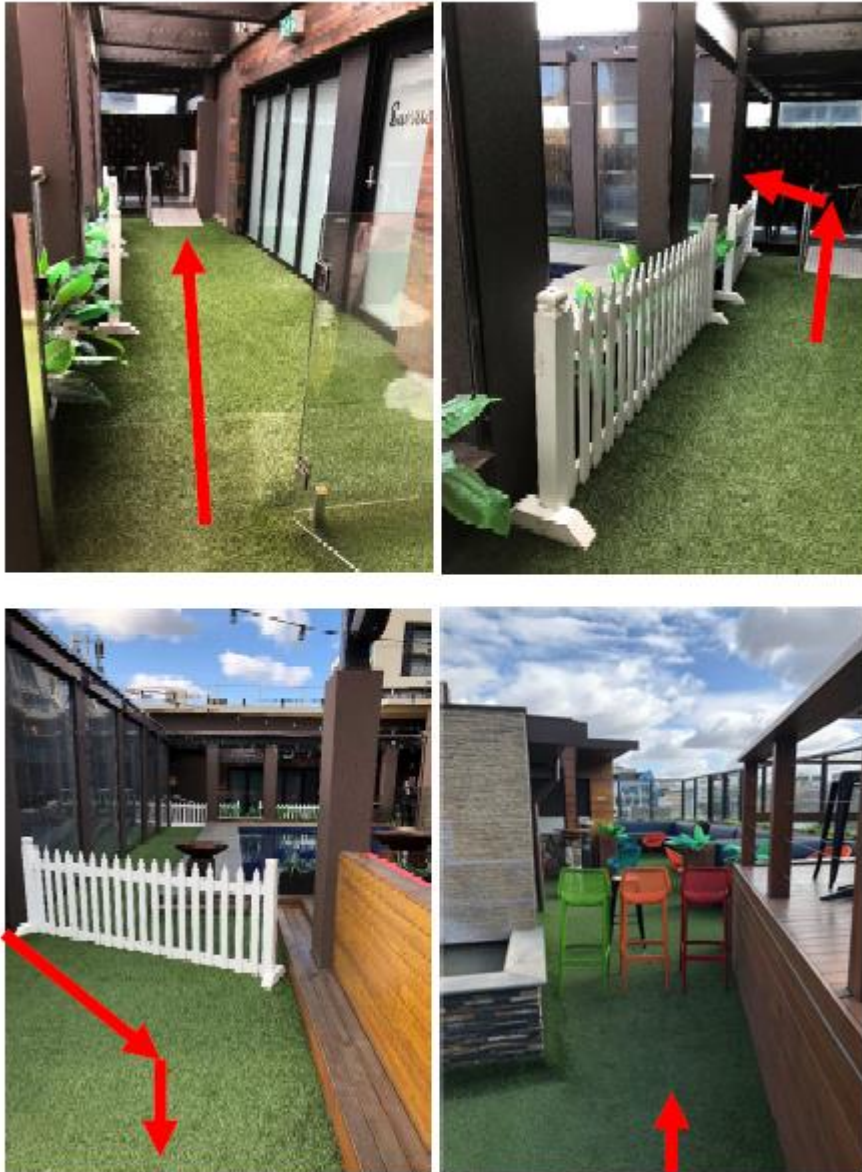
Endorsement			
Sign			
Print Name			
Date			
Position			
Department			

Rydges Hotel Exercise Procedure

Photos of the exercise area.

Escorted Guest(s) will be taken through the enclosed area which will bypass the pool and come out in the Exercise area.

Guards are stationed at entrance, exits, passage along the pool area (advised guard placement near pool to ensure guests are unable to swim)



Cleaning and disinfecting to reduce COVID-19 transmission

Tips for non-healthcare settings
20 March 2020

Purpose

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

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

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

How COVID-19 is transmitted

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

Cleaning and disinfection

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

Importance of cleaning your hands regularly

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

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

Cleaning and disinfection

Routine cleaning and disinfection

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

What to clean and disinfect and when

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

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

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

How to clean and disinfect

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

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

Cleaning and disinfection of items that cannot withstand bleach

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

Use of personal protective equipment (PPE) when cleaning

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

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

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

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

Choice, preparation and use of disinfectants

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

Chlorine dilutions calculator

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

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

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

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

Management of linen, crockery and cutlery

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

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

Reducing the risk of transmission in social contact settings

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

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

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

Vehicle air-conditioning should be set to fresh air





Department of Jobs, Precincts and Regions

Agreement for Professional Services

Cleaning Services at Hotel Quarantine Sites

THE STATE OF VICTORIA

as represented by its

DEPARTMENT OF JOBS, PRECINCTS AND REGIONS

AND

IKON SERVICES AUSTRALIA PTY LTD



Department of Jobs, Training and Regions
Agreement for Professional Services

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TABLE OF CONTENTS

PARTS OF THIS AGREEMENT	4
PARTIES	4
BACKGROUND	4
TERMS AND CONDITIONS.....	4
1. DEFINITIONS AND INTERPRETATION	4
2. SERVICES	8
3. TERM.....	8
4. Scope and approval of Services.....	8
5. PAYMENT.....	9
6. Equipment.....	11
7. Service Provider Personnel training	11
8. Replacement of Service Provider Personnel.....	11
9. Business continuity plan	12
10. Drug and alcohol testing	12
11. REPRESENTATIVES	12
12. REVIEW AND CONSULTATION.....	13
13. PERSONAL SERVICES	13
14. CONFLICT OF INTEREST.....	13
15. CONFIDENTIALITY.....	14
16. INTELLECTUAL PROPERTY AND MORAL RIGHTS.....	16
17. NEGATION OF EMPLOYMENT.....	16
18. INDEMNITY AND RELEASE	17
19. RECORDS	17
20. COMPLIANCE WITH LAWS AND POLICIES	18
21. PRIVACY AND DATA PROTECTION.....	18
22. SUPPLIER CODE OF CONDUCT.....	19
23. TERMINATION FOR CONVENIENCE	19
24. TERMINATION FOR BREACH	20
25. DISPUTE	21
26. SUBCONTRACTORS.....	22
27. INSURANCE	22
28. NOTICES.....	23
29. GENERAL	23
EXECUTION AND DATE
SCHEDULE 1 – AGREEMENT DETAILS
SCHEDULE 2 – SERVICES
SCHEDULE 3 – PAYMENT TERMS
ANNEXURE A – SERVICES BRIEF.....

PARTS OF THIS AGREEMENT

This Agreement is made up of the following parts:

- Terms and Conditions
- Schedule 1- Agreement Details
- Schedule 2- Services
- Schedule 3- Payment Terms
- Annexure A- Services Brief

PARTIES

This Agreement is made between and binds the following parties:

The Crown in right of the State of Victoria (**State**) as represented by its Department of Jobs, Precincts and Regions (**Department**).

AND

The service provider as described in Schedule 1 (Agreement Details) to this Agreement (**Service Provider**).

BACKGROUND

- A. The Service Provider, at the request of the Department, has agreed to provide the Services to the Department.
- B. The Department has agreed to engage the Service Provider to provide the Services subject to the terms of this Agreement.
- C. This Agreement is legally binding upon the Service Provider and the Department.

TERMS AND CONDITIONS

1. DEFINITIONS AND INTERPRETATION

1.1 Definitions

In this Agreement, unless the context requires otherwise:

Agreement means this agreement and include the schedules and any annexures to it or documents incorporated by reference;

Code of Practice means a code of practice as defined in, and approved under, the Privacy and Data Protection Act 2014 (Vic);

Commencement Date means the date, if any, set out in Schedule 1 (Agreement Details);

Completion Date means the date set out in Schedule 1 (Agreement Details) as may be extended by the Department under clause 3;

Contract Intellectual Property means any and all Intellectual Property Rights incorporated or comprised in any materials created by or on behalf of the Service Provider in the course of providing the Services but does not include the Service Provider's internal working documents;

Contract Publishing System means the system of the Victorian Government for publication of details of contracts entered into by Victorian Government departments, bodies and agencies, including any replacement or amended system;

Data means all data, information, text, drawings, statistics, analysis, datasets or databases and other materials embodied in any form which is:

- (a) supplied by or on behalf of the Department in connection with this Agreement (**Input Data**); or
- (b) generated, placed, stored, processed, retrieved, printed, accessed or produced utilising the Input Data, the Services, or the deliverables;

Department's Representative means the person set out in Schedule 1 (Agreement Details) or the person from time to time acting in his or her position or nominee in his or her absence as the representative of the Department for the purposes of this Agreement;

Fees means the moneys to be paid to the Service Provider in consideration for performance of the Services as designated in Schedule 3 (Payment Terms);

GST means any tax imposed under the GST Law and includes GST within the meaning of the *GST Act*;

GST Act means the *A New Tax System (Goods and Services Tax) Act 1999* (Commonwealth) as amended;

GST Law means the GST Law as defined in the *GST Act* and includes any Act of the Parliament of Australia that imposes or deals with GST;

Health Privacy Principles means the principles so identified and set out in the *Health Records Act 2001* (Vic);

IBAC means the commission established under the *Independent Broad-based Anti-corruption Commission Act 2011* (Vic) and includes any other organisation that may, from time to time, perform the functions of the commission;

Information Privacy Principles means the principles so identified and set out in the *Privacy and Data Protection Act 2014* (Vic);

Intellectual Property Rights includes all present and future copyright and neighbouring rights, all proprietary rights in relation to inventions (including patents), registered and unregistered trademarks, confidential information (including trade secrets and know how), registered designs, circuit layouts, and all other proprietary rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields;

Laws means:

- (a) the law in force in the State and the Commonwealth of Australia, including common law, legislation and subordinate legislation; and
- (b) ordinances, regulations and by-laws of relevant government, semi-government or local authorities;

Personnel of a party includes the officers, employees, agents, contractors and sub-contractors of that party;

Protective Data Security Standard means any standard issued under Part 4 of the Privacy and Data Protection Act 2014 (Vic);

Pre-Existing Intellectual Property means any and all Intellectual Property Rights in any works, items or systems which are the property of the Service Provider and which existed in substantially the same form and with substantially the same contents prior to the commencement of the provision of the Services;

Report means a report detailing any information reasonably required by the Department, in the form set out in Schedule 2 to this Agreement, or as otherwise directed by the Department;

Required Insurances means each of the insurances, if any, described in Schedule 1 (Agreement Details);

Scope means the number of rooms that will be cleaned, in accordance with this Agreement, at each Site;

Site means a location where the Services will be performed, as notified by the Department;

Services means the services described in Schedule 2 (Services);

Service Provider's Representative means the person set out in Schedule 1 (Agreement Details) as the representative of the Service Provider for the purposes of this Agreement;

Supplier Code of Conduct means the Code of Conduct issued by the Victorian Government for suppliers providing goods or services to the Victorian Government (as amended from time to time);

Tax Invoice has the same meaning as in the *GST Act*;

Term means period from the Commencement Date until the Completion Date as may be extended by the Department under clause 3;

Victorian Public Entity means:

- (a) a public sector body as defined in section 4 of the *Public Administration Act 2004* (Vic);
- (b) a statutory corporation, a State owned company, a State body or a State business corporation as those terms are defined in the *State Owned Enterprises Act 1992* (Vic);
- (c) a "Council" as defined in the *Local Government Act 1989* (Vic); or
- (d) an entity which receives the majority of its funding from any of the entities listed in paragraphs (a) to (c) or any entity under the control of any of the entities listed in paragraphs (a) to (c); and

VPSC Code of Conduct means the Code of Conduct for Victorian Public Sector Employees 2015, unless the Services are services of a kind usually provided by directors of Victorian Public Entities, in which case it means the Code of Conduct for Directors of Victorian Public Entities 2016 (each as issued by the Victorian Public Sector Commission pursuant to section 61 of the *Public Administration Act 2004* (Vic) and as amended or replaced from time to time.)

1.2 Interpretation

REDACTED

In this Agreement, unless the context requires otherwise:

- (a) words denoting the singular include the plural and vice versa;
- (b) words denoting one gender (including neutral pronouns) include the others;
- (c) "dollars" or "\$" is a reference to the lawful currency of Australia;
- (d) the words "include", "includes" or "including" are to be read as if followed by the words "without limitation";
- (e) words denoting persons include a partnership and a body whether corporate or otherwise;
- (f) references to a recital, clause, schedule or annexure is a reference to a recital, clause, schedule or annexure to this Agreement;
- (g) a cross-reference to a clause number is a reference to all its sub-clauses;
- (h) the annexures and schedules to this Agreement and any documents included by reference in this Agreement must be incorporated into and be read and construed as part of this Agreement;
- (i) if a word is defined, other parts of speech and grammatical forms have corresponding meanings;
- (j) "document" has the same meaning as given in the *Evidence Act 1958* (Vic) as amended from time to time;
- (k) references to a party to this Agreement includes the executors, administrators, successors and permitted assigns of that party;
- (l) if a party to this Agreement consists of more than one person those persons must be jointly and severally bound under this Agreement;
- (m) any remedy, power or entitlement given to the Department in any clause of this Agreement is in addition to any remedy, power or entitlement which the Department may have under any other clause or clauses of this Agreement or under any Law;
- (n) clause headings are for convenience of reference only and have no effect in limiting or extending the language of the provisions to which they refer;
- (o) in the interpretation of these terms, no rule of construction will apply to a clause to the disadvantage a party because that party put forward the clause or any part of that clause or would otherwise benefit from it; and
- (p) any ambiguity or inconsistency in the documents comprising this Agreement must be referred to the Department's Representative who will determine the interpretation that prevails.

1.3 Precedence of documents

To the extent of any inconsistency, the documents comprising this Agreement must be read in the following order of precedence:

- (a) these terms and conditions;
- (b) Schedule 1 (Agreement Details);
- (c) Schedule 2 (Services);
- (d) Schedule 3 (Payment Terms);

REDACTED

- (e) Annexure A (Services Brief); and
- (f) the remaining Schedules and Annexures to this Agreement.

2. SERVICES

- 2.1 The Service Provider must provide the Services to the Department on a non-exclusive basis, in accordance with the terms of this Agreement and any reasonable directions given by the Department from time to time.
- 2.2 In performing its obligations under this Agreement, the Service Provider must:
- (a) provide the Services in a timely and efficient manner exercising due care, skill and judgement and at all times act in accordance with professional principles and the standards of a competent professional provider of services similar to the Services;
 - (b) promptly notify the Department as soon as it becomes aware of any delay or possible delay in providing the Services in accordance with this Agreement;
 - (c) ensure that the Services are adequate and suitable for the purposes for which they are required; and
 - (d) use appropriately skilled and qualified Personnel to provide the Services.

3. TERM

- 3.1 Subject to the provisions of this Agreement the Service Provider must:
- (a) commence the Services by the Commencement Date and complete the Services by the Completion Date; and
 - (b) submit all reports and complete the particular tasks which constitute part of the Services on or before any dates specified in this Agreement for submission of reports or completion of tasks.
- 3.2 The Department may, in its absolute discretion, extend the dates for the submission of reports or the completion of tasks.
- 3.3 The Department may in its absolute discretion, by notice in writing to the Service Provider, extend the Completion Date.
- 3.4 Unless otherwise agreed in writing by the Department, an extension to the dates for submission of reports or the completion of tasks, or the Completion Date under this clause 3 will not entitle the Service Provider to claim an adjustment to the Fees or relieve the Service Provider of its obligations under this Agreement.

4. Scope and approval of Services

- 4.1 Prior to the Service Provider delivering the Services at any particular Site, the Department must approve in writing the Scope of Services for that Site.

REDACTED

- 4.2 The Department may at any time increase or decrease the Scope of the Services at its absolute discretion and any changes in Scope proposed by the Service Provider must be preapproved by the Department in writing.
- 4.3 The Department will only pay for Services that it has approved in accordance with clauses 4.1 and 4.2.
- 4.4 The Service Provider must provide a Report to the Department in relation to the Services provided at each Site whenever there is a change in Scope and as and when requested by the Department.

5. PAYMENT

- 5.1 In consideration of the performance by the Service Provider of its obligations arising under this Agreement, and subject to:

- (a) the Department being satisfied with the manner in which the Services are being provided; and
- (b) the Services having been approved by the Department in accordance with clause 4;

the Department will pay the Fees to the Service Provider for the Services in accordance with the terms set out in Schedule 3 (Payment Terms).

- 5.2 Unless expressly provided otherwise in Schedule 3 (Payment Terms), the Fees are inclusive of GST (if any) and of all costs and expenses that may be incurred by the Service Provider, whether foreseen or unforeseen including insurance, duties, imposts and taxes.
- 5.3 Invoices must comply with the requirements of the GST Law (as a Tax Invoice) and must, unless inconsistent with the GST Law, specify:
- (a) the name of the Department's Representative and the Department's reference number;
 - (b) the Fees due to the Service Provider and the basis for their calculation;
 - (c) the amount of any GST paid or payable by the Service Provider with respect to the Fees;
 - (d) the date of delivery of the Services to which the invoice relates;
 - (e) a description (including quantity where relevant) of the Services delivered;
 - (f) if a discount is applicable, the discounted price; and
 - (g) the Service Provider's address for payment.
- 5.4 Payment of an invoice is not:
- (a) evidence or an admission that the Services have been provided in accordance with the Agreement;
 - (b) evidence of the value of the Services;

REDACTED

- (c) an admission that the Services invoiced were satisfactorily performed or the expenses reimbursed properly incurred;
 - (d) an admission of liability; or
 - (e) acceptance or approval of the Service Provider's performance,
- but must be taken only as a payment on account.
- 5.5 The Department may set off against any sum owing to the Service Provider any amount owing by the Service Provider to the Department.
- 5.6 The Department will, on receipt of a written notice from the Service Provider, to be clearly headed "Fair Payments Policy – Penalty Interest Claim", pay simple interest on any Overdue Amount (for the period from the date of receipt of the notice until the date of payment) at the rate for the time being fixed under section 2 of the *Penalty Interest Rates Act 1983 (Vic)*.
- 5.7 For the purposes of clauses 5.6 and 24.5, "Overdue Amount" means an amount (subject to clauses 5.5 and 5.8) that has been outstanding for more than thirty (30) days from the date of receipt by the Department of the Tax Invoice properly rendered by the Service Provider and:
- (a) that is due and owing under that invoice; and
 - (b) that is not disputed by the Department within thirty (30) days of the receipt of the invoice. A dispute of an invoice under this clause may relate to:
 - (i) the amount owing; or
 - (ii) the adequacy of the Services provided for which payment has been sought.
- 5.8 The Department will, from the date of resolution of any dispute for which payment has been delayed under clause 5.7(b), have a further thirty (30) days in which to pay the amount agreed or determined to be owing to the Service Provider, after which time, such amount will be deemed to be an "Overdue Amount for the purposes of clause 5.6 and the Service Provider may serve a notice to the Department in accordance with clause 5.6.
- 5.9 No interest will be payable under clause 5.6 unless the written notice is received by the Department within thirty (30) days from the expiration of the thirty (30) day period stated in clause 5.7.
- 5.10 The Service Provider's written notice under clause 5.6 must be addressed and delivered in accordance with the provisions of clause 28 of this Agreement to the Department's Representative.
- 5.11 Sub-clauses 5.6, 5.7, 5.8, 5.9 and 5.10, apply only if:
- (a) the Victorian Government Fair Payments Policy is applicable to this Agreement;
 - (b) the Fees do not exceed \$3,000,000; and

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- (c) the *Building and Construction Industry Security of Payment Act 2002* (Vic) is not applicable to this Agreement.

6. Equipment

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

7. Service Provider Personnel training

- 7.1 The Service Provider acknowledges and agrees that it and its Personnel, while delivering the Services, are likely to come into contact with people and/or surfaces who have or may potentially have COVID-19.
- 7.2 The Service Provider must (at its cost) and will be responsible for ensuring that before the Service Provider's Personnel perform the Services they receive:
- (a) adequate training in security, workplace health and safety, customer service and risk management, including but not limited to, in relation to COVID-19;
 - (b) and meet all relevant safety induction requirements for the Sites; and
 - (c) and complete (in addition to the above) the Australian Government Department of Health COVID-19 infection control training module, or any and all other COVID-19 awareness training as directed by the Department,

and the Service Provider must ensure that quality management systems, which at a minimum include consideration of the issues listed above, are maintained during the term of the Agreement.

8. Replacement of Service Provider Personnel

- 8.1 The Service Provider must remove any of its Personnel from the provision of Services at a given Site, or generally, if directed to do so in writing by the Department. The Department may make such direction if the relevant individual:
- (a) has been involved in any illegal conduct, or has consistently breached policies, procedures and guidelines applicable to the Site or locations at which he or she provides the Services;
 - (b) in the reasonable opinion of the Department:
 - a. is or has become incapable of efficiently performing his or her duties;
 - b. is not, or becomes a person who is not, suitable to be involved in the provision of the Services, either at the relevant Site or generally; or

- c. is or becomes a person whom it would not be in the public interest for the Service Provider or the Department to engage or be associated with; or
 - d. has, or becomes likely to acquire, a criminal record.
- 8.2 Where the Department makes a direction for reasons specified in the above sub-clause, such direction will contain particulars of such reasons, but, unless there is manifest error, such particulars may not be disputed or challenged by the Service Provider, and the direction is legally binding. Subject to clause 8.3, the Service Provider must make such adjustments or amendments to its Personnel delivering the Services to reflect the Department's direction.
- 8.3 If an individual is the subject of a direction made by the Department under clause 8.1, the Service Provider must procure that such individual departs the Site(s) at which he or she is providing Services that are the subject of that direction, and does not return to such Site(s), unless he or she has the Department's written consent to do so.

9. Business continuity plan

- 9.1 The Service Provider must have a business continuity plan in place that includes:
- 9.1.1 contingency arrangements should any Service Provider Personnel become unavailable during the provision of the Services, including in accordance with clause 8; and
 - 9.1.2 consideration of occupational health and safety for all Service Provider Personnel, if there is exposure or infection of COVID-19.

10. Drug and alcohol testing

- 10.1 The Department may require that Service Provider Personnel agree to submit to drug and/or alcohol testing.
- 10.2 The Service Provider will ensure that all Service Provider Personnel have consented to such testing. To the extent that Service Provider Personnel have not consented to testing, the Service Provider must not allow those Service Provider Personnel to be involved in performing Services.

11. REPRESENTATIVES

- 11.1 The Department appoints the Department's Representative, as the person with whom the Service Provider or the Service Provider's Representative is to consult at all times and whose instructions, requests and decisions are, subject to clause 11.2, binding upon the State as to all matters pertaining to this Agreement.
- 11.2 The powers and functions of the Department under clauses 13.3, 14.3(b), 23.1, 24.2, 29.4, 29.5 and 29.6 must be carried out by the relevant Minister, the signatory to this Agreement for the Department or person acting in the equivalent position to the signatory or any person senior in line management.
- 11.3 The Service Provider appoints the Service Provider's Representative as the person with whom the Department or the Department's Representative is to

consult at all times and whose decisions are binding upon the Service Provider as to all matters pertaining to this Agreement.

12. REVIEW AND CONSULTATION

12.1 The Service Provider must:

- (a) supply to the Department such documents and information with respect to the progress of the Services as it may from time to time require;
- (b) provide the Department such information reasonably required for supervising or reviewing the provision of the Services;
- (c) co-operate with the Department, its employees, subcontractors and agents in relation to the provision of the Services; and
- (d) co-operate with other persons authorised by the State to carry out work or assist in any way in connection with the Services.

12.2 Nothing in clause 12.1 limits the Service Provider's obligations under this Agreement.

13. PERSONAL SERVICES

13.1 If the Department and the Service Provider have agreed in writing (as set out in this Agreement or otherwise) that some or all of the Services are to be performed by a specified person or persons, then:

- (a) the Service Provider must ensure that the Services or that part of the Services is performed by the person or persons specified; and
- (b) the Service Provider may only remove or replace such persons with the consent of the Department which will not be unreasonably withheld.

13.2 The Department reserves the right to require the removal or replacement at any time on fourteen (14) days' notice without giving any reason, of any person working for or provided by the Service Provider who, in the reasonable opinion of the Department, does not perform in a satisfactory manner or is otherwise considered unacceptable. Such removal or replacement in accordance with this clause or any withholding of approval by the Department of the Service Provider's proposed replacement personnel must not limit the Service Provider's obligations under this Agreement.

13.3 If the Service Provider, pursuant to exercising its right under clause 13.1(b), is unable to provide replacement personnel reasonably acceptable to the Department within sufficient time to enable the Service Provider to complete the Services as provided for by this Agreement, then the Department may terminate the Agreement upon seven (7) days written notice whereupon clauses 24.3 and 24.4 will apply.

14. CONFLICT OF INTEREST

14.1 The Service Provider warrants that to the best of its knowledge and belief having made all diligent inquiries, no conflict of interest exists in relation to this Agreement or is likely to arise during the Term.

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Department of Jobe, Procurement, and Regions
 Agreement for Professional Services

- 14.2 The Service Provider must promptly inform the Department of any matter connected with this Agreement that may give rise to an actual or potential conflict of interest at any time during the Term.
- 14.3 Should the Service Provider inform the Department of an actual or potential conflict of interest or the Department otherwise becomes aware of an actual or potential conflict of interest, the Department may:
- (a) by written notice to the Service Provider, seek the prompt removal of that conflict with the failure to do so constituting a breach of this Agreement; and/or
 - (b) immediately terminate this Agreement by notice in writing, whereupon the provisions of clauses 24.3 and 24.4, will apply.
- 14.4 Information provided by the Service Provider under clause 14.2 will be treated as commercial-in-confidence by the Department.

15. CONFIDENTIALITY

- 15.1 The Service Provider must not communicate, publish or release or permit the communication, publication or release of any information, data or document acquired, collated or developed for or in connection with the Services except:
- (a) to the Department;
 - (b) for the purpose of or in connection with the performance of the Service Provider's obligations pursuant to the terms of this Agreement;
 - (c) to the Service Provider's lawyers or other professional advisers that are under a duty of confidentiality;
 - (d) where the information disclosed is already in the public domain other than due to a breach of this Agreement; or
 - (e) where the disclosure is required by Law.
- 15.2 The Service Provider must, if requested by the Department, procure from the persons employed or engaged by it to perform the Services a like undertaking of confidentiality to that contained in clause 15.1.
- 15.3 Where in the conduct of, or for the purposes of, the Services the Service Provider desires to engage the services of another party, not being an employee or agent of the Service Provider, and it is necessary for the purposes of that engagement to disclose information the subject of clause 15.1 to that other party, no such disclosure may be made unless:
- (a) that other party undertakes to the Department that it will maintain the confidentiality of the information in like terms to that required by clause 15.1; and
 - (b) the consent in writing of the Department is first obtained.
- 15.4 The Service Provider will be responsible for and must take all reasonable measures to ensure the security of the information referred to in clause 15.1 for so long as that information is or should properly be within its control, and in so doing must ensure that at all times it is protected from access, use or

misuse, damage or destruction by any person not authorised by this Agreement to have access to that information.

- 15.5 On or before the expiry of the Term, the Service Provider if so directed by the Department must subject to clause 15.6:
- (a) deliver to the Department all information, documents and other material received from or through the Department;
 - (b) delete and render irrecoverable any form of electronic or other record and information or program and shred and dispose of all documents and materials whether original or copy that were created, collected or otherwise received in the course of this Agreement or pursuant to its terms and which contain:
 - (i) details relating to the formulation of government policy or otherwise in relation to the deliberative processes involved in the functions of the Department or State Government agency or Minister;
 - (ii) details regarding the personal affairs of any person;
 - (iii) details regarding the commercial operations of the Department, State or other entity;
 - (iv) information relating to litigation, a dispute or potential litigation or dispute;
 - (v) information conveyed in confidence or which by its nature would reasonably be regarded as confidential; or
 - (vi) any information that would be exempt from release (if in the possession of the Department) within the meaning of the *Freedom of Information Act 1982 (Vic)*.
- 15.6 The Service Provider may, for its own internal purposes, retain its internal working documents prepared in connection with the Services and a copy of the reports, advice and other deliverables provided to the Department in accordance with this Agreement, subject to maintaining the confidentiality obligations set out in this clause 15.
- 15.7 The Service Provider consents to the Department publishing or otherwise making available information in relation to the Service Provider (and the provision of Services):
- 15.7.1 as may be required to comply with the Contract Publishing System;
 - 15.7.2 to other Victorian Public Entities or Ministers of the State regarding the use of the Services;
 - 15.7.3 to any public sector agency (or the State, any other state or territory or the Commonwealth) for the purposes of benchmarking, provided that it will not identify the Service Provider;

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15.7.4 to the office of the Auditor General appointed under section 94A of the *Constitution Act 1975* (Vic) or the ombudsman appointed under the *Ombudsman Act 1973* (Vic);

15.7.5 to comply with the Law, including the *Freedom of Information Act 1982* (Vic); or

15.7.6 to IBAC.

16. INTELLECTUAL PROPERTY AND MORAL RIGHTS

16.1 The Service Provider warrants to the Department that it is entitled to use and deal with any Intellectual Property Rights which may be used by it in connection with the provision of the Services. The Service Provider further warrants that it has the authority to sub-licence the Contract Intellectual Property, including any third party Intellectual Property Rights which may be used in connection with the provision of the Services.

16.2 Subject to clause 16.5, the ownership of any Contract Intellectual Property shall vest in the Service Provider upon the time of its creation. The Service Provider hereby irrevocably and unconditionally grants to the Department, free of additional charge, a, non-exclusive, worldwide, perpetual, transferable licence (including the right to sublicense) to use, reproduce, adapt, modify, publish, distribute and communicate any Contract Intellectual Property for any purpose of the State except commercial exploitation.

16.3 Subject to clause 16.4, the Service Provider hereby irrevocably and unconditionally grants to the Department, free of additional charge, a non-exclusive, worldwide licence to use any Pre-Existing Intellectual Property to the extent that such Pre-Existing Intellectual Property forms part of or is integral to, any works or other item created by the Service Provider for the Department in connection with the provision of the Services under this Agreement or the creation of any Contract Intellectual Property.

16.4 The licence granted to the Department in clause 16.3 is limited to use of the relevant Pre-Existing Intellectual Property by the Department for the purposes of the State.

16.5 The ownership of Data, including any Intellectual Property Rights in the Data, shall vest in the Department upon the time of its creation. The Service Provider must only use the Data to the extent necessary to perform its obligations under this Agreement.

16.6 The Service Provider warrants that it will use its best endeavours to procure a written consent from all necessary authors to the Department exercising its rights in the Data, Pre-Existing Intellectual Property or Contract Intellectual Property in a manner that, but for the consent, would otherwise infringe the moral rights of those authors.

17. NEGATION OF EMPLOYMENT

17.1 The Service Provider is engaged as an independent contractor and nothing in this Agreement will be deemed to constitute the Service Provider as an agent or employee of the Department, and the Service Provider will not have any authority to incur and must not incur any obligation or make or purport to

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make any representation on behalf of the Department except with the express written instructions of the Department.

- 17.2 The Service Provider is responsible for all matters requisite as employer or otherwise in relation to any employees, contractors, subcontractors, agents and other third parties who are engaged by the Service Provider.

18. INDEMNITY AND RELEASE

- 18.1 The Service Provider releases and indemnifies, and will at all times keep the Department and each of its Personnel indemnified, against any liability, loss, damages, cost or expense (including legal and settlement costs determined on a full indemnity basis) incurred by the Department arising out of, or in any way connected with:

- (a) personal injury, including sickness and death;
- (b) any threatening behaviour experienced by the Service Provider's Personnel while carrying out the Services;
- (c) property damage;
- (d) the loss or corruption of Data; or
- (e) third party claims;

caused, contributed to or brought about by an act or omission of the Service Provider or any of its Personnel, including without limitation:

- (f) wilful misconduct;
- (g) a negligent or unlawful act or omission;
- (h) fraud;
- (i) a breach of Data security or physical security;
- (j) a breach of this Agreement;
- (k) a breach of an obligation of confidence or privacy (whether arising under this Agreement or otherwise); or
- (l) an infringement or alleged infringement of the Intellectual Property Rights or other rights of a third party.

- 18.2 The Service Provider's liability to indemnify the Department under clause 18.1 is reduced to the extent that any wilful, unlawful or negligent act or omission of the Department or its Personnel contributed to the liability, loss, damage, cost or expense.

19. RECORDS

- 19.1 The Service Provider must, for a period of seven (7) years after the Services have been completed:

- (a) institute and maintain proper books of account and operating records necessary to afford a correct record and explanation of all claims for

payment made by the Service Provider under this Agreement and all expenditure by the Service Provider of moneys received by it from the Department under this Agreement; and

(b) permit the Department's Representative or any person authorised by the Department access at all reasonable times to:

(i) all relevant operating records necessary to establish that all claims for payment made by the Service Provider and all moneys paid to the Service Provider under the terms of this Agreement are or have been properly accounted for; and

(ii) any documents produced in connection with the Services.

19.2 The Service Provider must cooperate with any person referred to in clause 19.1(b) to ensure an effective review and/or inspection can be conducted and must provide any information in the possession or control of the Service Provider reasonably sought by such person concerning the performance of the Services.

20. COMPLIANCE WITH LAWS AND POLICIES

20.1 The Service Provider must observe all Laws and such relevant State Government policies as may be notified by the Department to the Service Provider, including without limitation all laws affecting or applicable to the provision of the Services by the Service Provider and the "Local Jobs First Policy" (if applicable).

20.2 If the Service Provider is performing functions and duties on behalf of the Department, and the Service Provider or any of its employees, contractors, subcontractors or agents are based at the Department's premises, the Service Provider must (and must ensure that its Personnel), throughout the Term, observe the VPSC Code of Conduct and such other relevant State Government policies as may be notified by the Department to the Service Provider, and comply with any lawful directions of the Department or its Personnel.

20.3 The Service Provider acknowledges that the Department requires continuity in the provision of the Services throughout the Term. The Service Provider must maintain all reasonable business continuity management measures to ensure continuity of the Services. If requested by the Department, the Service Provider must demonstrate the measures implemented by the Service Provider to ensure continuity of the Services including promptly providing a copy of the Service Provider's business continuity plan, disaster recovery plan and any other relevant documents.

21. PRIVACY AND DATA PROTECTION

21.1 The Service Provider acknowledges and agrees that it will be bound by the Information Privacy Principles, Health Privacy Principles and/or any applicable code of practice as the Department may have approved under the *Privacy and Data Protection Act 2014 (Vic)* (together the **Privacy Obligations**) with respect to any act done or practice engaged in by the Service Provider for the purposes of this Agreement in the same way and to the same extent as the Department would have been bound by the Privacy

Obligations in respect of that act or practice had it been directly done or engaged in by the Department.

- 21.2 The Service Provider agrees that it will keep confidential any Personal Information (as defined in the *Privacy and Data Protection Act 2014*) or Health Information (as defined in the *Health Records Act 2001*) that comes into its possession or the possession of its Personnel.
- 21.3 The Service Provider must, on request of the Department, ensure that any or all of its Personnel complete a personal undertaking relating to confidentiality, in a form provided by the Department.
- 21.4 The Service Provider acknowledges and agrees that it will be bound by the Protective Data Security Standards and will not do any act or engage in any practice that contravenes a Protective Data Security Standard in respect of any Data collected, held, used, managed, disclosed or transferred by the Service Provider, on behalf of the Department, under or in connection with this Agreement.

22. SUPPLIER CODE OF CONDUCT

- 22.1 The Service Provider acknowledges that:
- (a) the Supplier Code of Conduct is an important part of the State's approach to procurement and describes the State's minimum expectations regarding the conduct of its suppliers;
 - (b) it has read and aspires to comply with the Supplier Code of Conduct; and
 - (c) the expectations set out in the Supplier Code of Conduct are not intended to reduce, alter or supersede any other obligations which may be imposed on the Service Provider, whether under this Agreement or at Law.

23. TERMINATION FOR CONVENIENCE

- 23.1 The Department may at any time, upon giving seven (7) days' notice in writing to the Service Provider, terminate the Agreement or reduce the scope of Services to be provided under this Agreement.
- 23.2 If the Department has served a notice under clause 23.1:
- (d) the Service Provider must cease work according to the notice and must immediately do everything possible to mitigate any losses; and
 - (e) the Department will only be liable to pay the Service Provider for:
 - (i) the Services carried out prior to the date of termination; and
 - (ii) an amount equal to the unavoidable and substantiated costs incurred by the Service Provider as a direct result of the termination and which the Department assesses as fair and reasonable to cover the reasonable actual costs incurred or committed by the Service Provider (as a binding legal contractual commitment) prior to the date of the notice to terminate,

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provided always that the Service Provider will not be entitled to any other compensation whatsoever in respect of the termination of this Agreement, including for loss of prospective profits or income foregone whether with respect to the Services under this Agreement or otherwise.

- 23.3 The total of all moneys payable by the Department to the Service Provider (pursuant to clause 23.2 or otherwise in connection with this Agreement or the Services) must not exceed the full Fees that would have applied to the Services as provided in Schedule 3 (Payment Terms).
- 23.4 If the Department has served a notice pursuant to clause 23.1, the Service Provider must, on demand by the Department, repay to the Department such monies advanced or paid to the Service Provider in respect of which at the date of such notice, the Service Provider has not yet performed the Services.
- 23.5 On termination of this Agreement the Service Provider must within seven (7) days after receipt of a request by the Department, deliver to the Department all the documents and other material produced by the Service Provider in connection with the Agreement subject to the Service Provider's right to retain working papers as set out in clause 15.6.

24. TERMINATION FOR BREACH

- 24.1 If the Service Provider commits a breach of this Agreement, whether by failing to perform any part of the Services, failing to comply with any requirement or condition of this Agreement or otherwise, the Department must, before exercising any rights the Department may have under this Agreement or otherwise in respect of such a breach, give written notice to the Service Provider specifying the breach and directing its rectification in the period specified in the notice, not being a period less than fourteen (14) days from the date of service of the notice.
- 24.2 The Department may immediately terminate this Agreement or any part of it by notice in writing to the Service Provider if the Service Provider or any of its Personnel involved in the provision of the Services:
- (a) fails to rectify the breach within the period specified in the notice issued under clause 24.1; or
 - (b) commits a material breach of this Agreement and in the reasonable opinion of the Department such breach cannot be remedied; or
 - (c) commits fraud, is dishonest or engages in any other serious misconduct; or
 - (d) commits any act or does anything that may be prejudicial or otherwise detrimental to the reputation of the State; or
 - (e) being a partnership, company or other composite body undergoes a change in its structure which, in the reasonable opinion of the Department, limits the capacity of the Service Provider to provide Services or precludes the Service Provider from carrying out its obligations and duties under this Agreement; or
 - (f) goes into liquidation or a receiver and manager or mortgagee's or chargee's agent is appointed or becomes subject to any form of

insolvency administration or arrangement, or in the case of an individual, becomes bankrupt or enters into a scheme or arrangement with creditors.

- 24.3 Any termination by the Department of the Agreement pursuant to clauses 13.3, 14.3(b) or 24.2 is without prejudice to any other right of the Department, and without liability to pay damages, compensation or any other termination payment other than money properly due to the Service Provider for work performed or Services provided under the Agreement before the termination. In the event of termination under any of those clauses:
- (a) the Service Provider must repay moneys in accordance with clause 23.4 and return documentation and materials in accordance with clauses 23.5 and 15.5; and
 - (b) the Department may withhold payment of Fees that may be payable to the Service Provider pending completion of the Services by some other contractor or persons.
- 24.4 Should the Department incur an additional expense as a result of any breach of this Agreement by the Service Provider, including any expense involved in performing or completing the Services either by the Department or any other party, the amount of such additional expense, together with any other loss sustained by the Department will be a debt due from the Service Provider to the Department and, without prejudice to any other right of the Department, may be deducted from any Fees outstanding to the Service Provider.
- 24.5 If the Department fails to pay any Overdue Amount as defined in clause 5.6 of this Agreement, the Service Provider may:
- (a) issue a demand to the Department clearly stating that the amount has been overdue for a period for at least 30 days; and
 - (b) if the amount due has not been paid within 14 days of service of the Service Provider's demand, terminate this Agreement on 30 days' written notice to the Department.
- 24.6 In the event of termination under clause 24.5, the Service Provider must repay moneys in accordance with clause 23.4 and return documentation and materials in accordance with clauses 23.5 and 15.5 of this Agreement.

25. DISPUTE

- 25.1 If either the Department or the Service Provider considers that there is a dispute or difference arising out of or relating to this Agreement (**Dispute**) the parties may adopt the procedure set out in this clause to resolve the Dispute. Notwithstanding the provisions in this clause, if the Services have not yet been completed, the Service Provider must at all times proceed to complete the Services and perform its obligations without delay.
- 25.2 If the parties agree to adopt the procedures set out in this clause, either party within twenty-eight (28) days of the Dispute arising must send a notice to the other party specifying the detailed particulars of the matters in Dispute and its proposal for their resolution (**Dispute Notice**).

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- 25.3 The Department's Representative (or other person authorised by the Department) and the Service Provider (or its Representative) must meet personally within two (2) working days (or other such period as agreed) after service of the Dispute Notice to attempt to resolve the Dispute on a basis consistent with a wish to retain a long term relationship between the parties.
- 25.4 If the parties are unable to resolve the Dispute within three (3) working days of the meeting referred to in clause 25.3 (or such longer period as may be agreed) the Dispute may, by agreement of the parties, be referred to mediation.
- 25.5 If the parties have agreed to mediation but are unable to agree on the appointment of a mediator (**Mediator**), the Mediator must be appointed by the President of the Law Institute of Victoria.
- 25.6 The Mediator must act as a mediator and not as arbitrator.
- 25.7 Unless otherwise agreed by the parties, the place of resolution of the Dispute will be in Melbourne.
- 25.8 The parties must, unless they agree otherwise, each bear their own costs and must contribute equally to the Mediator's costs.
- 25.9 Neither party may oppose an application for urgent interlocutory relief pending the resolution of a Dispute under this clause 25.

26. SUBCONTRACTORS

- 26.1 The Service Provider must not engage subcontractors to conduct the whole or any part of the Services without the prior written approval of the Department.
- 26.2 If the Department has given written approval and the Service Provider subcontracts the performance of any part of the Services, the Service Provider remains fully responsible for:
- (a) all acts and omissions of its subcontractors as if they were the acts or omissions of the Service Provider; and
 - (b) carrying out the Services and complying with all obligations under this Agreement.

27. INSURANCE

- 27.1 The Service Provider must effect and maintain each of the Required Insurances as set out in Schedule 1 (Agreement Details). The Required Insurances must be with a reputable insurer.
- 27.2 If the Required Insurances includes:
- (a) *professional indemnity insurance*, the Service Provider must maintain the insurance from the date on which it commences the Services until seven (7) years after the Services have been completed or other period as may be accepted by the Department in writing; or

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- (b) *public liability insurance*, the Service Provider must maintain the insurance for the duration of the period in which the Services are provided.

27.3 Upon request by the Department from time to time, the Service Provider must provide proof, by way of certificates of currency or other form as may be agreed by the Department, that the Required Insurances have been effected and maintained.

28. NOTICES

28.1 Any notice required by or permitted under this Agreement will be deemed to be duly served if delivered to:

- (a) the Department at its address for service as set out in Schedule 1 (Agreement Details) or such other address as is notified in writing by the Department.
- (b) the Service Provider at its address for service as set out in Schedule 1 (Agreement Details) or such other address as is notified in writing by the Service Provider to the Department.

28.2 Notices may be delivered by hand, by prepaid mail, or by facsimile or electronic mail and will be deemed to be duly served:

- (a) if delivered by hand, at the time of delivery;
- (b) if sent by post, two business days after the date on which it was posted;
- (c) if sent by facsimile transmission, on receipt by the sender of a transmission report from the despatching machine showing the date of transmission, the relevant number of pages, the correct telephone number of the destination facsimile machine and the result of the transmission as satisfactory; and
- (d) if sent by email, if the message is correctly addressed and successfully transmitted to that Party's email address, at the time that the sender's computer records that transmission was successful.

29. GENERAL

29.1 (**Applicable Laws**) Nothing in this Agreement is intended to affect or restrict in any way, the rights and obligations of parties under any applicable Laws which the parties are not permitted to contract out of, including the *Professional Standards Act 2003 (Vic)* and the *Building and Construction Industry Security of Payment Act 2002 (Vic)*.

29.2 (**Entire Agreement**) This Agreement constitutes the entire agreement between the parties and supersedes all communications, negotiations, arrangements and agreements, whether oral or written, between the parties with respect to the subject matter of this Agreement. If Annexure B (Service Provider's Proposal) contains terms and conditions that are not a description of the Services or how the Services will be carried out, such terms and conditions will not form part of this Agreement.

29.3 (**Severance**) Each provision of this Agreement (and each part thereof) will, unless the context requires otherwise, be read and construed as a separate

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or severable provision so that if any provision or part thereof is void or otherwise unenforceable for any reason then that provision or part thereof, will be severed and the remainder will be read and construed as if the severable provision or part thereof, had never existed.

- 29.4 **(Waiver)** A waiver by one party of a breach of this Agreement does not constitute a waiver in respect of any other breach of this Agreement, and a party's failure to enforce a provision of this Agreement must not be interpreted to mean that the party no longer regards that provision as binding. A power or right may only be waived in writing, signed by the party to be bound by the waiver.
- 29.5 **(Variation)** No agreement or understanding varying or extending this Agreement including the Fees will be legally binding upon either party unless in writing signed by both parties.
- 29.6 **(Assignment)**
- (a) Subject to clause 29.6(b), the Service Provider must not transfer or assign its rights or novate its obligations under this Agreement without the prior written consent of the Department.
 - (b) The Department may, by notice in writing to the Service Provider, assign its rights, transfer its obligations or novate the Agreement to any Victorian Public Entity in the event of any State government restructure or other re-organisation or change in policy.
- 29.7 **(Retrospectivity)** The parties agree that this Agreement will apply to any services in connection with the Services carried out by the Service Provider prior to the execution of this Agreement, as if those services had been carried out under this Agreement.
- 29.8 **(Timely performance)** Time is of the essence in relation to the provision of Services under this Agreement.
- 29.9 **(Counterparts)** This Agreement including any variations may be executed in counterparts. All counterparts together constitute one instrument.
- 29.10 **(Governing Law & Jurisdiction)** This Agreement will be governed by the laws of the State of Victoria and the parties submit themselves to the jurisdiction of the courts in the State of Victoria.
- 29.11 **(Survival)** Each of clauses 1, 15, 16, 17, 18, 19, 21.1, 23.5, 24.3, 24.4, 27.2 and 29 survive the termination or expiry of this Agreement.

REDACTED

Department of Jobs, Precincts and Regions
Agreement for Professional Services (Schedules and Annexures to the Terms and Conditions)

EXECUTION AND DATE

Executed as an agreement.

Date: / /

Executed by)
for and on behalf of the **State of**)
Victoria)

in the presence of:

REDACTED ←

Signed

Name of Witness

Signature of Witness ←

Executed by Ikon Services Australia Pty)
Ltd in accordance with section 127 of)
the *Corporations Act 2001* in the)
presence of)

REDACTED

Print Name of Director/Company
Secretary

REDACTED

Secretary

Print Name of Director

Signature of Director ←

Department of Jobs, Precincts and Regions
 Agreement for Professional Services (Schedules and Annexures to the Terms and Conditions)

SCHEDULE 1 – AGREEMENT DETAILS

Service Provider Details	Name: Ikon Services Australia Pty Ltd ABN: 25 087 163 120
Service Provider's Representative: (Clause 5.3)	REDACTED
Service Provider's Address for Service: (Clause 22.1)	Postal address 3-9 Wreckyn St, North Melbourne, 3051 Fax: 9326 8011 Email: info@ikonservices.com.au
Department's Representative: (Clause 5.1)	Name: Kait McCann Phone: <small>Personal Information</small> REDACTED
Department's Address for Service: (Clause 22.1)	Postal address: 121 Exhibition Street, Melbourne Fax: Not applicable Email: REDACTED
Commencement Date: (Clause 3.1)	13 April 2020
Completion Date: (Clause 3.1)	13 July 2020
Further terms (Clause 3.3)	Three (3) terms of one (1) month. The Department can exercise the option periods in its sole and absolute discretion by giving the Service Provider written notice.
Required Insurances: (Clause 21)	1. <i>Professional indemnity insurance</i> in an amount not less than \$5 million per occurrence. 2. <i>Public liability insurance</i> in an amount not less than \$20 million per occurrence.

REDACTED

Department of Jobs, Precincts and Regions
Agreement for Professional Services (Schedules and Annexures to the Terms and Conditions)

SCHEDULE 2 – SERVICES

1. The Service Provider must carry out the Services as described at **Annexure A**.
2. The Service Provider must use the below template (or as amended by the Department) for any Reports required under this Agreement:

Service Provider Report

Hotel:	
Address:	
Start Date:	
Total Number of Rooms Cleaned:	
Notes:	
Total Cost:	

REDACTED

SCHEDULE 3 – PAYMENT TERMS

1. The Fees payable to the Service Provider in respect of the Services will be calculated on the basis set out below and as governed by clauses 4 and 5.
2. The Service Provider is to submit weekly invoices specifying the number of rooms cleaned at each Site and the rate, for approval by the Department's Representative.

Rates Schedule:

Services	Rate per room
Labour cost	\$144.00 (excl. GST)
Chemical cost	\$26.64 (excl. GST)
Total cost (per room)	\$170.64 (excl. GST)

The total Fees payable to the Service Provider under this Agreement must not exceed \$100,000 including GST without the express written approval of the Department.

3. Subject to clauses 4 and 5 of the Agreement and the terms of this Schedule, the Department will pay the Service Provider within thirty (30) days of the submission of each Tax Invoice specifying in detail (to the satisfaction of the Department) the Services which have been performed and the Fees and expenses incurred in accordance with the Agreement. Each Tax Invoice must be provided by the Service Provider on a weekly basis.

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ANNEXURE A – SERVICES BRIEF

In response to the state of emergency that has been declared in Victoria due to the COVID-19 pandemic, the State of Victoria has agreed to make accommodation, including hotels (collectively call "Hotels"), available to certain Victorians, for the purpose of self-isolation requirements, including to:

- (g) all travellers returning from overseas to Victoria, for an enforced quarantine period of 14-days; and
- (h) health care and associated workers.

The Service Provider must provide cleaning services ("the Services") at Hotels as directed by the Department from time to time

The Services must be provided in accordance with this Agreement including but not limited to in accordance with clauses 6 and 7.

The Services will be provided at rooms within the Hotels where the occupier of the room has had a positive confirmation of COVID-19 ("the Rooms"). The Department must preapprove the scope of the Services in accordance with clause 4 of this Agreement.

The Services will include but not be limited to the following Services:

- (e) cleaning, sanitising and disinfecting of the Rooms in accordance with the latest recommended cleaning standards in relation to COVID-19 and any directions provided by the Department;
- (f) ensuring the Rooms are safe for someone else to occupy without being at risk of infection from COVID-19; and
- (g) the use of a fogging machine within each Room to ensure surfaces are free of bacteria and germs.

Provision of Services generally

The Service Provider must cooperate with and regularly liaise with the Department including but not limited to:

- (f) following all reasonable directions made by the Department;
- (g) immediately notifying the Department of any issues in relation to the provision of the Services, including but not limited to anything which may create a risk (including health risk) to any of the Hotel guests or any other person, such as any occupational health and safety incidents, unavailability of the Service Provider's Personnel, known exposure to or infection of COVID-19 of the Service Provider's Personnel, or circumstances which cast doubt on the fitness of any of the Service Provider's Personnel to provide the Services;
- (h) cooperating with any other contractors of any nature engaged by the Department; and
- (i) providing Reports to the Department as and when requested which will include all information reasonably requested by the Department and be in a form notified by the Department.

REDACT
ED

RE: Update on next steps with hotels

From: "Braedan Hogan (DHHS)" <REDACTED>
To: "Claire Febey (DEDJTR)" <REDACTED>, "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>
Cc: REDACTED (DEDJTR) <REDACTED>, "REDACTED (DEDJTR)" <REDACTED>, "Andrea Spiteri (DHHS)" <REDACTED>, REDACTED (DELWP) <REDACTED>, "Pam Williams (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>, REDACTED <REDACTED>, "Meena Naidu (DHHS)" <REDACTED>
Date: Wed, 08 Apr 2020 14:40:35 +1000
Attachments: Coronavirus disease 2019 (COVID-19) - Guidelines for health services and general practitioners - V17-5April 2020.DOCX (153.03 kB); Cleaning and disinfecting to reduce COVID-19 transmission - 20 March 2020 (2).docx (69.41 kB)

Thanks Claire – we will just need to ensure that sequence of hotels allows us enough rooms to meet demand – Ill turn to RED to look at his modelling and to ensure we have adequate reserves.
 COVID positive hotel

- We will require separate floors for COVID positive passengers under a detention notice vs others who are just under self-isolation order. This will also trigger the need for an AO presence.
 - I think the simplest way to cut this is to have 3 floors for passengers under 14 day detention notice to start with security presence on these floors
- We will work today to move the current three COVID positive passenger to the Rydges tomorrow – we will provide more advice on this as we plan this through.

DHHS is also developing a more robust model of care for this hotel and linked in with a Hospital.
Cleaning requirements – see attached the current guide for GP's (page 25 has the detail on cleaning for COVID) and the general cleaning advice which would work for every space aside from those with COVID positive people in rooms.

Exit requirements – This is being worked through currently and I will leave to Pam to advise.

Braedan

Braedan Hogan | DHHS Agency Commander
 Deputy Director, Strategy and Policy
 Emergency Management Branch | Regulation, Health Protection and Emergency Management
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
 m. REDACTED | e. REDACTED
www.dhhs.vic.gov.au

From: Claire Febey (DJPR) <REDACTED>
Sent: Wednesday, 8 April 2020 2:23 PM
To: Braedan Hogan (DHHS) <REDACTED>; SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Cc: REDACTED (DEDJTR) <REDACTED>, REDACTED (DEDJTR) <REDACTED>, REDACTED (DEDJTR) <REDACTED>, Andrea Spiteri (DHHS) <REDACTED>, REDACTED (DELWP) <REDACTED>, REDACTED (DELWP) <REDACTED>
Subject: Update on next steps with hotels
 Braedan, RED

Activating four additional hotels

You have asked that we activate all remaining contracted hotels that are deemed as suitable by DHHS for Operation Soteria (14 properties, 3936 rooms) and that we activate ~one new hotel per day commencing 10 April.

Please note that the order of listing below indicates their level or readiness and therefore our preferred order of activation:

- The following hotels will be ready to receive guests from no later than 10 April
 1. Travelodge Hotel Melbourne Docklands
 2. Novotel Melbourne
- This means we will have DJPR supplies (e.g. groceries) prepositioned, and hotel and security staff will be in place.

- DJPR will undertake site visits at the following hotels tomorrow with a view to activating them on 11/12 April.
 1. Travelodge Hotel Southbank
 2. Batmans Hill Collins.
- We will confirm exact timing for (3) and (4) after tomorrow's site visits.

COVID-19 confirmed hotel

Separately we have also agreed the Rydges on Swanson will today take its first COVID-19 confirmed case, and it will be kept for the purpose of accommodating confirmed cases from both Operation Soteria and the community.

Can you please confirm:

- Any additional requirements for the service model (e.g. additional security, people housed on different floors) beyond those outlined to Braedan and Andrea in email correspondence by Donna Findlay.
- When you will commence the movement of people from current quarantine hotels to the Rydges, and how this will be managed. This will help us understand when additional stock is likely to be made available as we remove 'red floors. I also note we will not allocate red floors in future hotels as they are activated.

Cleaning requirements

As discussed can you please confirm in writing the following:

- Cleaning requirements for rooms once vacated, specifically those that have had confirmed COVID-19 cases; and
- Whether the disposal of rubbish should be treated any differently in hotels that are housing quarantined or isolated guests. We have been advised through hotels that in NSW this is treated as medical grade waste.
- Any other steps that are required from a DHHS perspective before rooms are returned to general stock.

Exit accommodation

There was discussion today about offering exiting passengers accommodation at the airport if they needed to stay overnight before they can travel.

Can you please urgently confirm if you would like remaining stock at one of the airport hotels to be reserved for this purpose, and your requirements for how these guests would be separated from quarantined passengers (e.g. separate floors at a minimum to manage security).

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

Government of Victoria, Victoria, Australia.

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Coronavirus disease 2019 (COVID-19)

Case and contact management guidelines for health
services and general practitioners

5 April 2020

Version 17

Contents

Background	4
Public health response objectives	4
Checklist for general practitioners	5
Checklist for health services	6
Who should be tested for COVID-19?	8
Definition of close contact	10
Triaging and managing high risk patients on arrival to hospital	11
Patient transfer and destination health service	11
Case management	12
Assessment and management of patients for COVID-19 testing	12
Exclusion of COVID-19	12
Clinical management of confirmed cases	12
Criteria for inpatient discharge	13
Release from isolation of a confirmed case	13
Return-to-work criteria for health care workers and workers in aged care facilities	13
Checklist of key actions for the department for confirmed cases	14
Checklist of key actions for the clinical team for confirmed cases	14
Signage and triage of people presenting to health and other services	15
Contact management	17
Close contacts	17
Healthcare workers	18
Infection prevention and control	20
Background	20
Healthcare workers	20
Physical distancing measures in healthcare settings	21
Transmission-based precautions	21
PPE and routine patient care, during the COVID-19 emergency	21
Environmental management	26
Care of the deceased if COVID-19 is suspected or confirmed	27
Laboratory testing for COVID-19	28
Prioritisation of testing	28
Specimens for testing	28
Specimen collection and transport	29
Handling of specimens within diagnostic laboratories	30
Information on testing for coronavirus at VIDRL	30
Governance	31

International response	31
Department Incident Management Team	31
Communications and media	31
Role of Ambulance Victoria	31
Prevention	31
Risk management at ports of entry	33
The disease	34
Infectious agent	34
Reservoir	34
Mode of transmission	34
Incubation period	34
Infectious period	34
Clinical presentation	35
Information resources	35

Background

Coronavirus disease 2019 (COVID-19) was first identified in Wuhan City, Hubei Province, China in December 2019. Updated epidemiological information is available from the World Health Organization (WHO) and other sources. Current information on COVID-19 is summarised in a section at the end of this guideline entitled 'The disease'.

These guidelines and a range of other resources for health services and general practitioners can be found at the department's [Coronavirus disease \(COVID-19\) website](https://www.dhhs.vic.gov.au/novelcoronavirus) <<https://www.dhhs.vic.gov.au/novelcoronavirus>>.

A hotline is available for the general public who have questions or concerns – 1800 675 398.

Public health response objectives

This situation is evolving rapidly with new clinical and epidemiological information. Following the declaration of a State of Emergency in Victoria on Monday 16th March and subsequent Directions, the Department of Health and Human Services' (the department) public health response has now transitioned from the Initial Containment stage (which encompassed an inclusive approach to identifying cases and a precautionary approach to the management of cases and contacts), to the Targeted Action stage, with implementation of social distancing measures and shutdowns of non-essential services to slow disease transmission, prioritisation of diagnostic testing to critical risk groups, and adoption of sustainable strategies and models of care.

The overall objectives of the public health response are to:

1. Reduce the morbidity and mortality associated with COVID-19 infection through an organised response that focuses on containment of infection.
2. Rapidly identify, isolate and treat cases, to reduce transmission to contacts, including health care, household and community contacts.
3. Characterise the clinical and epidemiological features of cases in order to adjust required control measures in a proportionate manner.
4. Minimise risk of transmission in healthcare and residential aged care environments, including minimising transmission to healthcare and residential aged care workers.

Checklist for general practitioners

The following actions should be undertaken when a patient presents to a general practice or community health service who may be a case of COVID-19:

1. Provide a single-use surgical mask for the patient to put on.
2. Isolate the patient in a single room with the door closed.
3. Any person entering the room should don droplet and contact precautions personal protective equipment (single-use surgical mask, eye protection, gown and gloves).
4. Conduct a medical assessment, and focus on:
 - a) the date of onset of illness and especially whether there are symptoms or signs of pneumonia
 - b) contact with confirmed cases of COVID-19
 - c) precise travel history and occupation
 - d) history of contact with sick travellers or other people or overseas health care facilities
 - e) work or residence in a moderate or high risk setting for transmission
 - f) residence in a geographically localised area with elevated risk of community transmission, as defined by the department.
5. Determine:
 - (a) Does the patient need testing for COVID-19? **Refer to *Who should be tested for COVID-19***
 - (b) Does the patient require further assessment in an emergency department? Where there is suspicion of pneumonia or the patient is quite unwell, a suspected case of COVID-19 should be tested and managed in hospital.
 - (c) If further assessment is required, how will the patient be transferred?

The department no longer needs to be notified about suspected cases (only confirmed cases).
6. If a suspected case of COVID-19 is unwell enough to require ambulance transfer to hospital, call Triple Zero (000) in the normal manner but advise that the patient may have suspected COVID-19 infection. Ambulance transfers do not need to be approved by the department. Where there is no clinical need for ambulance transfer, alternative means of transport should be used including private car driven by the case or an existing close contact (not bus, taxi or Uber).
7. Remember to provide a surgical face mask for the patient and driver if being transferred to an emergency department by any means.
8. If a patient is tested in the community by a general practitioner, the general practitioner should **undertake testing** as indicated in this guide. Ensure arrangements are in place for contacting the patient with the test result – this is the responsibility of the general practitioner.
9. **Advise a suspected case they must self-isolate at home**, and provide a factsheet for suspected cases from the department's COVID-19 [webpage](#).
10. Undertake **cleaning and disinfection** of the room as detailed in this guide.
11. When the test result is available:
 - a) **If the test is negative** for COVID-19 provide the negative result from the laboratory to the patient and manage any other cause of illness you have assessed as requiring treatment. Consider advising the patient in the normal manner that admission to hospital and further testing may be required if they deteriorate.
 - b) **If the test is positive** for COVID-19, call the department on 1300 651 160 to confirm that the department is aware of the result and agree on next steps for management of the patient.

Checklist for health services

The following actions should be undertaken when a patient presents to an emergency department or urgent care centre who may be a suspected case of COVID-19:

1. Staff at triage points should wear personal protective equipment for droplet and contact precautions (single-use surgical mask, eye protection, gown and gloves).
2. Triage high risk patients to a separate isolated waiting area away from low risk patients, staff and general public.
3. Provide a single-use surgical mask for the patient to put on.
4. Isolate the patient in a single room with the door closed.
5. Any person entering the room should don droplet and contact precautions personal protective equipment (single-use surgical mask, eye protection, gown and gloves).
6. Conduct a medical assessment, and focus on:
 - (a) the date of onset of illness and especially whether there are symptoms or signs of pneumonia
 - (b) contact with confirmed cases of COVID-19
 - (c) precise travel history and occupation
 - (d) history of contact with sick travellers or other people or overseas health care facilities
 - (e) work or residence in a moderate or high risk setting for transmission
 - (f) residence in a geographically localised area with elevated risk of community transmission, as defined by the department.
7. Determine whether the patient fits the current criteria for testing. Refer to *Who should be tested for COVID-19*
8. If admission is not required and the patient can return to the community:
 - a) for patients that do **not** fit the current criteria for testing for COVID-19 – advise the patient to stay at home until their symptoms have resolved and they feel well. Those with fever should stay at home until at least 72 hours (3 days) after the last fever. Provide a factsheet for those who do not meet criteria for testing from the department's [coronavirus disease \(COVID-19\) website](https://www.dhhs.vic.gov.au/information-health-services-and-general-practitioners-novel-coronavirus) <<https://www.dhhs.vic.gov.au/information-health-services-and-general-practitioners-novel-coronavirus>>
 - b) for patients that fit the current criteria for testing - the notifying clinician should **advise the patient to self-isolate at home** (if not already) and minimise contact with other people. Provide a factsheet for suspected cases from the department's [coronavirus disease \(COVID-19\) website](https://www.dhhs.vic.gov.au/information-health-services-and-general-practitioners-novel-coronavirus) <<https://www.dhhs.vic.gov.au/information-health-services-and-general-practitioners-novel-coronavirus>>
 - c) consider advising the patient in the normal manner that admission to hospital and further testing may be required if they deteriorate
 - d) ensure **arrangements are in place for the patient to be contacted with the test result** – this is the responsibility of the testing clinician and health service.
9. If admission is required:
 - a) maintain infection control precautions and actively consider multiple samples including from lower respiratory tract specimens.
10. When the test result is available:
 - a) **if the test is positive** for COVID-19, provide the result to the patient. The health service infectious diseases lead, or senior clinician should call the department on 1300 651 160 to confirm that the department is aware of the result and to provide any additional clinical information.

- b) **if the test is negative** for COVID-19, provide the negative result to the patient and manage any other cause of illness you have assessed as requiring treatment.
- c) consider advising the patient in the normal manner that admission to hospital and further testing may be required if they deteriorate and no other cause is found.

Who should be tested for COVID-19?

People without symptoms should not be tested.

Patients who meet at least one clinical AND at least one epidemiological criterion should be tested:

Clinical criteria:

Fever ($\geq 38^{\circ}\text{C}$) or history of fever (for example night sweats, chills)

OR

Acute respiratory infection (for example, shortness of breath, cough, sore throat).

Epidemiological criteria:

Close contacts of confirmed COVID-19 cases with onset of symptoms within 14 days of last contact

OR

Travelers from overseas with onset of symptoms within 14 days of return

OR

Cruise ship passengers and crew with onset of symptoms within 14 days of disembarkation

OR

Paid or unpaid workers in healthcare, residential care, and disability care settings

OR

People who have worked in public facing roles in the following settings within the last 14 days:

- homelessness support
- child protection
- the police force
- firefighters who undertake emergency medical response
- childcare and early childhood education
- primary or secondary schools.

OR

Any person aged 65 years or older

OR

Aboriginal or Torres Strait Islander peoples

OR

Patients admitted to hospital where no other cause is identified

OR

Any person in other high-risk settings, including:

- Aged care, disability and other residential care facilities
- Military operational settings
- Boarding schools
- Correctional facilities
- Detention centres
- Settings where COVID-19 outbreaks have occurred, in consultation with the department.

Confirmed case:

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.

Only confirmed cases need to be notified to the department. Notify the department of confirmed cases as soon as practicable by calling 1300 651 160, 24 hours a day.

General comments:

- Clinical judgement should be exercised in testing hospitalised patients.
- All patients being tested for COVID-19 should home isolate until test results are available. All patients should attend an emergency department if clinical deterioration occurs.

Definition of close contact

For the purposes of testing, the department advises a precautionary understanding of close contact. In keeping with definitions of close contact developed in other jurisdictions, close contact means greater than 15 minutes face-to-face or the sharing of a closed space for more than two hours with a confirmed case without recommended personal protective equipment (PPE) which is droplet and contact precautions for the definition of contact.

Contact needs to have occurred during the period of 24 hours prior to onset of symptoms in the confirmed case until the confirmed case is no longer considered infectious to be deemed close contact.

Examples of close contact include:

- living in the same household or household-like setting (for example, a boarding school or hostel)
- direct contact with the body fluids or laboratory specimens of a confirmed case without recommended PPE (droplet and contact precautions)
- a person who spent two hours or longer in the same room (such as a GP clinic or ED waiting room, a school classroom; an aged care facility)
- a person in the same hospital room when an aerosol generating procedure (AGP) is undertaken on the case, without recommended PPE for an AGP (airborne and contact precautions)
- Aircraft passengers who were seated in the same row as the case, or in the two rows in front or two rows behind a confirmed COVID-19 case.
- For aircraft crew exposed to a confirmed case, a case-by-case risk assessment should be conducted by the airline to identify which crew member(s) should be managed as close contacts. This will include:
 - Proximity of crew to confirmed case
 - Duration of exposure to confirmed case
 - Size of the compartment in which the crew member and confirmed case interacted
 - Precautions taken, including PPE worn, when in close proximity to the confirmed case
 - If an aircraft crew member is the COVID-19 case, contact tracing efforts should concentrate on passengers seated in the area where the crew member was working during the flight and all of the other members of the crew.
- Close contacts on cruise ships can be difficult to identify, and a case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.
- Face-to-face contact for more than 15 minutes with the case in any other setting not listed above.

Healthcare workers (HCWs) and other contacts who have taken recommended infection control precautions, including the use of recommended PPE (droplet and contact precautions for the purposes of this contact definition), while caring for a suspected or confirmed case of COVID-19 are **not** considered to be close contacts.

Triaging and managing high risk patients on arrival to hospital

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

- presenting with acute respiratory tract infection
- presenting with fever (≥ 38 degrees), without another immediately apparent cause (e.g. UTI or cellulitis)
- they have travelled overseas and have onset of symptoms within 14 days of return
- they have been in close contact with a confirmed coronavirus (COVID-19) case with onset of symptoms within 14 days
- they are a confirmed coronavirus (COVID-19) case (this includes healthcare workers who are known confirmed cases and are attending for clearance testing to determine when they can return to work).

Patient transfer and destination health service

The following is advice on where patients should be managed:

- patients should be assessed and managed by the health service they present to
- transport of patients to other facilities should be avoided unless medically necessary
- ambulance transfer should be reserved for cases where there is clinical need; alternative means of transport should be used for other cases including a private car driven by the case or an existing close contact (not bus, taxi or Uber).
- suspected or confirmed cases in the community who require assessment or admission at a hospital should be seen and assessed at the nearest emergency department
- travellers identified as suspected cases at Melbourne Airport can also be transferred by private car to a coronavirus assessment centre at a Victorian hospital. If ambulance transport is required the patient will likely be transferred to Royal Melbourne Hospital or Royal Children's Hospital for assessment.
- travellers identified as suspected cases at Avalon Airport and requiring ambulance transport will likely be transferred to Geelong Hospital for assessment.

Arrival to hospital and triage

Upon arrival to the emergency department, patients assessed as high-risk should be triaged to a separate isolated section of the waiting area, away from the general public and provided with a surgical mask. Assessment centres can support the management of high-risk patients if they are in place at the health service. All staff at triage points and assessment centres should be wearing PPE required for suspected or confirmed cases of coronavirus (COVID-19).

Ambulance triage

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

Emergency department admissions

A dedicated floor plan should be established that clearly designates areas assigned for high-risk patients within the emergency department. If able, rostering of staff to these areas to support the separation and

resourceful use of PPEs should be considered. For staff working directly in the area of suspected or confirmed cases of coronavirus (COVID-19), PPE should be worn accordingly. Designated areas for donning and removing PPE should be in place.

Patient transfers

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

Case management

Assessment and management of patients for COVID-19 testing

A checklist above indicates key actions for the assessment of patients for testing.

Victorian health services and general practitioners are only required to notify the department of **confirmed** cases.

The medical assessment of the patient should focus on the following:

- the date of onset of illness and especially whether there are symptoms or signs of pneumonia.
- contact with confirmed cases of COVID-19
- precise travel history and occupation
- history of contact with sick travellers or other people or overseas health care facilities.
- work or residence in a high risk setting for transmission.

People awaiting results of tests for COVID-19 should be isolated until COVID-19 is excluded.

Exclusion of COVID-19

For patients with fever or respiratory tract infection who are not hospitalised, a single negative nasopharyngeal swab (plus sputum if possible) is sufficient to exclude COVID-19 infection.

A patient who developed symptoms whilst in self-quarantine, for example because of recent overseas travel or contact with a confirmed case, who has then tested negative for COVID-19 should continue their quarantine period but be considered for a second test if they deteriorate and require hospitalisation.

For patients who fit the testing criteria and who require admission for pneumonia (for example, fever and shortness of breath), two negative nasopharyngeal swabs (plus a lower respiratory tract specimen such as sputum if possible) are recommended to exclude COVID-19 infection. Further testing can also be considered if a patient deteriorates and clinical suspicion of COVID-19 remains high.

Clinical management of confirmed cases

This is at the discretion of the treating team and at the present time is supportive care only.

Admission to hospital should occur when medically necessary or when directed by the department in order to reduce the risk of transmission or facilitate testing for clearance, such as if the case resides in a communal environment. Emerging information suggests COVID-19 may be associated with a delayed deterioration in clinical status in some cases.

Interim clinical guidelines for the management of patients with COVID-19 have been released by the following peak professional bodies:

- [The Australasian Society for Infectious Diseases \(ASID\)](#)
- [The Australian and New Zealand Intensive Care Society \(ANZICS\)](#)

Persons not requiring hospitalisation who have confirmed COVID-19 can be managed at home. The United States Centers for Disease Control and Prevention (USCDC) has developed principles for such home care management at <https://www.cdc.gov/coronavirus/COVID-19/guidance-home-care.html>.

Criteria for inpatient discharge

The department and treating team may agree to care of the patient in the community for example through Hospital in the Home if all of the following criteria are met:

- an infectious diseases specialist determines the patient is clinically improved and well enough to be managed in the community, and
- the patient has been afebrile for the previous 24 hours, and
- a risk assessment has been conducted by the department to determine whether there is any risk to the household.

A confirmed case in the home must remain in isolation until criteria for release from isolation are met.

Release from isolation of a confirmed case

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. This will be actively considered when all of the following criteria are met:

- 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
-

Healthcare workers and workers in aged care facilities who meet the above criteria can be released from isolation. However, these individuals must meet the following criteria before they can return to work.

Return-to-work criteria for health care workers and workers in aged care facilities

Healthcare workers and workers in aged care facilities (HCWs) must meet the following criteria before they can return to work in a healthcare setting or aged care facility:

- the person has been afebrile for the previous 48 hours
- resolution of the acute illness for the previous 24 hours
- be at least seven days after the onset of the acute illness
- PCR negative on at least two consecutive respiratory specimens collected 24 hours apart after the acute illness has resolved.

The department will determine when healthcare and aged care workers should be tested for return-to-work clearance in consultation with the patient and their treating doctor. Testing should be arranged by the healthcare worker's employer, the healthcare or aged care worker's treating doctor, or at a

coronavirus assessment centre if testing by the treating doctor is not feasible. The patient should inform the department of where they intend to be tested. The department will follow up test results and provide a letter indicating that the patient can return to work once the return-to-work criteria are met.

In the event that a healthcare worker or aged care worker returns a positive result, repeat testing should be arranged. If whilst awaiting results, the healthcare worker or aged care worker meets the above release from isolation criteria, they can be released from isolation but cannot return to work until they have two consecutive negative swabs. In the event that respiratory specimens remain persistently PCR positive, a decision on return to work should be made on a case-by-case basis after consultation between the person's treating doctor, the testing laboratory and the department.

The following procedures should be followed when performing return-to-work clearance testing:

- All HCWs presenting for testing must wear a single use face mask and comply with infection control standards applicable to a confirmed case of COVID-19 until the department determines that release from isolation criteria are met
- Specimens should be collected using droplet and contact precautions
- HCWs should not attempt to self-swab.
- Pathology requests must be clearly labelled with the following content under 'clinical information': **'URGENT: HCW CLEARANCE TESTING, please notify result to DHHS'** and results should be copied to the DHHS COVID-19 Response and the HCW's treating physician.
- HCWs attending for return-to-work testing should be triaged as priority patients for testing.

The department will follow up the results of return-to-work testing and will contact healthcare and aged care workers regarding next steps. Once the return-to-work criteria are met, the department will provide healthcare and aged care workers with a letter confirming that they can return to work.

Checklist of key actions for the department for confirmed cases

- Confirm the diagnosis with testing laboratory.
- Contact the treating team/GP to confirm that the confirmed case is isolated and agree the management of the patient.
- Contact the confirmed case +/- parent/guardian (for cases under 18 years) to collect relevant social, clinical and epidemiological information.
- Identify close contacts and recommend immediate quarantining of any close contacts.
- Identify any potential exposure sites and assess whether any further action is required.
- Undertake all public health response activities including risk communication and sharing of relevant resources.

Checklist of key actions for the clinical team for confirmed cases

- If a patient is in the community at the time of diagnosis, if clinically necessary the department will organise with the nearest appropriate health service to admit the patient, in order for care to be provided in hospital or via Hospital in the Home.
- For patients who do not require admission to hospital or Hospital in the Home, clinical teams only need to provide patients with the initial feedback of their results, information and counselling and usual advice to seek medical attention if their condition deteriorates. Clinical teams do not need to routinely contact cases unless clinically appropriate.
- Notify the department on 1300 651 160 as soon as possible (within 24 hours) if a patient becomes critically unwell, in the case of intensive care admission, or death.

- Commence list of all HCWs and visitors who enter the case's room. (If the case is at home and being visited by Hospital in the Home only a list of HCWs required.)
- Advise HCWs who provide care for the case (even with appropriate use of PPE) to self-monitor for symptoms of COVID-19 for 14 days after their last contact with the case.

Signage and triage of people presenting to health and other services

Diagnosis and management of COVID-19 must be undertaken by medical practitioners in accordance with the current with guidelines from the Victorian Department of Health and Human Services. This will occur primarily in general practice and hospitals.

However, to reduce risks to service providers and detect people with COVID-19 risk factors, rapid pre-assessment is indicated by a broader range of service providers prior to the provision of a service. This pre-assessment may include enquiring about recent travel history and relevant symptoms. Only health-care services who manage unwell patients (such as general practice, hospitals and ambulance services) are expected to assess for symptoms.

For examples of posters that can be used see the [department's website](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19)
<<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>

Contact management

The department will conduct contact tracing for confirmed cases in the community and will seek assistance from a health service in relation to any contact tracing required for health service staff.

Close contacts

Self-quarantine

The following groups are now required to self-quarantine:

- close contacts of confirmed cases until 14 days after last close contact with the confirmed case.
- all travellers who arrived in Australia after midnight on Sunday 15 March 2020 but prior to 11:59pm on Saturday 28 March 2020 need to self-quarantine at home until 14 days after arriving in Australia
- As of midnight, 28 March 2020, all travellers arriving into Melbourne from overseas will be quarantined for two weeks in hotel rooms and other accommodation facilities after submitting an Isolation Declaration Card. Interstate travellers can return to their home states after fulfilling the mandatory quarantine requirements.

Self-quarantine means remaining at home except in cases of medical emergency. This means a person recommended to self-quarantine:

- must not visit public settings or mass gatherings.
- must not use public transport.
- must not attend settings like health services, residential aged care facilities or educational settings.

This requirement for people who are in quarantine not to attend health services, includes a requirement that they do not attend a family member who is a confirmed case in a Victorian health service.

Health services and GPs are not required to provide a certificate of medical clearance to those who have completed the required 14 days self-quarantine.

In keeping with being in quarantine, children who attend early education and childcare and students in Victorian primary schools and secondary schools, who have been in any overseas country if they arrived after midnight on Sunday 15th March are excluded from attending that educational or care setting until 14 days after they were last in those countries.

Again, in keeping with being in quarantine, children who attend early education and childcare and students in Victorian primary schools and secondary schools are excluded from attending that educational or care setting for 14 days following close contact with a confirmed COVID-19 case.

Close contacts should not travel within Australia or internationally within the 14 days after last contact with the infectious case.

Symptomatic close contacts

Testing for COVID-19 is not indicated unless symptoms develop.

The approach to a symptomatic close contact requires an assessment by a treating clinician. The next steps depend on whether a treating clinician has identified the patient as having a non-infectious cause, a likely non-respiratory infectious cause, or an acute respiratory illness.

For a symptomatic close contact during the 14-day quarantine period, the department will:

- Advise the close contact to attend a suitable general practice, emergency department or coronavirus assessment centre for evaluation with a single-use face mask on and to identify themselves immediately on arrival.

Where a close contact has an illness during the 14-day period of quarantine after the step above, the treating clinician will:

- use a single room and appropriate PPE as for a suspected case
- test for COVID-19 and manage the person as a suspected case.
- If the test is positive, the person will be managed as a confirmed case. Notify the department.

Where the illness is diagnosed as acute respiratory illness:

- If testing for COVID-19 is negative and the treating clinician has diagnosed an acute respiratory illness or an illness that is highly compatible with COVID-19, the close contact may then require a subsequent test at a short period thereafter.

Where the illness is diagnosed as likely to be some other form of infection or is not an infection:

- If testing for COVID-19 is negative and the treating clinician has diagnosed some other infection or a non-infectious cause, then the treating team should consider, in conjunction with an infectious disease specialist, whether testing of relevant specimens such as urine and faeces for COVID-19 might be of value or whether evidence is now clear for an alternative cause, including legionellosis.
- The close contact can be advised to continue to self-quarantine until a full 14 days have expired from date of last close contact with confirmed case.

Checklist of key actions for the department for close contacts

For all close contacts the department will:

- Advise self-quarantine including restriction on travel until 14 days from the last contact with confirmed case.
- Counsel close contacts about risk and awareness of potential symptoms.
- Provide a close contact fact sheet
- Make regular contact with the close contact to monitor for any symptoms, either through SMS, email or telephone call.
- If after 14 days of quarantine (from the last contact with a confirmed case), the contact remains asymptomatic, the individual is cleared and may cease quarantine.
- If a school or employer requests confirmation from the department that the quarantine period has been met, the department will provide evidence with the consent of the individual.

Healthcare workers

HCWs and other contacts who have taken recommended infection control precautions, including the use of recommended PPE, while caring for a confirmed case of COVID-19 are not considered to be close contacts. However, they should be advised to self-monitor and if they develop symptoms consistent with COVID-19 infection they should isolate themselves. See also [Infection prevention and control](#).

From midnight 15 March 2020, any healthcare worker or residential aged care worker arriving or returning from any overseas destination must self-quarantine (self-isolate) for a period of fourteen (14) days.

- Any healthcare workers who is unwell with a compatible illness should not attend work and should seek appropriate medical care. **All healthcare workers with fever or symptoms of acute respiratory infection should be tested for COVID-19, as per the testing criteria.**

Hospital workers must not enter or remain at a hospital in Victoria from midnight 23 March, if:

- the person has been diagnosed with COVID-19, and has not yet met the criteria for discharge from isolation
- if the person has travelled/arrived in Australia from any country in the past 14 days
- has had known contact with a person who is a confirmed COVID 19 case
- has a temperature higher than 37.5 degrees or symptoms of acute respiratory infection

Table 1: Actions for travellers and healthcare workers returning from overseas

Date of arrival	Country	General actions	Action for healthcare and residential care workers
Before 11:59 pm on Saturday 28 March 2020	All countries	Self-quarantine for 14 days	No work for 14 days
After 11:59pm on Saturday 28 March 2020	All countries	Mandatory quarantine for 14 days (accommodation provided)	No work for 14 days

Infection prevention and control

Background

Infection prevention and control recommendations are based on the *Communicable Diseases Network Australia Series of National Guidelines – Coronavirus Disease 2019 (COVID-19) guideline*, and WHO guideline [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected: Interim guidance January 2020](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected) <[https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected)>.

Nationally consistent advice regarding the management of COVID-19 suspected and confirmed cases has evolved as further information regarding the specific risks of transmission associated with this infection have become known. As it becomes available, this advice has been incorporated into this guideline.

To reduce transmission of COVID-19, there are now general restrictions on who can visit or work at a Victorian hospital and how long visits can last. Screening procedures to prevent unwell visitors entering hospitals are also being implemented. The current restrictions are available on the [department's website](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19) <<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.

Healthcare workers

Healthcare workers are required to self-quarantine for 14 days after overseas travel and self-quarantine for 14 days after close contact of a confirmed case of COVID-19 (see [Healthcare workers](#) in Contact management section). If a healthcare worker is identified as a confirmed case of COVID-19, they must not return to work until they are advised by the department that they meet clearance criteria.

Healthcare workers should only attend work if they are well. Prior to going to work each day, healthcare workers should consider whether or not they feel unwell and should take their own temperature.

Those working in a Victorian public health services are required to report to their manager if they have the following symptoms prior to starting work or at any time while at work:

- temperature higher than 37.5 degrees Celsius
- symptoms of acute respiratory infection, such as shortness of breath, cough, sore throat or nasal congestion.

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

Looking after yourself when wearing PPE

It is important that healthcare workers look after themselves during this time of increased use of PPE. Upon removal of PPE, healthcare workers should remember to hydrate themselves, practice hand hygiene and avoid touching their faces. Regular application of hand cream should be considered. Healthcare workers who are sensitive to latex should ensure that they wear non-latex gloves.

Using mobile phones in healthcare settings

People touch their phones as frequently as their faces. Mobile phones may be dirty, so please:

- ensure mobile phones are cleaned regularly with disinfectant wipes
- ensure hands are cleaned before and after using mobile phone
- do not answer mobile phones when you are wearing PPE

- consider placing your mobile phone in a clear sealed bag at the commencement of each shift and discarding the bag prior to going home as an additional precaution.

Physical distancing measures in healthcare settings

Physical distancing is to be practiced within clinics and wards, between staff and patients, and between staff and staff. This includes:

- waiting room chairs separated by at least 1.5 metres
- direct interactions between staff conducted at a distance
- staff and patients to remain at least 1.5 metres apart with the exception of clinical examinations and procedures
- hospital cafeterias may only provide takeaways.

Transmission-based precautions

For the purposes of PPE, healthcare workers are people in close contact with patients or the patient space. For example, doctors and nurses and cleaners who enter the patient's room or cubicle are included as healthcare workers. Staff who work in non-clinical areas who do not enter patient rooms are not included as healthcare workers for this purpose.

Prioritising PPE for health care workers

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

Single-use face masks (surgical masks)

- Prioritise use to frontline staff (ICU, ED, coronavirus (COVID-19) wards, acute respiratory assessment clinics, theatre and birthing suites).
- Surgical mask supplies are to be stored in secure areas or supervised by a staff member and not accessible to patients
- Unless damp or soiled, a surgical mask may be worn for the duration of a clinic or shift of up to four hours.

General PPE

- Substitutions that may be considered include:
 - plastic apron instead of a long-sleeved disposable gown where appropriate
 - full-face shield instead of a surgical mask for situations that are appropriate.
- PPE training should use expired PPE stock only (if available)

PPE and routine patient care, during the COVID-19 emergency

During the COVID-19 emergency, **all healthcare workers** in Victorian public health services in **high-risk** areas – intensive care units (ICU), emergency departments (ED), Coronavirus (COVID-19) wards, and acute respiratory assessment clinics – are to wear **surgical masks** for **all patient interactions, unless the situations below apply**.

This is in addition to hand hygiene in accordance with the five moments of hand hygiene. Unless damp or soiled, a surgical mask may be worn for the duration of a clinic or shift of up to four hours. Masks must be removed and disposed of for breaks and then replaced.

The risk in birthing suites is unknown, however the use of a surgical face mask and eye protection may be prudent where there is a risk of splashes from body fluids.

Lung function testing should only be performed if it is deemed clinically essential by a respiratory physician, and staff performing testing should followed droplet and contact precautions as outlined below. For more information see <https://www.thoracic.org.au/documents/item/1864>

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

Caring for suspected and confirmed cases

In line with advice from the WHO and the Communicable Disease Network Australia, the department recommends **droplet and contact precautions** for HCWs providing routine care of suspected and confirmed cases of COVID-19 infection, including during initial triaging.

This means that in addition to standard precautions, **all individuals, including family members, visitors and HCWs** should apply droplet and contact precautions. This includes use of the following PPE:

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

If the gown is disposable and soiled, take it off and dispose of it with clinical waste. If the gown is reusable (non-disposable), take it off and get it reprocessed. Posters showing the order of putting on and taking off PPE (donning and doffing) can be found on the [department's website](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19) <<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.

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

For hand hygiene, use an alcohol-based hand rub with over 60 per cent alcohol if hands are visibly clean, soap and water when hands are visibly soiled.

Visiting confirmed cases of COVID-19 is discouraged due to the high likelihood of contamination of the environment of the room of an infectious confirmed case. If a visitor attends a confirmed case in hospital, the visitor must wear PPE as described above and should be carefully donned and doffed by a person experienced in infection prevention and control requirements.

Airborne and contact precautions

Airborne and contact precautions are now recommended in **specific circumstances** when [undertaking aerosol generating procedures](#) as outlined [below](#).

Airborne and contact precautions are:

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

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

P2/N95 respirators (mask) should be used only when required. *Unless used correctly*, that is with fit-checking, a P2/N95 respirator (mask) is unlikely to protect against airborne pathogen spread.

An air-tight seal may be difficult to achieve for people with facial hair. Fit checking with a range of P2/N95 respirators must occur to assess the most suitable one to achieve a protective seal. If a tight seal cannot be achieved, facial hair should be removed.

When to discard P2 respirators (N95) masks

P2/N95 masks should be:

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

Undertaking diagnostic testing for COVID-19

For information on the appropriate specimens for testing see the section on laboratory testing for COVID-19 below.

In the **community**, there is no requirement for airborne precautions when taking a nose and throat swab.

If the patient has symptoms of **pneumonia**, such as shortness of breath or productive sputum there may be a small chance of a higher viral load. As a precaution, airborne and contact precautions are recommended when taking upper respiratory specimens when pneumonia is present.

A patient with clinical evidence of pneumonia who requires testing for COVID-19 should be managed in a hospital setting. Management of patients with pneumonia in the hospital setting will also facilitate lower respiratory tract specimen collection.

Table 3: When airborne precautions are recommended for specimen collection

Specimen type	Patients <i>without</i> symptoms of pneumonia	Patients <i>with</i> symptoms of pneumonia (fever and breathlessness and/or severe cough)
Nasopharyngeal swab	No	Yes
Oropharyngeal swab	No	Yes
Sputum (not induced)	No	Yes
Nasal wash/aspirate	No	Yes
Bronchoalveolar lavage	Yes	Yes
Induced sputum	Yes	Yes

Ref: Infection Control Advisory Group – 2019-nCoV, *Interim recommendations for the use of PPE during clinical care of people with possible nCoV infection*. CDNA

While patient's faecal samples may be tested under some circumstances where there is capacity to do so, faecal sampling is not recommended as a standard test.

Undertaking aerosol generating procedures

Aerosol generating procedures (AGPs) should be avoided where possible.

Airborne and contact precautions are now recommended when undertaking aerosol generating procedures* in the following **specific circumstances**:

- where a patient is a suspected or confirmed case of COVID-19;
- where it is not possible to determine if a patient is a suspected case of COVID-19, for example, where a person is found unconscious and a history cannot be obtained;

- in a high-risk procedure on a patient (regardless of COVID-19 status) involving:
 - head and neck - including ENT surgery/endoscopy;
 - neurosurgery that involves sinus surgery;
 - dacryocystorhinostomy and other ophthalmological procedures that breach the nasal mucosa;
 - maxillofacial surgery;
 - gastroscopy, or
 - bronchoscopy.

**Examples of AGPs include:*

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

Appropriate cleaning and disinfection should be undertaken following an AGP. See [Environmental cleaning and disinfection](#) for further information.

Patient placement

A standard single room (Class S) with doors closed is sufficient, although cases may be placed into a negative-pressure ventilation room (Class N), where available. AGPs, wherever possible, should be conducted in a negative-pressure ventilation room.

A dedicated toilet / commode should be used where possible, ensuring lid is closed when flushed to reduce any risk of aerosolization.

Suspected cases of COVID-19 infection may be cohorted together where single rooms are not available.

Maintain a record of all persons entering the patient's room including all staff and visitors.

Care of critically ill patients in ICU

- Patients who require admission to ICU with severe COVID-19 infection are likely to have a high viral load, particularly in the lower respiratory tract.
- Contact and airborne precautions (as above) are required for patient care and are adequate for most AGPs. The risk of aerosol transmission is reduced once the patient is intubated with a closed ventilator circuit. There is a potential, but unknown, risk of transmission from other body fluids such as diarrhoeal stool or vomitus or inadvertent circuit disconnection.
- If a health care professional is required to remain in the patient's room continuously for a long period (for example, more than one hour), because of the need to perform multiple procedures, the use of a powered air purifying respirator (PAPR) may be considered for additional comfort and visibility. Several different types of relatively lightweight, comfortable PAPRs are now available and should be used according to manufacturer's instructions. Only **PPE marked as reusable** should be reused, following reprocessing according to manufacturer's instructions; all other PPE must be disposed of after use.

ICU staff caring for patients with COVID-19 (or any other potentially serious infectious disease) should be trained in the correct use of PPE, including by an infection control professional. This also applies particularly to the use of PAPRs, when used. Particular care should be taken on removal of PAPR, which is associated with a risk of contamination.

Case movement and transfers

Where possible, all procedures and investigations should be carried out in the case's room, with exception of AGPs which should be performed in a negative pressure room whenever possible.

Transfers to other healthcare facilities should be avoided unless it is necessary for medical care. Inter hospital transfers should use routine providers.

Environmental management

Signage

Clear signage should be visible to alert HCWs of required precautions before entering the room, see [Australian Commission on Safety and Quality in Health Care](https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/infection-control-signage) <<https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/infection-control-signage>>.

Management of equipment

Preferably, all equipment should be either single-use or single-patient-use disposable. Reusable equipment should be dedicated for the use of the case until the end of their admission. If this is not possible, equipment must be cleaned and disinfected (see [Environmental cleaning and disinfection](#) below) prior to use on another patient.

Disposable crockery and cutlery may be useful in the patient's room to minimise the number of contaminated items that need to be removed. Otherwise, crockery and cutlery can be reprocessed as per standard precautions.

Environmental cleaning and disinfection

Required agents for cleaning and disinfection

Cleaning of a patient consultation room or inpatient room should be performed using a neutral detergent. Disinfection should then be undertaken using a chlorine-based disinfectant (for example, sodium hypochlorite) at a minimum strength of 1000ppm, or any hospital-grade, TGA-listed disinfectant with claims against coronaviruses or norovirus, following manufacturer's instructions.

A one-step detergent/chlorine-based product may also be used. Ensure manufacturer's instructions are followed for dilution and use of products, particularly contact times for disinfection.

Wearing PPE whilst undertaking cleaning and disinfection

Droplet and contact precautions should be used during any cleaning and disinfection of a room where there has not been an AGP or if more than 30 minutes has elapsed since the AGP was done.

Airborne and contact precautions should be used during any cleaning and disinfection of a room where there has been an AGP performed within the previous 30 minutes.

Steps for disinfection and cleaning of a patient consultation room or inpatient room

The patient consultation room should be cleaned at least once daily and following any AGPs or other potential contamination.

There is no need to leave a room to enable the air to clear after a patient has left the room unless there was an AGP performed. Nose and throat swabs are not considered AGPs unless performed on a patient who has pneumonia. If an AGP was performed, leave the room to clear for 30 minutes.

The patient consultation room (or inpatient room after discharge of the suspected case) should now be cleaned and disinfected using the agents listed above. In most cases this will mean a wipe down with a one-step detergent disinfectant as listed above. There is no requirement to wait before the next patient is seen. The room is now suitable for consultation for the next patient.

Waste management

Dispose of all waste as clinical waste. Clinical waste may be disposed of in the usual manner.

Linen

Bag linen inside the patient room. Ensure wet linen is double bagged and will not leak.

Reprocess linen as per standard precautions.

Environmental cleaning and disinfection in an outpatient or community setting (for example, a general practice)

Cleaning and disinfection methods as below:

- Clean surfaces with a neutral detergent and water first.
- Disinfect surfaces using either a chlorine-based product at 1000ppm or other disinfectant that makes claims against coronavirus. Follow the manufacturer's instructions for dilution and use.
- A one-step detergent/disinfectant product may be used as long as the manufacturer's instructions are followed re dilution, use and contact times for disinfection (that is, how long the product must remain on the surface to ensure disinfection takes place).

Follow the manufacturer's safety instructions for products used regarding precautions and use of safety equipment such as gloves or aprons.

All linen should be washed on the hottest setting items can withstand.

Wash crockery and cutlery in a dishwasher on the highest setting possible.

Care of the deceased if COVID-19 is suspected or confirmed

The same level of infection prevention and control precautions should be used for the management of a deceased person as were used before their death. As such, droplet and contact precautions should be used when handling deceased persons for whom COVID-19 infection is suspected or confirmed.

Additional precautions may be required, for example airborne and contact precautions, if conducting an autopsy. This will be dependent upon the risk of generation of aerosols.

The Australian Government advice for funeral directors may be found at

<<https://www.health.gov.au/resources/publications/coronavirus-covid-19-advice-for-funeral-directors>>

Laboratory testing for COVID-19

Prioritisation of testing

A number of Victorian laboratories are undertaking testing for COVID-19 in Victorian patients. There is significant pressure on supply of swabs and reagent kits for COVID-19 testing. It is **critical** that clinicians use the current testing criteria to guide patient investigation and use **only one swab** when testing. Please provide **clinical details** on request slips so high-risk patients and healthcare workers, aged, residential care workers or disability workers can be prioritised where resources allow. Specimens taken from health care workers should be marked URGENT- Health Care Worker.

Specimens for testing

For initial diagnostic testing for COVID-19, DHHS recommends collection of the following samples:

1. upper respiratory tract specimens.
2. lower respiratory tract specimens (if possible).
3. serum, where possible (to be stored for later analysis).

Label each specimen container with the patient's ID number (for example, medical record number), specimen type (for example, serum) and the date the sample was collected.

Respiratory specimens

Collection of upper respiratory (nasopharyngeal AND/OR oropharyngeal swabs), and lower respiratory (sputum, if possible) is recommended for patients with a productive cough.

1. Upper respiratory tract
 - a) Nasopharyngeal swab: Insert a swab into nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Swab both nostrils (nasopharyngeal areas) with the same swab.
AND/OR
 - b) Oropharyngeal swab (that is, a throat swab): Swab the tonsillar beds, avoiding the tongue.
 - c) **To conserve swabs** the same swab that has been used to sample the oropharynx should be utilised for nasopharynx sampling
 - d) A second swab is no longer necessary for influenza testing. Testing for other respiratory viruses (for example, multiplex PCR) can be undertaken on the same specimen.

Note. Swab specimens should be collected only on swabs with a synthetic tip (such as polyester, Dacron® or Rayon, flocked preferred) with aluminium or plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. For transporting samples, recommended options include viral transport medium (VTM) containing antifungal and antibiotic supplements, or Liquid Amies medium which is commonly available. Avoid repeated freezing and thawing of specimens.

2. Lower Respiratory tract (if possible)
 - a) Sputum: Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C. If sending to Victorian Infectious Diseases Reference Laboratory (VIDRL), send on an ice pack.

- b) Bronchoalveolar lavage, tracheal aspirate: Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C - if sending to VIDRL, use ice pack.

Lower respiratory tract specimens are likely to contain the highest virus loads based on experience with SARS and MERS coronaviruses.

Other specimens:

3. Blood (serum) for storage for serology at a later date:
 - a) Children and adults: Collect 1 tube (5-10mL) of whole blood in a serum separator tube.
 - b) Infant: A minimum of 1ml of whole blood is needed for testing paediatric patients. If possible, collect 1mL in a serum separator tube.

At the current time there is no serological test for COVID-19 and blood when received at VIDRL will be stored for future testing, when testing is available and if the case is confirmed as COVID-19 infection.

The department is continuously reviewing whether there is a requirement for other specimens such as stool or urine to be sent to VIDRL. At the current time this is not routinely recommended in cases of respiratory illness. A stool specimen may be recommended by the department to provide additional reassurance before a confirmed case is released from isolation.

Specimen collection and transport

See also [Undertaking diagnostic testing](#) for PPE recommendations.

Specimen collection process

For most patients with mild illness in the community, collection of upper respiratory specimens (that is, nasopharyngeal or oropharyngeal swabs) is a low risk procedure and can be performed using **droplet and contact** precautions.

- Perform hand hygiene before donning gown, gloves, eye protection and single-use surgical mask. See How to put on your PPE poster on the [department's website](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19) <<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.
- When collecting throat or nasopharyngeal swabs stand slightly to one side of the patient to avoid exposure to respiratory secretions should the patient cough or sneeze.
- At the completion of the specimen collection process, remove all PPE and perform hand hygiene after removing gloves and when all PPE has been removed. See How to take off your PPE poster on the department's website <<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.

Note that, for droplet and contact precautions, the room does not need to be left empty after sample collection. Droplet and contact precautions PPE must be worn when cleaning the room. See [Environmental cleaning and disinfection](#) for further information.

If the patient has severe symptoms suggestive of pneumonia, for example, fever and breathing difficulty, or frequent, severe or productive coughing episodes then **airborne and contact precautions** should be observed. This means that a P2 respirator must be used instead of a single-use surgical mask.

Patients with symptoms suggestive of pneumonia should be managed in hospital, and sample collection conducted in a negative pressure room, if available. If referral to hospital for specimen collection is not possible, specimens should be collected in a single room. The door should be closed during specimen collection and the room left vacant for at least 30 minutes afterwards (cleaning can be performed during this time by a person wearing PPE for airborne and contact precautions).

There are no special requirements for transport of samples to VIDRL. They can be transported as routine diagnostic samples for testing (that is, Biological substance, Category B).

Handling of specimens within diagnostic laboratories

All diagnostic laboratories should follow appropriate biosafety practices, and testing on clinical specimens, including for other respiratory viruses, should only be performed by adequately trained scientific staff.

Current advice from the WHO is that respiratory samples for molecular testing should be handled at Biosafety Level 2 (BSL2), with the USCDC recommending that the following procedures involving manipulation of potentially infected specimens are performed at BSL2 within a class II biosafety cabinet:

- aliquoting and/or diluting specimens
- inoculating bacterial or mycological culture media
- performing diagnostic tests that do not involve propagation of viral agents in vitro or in vivo
- nucleic acid extraction procedures involving potentially infected specimens
- preparation and chemical- or heat-fixing of smears for microscopic analysis.

Information on testing for coronavirus at VIDRL

VIDRL has moved to utilising Real-Time specific COVID-19 PCR assays as the primary diagnostic tool for COVID-19 detection.

Real-time COVID-19 PCR assay

- The test takes approximately 2–3 hours to perform.
- Results reported as positive or negative for COVID-19, for example, *COVID-19 not detected*.

The current VIDRL testing algorithm is as follows:

- All suspected cases will be tested by a real-time assay as above.
 - This test will be performed twice a day at the current time (morning and afternoon), with results released through routine pathways.
- All negative results will be reported and finalised.
- Any positive results will be confirmed by a second specific Real-Time COVID-19 PCR assay targeting a different RNA sequence.
 - This second Real-Time assay will be run for any presumptive positive results, immediately following completion of the first Real-Time assay.
 - Samples positive in both Real-Time assays will thus be reported on the same day as initial testing and will be telephoned through to the referring pathology service as well as the department.
 - Discordant results between the two different Real-Time assays are not anticipated and will be managed on a case by case basis with further molecular testing (for example, Pan-coronavirus PCR assay).
- Urgent specimens can be tested outside of these periods in consultation with the department.
- Viral culture will be attempted from any positive sample under high containment, but such testing is not a diagnostic modality.
- Serum samples will be stored.

As experience with testing develops this algorithm may change further. VIDRL has the intention to register the Real-Time assays with NATA in the near future once sufficient data is available.

Indeterminate test results

Indeterminate test results have been reported from a number of Victorian laboratories.

Indeterminate results should be referred to VIDRL for further testing. While awaiting the results of further testing at VIDRL:

- If the person with an indeterminate test result is a hospital inpatient with pneumonia, they should remain in isolation and a second nasopharyngeal swab (plus a lower respiratory tract specimen such as sputum if possible) should be sent for COVID-19 testing
- If the person with an indeterminate test result meets the criteria for a suspected case and does not require hospitalisation, they should be managed like a confirmed case and be advised to isolate until they meet the clearance criteria.

Governance

International response

The WHO declared COVID-19 a Public Health Emergency of International Concern (PHEIC) under the *International Health Regulations 2005* and on 30 January 2020. A pandemic has now been declared.

A State of Emergency was declared in Victoria on 16 March 2020.

Department Incident Management Team

The Department of Health and Human Services (the department, DHHS) has formed a Department Incident Management Team, chaired by a Public Health Commander, to coordinate the public health and sector response. A Class 2 Emergency, or public health emergency, was declared on 1 February 2020.

The Infection Clinical Network of Safer Care Victoria will be a network that is requested to provide comment and advice to the department, alongside national committees including the Communicable Diseases Network Australia (CDNA).

Communications and media

The department will coordinate communications and media in relation to suspected and confirmed cases of COVID-19. In some instances, the department may – in collaboration with a Victorian health service – request a service to provide media responses in relation to one of more cases associated with that service. A health service should contact the department's Media Unit with any queries.

Role of Ambulance Victoria

Where clinically appropriate, Ambulance Victoria can be used to transport unwell suspected cases of COVID-19 from a port of entry, general practice or other settings to an emergency department. Triple 000 should be called in the normal manner but advise that the patient may have suspected COVID-19 infection.

Prevention

- From 9pm 20 March 2020, any Australian returning from any country outside Australia is required to self-isolate for 14 days

- Follow physical distancing advice
- Follow advice on influenza vaccination.
- Ensure adherence to good hand and respiratory hygiene practices.
- Adhere to good food safety practices.
- Consider avoiding live animal markets.
- At the present time, **travel within Australia is not recommended, and a ban on overseas travel is currently in place.** Check for overseas travel advice or restrictions at [Smartraveller](https://www.smartraveller.gov.au) <<https://www.smartraveller.gov.au>>.
- Advice on physical distancing and other transmission reduction measures is available on the [department's website](https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures) <<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>>.

Risk management at ports of entry

Infection with COVID-19 was designated a Listed Human Disease (LHD) under the *Biosecurity Act 2015* on 21 January 2020.

As of midnight on Sunday 15th March, all people arriving in Australia from any other overseas country are required to self-quarantine for 14 days. Australian citizens and permanent residents and their immediate family members (spouses, legal guardians or dependents only) are still able to enter Australia, but are required to self-quarantine at home for 14 days. As of 18th March, the Australian Government advises all Australians not to travel overseas to any country at this time.

A sample of all passengers from every arriving international aircraft are health screened. DHHS healthcare workers are also conducting health checks on passengers from any international flight if required by the biosecurity officer. Single-use facemasks are provided to arriving passengers who have been identified as unwell. As of midnight on 15th March, arrivals from all other countries are provided with written information and advised to self-quarantine for 14 days.

The disease

Infectious agent

Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) has been confirmed as the causative agent. Coronaviruses are a large and diverse family of viruses that include viruses that are known to cause illness of variable severity in humans, including the common cold, severe acute respiratory syndrome (SARS-CoV), and Middle East Respiratory Syndrome (MERS-CoV). They are also found in animals such as camels and bats.

First termed 2019 novel coronavirus (2019-nCoV), the virus was officially named Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) 11 February 2020. The disease it causes is now called coronavirus disease 2019 (COVID-19).

Reservoir

The reservoir is essentially unknown, but probably zoonotic, meaning they are likely transmitted between animals and people; however, an animal reservoir has not yet been identified for COVID-19.

Initial cases were business operators at the Hua Nan Seafood Wholesale Market, which sold live animals such as poultry, bats, marmots, and wildlife parts. The source of the outbreak is still under investigation in Wuhan. Preliminary investigations have identified environmental samples positive for COVID-19 in Hua Nan Seafood Wholesale Market in Wuhan City, however some laboratory-confirmed patients did not report visiting this market.

Mode of transmission

The mode or modes of transmission of COVID-19 are not yet fully understood, although based on the nature of other coronavirus infections, transmission is likely through droplet and contact. There were cases with a strong history of exposure to the Hua Nan Seafood Wholesale Market in Wuhan City, China where live animals are sold. However, the mechanism by which transmission occurred in these cases, whether through respiratory secretions after coughing or sneezing, or direct physical contact with the patient or via fomites after contamination of the environment by the patient, is unknown.

Person to person transmission has now occurred worldwide and the WHO declared a pandemic on 11 March 2020. As a result, droplet and contact precautions are recommended.

Incubation period

The incubation period is not yet known. However, the interim view on the incubation period is that it is 4 to 14 days, based on the nature of previous coronavirus infections.

Infectious period

Evidence on the duration of infectivity for COVID-19 infection is evolving. Epidemiological data suggests that the majority of transmission occurs from symptomatic cases. The risk of pre-symptomatic transmission is thought to be low. However, as a precaution an infectious period of 24 hours prior to the onset of symptoms is being used to identify and manage close contacts. Infection control precautions should be applied throughout any admission and until the department has declared the confirmed case to be released from isolation.

Given that little information is currently available on viral shedding and the potential for transmission of COVID-19, testing to detect the virus may be necessary to inform decision-making on infectiousness. Patient information (for example age, immune status and medication) should also be considered. Criteria for release from isolation are described in this guideline.

Clinical presentation

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. Sore throat, coryzal symptoms, headache and fatigue have been reported.

In more severe cases, it appears that infection can cause pneumonia, severe acute respiratory syndrome and multi-organ failure (including renal failure). In summary the clinical spectrum varies from mild cases, through to severe acute respiratory infection (SARI) cases.

Illness is more likely in the middle-aged and elderly.

The case fatality rate is unknown but appears to be lower than for SARS and higher than the common cold. The case fatality rate may be higher in elderly, people with immune compromise or who have co-morbidities. The case fatality rate also appears to be higher in countries where the rate of infection has overwhelmed the ability of the relevant health system to care. Current estimates are that the case fatality rate may be as high as two to four per cent.

Information resources

The department will place resources for health professionals on the department's [Coronavirus website](https://www.dhhs.vic.gov.au/novelcoronavirus) <<https://www.dhhs.vic.gov.au/novelcoronavirus>>.

It is important that health professionals consult this website regularly, as case definitions and content of this guideline change regularly during the response to this outbreak.

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	9037 8885	End	1358hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	REDACTED	DOT	REDACTED
EMC	Andrew Crisp (EMC)	VicPol	REDACTED Tim Tully (TT)
State Controller Health	Jason Helps (JH)	DPC	REDACTED
DHHS	Pam Williams (PW) Coralie Hadingham (CH)	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
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 - [REDACTED]	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. • CH – 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 RE on accommodation for the 20 crews. • CH – 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. • REDA – 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"> • 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. • R – 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. • RE – 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. • R – I will work with CC 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. • RE – 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. • R – On Agenda for tomorrow's meeting which EMC and Chris Eagle attending. Send data to State Controller Health, for addition in today's Minutes. RE – 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.			

Cleaning COVID positive rooms in hotels

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
To: "Pam Williams (DHHS)" [REDACTED], "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
Cc: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, "DJPR COVID Accom-Support (DJPR)" <djprcovidaccom-support@ecodev.vic.gov.au>
Date: Mon, 27 Apr 2020 16:24:24 +1000

Thanks, Pam.

Yes this was previously provided, but our discussion with Braedan and Jason a few weeks ago was that this information relates to workplaces and domestic settings. We were awaiting a response on two matters:

- Does this protocol apply equally to hotel rooms
- Is any period of 'settling' required for COVID positive rooms prior to cleaning.

Thanks
 Rachaele

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

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

[REDACTED]

[REDACTED]

djpr.vic.gov.au

From: Pam Williams (DHHS) [REDACTED]
Sent: Monday, 27 April 2020 4:05 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Subject: FW: Cleaning in hotels

FYI

Pam Williams
 COVID19 Accommodation Commander
 Department of Health and Human Services
 [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: Simon Crouch (DHHS) [REDACTED]
Sent: Monday, 27 April 2020 3:23 PM
To: Pam Williams (DHHS) [REDACTED] [REDACTED] (DHHS)
 [REDACTED]
 [REDACTED]
 [REDACTED] [REDACTED] (DHHS)
Subject: Cleaning in hotels

Dear Pam and RED

I have been advised that we have previously recommended following the cleaning guidance for non-healthcare settings which are available here: <https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19>.

Please direct the relevant cleaning contractors to this document.

Thanks
Simon

Dr Simon Crouch BA MBBS MA MPH PhD FAFPHM
COVID-19 Deputy Public Health Commander (Case, Contact and Outbreak Management)
Health Protection Branch | Regulation, Health Protection and Emergency Management
Department of Health and Human Services | 50 Lonsdale Street, Melbourne, Victoria 3000
REDACTED e. REDACTED
w. www.dhhs.vic.gov.au |  he/him

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RE: Cleaning COVID positive rooms in hotels

From: 'REDACTED' (DHHS) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=2f1617160f2f49adb22907eef10607c4-tfry0512">
To: "DJPR COVID Accom-Support (DJPR)" <djprcovidaccom-support@ecodev.vic.gov.au>
Cc: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, 'REDACTED' (DHHS)" REDACTED
Date: Tue, 28 Apr 2020 13:13:27 +1000

Hi, REDACTED

To my knowledge, no nebulisers were used.

At our after team leader briefing, we ask team leaders to document if this occurs, however, as discussed, this is highly unlikely.

Regards

REDACTED

From: DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>
Sent: Tuesday, 28 April 2020 11:30 AM
To: REDACTED (DHHS) <REDACTED@REDACTED>
Cc: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Subject: FW: Cleaning COVID positive rooms in hotels

Hi REDACTED

Just letting you know that we are working on your data request about entries and exits from quarantine since the operation commenced.

I will let you know when I get the information back, hopefully very soon.

On another matter can you please confirm that no nebulisers were used in any of the hotels that require cleaning.

I am pretty sure you said they haven't been but need to confirm.

Thanks,

REDACTED | Interdepartmental Liason Officer

Department of Jobs, Precincts and Regions

30 - 38 Little Malop St, Geelong, VIC 3220

T: (03) REDACTED M: REDACTED

REDACTED

agriculture.vic.gov.au

From: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Sent: Tuesday, 28 April 2020 11:26 AM
To: REDACTED (DJPR) <REDACTED>; DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>
Subject: RE: Cleaning COVID positive rooms in hotels

Thanks,

We need confirmation from DHHS if any rooms did have a nebuliser – this whole hotel was run by DHHS and DJPR do not have that information.

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

A / Executive Director Emergency Coordination and Resilience

Department of Jobs, Precincts and Regions

402 Mair Street Ballarat, Victoria Australia 3350

M: REDACTED

REDACTED

djpr.vic.gov.au

From: REDACTED (DJPR) <REDACTED>
Sent: Tuesday, 28 April 2020 10:40 AM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>
Subject: FW: Cleaning COVID positive rooms in hotels

Hi Rachaele,

Below are DHHS answers to your questions regarding cleaning COVID positive hotel rooms.

- Yes the cleaning and disinfection advice in the document you sent them before is equally applicable to the hotel setting. They were also provided advice a week or so ago via Katherine Ong that rooms of those ending quarantine without developing symptoms could have a standard clean (i.e. however they would normally clean the room after any hotel guests leaves). It is only the rooms of people who became positive that a full clean and disinfection of the room is required.
- There is no period of 'settling' required unless an aerosol generating procedure (e.g. nebuliser on a confirmed case) was undertaken which is highly unlikely to have occurred in a hotel room. Otherwise, cleaning can take place immediately after they have vacated the room.

Regards,

REDACTED

REDACTED

Infection Control Consultant | Communicable Disease Prevention and Control
Health Protection Branch | Regulation Health Protection and Emergency Management

p REDACTED

e REDACTED

REDACTED | Interdepartmental Liason Officer

Department of Jobs, Precincts and Regions

30 - 38 Little Malop St, Geelong, VIC 3220

T: REDACTED | M: REDACTED

REDACTED

agriculture.vic.gov.au

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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	9037 8885	End	1417hrs
Location	State Control Centre, Bogong Room		
Minutes	SRC Executive Support		
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	REDACTED RED	VicPol	REDACTED RED
EMC	-	DPC	REDACTED
State Controller Health	-	AFP	REDACTED
DHHS	Menna Naidu (MN) Merrin Bamert (MB)	SCC Comms	REDACTED
DHHS (Airport)	REDACTED	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.	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.

AFP

File
Version

{ FILENAME \p * MERGEFORMAT }
• No update today.

Page 3 of 4

Printed { DATE \@
"d/MM/yyyy" *
MERGEFORMAT }
- { TIME \@
"HH:mm" *
MERGEFORMAT }

DPC

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

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.	REDA	30/4/2020

FW: Covid positive case in Rydges on Swanston

From: "Pam Williams (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=5cd22f1b11834a008e75d4562a63ce15-pwil0910">
To: "Rachaele May (DEDJTR)" <REDACTED>, "DJPR COVID Accom-
 Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
Date: Tue, 26 May 2020 21:11:19 +1000

Please discuss with me – we need to speak to the Rydges management asap

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: REDACTED
Sent: Tuesday, 26 May 2020 9:08 PM
To: Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>
Cc: Pam Williams (DHHS) <REDACTED>; Sandy Austin (DHHS)
 REDACTED; DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Subject: RE: Covid positive case in Rydges on Swanston

Hi Rydges Team,

I have highlighted the queries below that **DHHS** will respond too. Please call me if you require any assistance with the areas specific to hotel operations.

1. Can you please provide us with some background as to what duties/jobs/functions are undertaken by the REDACTED over a shift. This includes which floor RE works on predominately and which floor RE would visit during the course of RE shift.
2. What are RE interactions with other staff (all staff on site) and guests.
3. **Can we please have the rosters for the following shifts: this includes all DHHS staff, hotel staff and nurses and contractors that would have worked during these times**
 - 13 May 2300 - 0700 (who worked on shift with RE in all roles, and who did RE handover to and from)
 - 14 May 2300 – 0700 (who worked on shift with REDACTED in all roles, and who did RE handover to and from)
 - 17 May 2300 – 0700 (who worked on shift with RE in all roles, and who did RE handover to and from)
 - 20 May 2300 – 0700 (who worked on shift with RE in all roles, and who did RE handover to and from)
 - 21 May 2300 – 0700 (who worked on shift with REDACTED in all roles, and who did RE handover to and from)
 - 22 May 2300 – 0700 (who worked on shift with REDACTED in all roles, and who did RE handover to and from)
 - 23 May 2300 – 0700 (who worked on shift with REDACTED in all roles, and who did RE handover to and from)
4. What is the cleaning regime like at the hotel? A clean of all common areas, and the cases' direct work areas will need to occur.
5. A list of all staff that have been swabbed and whether any staff are symptomatic. **(DHHS & Nursing staff)**
6. A floor plan of the hotel
7. Can you please confirm if any staff (hotel, **DHHS or nurses**) work at any other premises?

Regards

From: Public Health Operations <publichealth.operations@dhhs.vic.gov.au>

Sent: Tuesday, 26 May 2020 8:41 PM

To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>

Cc: REDACTED (DHHS) <REDACTED>; Public Health Operations <publichealth.operations@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED>; Simon Crouch (DHHS) <REDACTED>; Pam Williams (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; Sandy Austin (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; Sarah McGuinness (DHHS) <REDACTED>

Subject: Covid positive case in Rydges on Swanston

Hi Team

As discussed, DHHS have been notified of a confirmed positive case in a staff member of Rydges on Swanston. Thank you for the information that has already been provided.

The information we have so far:

The case works at Rydges on Swanston as a REDACTED from 2300 until 0700 – each handover is roughly five minutes. The case claims to work alone and does not interact with other staff. The case has an onset of RE May 2020 – this means that RE infectious period is from the RE May. The case has worked one shift during RE infectious period and 6 shifts during RE acquisition period.

We were hoping to obtain a little more information in order for us to undertake a risk assessment and provide further advice regarding other staff at the hotel. I note that some staff have already been swabbed.

1. Can you please provide us with some background as to what duties/jobs/functions are undertaken by the REDACTED over a shift. This includes which floor RE works on predominately and which floor RE would visit during the course of RE shift.
2. What are RE interactions with other staff (all staff on site) and guests.
3. Can we please have the rosters for the following shifts: this includes all DHHS staff, hotel staff and nurses and contractors that would have worked during these times
 - 13 May 2300 - 0700 (who worked on shift with RED in all roles, and who did RE handover to and from)
 - 14 May 2300 – 0700 (who worked on shift with RED in all roles, and who did RE handover to and from)
 - 17 May 2300 – 0700 (who worked on shift with RE in all roles, and who did RE handover to and from)
 - 20 May 2300 – 0700 (who worked on shift with RED in all roles, and who did RE handover to and from)
 - 21 May 2300 – 0700 (who worked on shift with RE in all roles, and who did RE handover to and from)
 - 22 May 2300 – 0700 (who worked on shift with RED in all roles, and who did RE handover to and from)
 - 23 May 2300 – 0700 (who worked on shift with RED in all roles, and who did RE handover to and from)
4. What is the cleaning regime like at the hotel? A clean of all common areas, and the cases' direct work areas will need to occur.
5. A list of all staff that have been swabbed and whether any staff are symptomatic.
6. A floor plan of the hotel
7. Can you please confirm if any staff (hotel, DHHS or nurses) work at any other premises?

Any questions please let me know – I will be handing this over to an officer in the morning.

Kind Regards,

REDACTED – Case and Contact Management Lead
Public Health Operations | Novel Coronavirus (COVID-19) Response

(Manager - Investigation and Response | Communicable Disease Prevention and Control)
Health Protection Branch | Regulation, Health Protection and Emergency Management Division
Department of Health & Human Services | 50 Lonsdale Street, Melbourne, Victoria, 3000
t. **REDACTED** | f. **REDACTED** e. publichealth.operations@dhhs.vic.gov.au
w. www.dhhs.vic.gov.au

Ryldges Swanston Visit 27/5 IPC

From: REDACTED

To: "Sarah McGuinness (DHHS)" <REDACTED>

Cc: REDACTED Pam Williams (DHHS)"
 <REDACTED>, "Simon Crouch (DHHS)"
 <REDACTED>, "REDACTED (DHHS)" <REDACTED>, REDACTED

Date: Wed, 27 May 2020 08:26:26 +0000

Attachments: 1.1.jpg (1.22 MB); 1.2.jpg (1.26 MB); 1.3.jpg (1.42 MB); 1.4.jpg (1.35 MB); 1.5.jpg (1.62 MB); 1.6.jpg (1.45 MB); 1.7.jpg (1.35 MB); 1.8.jpg (1.29 MB); 1.9.jpg (2.1 MB); 1.11.jpg (0 bytes); 1.12.jpg (1.49 MB); 1.13.jpg (1.52 MB); 1_.jpg (1.31 MB); 2_.jpg (1.33 MB); 3_.jpg (1.49 MB); 4_.jpg (1.81 MB); 5_.jpg (1.64 MB); 6_.jpg (1.47 MB); 7_.jpg (1.88 MB); 8_.jpg (0 bytes); 9_.jpg (2.35 MB); 10_.jpg (1.38 MB); 11_.jpg (1.54 MB); 12_.jpg (2.21 MB); 13_.jpg (1.21 MB); 14_.jpg (1.1 MB); 15_.jpg (1.21 MB); 16_.jpg (1.93 MB); 17_.jpg (1.31 MB); 18_.jpg (1.51 MB); Copy of COVID Roster WE 120520 HSK 1 (002).xls (802.82 kB); Copy of Ryldges list.xlsx (12.03 kB); Ryldges IPC Notes REDACTED.pdf (705.51 kB)

Hi All,

Attached are a variety of items. Photos from the site, rosters of the Ryldges staff, rosters of the Unified Security staff, and our scrawled notes pages as a pdf (as we worked our way through our first hotel visit). We are currently missing the layout plan of the facility as it was unable to be provided by Ryldges currently. It might be worth trying the onsite Ryldges DHHS REDACTED again, they tried to chase up one for us REDACTED

Key points:

- 4 silos of staff: Ryldges, YHA, Unified Security and DHHS. All onsite through out the day.
- Needs bioclean.
- Ryldges staff were doing all kinds of cleaning. No dedicated cleaning staff. For example the REDACTED REDACTED (+ve case) did not only work reception and the office behind, but also would attend cleaning of other sites: reception, function rooms (now 'clean rooms') for nursing and DHHS staff overnight, toilets, tea towels coffee machine, and 'hot' elevator when used. It has been stated that RE wore gloves and a mask as a way of protecting RE self constantly. The masks seen are not approved, and appropriate glove usage doubted. The REDACTED REDACTED also did varied cleaning delivery of meals but also removal of black double bagged rubbish from the CoVid +ve client rooms. Plus varied cleaning from coffee machine to toilets also.
- No 'deep clean', they cleaned it themselves, of special note is the usage of PineOCleen, Glen20, home variety wipes and chux used to clean particularly of the reception, office, and 'hot' b/w escort of +ve patients elevator.
- 'Hot' elevator used for +ve cases (masked), nurses and infectious waste transfer
- Service elevator used for food, double bagged black rubbish bags and dirty bagged linen.
- Unified staff: were constantly wearing vinyl gloves, non approved masks, and using unidentifiable hand alcohol/gel. They also need urgent education re PPE usage. No great understanding they also cleaned the stairwell handle to reception.

Kind regards,

REDACTED

Infection Prevention & Control Outreach Team Nurse, COVID-19
 IPC Outbreak Management | Legal and Executive Services Division

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

REDACTED

The information in this e-mail is confidential and may be legally privileged. It is intended solely for the addressee. If you have received this communication in error, please address with the subject heading "Received in error," send to the original sender, then

delete the e-mail and destroy any copies of it.



FW: Update - Clean required at Rydges - no availability from cleaning companies for tonight.

From: "Sandy Austin (DHHS)" <[REDACTED]>
 To: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>
 Cc: "Pam Williams (DHHS)" <[REDACTED]>, "Jenny Owen (DHHS)" <[REDACTED]>, [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>
 Date: Wed, 27 May 2020 19:27:40 +1000

For information, cleaning at Rydges will occur tomorrow morning.

Regards,
Sandy

Sandy Austin
 M. [REDACTED]
 Deputy Commander, Hotels
 Operation Soteria

From: Rachaele E May (DJPR) [REDACTED]
 Sent: Wednesday, 27 May 2020 7:14 PM
 To: [REDACTED] <[REDACTED]>
 Cc: Sandy Austin (DHHS) <[REDACTED]>
 Subject: RE: Update - Clean required at Rydges - no availability from cleaning companies for tonight.

Hi [REDACTED],

I have spoken to Sarah McGuiness at DHHS. She has discussed this with Finn Romanas, deputy CHO. We have now been advised to proceed with IKON to clean tomorrow morning as originally planned.

Can you please advise IKON.

I will advise Rydges.

Regards
Rachaele

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

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

[REDACTED] [REDACTED]

djpr.vic.gov.au

From: REDACTED
Sent: Wednesday, 27 May 2020 7:07 PM
To: Rachaele E May (DJPR) <REDACTED>
Cc: Sandy M Austin (DHHS) <REDACTED>
Subject: RE: Update - Clean required at Rydges - no availability from cleaning companies for tonight.

Hi Rachaele,

I have contacted 5 cleaning companies to do a COVID clean for the Rydges tonight with no success.

The cleaning companies were:

1. REDACTED – spoke to REDACTED who said they have no availability tonight. REDACTED suggested REDACTED and REDACTED.
2. REDACTED – no answer
3. REDACTED – no answer
4. REDACTED – Spoke to REDACTED and REDACTED said they have no staff available to clean tonight. They are working flat-chat doing COVID cleans 24-7.
5. REDACTED – Feedback from REDACTED – REDACTED are so busy they are outsourcing work to NTCS.

Regards

REDACTED

Project Officer – Accommodation Support
 Operation Soteria
 Department of Jobs, Precincts and Regions
 M: REDACTED
 REDACTED REDACTED
agriculture.vic.gov.au



From: Rachaele E May (DJPR) <REDACTED>
Sent: Wednesday, 27 May 2020 6:15 PM
To: REDACTED REDACTED DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: REDACTED REDACTED REDACTED REDACTED;
 Gonul Serbest (DJPR) REDACTED
Subject: Update - Clean required at Rydges

Hello all,

DHHS have advised that the hotel must be cleaned tonight. IKON are unable to clean tonight.

We have reached out to another supplier, and if that is not possible, DHHS will escalate in their network.

REDACTED and REDACTED, we will keep you informed.

Regards
 Rachaele

Get [Outlook for iOS](#)

From: REDACTED

Sent: Wednesday, May 27, 2020 4:36:50 PM

To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Rachaele E May (DJPR) <REDACTED>

Cc: REDACTED <REDACTED>

Subject: Confidential RE: IKON Clean required at Rydges

Hi Rachaele,

IKON cleaning can commence cleaning the Rydges hotel tomorrow morning.

REDACTED said it should take 1 day to clean all the common areas of the hotel after discussing this with REDA (who knows the site) – 4 floors and the size of the hotel. They will send in a full crew and maybe a couple of additional staff to assist.

I will forward the list of areas to REDACT and await the quotation for this work.

Regards

REDACTED

Project Officer – Accommodation Support
 Operation Soteria
 Department of Jobs, Precincts and Regions
 M:REDACTED
 REDACTED
agriculture.vic.gov.au



From: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>

Sent: Wednesday, 27 May 2020 4:29 PM

To: REDACTED

Cc: REDACTED; Rosswyn Menezes <REDACTED>

Subject: IKON Clean required at Rydges

Importance: High

Hi REDACTED

As discussed, can you please arrange with IKON for a full 'Bioclean' at Rydges in all common areas across the hotel (excluding quarantine / guest rooms).

The advice from DHHS states that cleaning must include:

- Kitchen,
- Bathrooms
- Reception area
- Elevators
- Stairwells,
- Bannisters
- Offices
- Coffee machine
- Touch points etc.on all levels of the building
- Door knobs
- Shared chairs and desks
- And anything else that would be commonly used, on all floors.

Can you please arrange a quote, noting we need the work to start ASAP.

Could IKON please advise when they can begin, so that we can advise the hotel and DHHS.

Regards
Rachaele

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

A / Executive Director Emergency Coordination and Resilience

Department of Jobs, Precincts and Regions

402 Mair Street Ballarat, Victoria Australia 3350

M: REDACTED

REDACTED

djpr.vic.gov.au

FW: Rydges - Outbreak requests for action

From: "Sandy Austin (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=49851402f91e4789afdfb4b342ea187c-saus3107">
To: "DJPR COVID Accom-Lead (DJPR)" <djprcovidacom-lead@ecodev.vic.gov.au>
Cc: "Sarah McGuinness (DHHS)" <[REDACTED]> "Pam Williams (DHHS)" <[REDACTED]> (DHHS) <[REDACTED]> DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, [REDACTED] (DHHS) <[REDACTED]>
Date: Wed, 27 May 2020 15:56:53 +1000

Hi Rachaele,
 this is for urgent action, I will contact you now, but the DHHS lead for the **Public Health Unit Case and contact lead is now: Sarah McGuinness (M)** [REDACTED]

She will be explaining the need for a 'deep clean', we call it a bio clean I think for the common areas that needs to be done tonight at Rydges.

There are also concerns about the security guards wearing masks and gloves.

Regards,
 Sandy

Sandy Austin
 M. [REDACTED]
 Deputy Commander, Hotels
 Operation Soteria

From: Nicole Cummins (DHHS) <[REDACTED]>
Sent: Wednesday, 27 May 2020 3:51 PM
To: Sarah McGuinness (DHHS) <[REDACTED]>; DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: Sandy Austin (DHHS) <[REDACTED]>; Pam Williams (DHHS) <[REDACTED]> (DHHS) <[REDACTED]> [REDACTED]; Simon Crouch (DHHS) <[REDACTED]>
Subject: Rydges - Outbreak requests for action
Importance: High

Hi Sandy,
 Can please arrange for an immediate FULL "Bioclean" of Rydges in all common areas across the hotel (excluding quarantine / guest rooms):
 This cleaning must include:
 Elevators
 Stairwells,
 Bannisters
 Offices
 Coffee machine
 Touch points etc.on all levels of the building

Can [REDA] please send through copies of rosters.
 Please ensure security staff / Rydges staff are not wearing gloves and masks or using sub-optimal hand gel.

The **Public Health Unit Case and contact lead is now: Sarah McGuinness (M)** [REDACTED]
 The Rydges lead on site can be contacted on: (M) [REDACTED] (Either [REDACTED] / [REDACTED])

The DHHS Outbreak Squad Nurse lead is [REDACTED] (M) [REDACTED] – for advice on PPE

Thank you,

REDACTED

REDACTED

Covid Squad Coordination and Operations Director | Office of the Deputy Secretary
Public Health, Emergency Operations and Coordination

1300 651 160 REDACTED

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

FW: Cleaning and disinfection

From: [REDACTED] (DHHS) [REDACTED]
To: "Rachaele May (DEDJTR)" <[REDACTED]>
Cc: "Merrin Bamert (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED], "Melody Bush (DHHS)" [REDACTED] (DHHS)"
Date: Fri, 29 May 2020 15:53:03 +1000
Attachments: Cleaning and disinfecting to reduce COVID-19 transmission Building and construction sites- 4 April (1).docx (64.65 kB)

Hi Rachaele

As discussed please see attached cleaning guidelines.

Could you please confirm when these arrangements are locked in

Kind regards

[REDACTED]

[REDACTED]

COVID 19 Health Coordination
 dhhsopsoteraeoc@dhhs.vic.gov.au

From: Sarah McGuinness (DHHS) [REDACTED]
Sent: Friday, 29 May 2020 3:38 PM
To: [REDACTED] (DHHS) [REDACTED]
Cc: Merrin Bamert (DHHS) [REDACTED]; Pam Williams (DHHS) [REDACTED]
Subject: Cleaning and disinfection

Hi [REDACTED]

As discussed, we are concerned that **environmental transmission** may be happening at the Rydges hotel.

In consultation with our IPC team, I am recommending that we implement **at least once daily** cleaning + disinfection (using a disinfectant for which the manufacturer claims **antiviral activity**) of all common areas at the Rydges hotel frequently by staff including all high touch surfaces AND lifts.

Attached are the current DHHS guidelines for cleaning and disinfection. A commercial cleaning company should be able to provide this level of cleaning.

Thanks and kind regards,
Sarah

Dr Sarah McGuinness

Infectious Diseases Physician

Case, Contact and Outbreak Management | COVID-19 Surge Workforce

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

REDACTED



Advise on cleaning Rydges an Novotel South Wharf

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
To: Public Health Operations <publichealth.operations@dhhs.vic.gov.au>
Cc: "Merrin Bamert (DHHS)"**REDACTED** "Pam Williams (DHHS)"
REDACTED "DJPR COVID Accom-Support (DJPR)" <djprcovidaccom-support@ecodev.vic.gov.au>
Date: Mon, 01 Jun 2020 07:15:08 +1000

Good morning

I seek Public Health advice on the preferred approach to providing infectious cleaning across:

- * Covid positive guest rooms in all quarantine hotels
- * Rydges full bioclean (when empty)
- * Novotel Cleaning regime – daily full clean, afternoon wipe down of high touch surfaces

I have two specific questions:

1. 1. Noting potential risk in moving between hotels, is there a preference for where the contracted cleaners work:
 - a. a. should one be allocated to Rydges / Novotel and a second for all other quarantine hotels;
 - b. b. should there be a separate cleaner for each quarantine hotel (noting there are only a handful of cleaning companies with any capacity)
2. 2. Is there a preference for fogging vs. Viraclean solution spray for carpets/soft furnishings? Please see a summary of the three companies who are able to provide services to Operation Soteria, and advise on your preferred cleaning regime. Note IKON are currently contracted to clean quarantine rooms.

Item description:	IKON	AHS Hospitality	AMC Clean
Service requested: <i>Note this was requested before Novotel was agreed, these will now also apply across Novotel)</i>	Cleaning of COVID+ rooms in all hotels (including unknown status transit rooms)	Clean of Rydges Swanston common and shared areas in hotel (not COVID + rooms) FULL clean AM, touch surfaces PM	Clean of Rydges Swanston common and shared areas in hotel (not COVID + rooms) FULL clean AM, touch surfaces PM
Cleaning summary	All surfaces are wiped down and disinfected using an appropriate sanitising agent, then fog all surfaces to ensure all germs/bacteria are eliminated.	A full COVID clean of the Rydges Hotel on Swanston to be performed daily in the early morning; and A COVID touch point clean to be performed daily in the afternoon.	Clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
Cleaning chemical used	Agar RF-12 GenEon Sanitizer/ Disinfectant Diversol 5000 MSDS available from	Not stated, noting they have received the DHHS Guidleines.	For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol or hospital grade disinfectants will

	IKON		be used .
Other Services detail	<p>(e) cleaning, sanitising and disinfecting of the Rooms in accordance with the latest recommended cleaning standards in relation to COVID 19 and any directions provided by the Department;</p> <p>(f) ensuring the Rooms are safe for someone else to occupy without being at risk of infection from COVID 19; and</p> <p>(g) the use of a fogging machine within each Room to ensure surfaces are free of bacteria and germs.</p>	<p>Specific areas that require a full 'COVID clean' includes:</p> <ul style="list-style-type: none"> • Kitchen • Bathrooms • Reception area • Elevators • Stairwells • Bannisters • Offices • Coffee machine • Touch points etc. on all levels of the building • Door knobs • Shared chairs and desks • And anything else that would be commonly used, on all floors 	<p>If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.</p> <ul style="list-style-type: none"> • For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol or hospital grade disinfectants will be used . o Diluted household bleach solutions can be used if appropriate for the surface. o For soft (porous) surfaces such as carpeted floor, rugs, and drapes, visible contamination will be removed if present and cleaned with appropriate cleaners indicated for use on these surfaces. o Carpets will be steam cleaned o If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

We need to arrange this today so I look forward to a response at your earliest convenience.

Thanks,
Rachaele

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

A / Executive Director Emergency Coordination and Resilience

Department of Jobs, Precincts and Regions

402 Mair Street Ballarat, Victoria Australia 3350

REDACTED

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Government of Victoria, Victoria, Australia.

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Hotel Quarantine Response

Advice for cleaning requirements for hotels who are accommodating quarantined, close contacts and confirmed COVID-19 guests

Last updated: 16 June 2020

Background

Operation Soteria manages the mandatory quarantine of international arrivals, diagnosed persons and close contacts who are self-isolating at a hotel to reduce the potential spread of coronavirus (COVID-19). To reduce the risks of transmission of COVID-19, guests confirmed as COVID-19 positive will be moved from their allocated quarantine hotel and accommodated in quarantine 'red hotels'.

COVID-19 spreads through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

To protect all staff, contractors and guests in Operation Soteria program from the risk of exposure to COVID-19, appropriate cleaning and disinfection measures are required. A combination of cleaning and disinfection is most effective in removing the COVID-19 virus. To meet these requirements:

- (a) Daily cleaning – common areas in quarantine and quarantine red hotels will have their frequently touch surfaces cleaned twice daily and all floor surfaces will be cleaned once a day.
- (b) Exit deep clean – clean and disinfection of hotel rooms that have accommodated COVID-19 positive guest(s), quarantined guest(s), close contact guest(s) or transiting guest(s) will be performed when the guest(s) has physically left the hotel room.
- (c) Exit hotel quarantine program – at the completion of the hotel quarantine program, in addition to meeting the daily cleaning requirements all floor surfaces and soft furnishings in common areas will be cleaned and disinfected.

Cleaning and disinfection

Cleaning means physically removing germs, dirt and organic matter from surfaces. Cleaning alone does not kill germs, but by reducing the numbers of germs on surfaces, cleaning helps to reduce the risk of spreading infection.

Disinfection means using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs that remain on surfaces after cleaning, disinfection further reduces the risk of spreading infection. Cleaning before disinfection is very important as organic matter and dirt can reduce the ability of disinfectants to kill germs.

Recommended cleaning and disinfection products

Cleaning of surfaces must be undertaken first with a neutral detergent and water prior to disinfection of surfaces unless a one-step detergent/disinfectant product is used.

Disinfection with a chlorine-based product following the manufacturer's instructions or made using the chlorine dilutions calculator (see Table 1) to achieve a 1000ppm dilution should be used. Note that prediluted bleach solutions lose potency over time and on exposure to sunlight and as such needs to be made up fresh daily.

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

After cleaning surfaces with a neutral detergent, apply the bleach solution using disposable paper towels or a disposable cloth. Ensure surfaces remain wet for the specified contact time. Wipe the disinfectant off surfaces to prevent damage.

Dispose of personal protective equipment (PPE) and single use cleaning wipes in a leak proof plastic bag, tied up and disposed in the general waste.

Wash hands well using soap and water and dry with disposable paper or single-use cloth towel. If water is unavailable, clean hands with alcohol-based hand rub.

Table 1: Chlorine dilutions calculator to achieve a 1000 ppm (0.1%) bleach solution

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

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

Regardless of the product used, it is vital that sufficient contact time is allowed. Refer to the manufacturer's instruction for such information. If no time is specified, leave for 10 minutes.

Surfaces that are unable to be cleaned with a chlorine-based product should follow the guidance in Table 2.

Table 2: Recommended cleaning procedure by surface type (adapted from SafeWork Australia – COVID 19 - Recommended cleaning: Supplementary information, 26 May 2020).

Any Surface	Method
Soft plastics	Detergent + Disinfectant
Hard plastics	Detergent + Disinfectant
Metal surfaces (stainless steel, uncoated steel, zinc coated steel, aluminium)	Detergent + Disinfectant* *uncoated steel is more susceptible to rust when disinfected with bleach. After contact time is complete, there is a need to wipe off the disinfected metal surface with water.
Painted metal surfaces	Detergent + Disinfectant
Wood	Detergent + Disinfectant
Laminate	Detergent + Disinfectant
Glass	Detergent + Disinfectant
Concrete (polished)	Detergent + Disinfectant
Concrete (rough)	Detergent + Disinfectant
Leather	Clean and disinfect according to manufacturer's recommendations

Fabric (for confirmed COVID-19 cases and transiting passenger hotel rooms – mattresses, carpet, window and room furnishings)	Remove dirt or soil with warm water and detergent then steam clean If launderable, wash on warmest possible setting according to manufacturer's recommendations with laundry detergent
Fabric – common areas ¹ (e.g. for confirmed cases access to exercise, medical treatment, evacuation, rooms and includes carpet, window and chairs in hallways, lifts, common areas and PPE change rooms)	Vacuum with a vacuum cleaner that contains a HEPA filter Damp dust + Detergent

How to clean and disinfect

Cleaning contractors are responsible for training staff on how to use products and how to appropriately clean and disinfect surfaces.

- (d) Wear appropriate personal protective equipment as outlined in the Personal Protective Equipment (PPE) section below.
- (e) Thoroughly clean surfaces using detergent (soap) and water.
- (f) Apply disinfectant to surfaces using disposable paper towel or a disposable cloth. If non-disposable cloths are used, ensure they are laundered and dried before reusing.
- (g) Ensure surfaces remain wet for the period of time required to kill the virus (contact time) as specified by the manufacturer. If no time is specified, leave for 10 minutes.
- (h) Wipe disinfectant off surfaces to prevent damage.
- (i) Remove and discard PPE after each clean into a leak proof plastic bag. For example, after an exit deep clean, after cleaning between communal areas such as bathroom, kitchen and shared lounge area.
- (j) Wash hands with soap and water and dry or use and alcohol-based hand rub immediately after removing gloves.

Personal Protective Equipment (PPE)

Cleaning contractors are responsible for the provision of PPE for their staff and ensuring staff are trained on how to wear PPE in accordance with DHHS PPE donning and doffing protocols.

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

Disposable gloves should be worn for cleaning and disposed if they become damaged, soiled or when cleaning is completed.

Exit deep clean of guest rooms, wear a full-length disposable gown, surgical mask, eye protection and gloves.

Daily cleaning of communal areas, gloves only are recommended. Guests are only allowed to leave their rooms for scheduled exercise and staff should maintain 1.5 meters between themselves and a guest.

Other PPE is only required if specified by the manufacturer's instructions or may be used to protect clothing from splash if using bleach.

Avoid touching the face with gloved or unwashed hands.

Cleaning equipment

Where possible disposable cleaning equipment should be used, such as cleaning cloths, mops and gloves. A fresh cloth and mop used for each exit deep clean and for communal area, for example, kitchen, bathroom, lounge.

All disposable cleaning equipment should be placed into a tied, leak proof plastic bag and disposed of in the general waste stream.

If other cloths and mops are used, they should be laundered in a hot water wash before re-use and allocated to only be used at the quarantine or quarantine red hotel.

Re-useable equipment such as vacuum cleaners, buckets, steam cleaners should be cleaned and disinfected after each use and stored at the hotel site separate from other cleaning equipment.

Ensuring workplace safety

When cleaning on or around electrical equipment/fittings, isolate electrical equipment and turn off power source if possible before cleaning with liquids.

Read the label for the detergent or disinfectant and follow the manufacturer's recommendations.

Obtain a copy of the Safety Data Sheet (SDS) for the detergent or disinfectant and become familiar with the contents.

Wear the appropriate PPE that is identified on the label and the SDS.

Cleaning requirements for quarantine and quarantine red hotels

The following cleaning schedules should be followed for hotel floors that are accommodating quarantined, close contact and confirmed COVID-19 guests.

Daily cleaning of communal areas in quarantine and quarantine red hotels

The following actions should generally be taken every day.

- It is recommended that all hotels should remove all soft furnishings (chairs, desks, tables, lamps) in hallways to allow guests to access for exercise, medical treatment, evacuation and place these in storage.
- Carpets in common areas of red hotels are to be vacuumed with a vacuum cleaner that contains a HEPA filter.
- Laminate, concrete and/or tile flooring in common areas of red hotels are to be mopped with a detergent and disinfectant solution daily.
- Clean and disinfect all frequently touched surfaces in all common areas twice daily (see Table 3).
- Visibly dirty surfaces may require additional cleaning.

Exit deep clean of guest room

All rooms that have accommodated a quarantined, close contact or confirmed COVID-19 guest should have an exit deep clean performed.

All frequently touched surfaces outlined in Table 3 should be cleaned and disinfected.

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

Window furnishing may be laundered in accordance with the manufacturer's instructions on the warmest setting possible. The window furnishing should be dried completely before rehung. Do not shake dirty window furnishings as this may disperse the virus through the air.

At the conclusion of the hotel quarantine program an exit clean and disinfection of all floor surfaces and soft furnishings in common areas in red hotels will be also be performed.

Management of linen, crockery and cutlery and waste

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

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

Waste can be disposed of in the general waste stream.

Table 3: General cleaning recommendations for frequently touched surfaces (adapted from SafeWork Australia, COVID 19 - Recommended cleaning: Supplementary information, 26 May 2020).

Item ¹	Communal area Twice daily cleaning	Exit deep clean
Alcohol-based hand sanitiser dispenser	Twice daily	Yes
Bath	-	Yes
Call bell / doorbell	Twice daily	Yes
Carpet (Soft floor)	Daily (unless visibly soiled)	Yes
Ceiling	Spot cleaned	Spot cleaned
Chairs - non-upholstered (e.g. plastic chairs, wooden chairs, other non-padded chairs)	Twice daily – hard surfaces Soft furnishings – spot cleaned	Yes
Chairs - upholstered (e.g. fabric padded chairs, sofas, office chairs)	Twice daily – hard surfaces Soft furnishings – spot cleaned	Yes
Cleaning Equipment	Yes – after use	Yes
Clipboard / Folders	Twice daily	Yes
Computer, Keyboard, Mouse Headsets	Twice daily	Yes
Curtains and Blinds	Spot clean	Yes
Door frames	Daily	Yes
Doorknob / handles	Twice daily	Yes
Drinking Fountains	Twice daily	Yes
Elevator buttons	Twice daily	Yes
Floor (non-slip vinyl)	Daily	Yes
Floor (polished concrete)	Daily	Yes
Fridges	Daily	Yes
Handrails, stair rails	Twice daily	Yes
Keys and locks and padlocks	Twice daily	Yes
Kitchen appliances (toasters, kettles, sandwich presses, jaffle makers, ovens)	Daily	Yes
Light and power point switches	Twice daily	Yes
Lights/lighting	Twice daily	Yes
Microwave	Daily	Yes
Push/pull doors (with and without a push plate)	Twice daily	Yes
Remote controls	Twice daily	Yes
Shelves (and items on shelves)	Daily	Yes
Shower	Daily	Yes
Sink (hand washing & kitchen)	Twice daily	Yes
Tables / desks	Twice daily	Yes
Telephone	Twice daily	Yes
Toilet	Twice daily	Yes
Toilet doors and locks	Twice daily	Yes
TV	Daily	Yes
Vending Machines	Daily	Yes
Walls	Spot clean	Yes
Windows / ledges	Weekly	Yes
Window frames (sliding servery window types)	Twice daily	Yes

¹Other frequency touched surfaces may be identified during an initial walk through that will need to be added to this list.

References

- [Cleaning and disinfecting to reduce COVID-19 transmission: Tips for non-healthcare settings](https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19), 20 March 2020, <https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19>
- [Coronavirus \(COVID-19\) – Infection control guidelines](https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines) <https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines>
- [Directions issued by Victoria's Chief Health Officer](https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19) <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>
- [Environmental cleaning and disinfection principles for health and residential care facilities](https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf), Version 3, 13 May 2020. <https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf>
- [Guidance on how to clean and disinfect your workplace](http://www.swa.gov.au) - COVID-19 – Recommended cleaning: Supplementary information, 26 May 2020 <www.swa.gov.au>
- [How to put on and take off your PPE](https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe) <https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe>

questions from hotels: Procedure for cleaning quarantine and quarantine red hotels

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
To: "Pam Williams (DHHS)" <[REDACTED]>, "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>, "Kait McCann (DEDJTR)" <[REDACTED]>
Cc: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, "Merrin Bamert (DHHS)" <[REDACTED]>, "Melody Bush (DHHS)" <[REDACTED]>, "[REDACTED] (DEDJTR)" <[REDACTED]@ecodev.vic.gov.au>, "DJPR COVID Accom-Support (DJPR)" <djprcovidaccom-support@ecodev.vic.gov.au>
Date: Thu, 18 Jun 2020 14:56:18 +1000

Hi Pam,

Now that the hotels have received this procedure, we have received some questions:

- (a) Exit deep clean – clean and disinfection of hotel rooms that have accommodated COVID-19 positive guest(s), quarantined guest(s), close contact guest(s) or transiting guest(s) will be performed when the guest(s) has physically left the hotel room.

To date we conduct deep cleans in COVID-19 positive rooms only (and common areas when there is an outbreak) – are hotels now required to conduct these cleans in *every guest* room?

Exit deep clean of guest rooms, wear a full-length disposable gown, surgical mask, eye protection and gloves.

Hotel would like to know where to obtain full length gowns – this is not part of the current PPE they provide their staff, and is a new requirement.

Thasnk
 Rachaele

Rachaele May
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 DJPR Hotel Quarantine Agency Commander
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From: Pam Williams (DHHS) <Pam.Williams@dhhs.vic.gov.au>
Sent: Wednesday, 17 June 2020 5:21 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Rachaele E May (DJPR) <[REDACTED]>; [REDACTED] (DJPR) <[REDACTED]>
Cc: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Merrin C Bamert (DHHS) <[REDACTED]>; Melody A Bush (DHHS) <[REDACTED]>
Subject: Procedure for cleaning quarantine and quarantine red hotels

This cleaning procedure has been approved by the D/CHO and is ready for immediate use.

Pam Williams
COVID19 Accommodation Commander
Department of Health and Human Services

REDACTED

www.dhhs.vic.gov.au

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

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Hotel Quarantine Response

Advice for cleaning requirements for hotels who are accommodating quarantined, close contacts and confirmed COVID-19 guests

Last updated: 25 June 2020

Background

Operation Soteria manages the mandatory quarantine of international arrivals, diagnosed persons and close contacts who are self-isolating at a hotel to reduce the potential spread of coronavirus (COVID-19). To reduce the risks of transmission of COVID-19 within the hotels, guests confirmed as COVID-19 positive will be moved from their allocated quarantine hotel and accommodated in quarantine 'positive' hotels.

COVID-19 spreads through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

To protect all staff, contractors and guests in Operation Soteria program from the risk of exposure to COVID-19, appropriate cleaning and disinfection measures are required. A combination of cleaning and disinfection is most effective in removing the COVID-19 virus. To meet these requirements:

- (a) Daily cleaning – common areas in quarantine and quarantine positive hotels will have their frequently touched surfaces cleaned twice daily and all floor surfaces will be cleaned once a day.
- (b) Exit deep clean and disinfection – clean and disinfection of hotel rooms that have accommodated quarantined, close contacts and confirmed COVID-19 positive guest(s) will be performed as soon as the guest(s) has physically left the hotel room.
- (c) Terminal clean (winding up of the hotel quarantine program) – when the hotel is ceased being used as a quarantine hotel, a final deep clean and disinfection of all hotel rooms and communal areas that were assigned and used for quarantine purposes will occur.

Cleaning and disinfection

Cleaning means physically removing germs, dirt and organic matter from surfaces. Cleaning alone does not kill germs, but by reducing the numbers of germs on surfaces, cleaning helps to reduce the risk of spreading infection.

Disinfection means using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs that remain on surfaces after cleaning, disinfection further reduces the risk of spreading infection. Cleaning before disinfection is very important as organic matter and dirt can reduce the ability of disinfectants to kill germs.

Cleaning should be performed by environmental service staff who have been appropriately trained and is in line with their position/role description.

Recommended cleaning and disinfection products

Cleaning with a chlorine-based product (three-step-clean)

Cleaning of surfaces must be undertaken first with a neutral detergent and water prior to disinfection of surfaces.

Disinfection with a chlorine-based product following the manufacturer's instructions or made using the chlorine dilutions calculator (see Table 1) to achieve a 1000ppm dilution should be used. Note that prediluted bleach solutions lose potency over time and on exposure to sunlight and as such needs to be made up fresh daily.

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

If using a cleaning and disinfection process, after cleaning surfaces with a neutral detergent, apply the bleach solution using disposable paper towels or a disposable cloth. Ensure surfaces remain wet for the specified contact time. Wipe the disinfectant off surfaces to prevent damage.

Table 1: Chlorine dilutions calculator to achieve a 1000 ppm (0.1%) bleach solution

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

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

Alternative cleaning and disinfection products (two-step-clean)

Only listed cleaning disinfectant products that are effective against SARS-CoV-2 virus that have been registered on the Australian Register of Therapeutic Goods (ARTG) are to be used. A list of ARTG products are available on the Therapeutics Goods Administration website; <https://www.tga.gov.au/disinfectants-use-against-covid-19-artg-legal-supply-australia>

Disinfectant solutions should be applied using a cloth or wipe. This can be achieved by using a ready to use detergent/disinfectant wipe product or applying a cleaning disinfection solution to a cloth then wiping over the surface to be disinfected. It is not recommended to use fogging or a spray to disinfect.

All disinfectant cleaning products need to be applied for the specified contact time, as per manufactures' instructions, before the product is removed.

If using a combined detergent/disinfection wipe, clean the surface, leave for the required contact time, then wipe using a damp cloth.

For information on cleaning equipment, personal protective equipment (PPE), laundry and waste management please see relevant sections below.

Regardless of the product used, it is vital that sufficient contact time is allowed. Refer to the manufacturer's instruction for such information. If no time is specified, leave for 10 minutes.

Surfaces that are unable to be cleaned with a chlorine-based product or disinfectant product from the ARTG list should follow the guidance in Table 2.

Table 2: Recommended cleaning procedure by surface type (adapted from SafeWork Australia – COVID 19 - Recommended cleaning: Supplementary information, 26 May 2020).

Any Surface	Method
Soft plastics	Detergent + Disinfectant ¹
Hard plastics	Detergent + Disinfectant
Metal surfaces (stainless steel, uncoated steel, zinc coated steel, aluminium)	Detergent + Disinfectant* *uncoated steel is more susceptible to rust when disinfected with bleach. After contact time is complete, there is a need to wipe off the disinfected metal surface with water.
Painted metal surfaces	Detergent + Disinfectant
Wood	Detergent + Disinfectant
Laminate	Detergent + Disinfectant
Glass	Detergent + Disinfectant
Concrete (polished)	Detergent + Disinfectant
Concrete (rough)	Detergent + Disinfectant
Leather	Clean and disinfect according to manufacturer's recommendations
Fabric (for confirmed COVID-19 cases and transiting passenger hotel rooms – mattresses, carpet, window and room furnishings)	Remove dirt or soil with warm water and detergent then steam clean If launderable, wash on warmest possible setting according to manufacturer's recommendations with laundry detergent
Fabric – common areas (e.g. for confirmed cases access to exercise, medical treatment, evacuation, rooms and includes carpet, window and chairs in hallways, lifts, common areas and PPE change rooms)	Vacuum with a vacuum cleaner that contains a HEPA filter Damp dust + Detergent

¹Cleaning and disinfection can be performed using a three-step-clean with a chlorine-based product or two-step process using a combined detergent and disinfectant wipe.

How to clean and disinfect

Cleaning contractors are responsible for training staff on how to use cleaning equipment and products and how to appropriately clean and disinfect surfaces in line with this procedure.

- (a) Wear appropriate personal protective equipment as outlined in the Personal Protective Equipment (PPE) section below.
- (b) Thoroughly clean surfaces using detergent (soap) and water. Wipe over surfaces using a TGA COVID-19 approved detergent disinfectant wipe.
- (c) Apply disinfectant to surfaces using disposable paper towel or a disposable cloth. If non-disposable cloths are used, ensure they are laundered and dried before reusing (see Cleaning equipment).
- (d) Ensure surfaces remain wet for the period of time required to kill the virus (contact time) as specified by the manufacturer. If no time is specified, leave for 10 minutes.
- (e) Wipe disinfectant off surfaces with a damp cloth to prevent damage.
- (f) Remove and discard PPE after each clean into a leak proof plastic bag. Avoid touching the face with gloved or unwashed hands.
- (g) Wash hands with soap and water and dry or use and alcohol-based hand rub immediately after removing gloves.

Personal Protective Equipment (PPE)

Cleaning contractors are responsible to ensuring staff are trained on how to wear PPE in accordance with DHHS PPE donning and doffing protocols (see [How to put on and take off your PPE https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe](https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe)).

Always follow the manufacturer's advice regarding what PPE should be used for cleaning products such as detergents and disinfection solutions. This may include the use of gloves, apron and eye protection.

Refer to Table 3 for required PPE to clean communal areas, confirmed COVID-19 guest rooms and quarantined/close contact guest rooms in quarantine and quarantine positive hotels.

Table 3: PPE requirements for the different types of cleaning in quarantine positive and quarantine hotels

Type of clean	Cleaning solution ¹	Mask	Gown	Gloves	Eye protection	PPE changed	Waste
Daily cleaning of communal areas	Detergent Disinfectant	No	Yes – consider wearing an apron if cleaning product will damage clothing	Yes	No	PPE to be discarded/changed after cleaning each communal area: <ul style="list-style-type: none"> Bathrooms Kitchen area Staff rooms Shared lounge area Other as identified following onsite visit 	Clinical waste
Exit deep clean and disinfection of guest room	Detergent Disinfectant	Yes	Yes	Yes	Yes	PPE to be removed and discarded into waste bin before exiting room	Clinical waste
Terminal clean (guest rooms and communal areas)	Detergent Disinfectant	Yes	Yes	Yes	Yes	PPE to be removed and discarded into waste bin at completion of the terminal clean	Clinical waste

¹ For cleaning requirements for particular types of surfaces refer to Table 2

Where possible disposable PPE should be used as such gloves, gowns, masks and eye protection.

PPE should be changed after performing an exit discharge clean and disinfection of a guest room, after completing a clean of each communal area (i.e. bathrooms, kitchen areas, staff areas, shared lounge areas), and before going on a break. In addition, gloves should be changed when they are damaged or visibly soiled.

Cleaning equipment

Where possible, disposable cleaning equipment should be used, such as cleaning cloths, mops and PPE i.e. gloves, gowns, masks and eye protection.

A fresh cloth and mop to be used for each room where an exit deep and disinfection is completed and for each communal area, for example, kitchen, bathroom, lounge.

All disposable cleaning equipment should be placed into a tied, leak proof plastic bag and disposed of in the appropriate clinical waste stream.

All reusable equipment (i.e. cloths and mops) should be placed into a bag to be transported to the laundry. Reusable cloths and mops are to be laundered separately from other cleaning equipment on the hottest wash cycle before re-use and allocated to only be used at the quarantine or quarantine positive hotel.

Reusable gloves are to be washed in hot water and dried and only be used at the quarantine or quarantine positive hotel.

Re-useable equipment such as vacuum cleaners, buckets, steam cleaners should be cleaned and disinfected after each room and communal area and stored at the quarantine or quarantine positive hotel site, separate from other cleaning equipment.

Ensuring workplace safety

When cleaning on or around electrical equipment/fittings, isolate electrical equipment and turn off power source if possible before cleaning with liquids.

Read the label for the detergent or disinfectant and follow the manufacturer's recommendations.

Obtain a copy of the Safety Data Sheet (SDS) for the detergent or disinfectant and become familiar with the contents.

Wear the appropriate PPE that is identified on the label and the Safety Data Sheet.

Cleaning requirements for quarantine and quarantine positive hotels

The following cleaning schedules should be followed for hotel floors that are accommodating quarantined, close contact and confirmed COVID-19 guests (see Table 4).

A clear process should be in place to direct cleaning staff to the type of cleaning required for communal and exit hotel room cleaning.

It is recommended that all hotels should remove all soft furnishings (chairs, desks, tables, lamps) in hallways to allow guests unimpeded access for exercise, medical treatment and evacuation and so the items are not touched and contaminated unnecessarily.

Daily cleaning of communal areas in quarantine and quarantine positive hotels

The following actions should generally be taken every day.

- Carpets in common areas of quarantine and quarantine positive hotels are to be vacuumed with a vacuum cleaner that contains a HEPA filter.
- Laminate, concrete and/or tile flooring in common areas of quarantine and quarantine positive hotels are to be mopped with a detergent and disinfectant solution daily.
- Clean and disinfect all frequently touched surfaces in all common areas twice daily (see Table 4).
- Visibly dirty surfaces may require additional cleaning.

Table 4: General cleaning recommendations for frequently touched surfaces (adapted from SafeWork Australia, COVID 19 - Recommended cleaning: Supplementary information, 26 May 2020).

Item ¹	Communal area Twice daily cleaning	Exit deep clean
Alcohol-based hand sanitiser dispenser	Twice daily	Yes
Bath	-	Yes
Call bell / doorbell	Twice daily	Yes
Carpet (Soft floor)	Daily (unless visibly soiled)	Yes
Ceiling	Spot cleaned	Spot cleaned
Chairs - non-upholstered (e.g. plastic chairs, wooden chairs, other non-padded chairs)	Twice daily – hard surfaces Soft furnishings – spot cleaned	Yes
Chairs - upholstered (e.g. fabric padded chairs, sofas, office chairs)	Twice daily – hard surfaces Soft furnishings – spot cleaned	Yes
Cleaning Equipment	Yes – after use	Yes
Clipboard / Folders	Twice daily	Yes
Computer, Keyboard, Mouse Headsets	Twice daily	Yes
Curtains and Blinds	Spot clean	Yes
Door frames	Daily	Yes
Doorknob / handles	Twice daily	Yes
Drinking Fountains	Twice daily	Yes
Elevator buttons	Twice daily	Yes
Floor (non-slip vinyl)	Daily	Yes
Floor (polished concrete)	Daily	Yes
Fridges	Daily	Yes
Handrails, stair rails	Twice daily	Yes
Keys and locks and padlocks	Twice daily	Yes
Kitchen appliances (toasters, kettles, sandwich presses, jaffle makers, ovens)	Daily	Yes
Light and power point switches	Twice daily	Yes
Lights/lighting	Twice daily	Yes
Microwave	Daily	Yes
Push/pull doors (with and without a push plate)	Twice daily	Yes
Remote controls	Twice daily	Yes
Shelves (and items on shelves)	Daily	Yes
Shower	Daily	Yes
Sink (hand washing & kitchen)	Twice daily	Yes
Tables / desks	Twice daily	Yes
Telephone	Twice daily	Yes
Toilet	Twice daily	Yes
Toilet doors and locks	Twice daily	Yes
TV	Daily	Yes
Vending Machines	Daily	Yes
Walls	Spot clean	Yes
Windows / ledges	Weekly	Yes
Window frames (sliding servery window types)	Twice daily	Yes

¹Other frequently touched surfaces may be identified during an initial walk through that will need to be added to this list.

Exit deep clean and disinfection of all guest rooms

All rooms that have accommodated a quarantined, close contact and confirmed COVID-19 guests should have an exit deep clean and disinfection performed.

All frequently touched surfaces outlined in Table 4 should be cleaned and disinfected.

Soft furnishings or fabric covered items (for example, fabric covered chairs, mattresses or window furnishings) that cannot withstand the use of bleach or other disinfectants or be washed in a washing machine, should be cleaned

with warm water and detergent to remove any soil or dirt then steam cleaned. Use steam cleaners that release steam under pressure to ensure appropriate disinfection.

Window furnishing may be laundered in accordance with the manufacturer's instructions on the warmest setting possible. The window furnishing should be dried completely before rehangng. Do not shake dirty window furnishings as this may disperse the virus through the air.

Terminal clean and disinfection

A terminal clean and disinfection will be performed when a hotel is no longer designated as a quarantine hotel and once the hotel has been emptied out.

All rooms and communal areas that were used for quarantine purposes should have an exit deep clean performed at the conclusion of the hotel quarantine period.

For communal areas in addition to meeting the daily cleaning requirements all floor surfaces and soft furnishings will be cleaned following the requirements for an exit deep clean and disinfection.

Guest cleaning

There should be a process in place to allow guests to access cleaning equipment and products in order to clean their own rooms, as required.

Management of linen, crockery and cutlery

Laundry

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

Crockery and cutlery

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

Waste management

Quarantine and quarantine positive hotels waste generated from undertaking environmental cleaning should be disposed of in the clinical waste stream.

References

- [Cleaning and disinfecting to reduce COVID-19 transmission: Tips for non-healthcare settings](https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19), 20 March 2020, <https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19>
- [Coronavirus \(COVID-19\) – Infection control guidelines](https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines) <https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines>
- [Directions issued by Victoria's Chief Health Officer](https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19) <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>
- [Environmental cleaning and disinfection principles for health and residential care facilities](https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf), Version 3, 13 May 2020. <https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf>
- [Guidance on how to clean and disinfect your workplace](http://www.swa.gov.au) - COVID-19 – Recommended cleaning: Supplementary information, 26 May 2020 <www.swa.gov.au>
- [How to put on and take off your PPE](https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe) <https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe>

FW: URGENT: Finalised cleaning protocol required asap for Hotel Quarantine

From: "Pam Williams (DHHS)" <"o=exchangelabs/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=5cd22f1b11834a008e75d4562a63ce15-pwil0910">
To: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>, "Rachaele May (DEDJTR)" <REDACTED>, REDACTED (DEDJTR)" <REDACTED@ecodev.vic.gov.au>
Cc: "Merrin Bamert (DHHS)" <REDACTED>
Date: Sun, 28 Jun 2020 17:33:37 +1000
Attachments: Interim - Procedure for cleaning quarantine and quarantine positive hotels 28062020.docx (259.44 kB)

Rachaele
 As discussed.

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

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

From: REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>
Sent: Sunday, 28 June 2020 5:20 PM
To: Pam Williams (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; Euan Wallace (DHHS) <REDACTED>
Cc: Merrin Bamert (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>
Subject: RE: URGENT: Finalised cleaning protocol required asap for Hotel Quarantine

Dear Pam

Thank you for sharing the detailed report re incidence of guests who screen positive for COVID-19, it is very informative

We acknowledge the low proportion (0.75%) of guests who have had a positive COVID-19 test result and have adjusted the cleaning protocol accordingly.

It is interesting that around 50% of cases reported in table 2 were asymptomatic at the time of their test and their travel origin was from the Asian sub-continent; Bangladesh, Pakistan, Afghanistan and India. It would be interesting to know the demographics of guests who have declined to be tested to gain an understanding of any potential risk factors that may prompt a further encouraging conversation.

Interim cleaning procedure for quarantine and quarantine positive hotels.

- REDACTED has reviewed and approved the attached interim cleaning procedure for quarantine and quarantine positive hotels
- Once you have approved the amended document it will be saved as the final version
- Key change was to have four cleaning categories;
 1. Daily cleaning – common areas in quarantine and quarantine positive hotels will have their frequently touched surfaces cleaned and disinfected twice daily and all floor surfaces will be cleaned once a day.
 2. Exit deep clean and disinfection (pathogen clean) – clean and disinfection of hotel rooms including steam clean of soft furnishings (COVID-19 positive guests).
 3. Exit clean and disinfection – clean and disinfect using a detergent/disinfectant wipe and spot clean soft furnishings (close contacts and quarantine guests)
 4. Outbreak clean and disinfection – when the hotel has been identified to have had a cross infection between guests and staff or unidentified source of transmission to staff and/or

guests, a final deep clean and disinfection of hotel rooms and communal areas that were assigned and used for quarantine purposes will occur.

- It was noted that the cluster of COVID-19 infections linked to the Stamford Hotel has an unknown source and therefore it was planned to have an outbreak clean and disinfection.

Fogging

It is not recommended to use disinfectant fogging for general use against COVID-19 as it can introduce work health and safety risks. Worksafe Australia state that fogging should not be undertaken as a response to, or as an element of, a response to contamination of an area with COVID-19.

Anecdotally, we have found that cleaning companies are inappropriately using the fogging technique i.e. disinfecting before cleaning and that appropriate safety precautions are not being followed leading to reports of skin and eye irritation.

Room settling

We spoke about 'room settling' as a potential risk reduction strategy and reducing the need to clean and disinfect guest rooms. That is a room is closed and not used for a period of up to 4 days. A high level scan identified that none of the national, state or international COVID-19 guidelines recommend using this technique in place of cleaning and disinfecting rooms or shared equipment.

I hope that this updated procedure reflects the agreed way forward

Regards

REDACTED

Senior policy officer
Infection prevention and control (IPC) cell
COVID-19 public health division
Department of health and human services

REDACTED

W safecare.vic.gov.au

OPERATION SOTERIA

Clinical and Waste Related Guidance

Author:

Approved

Date: 08 Jun 20

By: P. Williams CMDR

Version 1.2

Waste disposal

Waste disposal is an important part of hygiene and infection control measures. Different types of waste – clinical and pharmaceutical – have different waste management procedures that need to be followed. Healthcare and hotel staff are responsible for ensuring the safe and correct storage and handling of this waste. Please ensure appropriate use of gloves and other personal protective equipment when managing waste disposal.

Clinical waste disposal



1. The collection of clinical waste bins will be undertaken by the contractors Cleanaway Daniels on a weekly basis every Monday, Wednesday and Friday between 8am and 12.00pm. Bins must be placed by staff at the loading dock/bin collection point for contractors to replace with new bins.
2. Clinical waste includes any item used to treat or test a patient (e.g. swabs, discarded diagnostic samples, disposable masks, wipes, gloves) and should be placed (by the user) into yellow waste bins.
3. Where items such as disposable ear probes, masks and gloves are contaminated (e.g. by blood, body fluids and potential COVID-19 positive patients), they should be disposed of as sharps rather than in the normal clinical waste stream.
4. Single-use sharps, (e.g. syringe with attached needles) should be placed (by the user) into sharps containers. When sharps containers are full, they should be closed, and the Emergency Operations Centre notified.
5. Team Leaders can notify the Operation Soteria Emergency Operations Centre for any special requirements by contacting:

Email: DHHSOpSoteriaEOC@dhhs.vic.gov.au

Pharmaceutical waste disposal

When uncertain of how to dispose of leftover pharmaceuticals, they should be returned to pharmacy for correct disposal.

Fwd: OFFICIAL: Incident at Pullman on Swanston

From: "Merrin Bamert (DHHS)" [REDACTED]
 To: [REDACTED]
 Cc: "Pam Williams (DHHS)" [REDACTED], DHHSOpSoteriaEOC
 <dhhsopsoteriaeoc@dhhs.vic.gov.au>
 Date: Wed, 10 Jun 2020 08:06:14 +1000

RED following up

Hi RE,

Can you or ops team call me about this ASAP

Thanks

Get [Outlook for iOS](#)

From: Pullman Swanston <PullmanSwanston@dhhs.vic.gov.au>
 Sent: Wednesday, June 10, 2020 8:03:46 AM
 To: Merrin Bamert (DHHS) [REDACTED]
 Subject: OFFICIAL: Incident at Pullman on Swanston

OFFICIAL

Hi Merrin,

Thanks for taking my early morning call today. As discussed I need to report an incident at the Pullman on Swanston that occurred in the PM shift [REDACTED] June 2020.

The following is a sequence of events:

- * Security reported to the TL that there were bags of linen and guest belongings outside room 1001 (known COVID positive guest)
- * TL advised PCA to put PPE on knock on the door and ask the guest to take their belongings back into the room ([REDACTED] attended)
- * [REDACTED] returned to advise that there was no answer to [REDACTED] knocks. [REDACTED] attempted to contact for 5mins
- * TL established this guest was transferred to Novotel Southwarfe (there is another COVID positive guest that was not able to be transferred)
- * TL rang PCA and requested that they come put on all PPE, bag the guest belongings in a hazard bag and the linen bag in another hazard bag, once in hazard bags to remove ppe dispose in yellow bins on the floor and then deliver the linen to Hotel reception and deliver the guest belongings to the Novoel Southwarfe via a taxi. PCA [REDACTED] was asked to text me once in the cab so I could advise the TL at the Novotel to be available for delivery
- * PCA [REDACTED] rang the TL from the floor being unable to locate the guest belongings. [REDACTED] indicated [REDACTED] had been through the bags and could not locate any guest belongings and asking if [REDACTED] should enter the room. TL instructed not to enter the room. (At this stage TL did not know how long the room had been vacated for) TL sent the other PCA [REDACTED] up in ppe to identify guest belongings. End result was there were no guest belongings only Hotel linen.

I am concerned that the PCA ([REDACTED]) rang me from the floor after 'going through' the linen bags trying to find the guest belongings. The following needs clarification:

1. 1. Did [REDACTED] open the bags and put [REDACTED] hands on the dirty linen
2. 2. Did [REDACTED] take [REDACTED] ppe off prior to calling the TL
3. 3. Did [REDACTED] take [REDACTED] ppe off prior to entering the lift

I would like to request that both PCA's on duty ([REDACTED]) are contacted to confirm the above and a consideration is given as to if they are required to self isolate and if there is

any further Hotel response required.

I am on duty this morning at the Four Points Docklands if you need further information.

Thanks kindly

REDACTED

OFFICIAL



Operation Soteria

Mandatory Quarantine for all Victorian Arrivals

Approved for distribution

Emergency Management Commissioner	Signature	Date
Andrew Crisp	Signed copy kept on file	26/04/2020

Distribution

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

Document Details

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

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

Contents

1 Introduction	4
2 Governance	6
3 Detention Authorisation	Error! Bookmark not defined.
4 Operations	Error! Bookmark not defined.
5 Health and Welfare	Error! Bookmark not defined.
6 Information and Data Management	19
7 Issues escalation and incident reporting	21
Appendix 1 - Operation Soteria process phases	23
Appendix 2 - Enforcement and Compliance Command structure	24
Appendix 3. Emergency Operations Centre Structure	25
Appendix 4. DHHS COVID 19 Quarantine incident reporting	27

1 Introduction

1.1 Purpose

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

1.2 Scope

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

1.3 Audience

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

1.4 Background

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

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008* (PHWA). See <https://www.dhhs.vic.gov.au/state-emergency>.

The objectives for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the health and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
 - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
 - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
 - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
 - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

1.5 Mission

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

1.6 Inter-agency cooperation

Agencies engaged to deliver Operation Soteria include:

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

1.7 Process Flow

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

These phases include the following:

- **Preliminary Phase (Plan & Prepare)** – identify incoming passengers and required hotel selection, and prepare for passenger arrival
- **Phase 1 (On the Flight)** – manage / process exemption requests and confirm passenger manifest
- **Phase 2 (Landed)** – Passengers land and are issued Detention Notices and are triaged. Passengers (Detainees) are transferred to Quarantine Hotels (or hospital if required)
- **Phase 3 (Arrival at Hotel)** – Passengers receive health checks, check in, provide completed questionnaires and specialist needs managed
- **Phase 4 (Quarantined)** – Passengers are quarantined in their hotel rooms and are provided with case management where health, welfare, FV, MH, etc issues arise. Quarantine compliance is also managed
- **Phase 5 (Exit)** – Managed release from quarantine, exit transfer and specialist case management. This also includes specialist hotel cleaning and refurbishment

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

2 Governance

2.1 Governance

Operation Soteria is led by the 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.

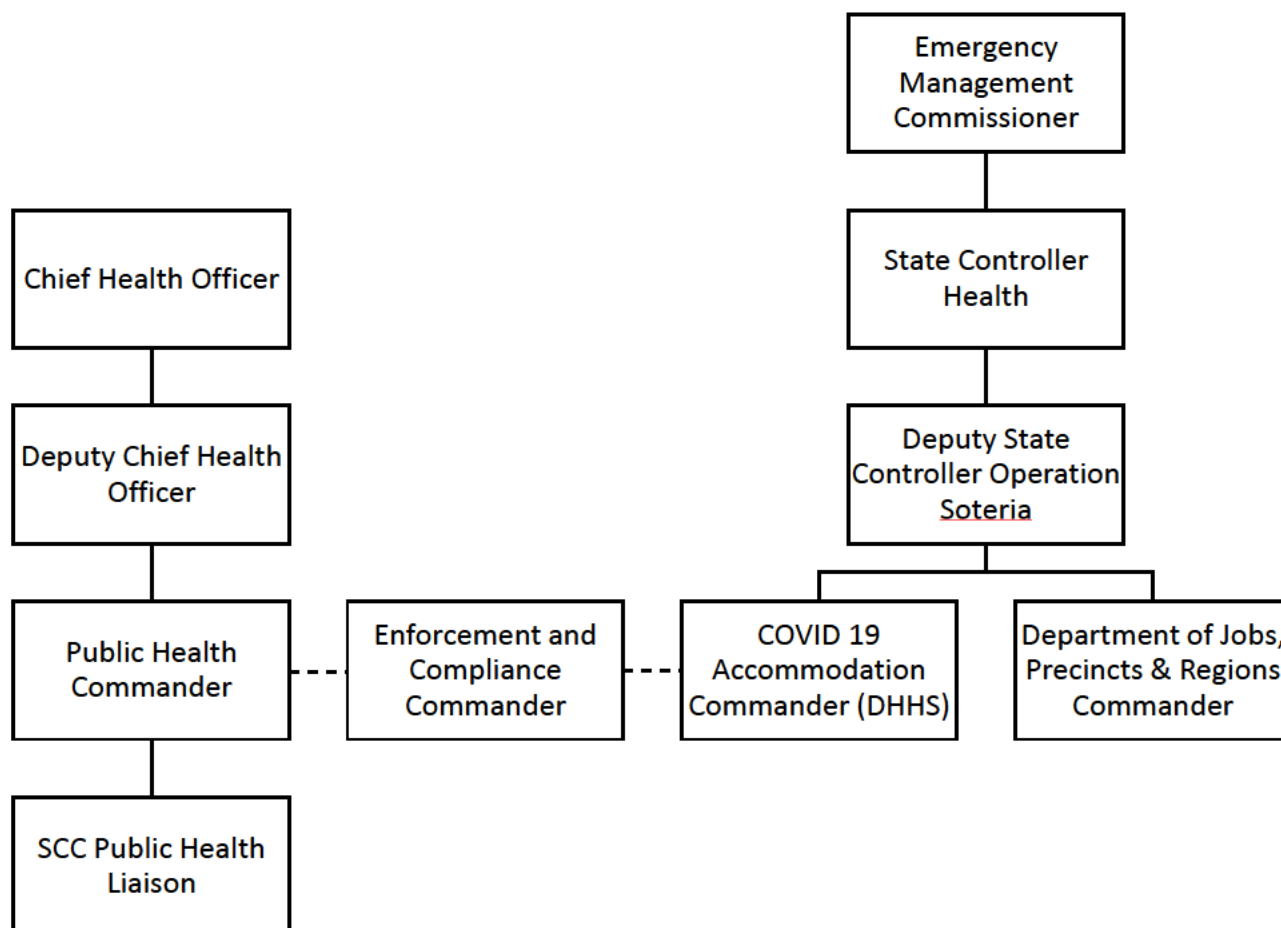


Figure 1: Operation Soteria governance structure

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

2.5.1 Airside operations

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

2.6 AFP

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

2.7 Department of Foreign Affairs and Trade

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

2.8 Department of Transport (DoT)

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

2.9 Ambulance Victoria

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

2.10 Victoria Police (VicPol)

- Victoria Police provide support to AFP, DHHS and DJPR for enforcement and compliance issues.
- Provision of support to private security as required

REDACTED

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

2.11 Department of Jobs, Precincts & Regions (DJPR)

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

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

3 Detention Authorisation

Section approver: Enforcement and Compliance Commander.

Last review date: 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 \(unaccompanied minors\)](#)

Operation Soteria - Mandatory Quarantine for all Victorian Arrivals

- [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

Operation Soteria - Mandatory Quarantine for all Victorian Arrivals

- 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.

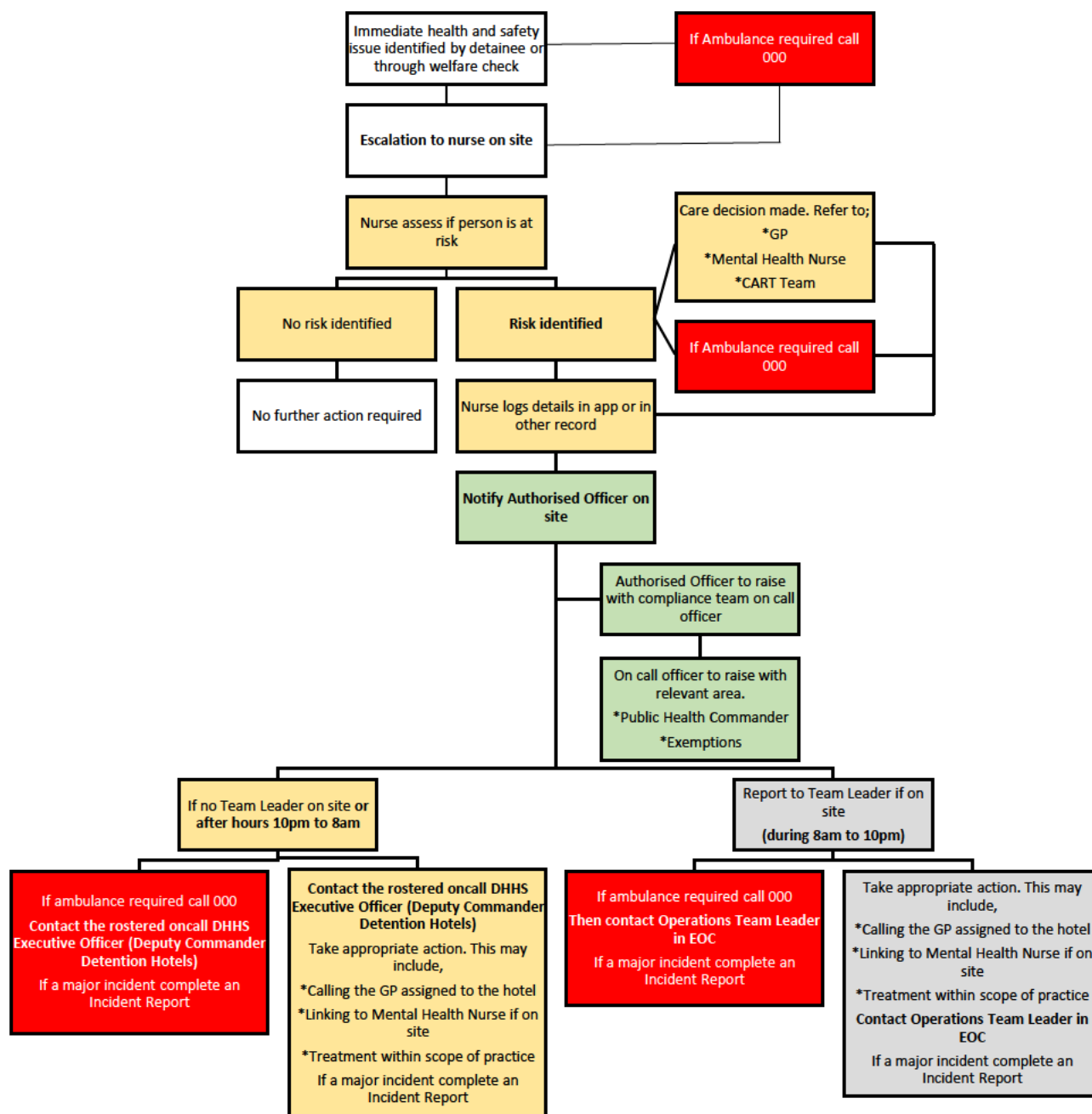
7 Issues escalation and incident reporting

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

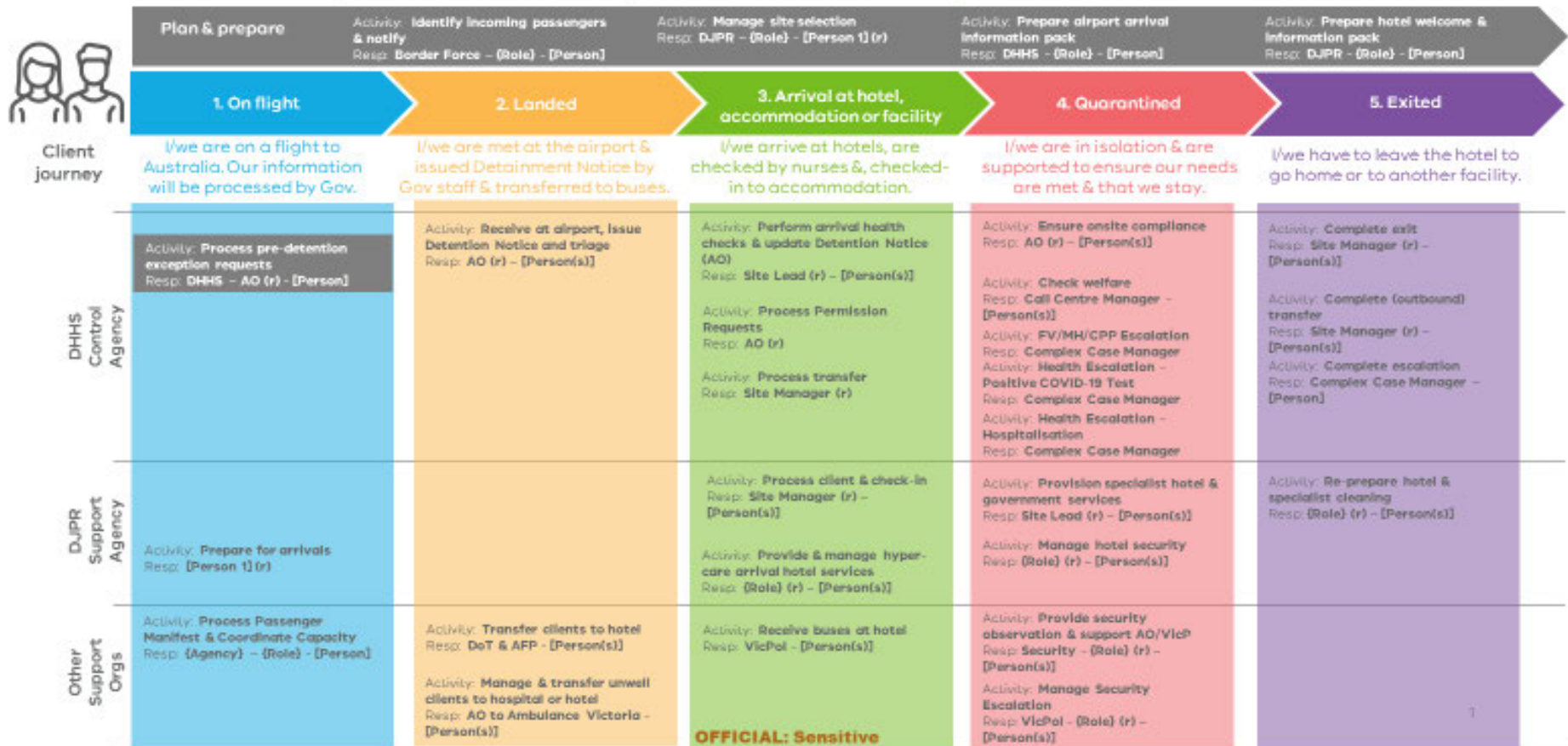
The incident reporting process and template in **Appendix 4** outlines the Department of Health and Human Services management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other 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

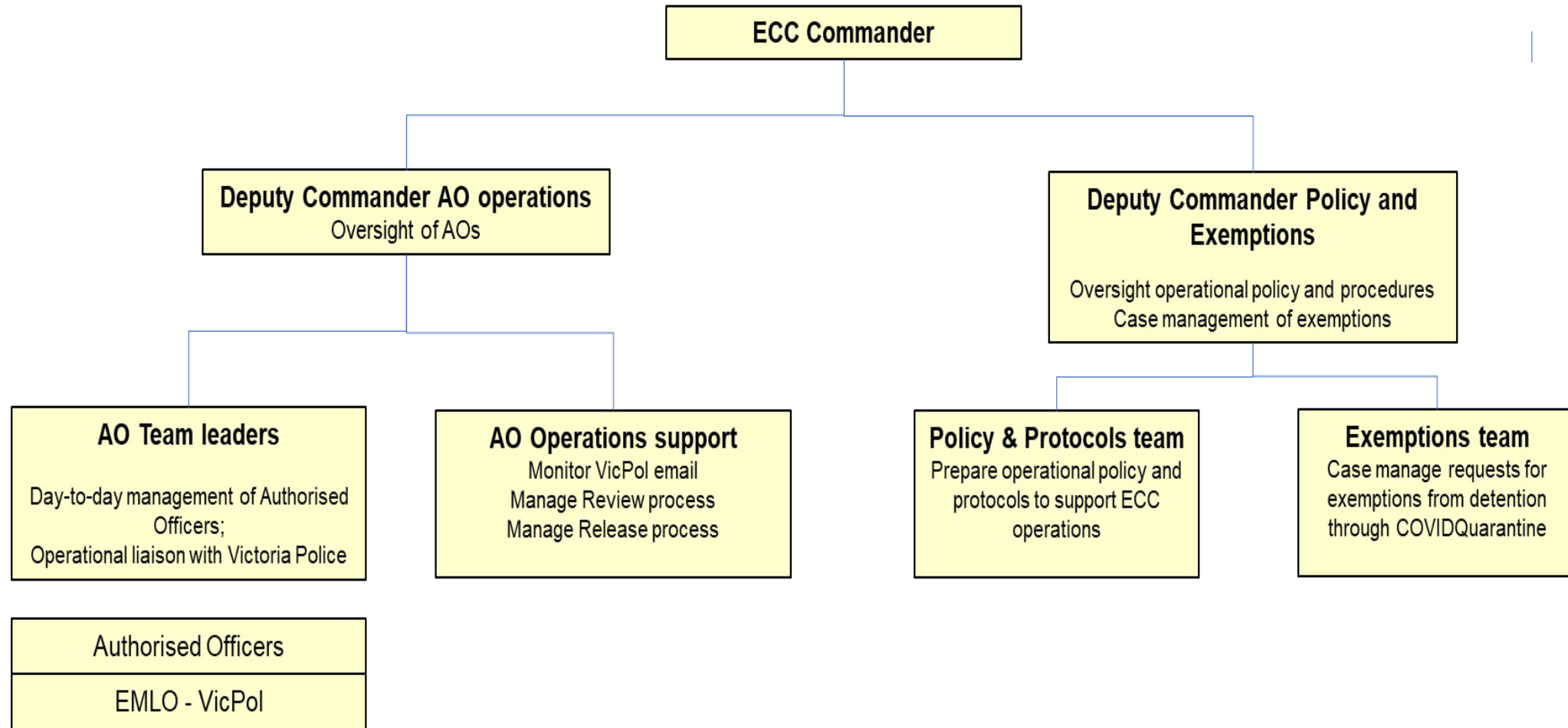
Compulsory quarantine service architecture Activity and responsibility details

Objectives of service:

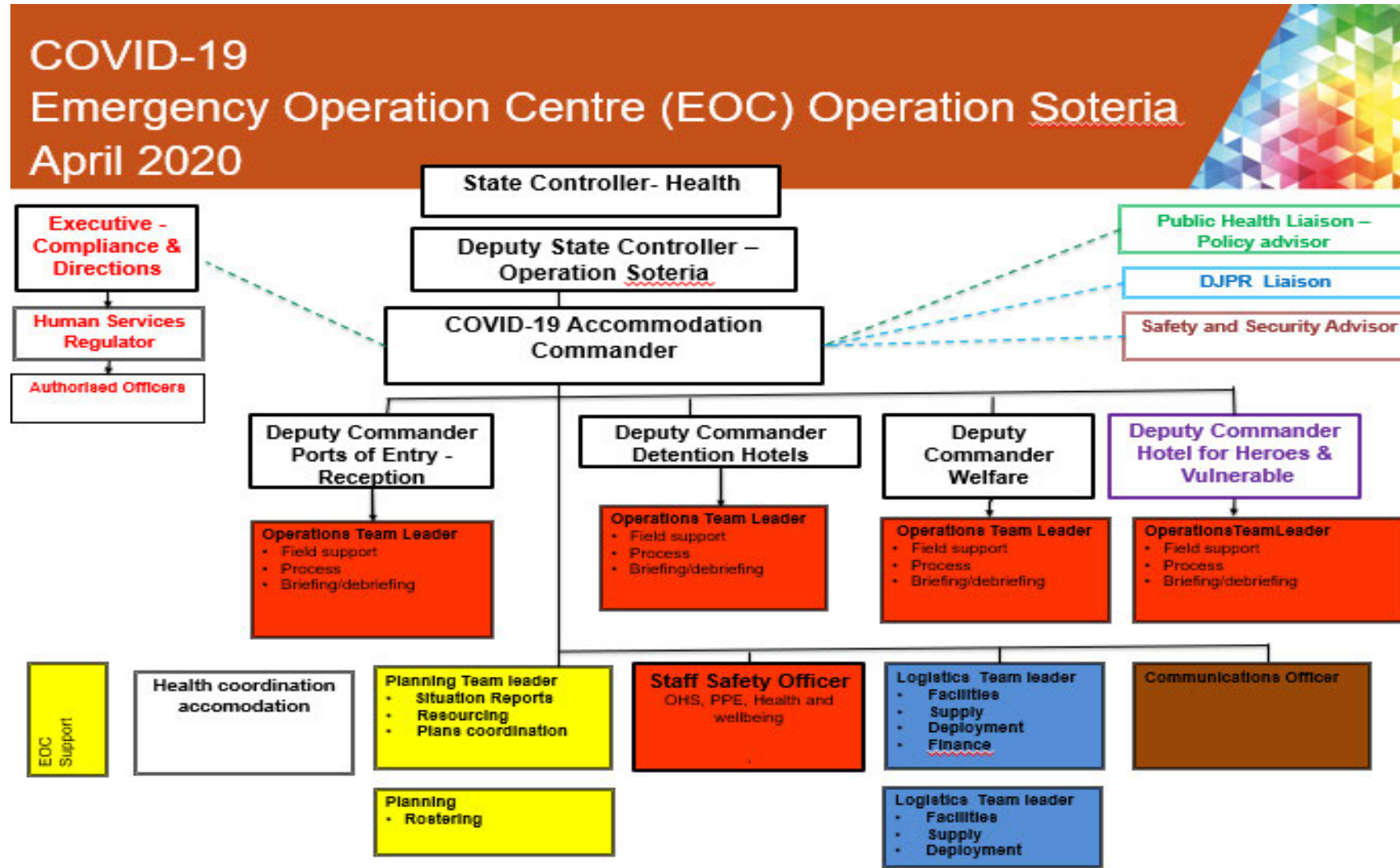
1. Legally detain people
2. Protect their health & wellbeing and those around them
3. Provide as comfortable an experience as reasonable
4. Mitigate flow-on demand to health system



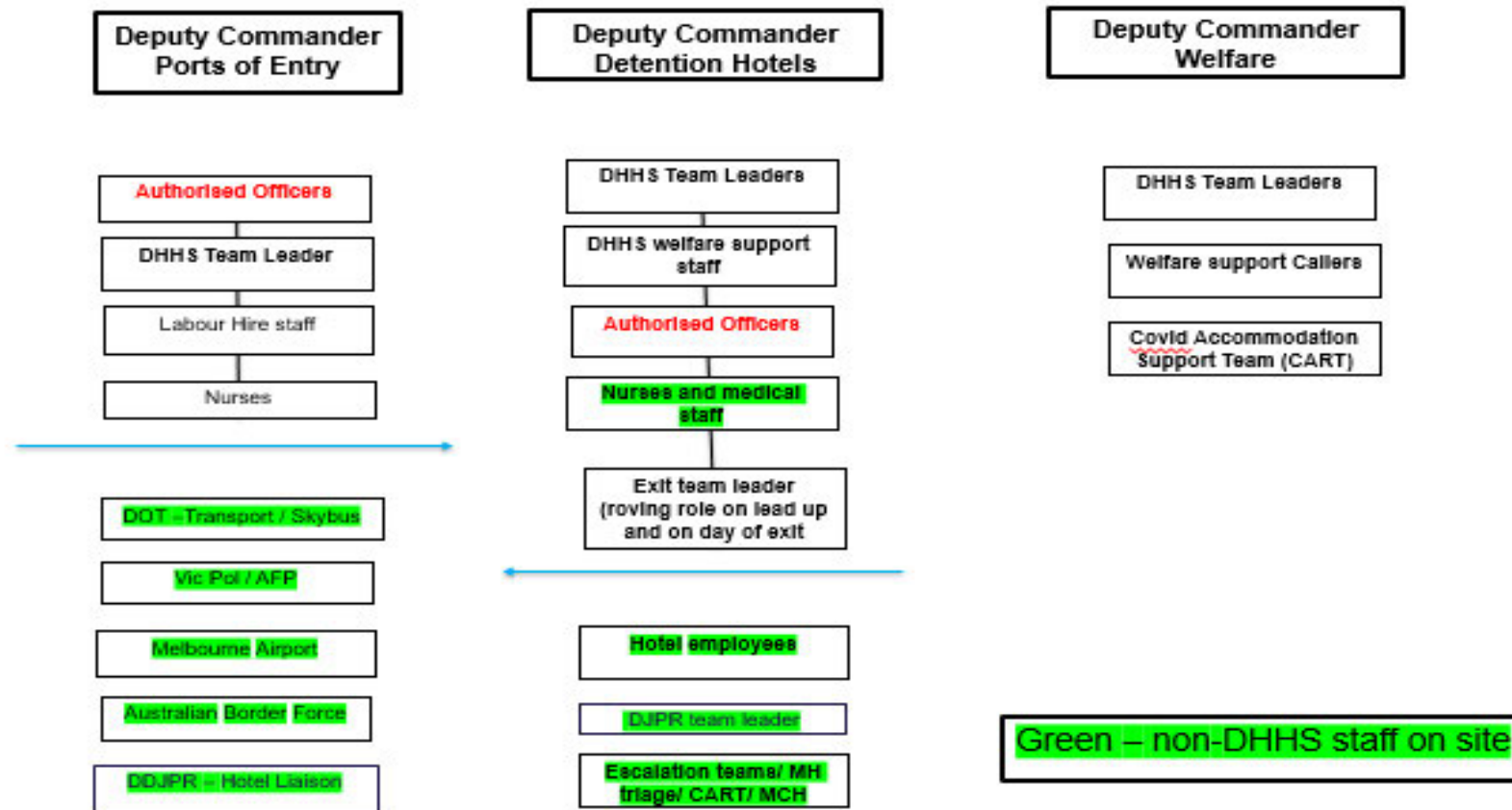
Appendix 2 - Enforcement and Compliance Command structure



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

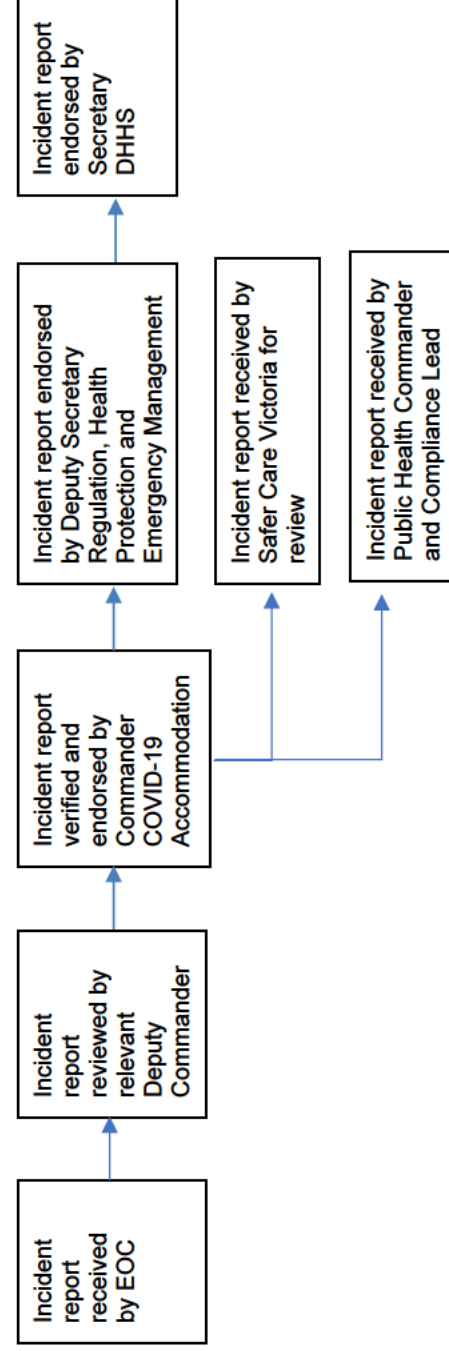
This section outlines the steps required for reviewing and endorsing incident reports, once provided to the DHHS Commander COVID-19 Accommodation via dhhsopsoteriaeoc@dhhs.vic.gov.au following verbal report via phone from the relevant Deputy Commander. Figure 1 below provides an overview of the process.

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), dhhsopsoteriaeoc@dhhs.vic.gov.au or relevant Deputy Commander. All reports must be legible and presented in the specified report format.

2.2. Deputy Commander receives an incident report

When an incident report is forwarded to the DHHS EOC, the report is registered in the EOC's electronic file system, TRIM, and allocated a reference number. It is then forwarded to the relevant Deputy Commander as soon as possible (within 1 hour). The staff completing the report will contact the relevant Deputy Commander 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 (if applicable)	
Incident type	
Involvement in the incident (victim, witness, subject of abuse allegation, participant)	
Passenger/detainee's immediate safety needs met (Yes/No)	
Medical attention provided (Yes/No)	
Passenger/detainee debriefing or counselling (Yes/No)	
Referral to support services (Yes/No)	
Change passenger/detainee care (support plan) (Yes/No)	
Notified next of kin, guardian or key support person (Yes/No)	

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

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

6. Service provider response details

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

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

7. Incident report authorisation – EOC Command

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

8. Incident report authorisation – Deputy Secretary

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

9. Incident report authorisation - Secretary

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

ANNEX 1

COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	REDACTED	Angie Bone	Meena Naidu	29/4/2020
2.0	Approved	REDACTED	Meena Naidu	Murray Smith	24/05202020

This document is not for public release and is classified as 'sensitive'.

Contents

1	Purpose and background	6
1.1	Purpose	6
1.2	Background	6
2	Enforcement and Compliance Command governance	7
2.1	Enforcement and Compliance Command structure	7
2.2	ECC roles and responsibilities	7
2.3	Roles and responsibilities for other staff	9
2.4	COVID-19 Quarantine Compliance and Welfare System	9
3	Authorised officers and powers	11
3.1	Key points	11
3.2	Authorisation under the PHWA to exercise emergency powers	11
3.3	Authorised officer and Chief Health Officer obligations	12
4	AO responsibilities at port of arrival	14
4.1	Key points	14
4.2	Key responsibilities	14
5	AO responsibilities at hotels	18
5.1	Key points	18
5.2	Shift change over	18
5.3	Hotel check-in	19
5.4	Monitoring compliance	20
5.5	Emergency health and welfare incidents	22
5.6	Clarity about role of AO	23
5.7	Daily review and reporting by the AO Review Team	23
5.8	Departure – release from mandatory detention	25
6	Exemption requests	28
6.1	Key points	28
6.2	Exemption requests – overview	28
6.3	Exemption requests – general approach	29
6.4	Unaccompanied minors	31
6.5	International transit	32
6.6	Compassionate interstate travel	33
6.7	Foreign diplomats	33
6.8	Maritime Crew	33
7	Permissions	35
7.1	Key points	35
7.2	AO to make decisions on certain permission requests on case-by-case basis	35
7.3	Emergency situations	38
7.4	Procedure for a person in detention / resident to leave their room for exercise or smoking	38

7.5	Guidance for safe movement associated with permissions	39
8	Compliance	41
8.1	Key points.....	41
8.2	Options to facilitate compliance.....	41
8.3	Unauthorised departure from accommodation.....	42
8.4	Infringements.....	42
9	Occupational health and safety (OHS) for Authorised Officers	44
9.1	Key points.....	44
9.2	Health Emergency.....	44
9.3	OHS.....	44
9.4	Fatigue.....	44
9.5	Risk assessment before attendance -Personal Protection	45
9.6	Personal measures to reduce risk the risk of exposure to COVID.....	45
9.7	Measures and guides to enhance occupational health and safety	46

Appendices

Appendix 1.	Direction and Detention notice	48
Appendix 2.	Script for plane/arrival	50
Appendix 3.	Detention notice for unaccompanied minors.....	51
Appendix 4.	Letter for carer to join detention.....	54
Appendix 5.	Permission for temporary leave	55
Appendix 6.	Guidance Note: Permission for Temporary Leave from Detention.....	58
Appendix 7.	Guidance: Exemptions under Commonwealth law	59
Appendix 8.	Guidance note: unaccompanied minors	61
Appendix 9.	Policy guiding release notices.....	65
Appendix 10.	End of Detention Notice	70
Appendix 11.	End of Detention Notice -confirmed case	72
Appendix 12.	End of detention notice – Close contact.....	75
Appendix 13.	End of detention notice – Symptoms of respiratory illness	77
Appendix 14.	End of detention notice: continued detention	80
Appendix 15.	End of detention guidance note.....	83
Appendix 16.	: Charter of Human Rights obligations	84
Appendix 17.	Border health measures policy summary, 18 May 2020.....	86
Appendix 18.	Early release for International transit.....	94
Appendix 19.	Early release for interstate transit	95
Appendix 20.	Exemption letter for foreign diplomats and their families	97
Appendix 21.	Letter for diplomat staying at hotel	98
Appendix 22.	Exemption letter for key workers and covid cleared	100
Appendix 23.	Guidelines for considering exemptions.....	101

1 Purpose and background

1.1 Purpose

This purpose of this annex is to outline the compliance and enforcement functions and procedures for the Direction and Detention notice under the *Public Health and Wellbeing Act 2008* (PHWA).

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

1.2 Background

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria.

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days. A third notice (No 3) was issued on 11 May 2020, that requires the detention of all persons arriving in Victoria from overseas to be detained in a quarantine hotel for a period of 14 days (Appendix 1).

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

1.2.1 Objectives

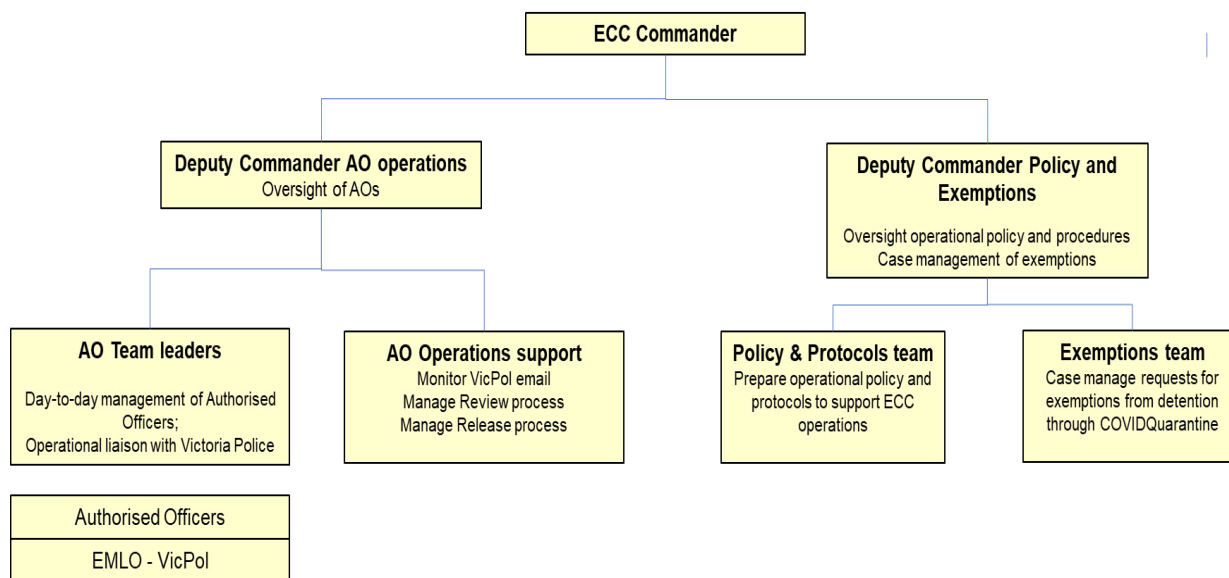
The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection.
- To ensure effective isolation of cases should illness occur in a returned traveller.
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days.
- To implement the direction of the Deputy Chief Health Officer through meeting:
 - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required.
 - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database.
 - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention.
 - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

2 Enforcement and Compliance Command governance

2.1 Enforcement and Compliance Command structure

Figure 1. Enforcement and Compliance Command structure



2.2 ECC roles and responsibilities

Table 1. ECC cell roles

Role	Responsibilities
Enforcement and Compliance Commander	<ul style="list-style-type: none"> Lead and provide oversight to compliance matters under all Public Health Directions. Provide advice and input into complex compliance matters. Provide advice and support to the Chief Health Officer and their delegate on compliance. Address interagency issues Approve requests for changes to alternative detention arrangements Daily review of those subject to detention
Deputy Commander AO operations	<ul style="list-style-type: none"> Provide oversight to Authorised officers Ensure effective communication between AO operations, Command and Policy and Exemptions

	<ul style="list-style-type: none"> • Ensure operations are compliant with protocols • Engage with EOC as required around hotel operations and compliance • Lead the provision of guidance to the AO Team Leaders. • Report on daily review of people being detained.
AO Operations support	<ul style="list-style-type: none"> • Undertake rostering, recruiting and onboarding of ECC resources • Monitor VicPol email address • Manage daily review of detention process • Manage release from detention process.
Senior AO	<ul style="list-style-type: none"> • Provide leadership to AOs. • Monitor the approval of permissions • Support AOs through complex matters • Make exemption request where appropriate • Ensure appropriate parties are aware of complex matters
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> • Issuing detention notices • Ensuring compliance with the notices • Issuing and managing permissions • Actioning approved exemptions • Actioning the release of detainees from hotels • Provide support to VicPol as required
EMLO VicPol	<ul style="list-style-type: none"> • Liaise with Victoria Police.
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> • Oversight of operational policy and procedures. • Key liaison point with legal • Case management of exemptions.
Exemptions Managers	<ul style="list-style-type: none"> • Approve cases declined at Triage • Review cases to be approved by the Commander
Exemptions Team Leaders	<ul style="list-style-type: none"> • Support team members through complex cases • Ensure cases are appropriately closed out
Exemptions team	<ul style="list-style-type: none"> • Triage cases as they are received • Manage COVIDQuarantine inbox • Case manage requests for exemptions from detention. • Liaise with other parties as required to manage cases
Policy and Protocols team	<ul style="list-style-type: none"> • Prepare operational policy and protocols to support enforcement and compliance. • Prepare briefs, PPQs and other documents and reports as required

2.3 Roles and responsibilities for other staff

Table 2. Non-compliance cell staff at hotel

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> • Supports the health and well-being of staff. • Liaises with airport command and staff from the Department of Jobs Precincts and Regions represented at the hotel. • Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations. • Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required. • Ensures appropriate records management processes are in place.
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> • Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs. • Deliver hyper-care (concierge) services onsite. • Manage contracts with accommodation providers. • Manage transport arrangements from the airport and other locations detainees as permitted by AOs. • Manage material needs including food and drink.
Nursing staff	<ul style="list-style-type: none"> • Provide 24 hour on-call medical support subject to demand. • Provide welfare to detainees through a daily welfare check — DHHS welfare officers email COVIDQuarantine@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues. • Provide a satisfaction survey for residents to complete each week.
Security	<ul style="list-style-type: none"> • Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.

2.4 COVID-19 Quarantine Compliance and Welfare System

The COVID-19 Quarantine and Welfare System is the key recording and reporting system supporting the ECC. It supports quarantine arrangements by providing a common database for compliance health and welfare activities. The systems is protected for privacy reasons with different cohorts having access to specific part of the database through either an app or directly through the Customer Relationship Management (CRM) interface. The ECC has access to

- [COVID-19 Compliance Application](#) (Compliance App)- This application supports AOs to issue, maintain and record Direction and Detention notices and permissions as well as issue and record certain exemptions. .
- COVID-19 Exemptions – This tool enables the exemptions team to triage; case manage and close requests for exemptions. It is linked to the Compliance App so AOs are able to see the status of, request and action exemptions.

A Smart form for applications for exemptions is on the DHHS website for travellers or their representatives to request a change to the mandatory detention arrangements. The SMART form feeds directly into the CRM.

A **User Guide** is available to guide ECC team members.

Support email for users: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

3 Authorised officers and powers

3.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice
- AOs must meet legislative obligations around identification, warnings, communication and human rights when exercising powers.

3.2 Authorisation under the PHWA to exercise emergency powers

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

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

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

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

3.2.1 Emergency powers and offences

Section 200(1) of the PHWA sets out the emergency powers, including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

The Direction and Detention notice is made pursuant to section 200 of the PHWA (emergency powers), Attachment 1.

It is an offence under section 203 of the PHWA if a person refuses or fails to comply with the directions and requirements set out in the Direction and Detention notice (unless there is a reasonable excuse for refusing or failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate. There are infringement penalties of 10 penalty units for a natural person and 60 penalty units for a body corporate.

3.3 Authorised officer and Chief Health Officer obligations

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

3.3.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when exercising powers. Table 3 below summarises mandatory obligations.

Table 3. Mandatory obligations of AOs

Legislation	Obligations
Emergency powers and general powers in the <i>Public Health and Wellbeing Act 2008</i>	<ul style="list-style-type: none"> • AO must show ID card before carrying out actions/exercising powers
	<ul style="list-style-type: none"> • Before any person is detained, AO must briefly explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
	<ul style="list-style-type: none"> • Before any person is detained, AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence.
	<ul style="list-style-type: none"> • AO must facilitate any reasonable request for communication
	<ul style="list-style-type: none"> • AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team)
	<ul style="list-style-type: none"> • AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health¹.
In addition, AOs must comply with the Charter of Human Rights (see also Appendix 16)	<ul style="list-style-type: none"> • AO must act compatibly with human rights
	<ul style="list-style-type: none"> • AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.

The notice to the CHO must include:

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

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

¹ An Authorised Officer under the PHWA that has been authorised to exercise public health risk and emergency powers

3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

AOs are encouraged to read Part 9 and seek advice from the Deputy Commander AO Operations if they are unsure about the administration of their powers.

3.3.3 Authorised officer obligations:

Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA (unless impractical to do so):
- At any time during the exercise of powers, if you are asked to show your ID card
- As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

Inform people of their rights and obligations

- You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health (s.167).
- Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

4 AO responsibilities at port of arrival

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

All passengers will be transported to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period with the **day of arrival counted as day 0**.

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

4.1 Key points

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

4.2 Key responsibilities

Table 4. AO responsibilities at the airport



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

² See exemptions section that describes circumstances and policies for maritime environment

³ See suggested script at Attachment 1

	<p>8. Repeat twice.</p> <p>9. Flight crew read script in all relevant languages.</p>		
Issue notice immediately after disembarkation	<p>10. Show identification.</p> <p>11. If the traveller is not a foreign diplomat or immediately transferring to an international flight leaving within 8 hours of arrival, serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (Appendix 1). Unaccompanied children who are detained must be served the solo child notice (Appendix 3). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>12. Ask passenger/s if they understand the notice. If not, explain reasons for detention again, warn them that it is an offence to not comply and answer questions.</p> <p>13. If practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>14. Facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on REDACT ; PIN code is REDACT)</p>	Yes	Section 200(5)
Confirm details	<p>15. Ensure each direction and detention notice:</p> <ol style="list-style-type: none"> i. states the full name of the person being detained, date of birth and mobile phone number (if applicable) ii. contains the signature of the person being detained or their guardian as receipt of the notice iii. states the name and signature of the AO iv. contains the hotel name at which the person will be detained v. contains the date of commencement of detention. 		
Record issue of receipt	<p>16. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application⁴. You may be assisted by a non-AO in this task.</p>		

⁴ The Business system referred to here is the Quarantine Compliance and Welfare System COVID-19 Compliance Application

	<p>17. Request person subject to detention present to AO at hotel. Direct person to area for transport to hotel.</p> <p>18.</p> <p> Provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</p>		
Arrangements for diplomats and immediate transits	<p>19. Foreign diplomats cannot be served a detention notice. The Exemptions team will provide a letter to give to the diplomat and will provide instruction. This will normally be done in advance of the flight arrival</p> <p>20. Take a photo of the letter issued</p>		
Arrangements for immediate transits (less than 8 hours between international flights)	<p>21. Check onward ticket and that the traveller is not showing symptoms of covid.</p> <p>22. Record the individual as a transit in the Compliance app. No document is required to be issued.</p> <p>23. Advise traveller they are required to stay airside between flights at the designated transit area</p>		
Check with welfare team	<p>24. Liaise with Senior AO and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>25. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section 7 (Permissions) for further detail.</p> <p>26. Ensure the person subject to detention understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p> <p>27. Make a note in the Compliance app and ensure the AO at the relevant hotel and Deputy Command AO operations is aware a permission has been granted.</p> <p>28.</p> <p> Complete the hospital fact sheet and provide a copy to the driver to be given to the hospital on detainee arrival.</p>		
Record	<p>29. Record any actions in the COVID Compliance Application, including the above mandatory obligations, use of translator and any associated issues.</p>		

4.2.1 Transfer of uncooperative person to be detained

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

5 AO responsibilities at hotels

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

5.1 Key points

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

5.2 Shift change over

Table 5: Key steps and AO roles and responsibilities during shift change over

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

5.3 Hotel check-in

The purpose of hotel check-in is to:

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

Table 5. Key steps and AO roles and responsibilities – hotel check-in

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Check-in	<ol style="list-style-type: none"> 1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice: <ol style="list-style-type: none"> i. room number ii. the date that the person will be detained until (14 days after arrival at place of detention). 2. AO to initial the room number on the notice, record in the Compliance App and take a photo of the page with the room number before returning to the detainee. 	Yes	
Check and reiterate Direction and detention notice	<ol style="list-style-type: none"> 3. AO answers compliance-related questions and deals with compliance issues, including reiterating aspects relating to the notice. 		Sections 166, and 203(1)
Liaise with medical and welfare staff	<ol style="list-style-type: none"> 4. Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments). 		

5.4 Monitoring compliance

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

Table 6. Key steps and AO roles and responsibilities – monitoring compliance

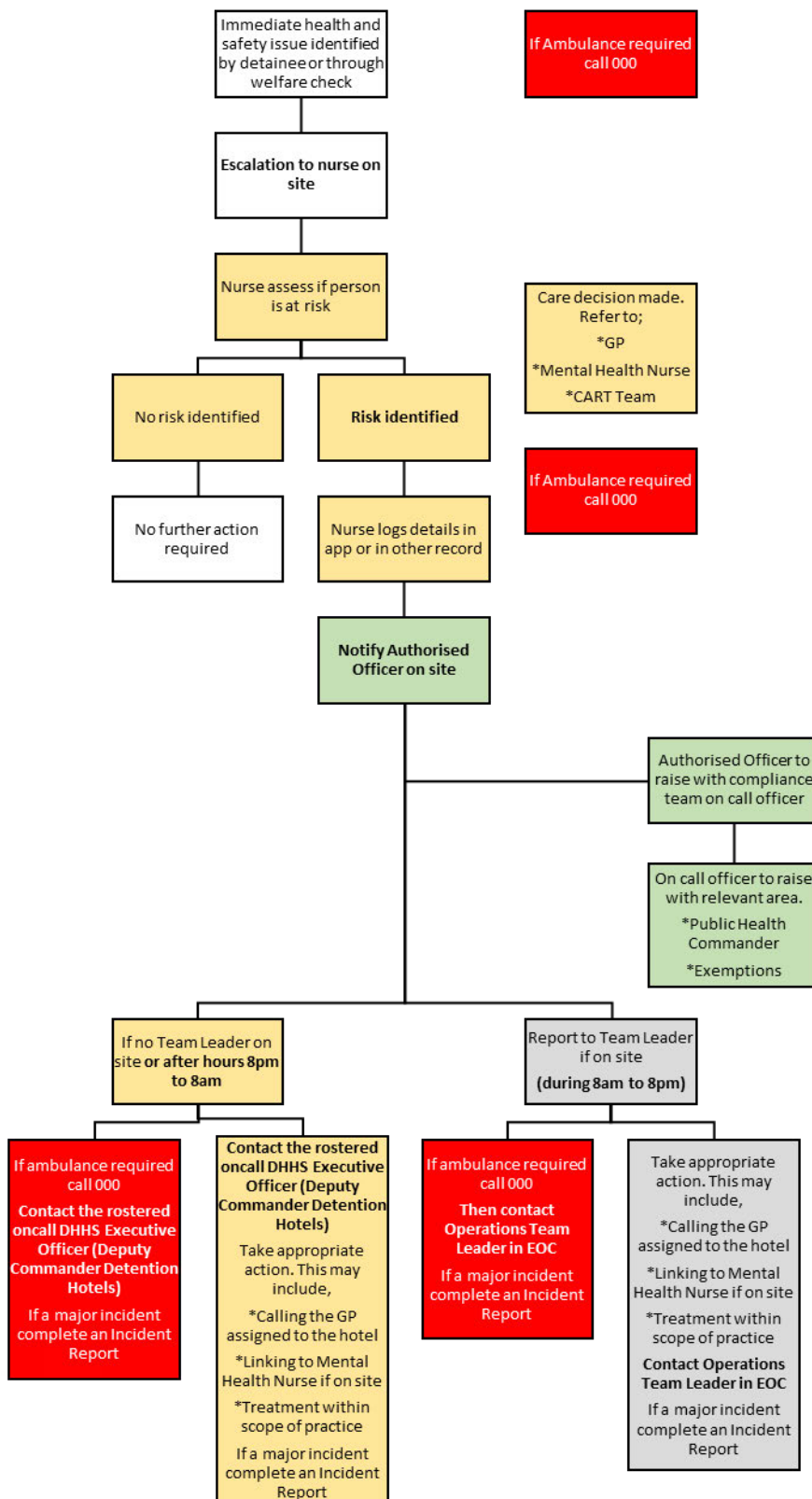
Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security undertake floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: none"> a person refusing to comply and a person demanding to be removed from detention reminding a person the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply responding to requests from security to address compliance issues answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do seeking assistance from security or Victoria police to support compliance efforts facilitating any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on REDACTED PIN code is REDA 		202, 203(1)
Permissions	3. See Section 0 (Permissions). 4. Raise requests for permission to leave with the Senior AO if there is not an authorised area for the detainee to exercise the permission or there is complexity in applying the transition (e.g. requires leaving the hotel site). All requests by detainees to leave the hotel site must be escalated to Deputy Command AO operations if not already approved. 5. Administer permission to leave and monitor compliance.		203(1)
Exemptions	6. See Section 6 (Exemptions). 7. Raise any exemption requests with Senior AO in the first instance. The Senior AO may make an exemption request through the Compliance App [or may request the AO to do so] for consideration. Criteria for consideration is: i) detainee may be unsafe in the hotel environment		200(2),200(4) and 203(1)

	<p>ii) cannot accommodate detainees needs in the hotel</p> <p>8. Issue Direction and Detention Notices for detention in alternate locations if ECC Commander approves an exemption request. In this case, a case manager from the Exemptions Team will contact the AO with details. Before issuing notice, explain reasons for detention and warn that refusal to comply is an offence.</p>		
Records	<p>9. Notes of any communication or engagement with the detainee should be made in the contact log section of the Compliance app</p> <p>10. Record all permissions in the permissions section of the COVID Compliance App.</p> <p>11. Take photos of all amended or reissued direction notices issued while at the hotel using the Compliance App.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p> <p>13. If an emergency occurs with a detainee, follows the emergency procedure and alert the Team Leader and the Senior AO.</p> <p>14. The Senior AO is to ensure the Deputy Commander AO operations and the ECC Commander is alerted to all emergencies. Where a matter may lead to an exemption being required, they should also alert the Exemptions team</p>		

5.5 Emergency health and welfare incidents

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

Figure 2. Emergency Workflow



5.6 Clarity about role of AO

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email “Referral to organise transport”
- physically moving COVID-19 patients. Please see procedure under ‘Occupational Health and safety’
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats. This includes providing any advice in relation to these inspections
- arranging accommodation for any detainee leaving the hotels
- monitoring or ordering PPE or other supplies.

If an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer them to the DHHS Team Leader on-site for follow up. For medical and welfare issues, the AO should inform on-site medical and nursing staff in accordance with section 5.5 above.

5.7 Daily review and reporting by the AO Review Team

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

Table 7. Key steps and AO Review Team roles and responsibilities – daily review

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> • reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours) • reviewing the number of detainees present at the hotel • reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to • noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention. 		

	<ul style="list-style-type: none"> • Noting any exemptions issued or concerns raised with any detainee <p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health.</p> <p>4. Consider the human rights being impacted – refer to ‘Charter of Human Rights’ obligations in Appendix 16</p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detention.</p> <p>7. Consider that detention is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> • person’s health and wellbeing • any breaches of self-isolation requirement • issues raised during welfare checks (risk of self-harm, mental health issues) • actions taken to address issues • a person having been tested and cleared of COVID-19 while in detention • any other material risks to the person. 		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Prepare brief (Minister)	<p>10. Complete template brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> • a person has been made subject to detention • following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health. <p>11. The notice to the CHO must include:</p> <ul style="list-style-type: none"> • the name of the person being detained • statement as to the reason why the person is being, or continues to be, subject to detention. 	Yes	Sections 200(7) and (8) Section 200(9)

	<p>12. Deputy Command AO operations to review and approve the Review and Brief</p> <p>13. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions.</p>		
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5.8 Departure – release from mandatory detention

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

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

5.8.1 Pre-check out

In the days leading up to release the AO Operations support team will work with DJPR, the EOC and Public Health Command to identify the detainees to be released, the exit times for the detainees and whether any detainees are required to be issued a non-general end of detention notice as a result of any COVID-19 testing completed during the quarantine period. The release notices are to be prepared in accordance with the policy in Appendix 9

The Operations Support team will print out release notices for all detainees as well as an exist sheet and will arrange for these to be delivered to the relevant hotels.

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

1. An End of Detention Notice, Appendix 10;
2. An End of Detention Notice (confirmed case not cleared infection), Appendix 11
3. An End of Detention Notice (close contact), Appendix 12
4. An End of Detention Notice (symptoms of respiratory illness), Appendix 13
5. An End of Detention Notice (continued detention) Appendix 14

These notices provide information about the discharge process and the obligations of the detainees.

Continued detention will only be applied where a detainee who normally reside interstate is symptomatic and a close case or confirmed and refuses to remain in Victoria. The decision to continue to detain an individual will be made by the EC Commander in consultation with legal and the PH Commander

5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained is well, symptomatic or positive.

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day detention period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to COVIDquarantine@dhhs.vic.gov.au for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form.
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

5.8.3 Day of release

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

5.8.4 Check-out process overview (compliance check-out)

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

COVID-19 cases and suspects require a separate check-out time. Extra infection control measures such as PPE will need to be implemented.

Security will bring travelling parties down to reception in stages to complete the check-out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.

Table 8. Key steps, roles and responsibilities at check-out (AO role unless specified)

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> 1. ECC Operations Support Team, to inform AO of cases and close contacts confirmed COVID-19 case, suspects, COVID-19 cleared or close contacts. Public health will have contacted each detainee in these categories to discuss arrangements post detention. 2. AO to note and to inform security that COVID-19 cases and suspects will need separate check-out time and implement extra precautionary measures. 		
Check-out	<ol style="list-style-type: none"> 3. Request to see identification (passport) and the End of Detention notice from each person 4. Cross check the person's identification details and room number with information on exit sheet 5. Sign the End of Detention notice, take photo through the COVID-19 Compliance Application which will automatically note the detainee as released. 6. Provide End of Detention notice back to the person. 7. Confirm the period of detention and explain detention period has ceased. 8. Confirm self-isolation requirements for all confirmed COVID cases. 9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged. 		
Record	<ol style="list-style-type: none"> 10. All exit sheets are to be returned to the Operational Support team as soon as possible 		

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

6 Exemption requests

6.1 Key points

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

6.2 Exemption requests – overview

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

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. **The Enforcement and Compliance Commander** is responsible for approving and granting approvals to alter the way in which mandatory quarantine applies in accordance with Appendix 23 *Guidance Note – Exceptions to the General Quarantine Policy*.

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

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country – The diplomatic status that Australian citizens have in other countries does not apply in Australia, so Australians with diplomatic status must undertake mandatory detention for 14 days in a designated hotel
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew including medevac crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

Supporting evidence, such as report from a medical practitioner, may need to be provided before an exemption request is considered.

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

6.3 Exemption requests – general approach

Exemptions for medical, welfare and compassionate grounds will be considered in exceptional and case-by-case circumstances where:

- the needs of the individual are unlikely to be able to be met within the hotel
- the public health risks are outweighed by the risks of continuing to detain the individual in hotel detention.

For an individual seeking exemption prior to entering the hotels, there must be supporting evidence from a suitable expert or treating practitioner regarding the illness, welfare or compassionate concerns. It also must be clear that the needs of the individual cannot be met in hotel detention.

For an individual seeking exemption while already within a hotel, welfare staff, nurses or the Complex Assessment and Response Team (CART) should assess the individual. This assessment along with any recommendation from a treating practitioner will inform consideration of an exemption.

Table 9 outlines the key steps for processes requests for exemptions based on medical, welfare and compassionate grounds.

Table 9. Exemptions case management process

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request and triage	<ol style="list-style-type: none"> 1. Exemption Team receives a request for exemption through CRM system⁵ 2. If request come through another channel, triage officer must enter information into the CRM 3. The triage officer should review the available information as assess if the case should be considered based on <ul style="list-style-type: none"> • If the detainee would be unsafe in the hotel environment or • Their needs can't be accommodated in the hotel • permissions are sufficient. 4. If the triage officer believes the case should be considered they will allocate a case manager. The case manager should contact the requestor to advise them their request is being considered. 5. Recommendations to not consider the case will need to be approved by the Exemptions manager. 		

⁵ An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<p>6. If the manager agrees the request should not be considered the triage officer should advise the requestor within 12 hours in writing.</p> <p>7. If the Manager is of the view the case should be considered, they will allocate to a case manager.</p>		
Case management (Assessment and decisions)	<p>8. Case manager will need to consider the nature of the request to determine whether it should be approved. The case manager should first and foremost consider the public health risk and how the need of the detainee may be met within the hotel environment through permissions, health and welfare support a carer joining the individual or providing addition supplies. The case manager should have regard to the</p> <ul style="list-style-type: none"> • Current policy • Precedent • Medical information provided • Position of other jurisdictions if interstate travel is required <p>9. In some cases further validation of a detainees condition and needs will be required. This may be achieved by:</p> <ul style="list-style-type: none"> • Discussions with the treating practitioner or health team • Assessments by the CART team • Consultation with Mental Health Branch <p>10. Complex cases should be discussed early at the daily complex case meeting with the EC Commander.</p> <p>11. Should a case be considered for detention in an alternative location, the case manager should identify if there is a suitable alternative location that would enable the detainee to meet the required conditions. In particular the location should not house any vulnerable individuals or a large number of people.</p> <p>12. A recommendation should be reviewed by the manager and then submitted to the EC Commander for approval.</p> <p>13. In particularly complex cases the EC Commander may seek further approval from the Public Health Commander.</p>		

	14. Once approve the case manager will be required to complete the required documentation to action the decision.		
Case closure (Exemptions team)	15. Depending on the nature of the request, the exemptions case manager may need to alert the following of the outcome: <ul style="list-style-type: none"> inform requestor inform the Senior AO at airport or hotel, Deputy Command AO operations, OpSoteria EOC, hotel Team Leader and CART team if required Airport operations at Northandwest.eoc@dhhs.vic.gov.au inform Victoria Police arrange for compliance oversight contact other jurisdictions (if transiting through Victoria) upload release or exemption letter in COVID-19 Compliance Application. 		
AO to issue Notice of Direction and Detention	16. Following confirmation with the Hotel Team Leader of any arrangements, the AO will: <ul style="list-style-type: none"> Issue the required documentation Provide any information required associated with the documentation Take a photo of the signed documentation under the release section of the compliance app. 	Yes	200(2) and (4) 203(1)

6.4 Unaccompanied minors

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

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

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

The State can issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. However, this is not preferred because of the welfare obligations imposed.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 8.

Table 10 outlines four options and corresponding policy principles.

Table 10. Options for unaccompanied minors and policy principles

Options	Guiding principles
Detention at hotel with parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. In this case, an exemption is not granted. The carer is provided with a copy of the letter found in Appendix 4 in order to detain them.
Detention in another state or territory	For minors who reside interstate, parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if a parent or guardian cannot join the minor, an exemption can be granted to allow an unaccompanied minor to transit interstate.
Detention at an alternate location with a parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if parent or guardian cannot join the minor, an exemption can be granted to allow the unaccompanied minor to undertake detention at an alternate location with parent or guardian.
Detention in hotel with DHHS welfare support (overnight stay for international transit)	Parent or guardians are encouraged to book flights without overnight layover in Victoria. If not possible, unaccompanied minor are permitted one overnight stay before transitioning to an international flight.

6.4.1 Escalation of issues

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

- contact the department's welfare teams immediately. Child Protection contact details for each Division are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- if it is after hours, contact the after-hours child protection team on 13 12 78 if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

6.5 International transit

6.5.1 Immediate transits within 8 hours

Individuals who are on a connecting international flight that leaves within 8 hours of arrival are not to be detained. The AO should check they are not displaying any symptoms of COVID and have a ticket for an onward flight within 8 hours. The AO should record the traveller as being in transit in the Compliance app and direct them to the appropriate waiting areas airside. Transit passengers should not go landside at the airport. They do not require any documentation.

6.5.2 Transits longer than 8 hours

If travellers are on the ground for more than 8 hours they will be detained.

Prior to release the AO will be required to check that the detainee is not showing symptoms of COVID and confirm they have a ticket for an international flight. This should be recorded in the Compliance App along with a copy of the release notice (Appendix 18).

Following release, the detainee must be escorted to the airport by Airport operations to ensure they minimise any potential contamination.

Travellers not be allowed to travel domestically to catch an onward international flight.

6.6 Compassionate interstate travel

Interstate travel is not permitted except in exceptional health and compassionate circumstances. These are generally limited to:

- Receiving specific health treatment in another state that cannot be provided in Victoria
- Visiting a terminal family member
- Attending a funeral of a close family member

In each of these circumstances the receiving jurisdiction must approve the transit and the detainee will be subject to any quarantine arrangements required by the receiving jurisdiction.

The letter in Appendix 19 is used.

6.7 Foreign diplomats

Foreign diplomats are exempt from mandatory 14-day detention. Australian diplomats must undertake mandatory detention upon arriving in Victoria from an international location.

Foreign diplomats (and any family members) should travel immediately to their place of residence via private or rental vehicle and self-isolate for 14 days. The exemptions team will prepare a letter for the foreign diplomat and their family confirming they are not required to complete 14-day mandatory detention (Appendix 20).

Where a foreign diplomat needs to defer travelling to their usual place of residence, the diplomat (and any family members) should stay in a designated quarantine hotel. They should be transported to and from the airport via organised transport, or via a private or rental vehicle and are issued a letter regarding staying in a quarantine hotel (Appendix 21)

6.8 Maritime Crew

The DHHS *Border health measures policy summary* of 18 May 2020 summarises a broad range of circumstances and corresponding risk-based policies regarding travellers and crew arriving at airports and seaports. A summary of the circumstances and policies relating to maritime crew is Appendix 17.

As a guiding principle, maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to a Direction and Detention Notice and must be detained in a designated hotel for a 14-day period (unless an exemption applies).

- Where a vessel is leaving the country, crew may leave the hotel to board the vessel no earlier than 48 hours before the vessel is due to leave to enable handovers.
- Where a vessel is remaining in Australian waters its crew must do 14 days quarantine
- Where disembarking crew is leaving the country, they may leave the vessel and travel immediately to the airport to depart. They may shelter on land for 24 hours before a flight. If they are required to be on land for longer, they must go to a quarantine hotel until they are ready to leave the country.

- Disembarking crew that live in Australia must go into hotel quarantine unless they did 14 days quarantine prior to boarding the vessel and no other international crew joined the vessel.
- Crew may leave a vessel to seek medical treatment.

7 Permissions

7.1 Key points

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

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

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

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at Appendix 6.

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

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

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

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

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 11 for further details).

If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately. The emergency escalation process should be followed (see section 5.5). The Hospital information sheet should be provided to the driver of the vehicle to hand to the medical facility.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email "Referral to organise transport".

Table 11. Key steps, roles and responsibilities for temporary leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> 1. Senior AO to assess site for suitability of exercise and fresh air breaks. 2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site 3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval. 		
Request for temporary leave	<ol style="list-style-type: none"> 4. Person may seek permission directly from the AO and explain the grounds for temporary leave 		
AO assessment and decision	<ol style="list-style-type: none"> 5. AO to make decision and consider: <ul style="list-style-type: none"> • those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks) • willingness and availability of security to oversee and facilitate exercise or other fresh air breaks (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly) • site layout, safety and capability to ensure persons are in a cordoned off area • maintaining infection control, such as ensuring persons do not touch door handles or lift buttons • adherence to exercise and smoking procedures. 6. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction. 		
Issue permission for temporary leave	<ol style="list-style-type: none"> 7. AOs to: <ul style="list-style-type: none"> • instruct security on the dates and times permitted for leave • provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not accessed by members of the public 		s.203(1)

	<ul style="list-style-type: none"> • request the medical facility or hospital inform the AO prior to return (for medical temporary leave) • prepare a Permission for Temporary Leave from Detention form (see Appendix 5), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> - a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes - an exercise break is for a certain time and the person must return to their room following exercise or fresh air break. • warn the person that failure to comply with these directions is an offence • ensure the person checks back into the hotel at specified time • seek feedback on implementation of temporary leave and note any issues raised. 		
Permissions for hospital treatment	<p>8. AO should facilitate any permissions required for medical treatment. Where possible and end time should be recorded on the notice and app. Where an end time is not clear, the permission should note the detainee can only return on medical release.</p> <p>9. A permission for medical treatment should not extend beyond 24 hours. Should a detainee be required to be admitted to the facility, a change of location detention notice should be issued following approval by the Deputy Command AO Operations. If the detainee returns to the hotel a new detention notice should be issued for the remainder of the 14 days. The AO should actively monitor that a detainee has returned within the 24 hour period.</p> <p>10. When issuing a permission, the AO should also provide the hospital information sheet with contact details for Hotel team leader and Deputy Command AO operations.</p> <p>11. If a medical facility wishes to release the detainee to a location outside of the hotel, the Deputy Command AO operations must obtain approval from EC Command.</p>		
Compliance	<p>12. If the AO is of the view the detainee may not comply with conditions of the permission, an escort must be arranged to travel with the individual. This is a particular consideration where a person may be visiting a home</p>		

	<p>environment where other non-palliative people will be present. Highly vulnerable people cannot be in the same immediate environment as the detainee</p> <p>13. Permission cannot be granted for more than 2 hours on the basis that physical distancing is observed. If physical distancing is not likely to be observed and there is likely to be close contact, the detainee must be limited to 15 minutes.</p> <p>14. If the detainee does not comply with the permission conditions, further permissions may not be granted.</p>		
Record	15. If AO approves leave be granted, the AO must enter details in COVID-19 Compliance Application.		

7.3 Emergency situations

Table 20: Key steps, roles and responsibilities for emergency leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	1. AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p> <p>5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application</p>		

7.4 Procedure for a person in detention / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

7.5 Guidance for safe movement associated with permissions

7.5.1 Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based hand sanitiser as they leave, this will require hand sanitiser to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- Return immediately to their hotel room following the break.

7.5.2 Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water before each break;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

7.5.3 Infection control considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

In addition:

Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.

They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.

Smokers can take up to 2 breaks per day if staffing permits.

Rostering to be initiated by the departmental staff/AO present.

8 Compliance

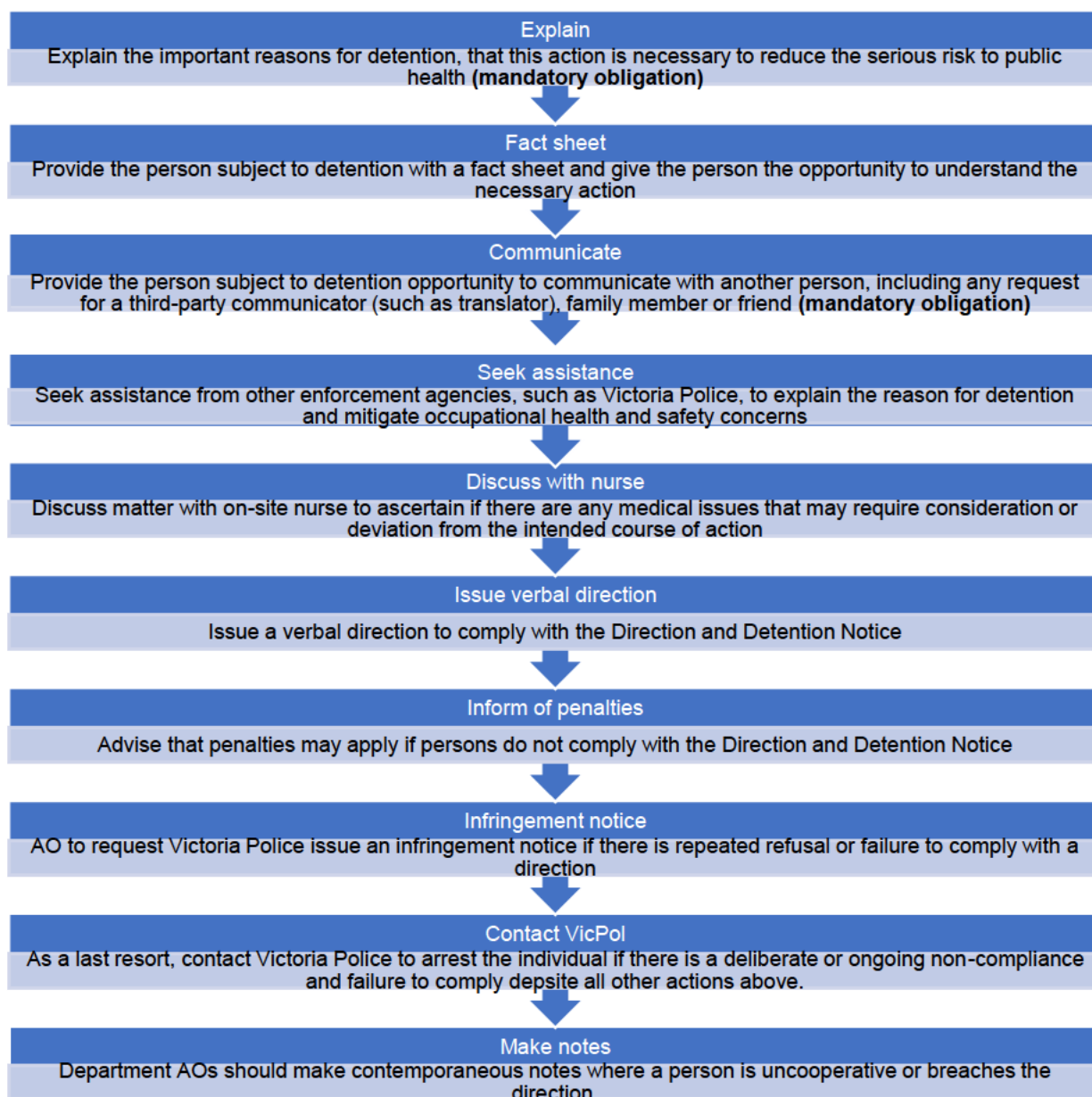
8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

8.2 Options to facilitate compliance

AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



8.3 Unauthorised departure from accommodation

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

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify Senior AO, on-site security and hotel management and request search.		
Contact Victoria police and Deputy Commander	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> • seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave • provide an opportunity for the person to explain the reason why they left their room • assess the nature and extent of the breach, for example: <ul style="list-style-type: none"> - a walk to obtain fresh air - a deliberate intention to leave the hotel - mental health issues - escaping emotional or physical violence. • consider issuing an official warning or infringement through Victoria Police • reassess security arrangements. 		s.203(1)

8.4 Infringements

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

Table 13. List of infringements

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 penalty units for a natural person and 30 penalty units for a body corporate without a reasonable excuse).	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 60 PU body corporate

s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a power under an authorisation given under s.199 (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 60 PU body corporate
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9 Occupational health and safety (OHS) for Authorised Officers

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

9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the Senior AO or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

9.2 Health Emergency

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

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

9.3 OHS

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

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

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

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

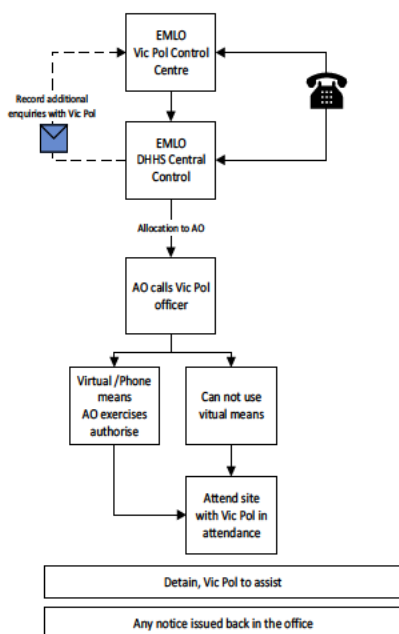
9.4 Fatigue

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

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



9.5 Risk assessment before attendance -Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer and a Senior AO or the Deputy Commander AO operations or DHHS management.

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

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

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

9.6 Personal measures to reduce risk the risk of exposure to COVID

9.6.1 General

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

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitiser.

9.6.2 AOs going onto floors of hotel

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

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

9.6.3 Relocating a confirmed case of COVID-19

All COVID-19 confirmed cases will be transferred to a COVID-19 hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed COVID-19 case may wish to remain with the confirmed COVID-19 detainee and transfer to the COVID-19 hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

The room or location change must be recorded in the compliance app by the AO.

9.7 Measures and guides to enhance occupational health and safety

Table 14. Using Personal Protective Equipment

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is suspected or confirmed case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

Table 15. Known risks and hazards

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

9.7.1 COVID-19 testing for Authorised Officers

Should an AO need to be tested for COVID-19, the AO should ask that their test to be marked urgent given the critical front-line response work.

Appendix 1. Direction and Detention notice

DIRECTION AND DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 11 May 2020.
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the Act), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because, having regard to the medical advice, that detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) You must comply with the directions in clause 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (6) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

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

2 Place and time of detention

- (1) You will be detained at:

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

Room No: _____ *(to be completed on arrival at hotel)*
- (2) You will be detained until: _____ on ____ of _____ 2020
(to be completed at place of arrival)

3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

4 Conditions of your detention

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

- (a) you have been granted permission to do so:
 - (i) for the purposes of attending a medical facility to receive medical care; or
 - (ii) where it is reasonably necessary for your physical or mental health; or
 - (iii) on compassionate grounds; or
 - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.
- Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

5 Review of your detention

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

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

6 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

REDACTED

Name of Authorised Officer: Dr. Annaliese van Duijnen

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

Appendix 2. Script for plane/arrival

Required script before issuing a direction and detention notice

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

Please be advised that a State of Emergency has been declared in Victoria because of the serious risk to public health posed by COVID-19 virus.

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

People who have been overseas are at the highest-risk risk of infection with COVID-19 and are one of the biggest contributors to the spread of COVID-19 in Victoria. Therefore, you will be detained in a hotel for 14 days because that is reasonably necessary to reduce or eliminate the serious risk to public health posed by COVID-19.

Please be advised that refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.

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

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

Appendix 3. Detention notice for unaccompanied minors

DIRECTION AND DETENTION NOTICE SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)
Section 200

1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 2020.
- (2) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID -19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID -19 as a result of your overseas travel.
- (6) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (7) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

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

2 Place and time of detention

- (1) You will be detained at:

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

Room No: _____ (to be completed on arrival at hotel)
- (2) You will be detained until: _____ on ____ of _____ 2020.

3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

4 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless:
 - (a) you have been granted permission to do so:
 - (i) for the purposes of attending a medical facility to receive medical care; or
 - (ii) where it is reasonably necessary for your physical or mental health; or
 - (iii) on compassionate grounds; or
 - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

5 Review of your detention

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

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

6 Special conditions because you are a solo child

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

- (a) We will check on your welfare throughout the day and overnight.
- (b) We will ensure you get adequate food, either from your parents or elsewhere.
- (c) We will make sure you can communicate with your parents regularly.
- (d) We will try to facilitate remote education where it is being provided by your school.
- (e) We will communicate with your parents once a day.

7 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

Name of Authorised Officer: _____

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

Appendix 4. Letter for carer to join detention

Dear [insert name]

In accordance with section 198 of the *Public Health and Wellbeing Act 2008 (Act)*, a state of emergency has been declared in Victoria as a result of the serious risk to public health posed by COVID-19.

In order to mitigate this public health risk, the Victorian government has introduced a quarantine period for people arriving in Victoria from overseas.

I note that [insert name of persons in hotel detention that are being joined by the kinship carer] have been issued with a direction and detention notice on [insert] under section 200(1)(a) of the Act.

You have agreed to be detained in quarantine with the above persons who have arrived from overseas in [insert hotel name], to provide kinship care and support.

In these circumstances, you will be subject to quarantined in accordance with the attached direction and detention notice issued under section 200(1)(a) of the Act, which sets out the terms and conditions of your period of quarantine.

Yours sincerely

Authorised Officer

[insert date]

Appendix 5. Permission for temporary leave

PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

1 Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

2 Reason/s for, and terms of, permission granting temporary leave

- (1) Permission for temporary leave has been granted to: _____
 _____ [insert name] for the following reason/s [tick applicable]:
 - (a) for the purpose of attending a medical facility to receive medical care:

Name of facility: _____

Time of admission/appointment: _____

Reason for medical appointment: _____
 - (b) where it is reasonably necessary for physical or mental health:

Reason leave is necessary: _____

Proposed activity/solution: _____
 - (c) on compassionate grounds:

Detail grounds: _____
- (2) The temporary leave starts on _____
 and ends on _____ [insert date and time].

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

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

3 Conditions

- (1) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (2) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (3) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (4) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (5) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (6) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (7) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.
- (8) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

4 Specific Details

- (1) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).
- (2) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the period of time noted at paragraph 2 of this Permission.
- (3) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

Annexure 1: Additional conditions *[if applicable]*

Appendix 6. Guidance Note: Permission for Temporary Leave from Detention

How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

- **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
 - for the purposes of attending a medical facility to receive medical care; or
 - where it is reasonably necessary for the person’s physical or mental health; or
 - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

- **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide the Permission to the person, provide them with time to read the Permission and take a photo of the Permission for the department’s records.

NB If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

- **What are the requirements when you are granting a permission to a person under the age of 18?**

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person’s status as a child.

- **What other directions can you give?**

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

Appendix 7. Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

Aviation crew

International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (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 8. Guidance note: unaccompanied minors

Introduction

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

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

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

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

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

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

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

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

How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

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

Relevant human rights

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

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of

communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

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

General welfare considerations

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

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

Additional welfare considerations for children

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

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

Appendix 9. Policy guiding release notices

Table 2. Management based on outcomes of Day 11 routine testing

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

		<p>confirmed case) are permitted to isolate at home, if they can do so safely and appropriately</p> <ul style="list-style-type: none"> – Victorians who cannot safely isolate at home may continue to isolate at the COVID hotel (Rydges) until they meet the department's criteria for release from isolation of a confirmed case • Transport of positive cases (to home or to the COVID hotel) should be by Non-Emergency Patient Transport (NEPT) • Positive cases should wear PPE while in transit 	<p>department's criteria for release from isolation of a confirmed case</p> <ul style="list-style-type: none"> • Transport of positive cases (to the COVID hotel or to other appropriate accommodation in Victoria) should be by NEPT • Positive cases should wear PPE while in transit • If there are concerns that the person will not safely isolate in Victoria, a further Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal
	Asymptomatic	<ul style="list-style-type: none"> • If a person is currently asymptomatic and has no history of symptoms in the past 14 days, then the test date will be taken as a proxy for a symptom onset date (day 0) and they will be required to isolate for 10 days from this date. 	<ul style="list-style-type: none"> • If a person is currently asymptomatic and has no history of symptoms in the past 14 days, then the test date will be taken as a proxy for a symptom onset date (day 0) and they will be required to isolate for 10 days from this date.
	Symptomatic	<ul style="list-style-type: none"> • If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case • Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> – the person has been afebrile for the previous 72 hours, AND – at least ten days have elapsed after the onset of the acute illness, AND – there has been a noted improvement in symptoms, AND – a risk assessment has been conducted by the department and deemed no further criteria are needed 	<ul style="list-style-type: none"> • If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case • Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> – the person has been afebrile for the previous 72 hours, AND – at least ten days have elapsed after the onset of the acute illness, AND – there has been a noted improvement in symptoms, AND – a risk assessment has been conducted by the department and deemed no further criteria are needed
Results pending	Asymptomatic	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions • Issue End of Detention Notice (standard) • Allow to exit detention • All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known 	<ul style="list-style-type: none"> • Subject to the Stay at Home Directions until they leave Victoria • Issue End of Detention Notice (standard) • Allow to exit detention

		<ul style="list-style-type: none"> DHHS should ensure the test result, positive or negative, is provided to the person 	<ul style="list-style-type: none"> All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department
	Symptomatic	<ul style="list-style-type: none"> Subject to the Stay at Home Directions Issue End of Detention Notice (respiratory symptoms) Allow to exit detention Victorians who can safely isolate at home must do so until the test result is known Transport by NEPT, should wear PPE while in transit Victorians who cannot safely isolate at home or other appropriate accommodation may continue to isolate at the quarantine hotel until the test result is known DHHS should ensure the test result, positive or negative, is provided to the person 	<ul style="list-style-type: none"> Subject to the Stay at Home Directions until they leave Victoria Issue End of Detention Notice (respiratory symptoms) Must not travel interstate, must stay in Victoria until test result is known If there is concern that they will not follow this advice, a further Direction and Detention Notice may be issued in consultation with the Public Health Commander and DHHS Legal DHHS will accommodate in quarantine hotel until test result is known, if they have no other appropriate/safe accommodation to isolate in Victoria If required, transport by NEPT and wear PPE while in transit DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department
Newly symptomatic after Day 11 test		<ul style="list-style-type: none"> Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken Management should be as per the relevant category described above 	<ul style="list-style-type: none"> Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken Management should be as per the relevant category described above
Not tested (declined testing or other reason)	Asymptomatic	<ul style="list-style-type: none"> Subject to the Stay at Home Directions Issue End of Detention Notice (standard) Allow to exit detention 	<ul style="list-style-type: none"> Subject to the Stay at Home Directions until they leave Victoria Issue End of Detention Notice (standard) Allow to exit detention

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

			<ul style="list-style-type: none">• If required, transport by NEPT and wear PPE while in transit
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Appendix 10. End of Detention Notice

END OF DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.

1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

2 Details of Detention Notice

- (1) **Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>
- (2) **Date of Direction and Detention Notice:** <<DETENTION START DATE>>
- (3) **Place of Detention:** <<HOTEL>> <<ROOM>>

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I have made the following findings:
- (a) you will have served the required detention period by <<DETENTION END DATE>>; and
- (b) you have not started exhibiting any symptoms of COVID-19.
- (3) In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on <<DETENTION END DATE>> at _____ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.
- (5) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit date Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (6) Although you will no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 6) (**Direction**), as amended or replaced from time to time. Pursuant to the Direction, if you live in Victoria you are required to

travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

- (7) If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.
- (8) In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

4 End of Detention Instructions

- (1) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (2) When leaving detention you **must** adhere to the following safeguards:
 - (a) if provided to you, you **must** wear personal protective equipment;
 - (b) you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
 - (c) you **must** where possible, practise physical distancing, maintaining a distance of 1.5 metres from other people; and
 - (d) upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

- (3) Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

_____ Signature of Authorised Officer

Name of Authorised Officer: _____

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

Appendix 11. End of Detention Notice - confirmed case

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

END OF DETENTION NOTICE - Confirmed COVID-19 case

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has returned a positive test for COVID-19. Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19 and is transitioning to a suitable premises to self-isolate pursuant to the *Diagnosed Persons and Close Contacts Directions*

1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

2 Details of Detention Notice

- (1) **Name of Detainee:** _____
- (2) **Date of Direction and Detention Notice:** _____
- (3) **Place of Detention:** _____ Room
- (4) **Medical Facility:** _____
(if medical care is required)
- (5) **COVID-19 Status (Confirmed):** _____ [date of test]

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have been diagnosed with COVID-19.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:
- (a) You have been confirmed to have COVID -19 and will be required to self - isolate in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended from time to time, in a premises that is suitable for you to reside in, or travel directly to a hospital for medical treatment , until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given; and
- (b) You are/are not [*delete as applicable*] ordinarily a resident of Victoria, and have chosen to self-isolate at the following premises:

- your ordinary residence another premises that is suitable for
you to reside in for the purpose of
self-isolation

Address of premises for self-isolation: _____

- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on _____ at _____ after you have been discharged by an Authorised Officer and have commenced transportation to the premises detailed in 3(3)(b).
- (5) Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the *Public Health and Wellbeing Act 2008* currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a serious risk to public health posed by COVID-19. It is essential that you self-isolate in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time,, until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given.
- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises detailed in 3(3)(b) to self-isolate pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises detailed in 3(3)(b), you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

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

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

Appendix 12. End of detention notice – Close contact

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

END OF DETENTION NOTICE – CLOSE CONTACTS

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee is a close contact of a COVID-19 diagnosed person. Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19 and is transitioning to the premises at which they ordinarily reside to self-quarantine pursuant to the *Diagnosed Persons and Close Contacts Directions*

1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

2 Details of Detention Notice

- (1) **Name of Detainee:** _____
- (2) **Date of Direction and Detention Notice:** _____
- (3) **Place of Detention:** _____ Room

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you are a close contact of a person diagnosed with COVID-19.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because you have been confirmed to be a close contact of a person diagnosed with COVID-19 and will be required to self-quarantine at the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time.
- (4) I advise that your detention pursuant to section 200(1)(a) of the **Act** and the Notice will end on _____ at _____ after you have been discharged by an Authorised Officer and have commenced transportation to the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time, for the purpose of self-quarantine.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the Act currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a

serious risk to public health posed by COVID-19. It is essential that you self-quarantine in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time.

- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises at which you ordinarily reside to self-quarantine pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises at which you ordinarily reside to self-quarantine, you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

Signature of Authorised Officer

Name of Authorised Officer: _____

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

Appendix 13. End of detention notice – Symptoms of respiratory illness

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

END OF DETENTION NOTICE – Symptoms of respiratory illness (transition to suitable premises)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has demonstrated symptoms of respiratory illness. Subject to the conditions below, this Notice is evidence that the detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.

1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

2 Details of End of Detention Notice

- (1) **Name of Detainee:** _____
- (2) **Date of Direction and Detention Notice:** _____
- (3) **Place of Detention:** _____ Room
- (4) **Medical Facility:** _____
(if medical care is required)
- (5) **Respiratory illness symptoms [tick applicable]:**
- | | | | |
|--|--------------------------|-------------|--------------------------|
| coughing | <input type="checkbox"/> | sort throat | <input type="checkbox"/> |
| fever or temperature in excess of 37.5 degrees | <input type="checkbox"/> | body aches | <input type="checkbox"/> |
| congestion, in either the nasal sinuses or lungs | <input type="checkbox"/> | fatigue | <input type="checkbox"/> |
| runny nose | <input type="checkbox"/> | | |

3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have exhibited the symptoms of respiratory illness.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- (a) You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need to travel directly to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction;
- (b) You have:
- been tested for 2019-nCoV and it is estimated that you will receive the results of that test by _____ *[insert time]*;
 - not been tested for 2019-nCoV and are aware that you need to take precautions including **#detail any specific precautions#** for 72 hours after the time you cease showing symptoms of respiratory illness.
- (c) You are ordinarily a resident in Victoria or you have indicated that although you ordinarily reside outside of Victoria, you have a suitable premises within Victoria to temporarily reside and intend to remain there until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness *[delete as applicable]*.
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on _____ at _____ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence or a suitable premises within Victoria to temporarily reside until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness *[delete as applicable]*.
- (5) Compliance with all directions made pursuant to the Act currently in force in Victoria is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you return to your ordinary residence or a premises that is suitable for you to reside temporarily in Victoria and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required.
- (6) The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

4 Conditions

- (1) You will transit from the hotel where you have been detained to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria. You **must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will sight your identification and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight on your exit date.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from

detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

- (3) While you are transiting to your ordinary residence, or a premises that is suitable for you to temporarily reside in, you must refrain as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (4) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, wear appropriate personal protective equipment to prevent the spread of COVID-19, if directed by an Authorised Officer.
- (5) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (6) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, comply with any direction given to you by an Authorised Officer escorting you.
- (7) You must remain at your ordinary residence or a premises that is suitable for you to temporarily reside in until you receive your 2019-nCoV test results OR for 72 hours after the time you cease showing symptoms of respiratory illness *[delete as applicable]*.

5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

_____ Signature of Authorised Officer

Name of Authorised Officer: _____

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

Appendix 14. End of detention notice: continued detention

DIRECTION AND CONTINUATION OF DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice (**Notice**) that you were provided on your arrival in Victoria .
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (**Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID -19 throughout Victoria.
- (4) Pursuant to the Notice, you have been detained at the hotel and in the room specified in clause 1(5) below, for a period of 14 days , because, having regard to the medical advice, that detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health , in accordance with section 200(1)(a) of the Act.
- (5) **Place and time of current detention**
You have been detained at:
Hotel: _____
Room No: _____
- (6) You were to be detained until: _____ on ____ of _____ 2020
- (7) An Authorised Officer has decided to continue your detention and issue this Direction and Continuation of Detention Notice. This decision has been made following the mandatory review of your Notice because:
(tick as applicable)
 - (a) you have developed respiratory symptoms and are awaiting the results of a test for COVID-19
 - (b) you have returned a positive test for COVID-19 and have not been medically cleared to leave detention
- (8) You must comply with the directions in clause 2 and 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (9) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

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

2 Place and time of continued detention

(1) You will be detained at:

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

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

(2) You will be detained until: _____ on ____ of _____ 2020

3 Conditions of your detention

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

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

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

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

(iii) on compassionate grounds; or

(b) there is an emergency situation.

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

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

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

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

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

4 Review of your detention

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

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

5 Offence and penalty

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

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

Name of Authorised Officer: _____

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

Appendix 15. End of detention guidance note

How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detainment, become a confirmed case of COVID-19 or have symptoms of respiratory illness

What do you have to do before you issue an End of Detention Notice?

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
 - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
 - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge each person
- if a person's detainment is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

When should you issue an End of Detention Notice?

It is preferable that an End of Detention Notice be issued the day before a person's detainment is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.

A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

What do you have to do when you issue an End of Detention Notice?

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
 - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
 - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

Appendix 16. : Charter of Human Rights obligations

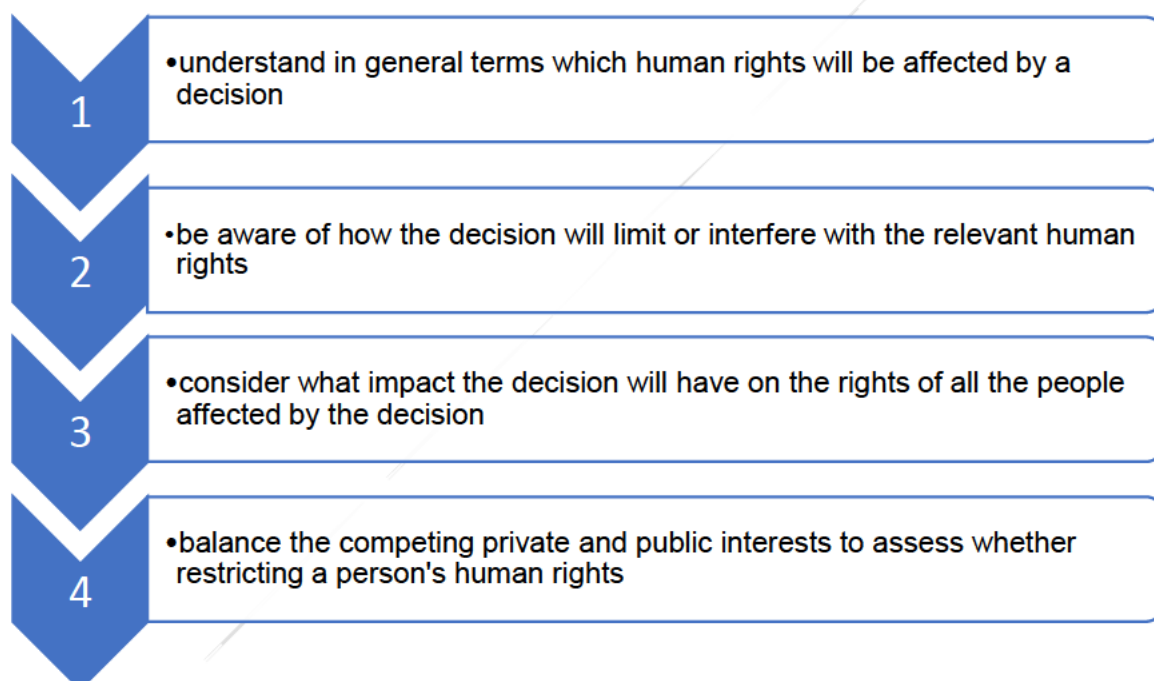
Key points

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

Department AO obligations under the Charter of Human Rights and Responsibilities Act 2006

Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

Figure 3. How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

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

Appendix 17. Border health measures policy summary, 18 May 2020

General principal

To protect Victoria from imported human biosecurity risks associated with coronavirus (COVID-19), pre-existing and enhanced border health measures are in place at Victoria's international air and seaports.

Entry to Victoria

From 11.59pm AEDT 28 March 2020, all travellers arriving from overseas at Victorian airports or disembarking at maritime ports are subject to a Direction and Detention Notice (No 3), which mandates compulsory quarantine at designated hotels for the quarantine period of 14 days from the day of arrival (unless they are provided an exemption to this direction). The mandatory quarantine period must be undertaken in the port of arrival.

All travellers arriving at airports and seaports who are subject to mandatory quarantine will undergo health screening on arrival by DHHS nursing staff, working with Biosecurity Officers and Authorised Officers, at the port of entry (NOTE: individual arrangements may be put in place at seaports depending on the circumstances).

Policy summary

Arrival	Airport	Seaport
Passengers	<p>All passengers arriving into Victoria from overseas on aircraft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p> <p>International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:</p> <ul style="list-style-type: none"> • If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining physical distancing and hand hygiene. • If more than 8-72 hours (with rare exceptions on 72 hours if connecting international flight is difficult to arrange) before 	<p>All passengers arriving into Victoria from overseas on maritime vessels (whether recreational or commercial) are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>

	<p>the departing flight, they must go into mandatory quarantine until the time of the departing flight.</p> <p>Domestic onward travel is allowed in order to meet a departing international flight if the receiving jurisdiction (Australian state or territory) has been consulted and is willing to accept the passenger to transit to their international flight.</p>	
<p>Crew</p>	<p>Air crew are not subject to the Direction-Detention Notice but must self-isolate for 14 days on arrival into Victoria.</p> <p>9.7.1.1 International air crew who live in Victoria</p> <ul style="list-style-type: none"> • Are not required to go into mandatory hotel quarantine. • Must self-isolate at their place of residence (or hotel) between flights, or for 14 days, whichever is shorter. • Are not required to complete the Isolation Declaration Card. <p>9.7.1.2 International air crew who do not live in Victoria</p> <ul style="list-style-type: none"> • Are not required to go into mandatory hotel quarantine. • Will be allowed to leave on their scheduled flight. They must self-isolate in their hotel on arrival until their next flight, or for 14 days, whichever is shorter. • Must use privately-organised transport to transfer to and from hotels between flights following appropriate physical distancing measures. • May fly domestically to their next point of departure from Australia if required. • Are not required to complete the Isolation Declaration Card. <p>9.7.1.3 Domestic air crew</p> <ul style="list-style-type: none"> • Are exempt from self-isolation requirements in Victoria. 	<p>Maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to the Direction-Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption applies).</p> <p>Maritime crew arriving into Victoria from overseas on an international flight planning to board a maritime vessel</p> <ul style="list-style-type: none"> • If maritime crew are transiting interstate, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory hotel quarantine for 14 days from arrival before being allowed to travel interstate (unless granted a specific exemption) • If maritime crew are joining a maritime vessel in Victoria, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory quarantine for 14 days from arrival UNLESS: <ul style="list-style-type: none"> – They are granted a specific exemption, OR – They are boarding a maritime vessel at a Victorian port directly from the flight, <u>and</u> the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> – The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting from the airport to the maritime vessel.

		<p>Maritime crew arriving into Victoria on vessels from international waters</p> <p>Maritime crew who live in Victoria</p> <ul style="list-style-type: none"> • Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to returning to their Victorian residence (if they reside in Victoria). <p>Maritime crew who are transiting interstate</p> <ul style="list-style-type: none"> • Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to onward travel interstate. <p>Maritime crew who are leaving Victoria on an international flight</p> <ul style="list-style-type: none"> • Maritime crew will be allowed to transit from their ship to an international flight: if the flight is leaving the same day and they travel directly to the airport using privately organised transport following appropriate physical distancing measures. Otherwise, the crew member must self-isolate in their hotel for up to 24 hours then travel directly to the airport to take their flight. • If there is more than 24 hours until the flight, they must stay in mandatory hotel quarantine until the flight, or for 14 days, whichever is shorter. <p>Maritime crew arriving on an international vessel (“the old vessel”) and planning to leave Victoria on another vessel that is departing for an international port (“the new vessel”)</p> <p>Maritime crew are not subject to mandatory hotel detention in the following situations:</p>
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		<ul style="list-style-type: none"> • If they are boarding a new vessel directly after disembarking the old vessel, AND the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> – The crew member must use privately organised transport (if needed) and follow appropriate physical distancing measures while transiting between the vessels. • If the time from disembarking the old vessel and joining the new vessel is no more than 24 hours AND the time between boarding the new vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> – In this case the crew member must self-isolate in their accommodation (organised by their shipping company) for the layover period and travel directly to the accommodation and then to the port to join the new vessel. – The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting to and from the vessels and their accommodation. • If the above situations do not apply, the crew member must go into mandatory hotel quarantine until the time the new vessel leaves, or for 14 days, whichever is shorter, as long as the crew member travels directly from the quarantine hotel to the vessel on the day it departs Victoria. <p>Where a vessel left an Australian port, travelled into international waters, and then arrives back into a Victorian port</p> <p>The crew do not need to enter mandatory hotel quarantine or go into self-isolation on disembarkation if:</p> <ul style="list-style-type: none"> • All maritime crew aboard (who travelled from overseas to join the vessel in Australia) completed 14 days of mandatory hotel quarantine in Australia prior to joining the vessel AND
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		<ul style="list-style-type: none"> • No further crew have joined the vessel during its voyage AND • The vessel did not dock at a foreign port during its voyage AND • There is no reported illness that could potentially indicate COVID-19 infection on board the vessel. <p>Maritime crew arriving into Victoria on vessels that have only been in Australian waters</p> <p>Maritime crew disembarking from these vessels do not need to enter mandatory hotel quarantine or self-isolation on arrival into a Victorian port if:</p> <ul style="list-style-type: none"> • The vessel has not left Australian waters AND • The vessel has only taken on maritime crew who have done 14 days mandatory hotel quarantine on arrival into Australia prior to boarding the vessel (and are able to verify this with documentation) AND • There is no reported illness that could potentially indicate COVID-19 infection on board the vessel. <p>Note that crew who then travel interstate may be subject to separate, state-based quarantine or self-isolation requirements on arrival.</p>
		<p>9.7.1.4 Crew requiring medical attention (for non-COVID-19 or other listed human disease-related illness) who would not be otherwise disembarking in Victoria</p> <p>A crew member may be granted approval to disembark a maritime vessel at a Victorian port WITHOUT having to go into mandatory hotel quarantine if:</p> <ul style="list-style-type: none"> • They are coming off the vessel for the sole purpose of seeking medical review for a non COVID-19 related medical complaint and have also been given clearance by ABF and DAWE to do so AND

		<ul style="list-style-type: none"> • The crew member wears a surgical mask, and travels directly to the medical facility in private transport, maintaining physical distancing between the crew member and the driver AND • The crew member or operator of the vessel notifies the driver of the transport AND medical facility prior to their arrival that the crew member is coming off an international maritime vessel and has not completed 14 days mandatory hotel quarantine AND • If deemed well enough to not need hospital admission or stay on shore for further testing etc, AND • Following medical review, the crew member travels directly back to the vessel in the same manner as they travelled to the hospital.
		<p>Cruise ships</p> <ul style="list-style-type: none"> • All international cruise vessels have been banned from sailing into or out of Australian ports from 15 March 2020. • From 11.59pm AEDT 28 March 2020, all cruise vessel passengers and crew arriving from overseas at maritime ports are subject to mandatory hotel quarantine for a period of 14 days. The 14-day self-isolation period commences on disembarkation from the cruise vessel in Victoria. • Onward domestic or international travel is only allowed once the 14-day quarantine period is completed. Separate quarantine requirements may also apply at the next destination.
		<p>Yachts and recreational vessels</p> <p>All passengers and crew arriving into Victoria from overseas on yachts and pleasure craft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>

Departure	Airport	Seaport
All travellers	From 27 March 2020, all travellers departing the designated Victorian international airports for Pacific Island countries and Timor-Leste (as per the Biosecurity (Exit Requirements) Determination 2020) will undergo health screening at the airport prior to departure. See Appendix 4.	
Vessel access at port	Airport	Seaport
		<p>Shore-based professionals</p> <ul style="list-style-type: none"> • Non-crew members (such as pilots, stevedores, Vessels Agents, surveyors, fumigators, shipper/receiver representative) can come on board the vessel to carry out essential vessel functions, provided necessary precautions have been put in place on the vessel. • Crew on board must use PPE in public spaces on the vessel while non-crew members are on-board or whilst interacting with non-crew members. It is the requirement of the employer or vessel to provide adequate PPE for their workers. • Where possible, shore-based professionals should stay 1.5 metres or more away from crew and interactions with persons on board the vessel should be limited to essential crew. • Shore-based professionals should: <ul style="list-style-type: none"> – Wash their hands frequently while on board the vessel with soap and water, or use alcohol-based hand rub. – Wear appropriate PPE (surgical masks) while on board a vessel. – Avoid touching their mouth, eyes, and nose with unwashed or gloved hands. • If a shore-based professional becomes aware of any ill person on board, they should contact their local port authority and public health authority, and ask the vessel master to report the illness via MARS

		<ul style="list-style-type: none"> • The ill crew member or passenger should isolate on the vessel in a single cabin until further direction is given by a biosecurity officer or human biosecurity officer. • If the above measures, namely hand hygiene, strict physical distancing and use of PPE, are not adhered to by shore-based professionals boarding a vessel, they will be required to self-isolate for 14 days from the time of disembarkation from the vessel. • Shore-based staff who do not board the vessel but may interact with crew from the vessel (e.g. stevedores) should maintain appropriate physical distancing measures but PPE is not currently advised.
		<p>International crew performing shore based activities</p> <ul style="list-style-type: none"> • All crew must remain on-board while the vessel is berthed in Victoria, with the exception of conducting brief essential docking, security and maintenance tasks. • Only the minimum necessary number of staff should be used to perform these tasks and interactions with shore-based professionals must be kept to a minimum. Where interaction is required, a distance of 1.5 metres should be kept between crew and shore-based professionals. • Crew who are leaving the vessel to conduct essential shore-based activities must wear PPE.

Appendix 18. Early release for International transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination Country], and that you are in transit in Victoria for a period of [insert timeframe > 8 hours].

In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey overseas. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 19. Early release for interstate transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination State/Territory], and that you are in transit in Victoria for a period of [insert timeframe].

There is a general policy in place in Victoria that people returning from overseas will be issued with detention notices requiring them to be isolated in a designated hotel room for a period of 14 days from their arrival. This policy generally applies to those in transit to an interstate residence, because of the risks of transmitting the virus within Australia while transiting.

I am advised that the [insert name of destination State/Territory] government has approved you travelling to [insert] from Victoria without firstly having completed the usual quarantine period required upon arrival in Victoria.

After considering your circumstances, I have decided that they warrant an exception being made to the above policy to allow you to continue your onward journey interstate. These circumstances are:

- Outline the reasons why an exception is being made:
 - UNACCOMPANIED MINORS (brief summary of justification)
 - MEDICAL AND COMPASSIONATE GROUNDS (brief summary of justification)

In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey home. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 20. Exemption letter for foreign diplomats and their families

First name, last name
Address line 1
Address line 2

Dear [name]

Notification of diplomat exemption from mandatory hotel detention in Victoria

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, there is a mandatory 14 day quarantine period for international arrivals requiring detention in a hotel.

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria, or in your Australian state of residence, and are free to travel there once you arrive in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

It is essential that you practise social distancing, cough etiquette and hand hygiene, bearing in mind the important public health reasons for the mandatory quarantine policy. Although that policy does not apply to you because of your diplomatic status, I am sure you will appreciate the responsibility you bear to manage the potential risk that you and/or a family member may be infected.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 21. Letter for diplomat staying at hotel

Ref Diplomat

[insert addressee details]

Notification of diplomat exemption from mandatory hotel detention in Victoria

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that you will be staying at [insert name] hotel for [insert number days]. During the period you are staying at the hotel, **you should not leave the room in any circumstances**, unless:

- (1) you [have advised an authorised officer and] are doing so:
 - (i) for the purposes of attending a medical facility to receive medical care; or
 - (ii) where it is reasonably necessary for your physical or mental health; or
 - (iii) on compassionate grounds; or
 - (iv) because there is an emergency situation.
- (2) **You should not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people that you should allow in your room are people who are staying (because they are your family members or are also a diplomat) in the same room as you.
- (4) You can communicate with people who are not staying with you in your room, either by phone or other electronic means.

I understand that, after your stay at the hotel has concluded, arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

You must continue to practise social distancing, cough etiquette and hand hygiene.

Yours sincerely

XXXXX
Enforcement and Compliance Commander

/ / 2020

Appendix 22. Exemption letter for key workers and covid cleared

e000-xxx

TO BE USED FOR:

- **KEY WORKERS**

- **SURVIVORS**

Name of person

Address

Address

VICTORIA

Dear **name**

Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by COVID-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, there is a mandatory 14 day quarantine period for international arrivals.

After considering your circumstances, I have concluded that you fall within one of the categories of people who the above policy does not apply to because:

- you are travelling to Victoria to engage in urgent and essential work to support the Covid-19 health response in Australia and appropriate arrangements are in place for your accommodation while you reside here.
- you have previously been diagnosed with Covid-19, and you have since received medical clearance indicating that you are now fully recovered.

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

Appendix 23. Guidelines for considering exemptions

Summary

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

This guidance note has been prepared to assist the Enforcement and Compliance Commander to determine whether individual persons arriving in Victoria from overseas should be exempted from being subject to detention notices requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**). Such persons are ordinarily subject to detention notices because they are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return (and because earlier requirements to self-isolate at home were not uniformly complied with or easily enforceable).

If you decide that an exception applies, the relevant person will either be:

1. exempted from any kind of quarantine in Victoria; or
2. required to self-isolate at home or in another facility — either in Victoria, in which case they would either be subject to similar conditions as in the Self-Isolation (Diagnosis) Directions, or their home jurisdiction.

The exact outcome will depend on the person's circumstances. People in certain categories will be subject to an automatic exemption from the 14 day quarantine requirement. These categories are:

1. people in short-term international transit (up to 8 hours and not overnight);
2. people in long-term international transit (who are still required to quarantine, but are allowed to leave quarantine before the expiration of the usual 14 day period in order to undertake their onward journey overseas);
3. previous confirmed cases of 2019-nCoV who now have medical clearance and no longer require quarantine;
4. diplomats (who instead are requested to self-isolate at their mission or residence on arrival for 14 days); and
5. key workers (including aviation and medevac crew, except those on cruise ships)
6. Maritime crew in certain circumstances

How to deal with other categories of people will involve an exercise of your discretion, including by engaging in the process of proper consideration of relevant human rights under the Charter (discussed below). The question to be determined in relation to persons in these categories is whether they should be allowed to self-isolate for 14 days at another location as an alternative to hotel detention. These categories are:

1. unaccompanied minors whose legal guardians are unable to reside with them at the hotel; and
2. people who raise compassionate or medical grounds.

Decisions about people falling into these categories need to be made on a case-by-case basis, applying the considerations set out in this guidance note. Although decisions need to be made in light of the individual circumstances of each person, care must be taken to ensure consistency, transparency and a commitment to the mandatory quarantine policy unless alternative self-isolation is preferable and you consider it can provide sufficient protection to the community.

Your obligations under the Charter (when exercising discretion)

You are a public officer under the Charter. This means that you **must give 'proper consideration' to relevant human rights when exercising your discretion** (that is, to grant an exception to an unaccompanied minor or to a person on medical or compassionate grounds). This includes the human rights of *any person* affected by the decision, including the person who would otherwise be subject to the detention notice, the person(s) who they may self-isolate with if they were to self-isolate at home, and members of the community.

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (*see the description of relevant rights at the end of this note*);
- **second**, seriously turn your mind to the possible impact of your decision on the relevant individual's human rights, and the implications for that person (*some of the possible impacts of your decision are discussed in this note; however, much will depend on the particular facts of the request*);
- **third**, identify the countervailing interests (*for example, the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time*); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights is justified in the circumstances (*see relevant factors in s 7(2) of the Charter below*).

The Charter provides that a human right may only be subject to 'reasonable limits as can be demonstrably justified in a free and democratic society based on human dignity, equality and freedom' (s 7(2)). In considering whether a limit is reasonable and demonstrably justified, **all relevant factors** must be taken into account, including, but not limited to, five factors listed in s 7(2) of the Charter:

- the nature of the right;
- the importance of the purpose of the limitation;
- the nature and extent of the limitation;
- the relationship between the limitation and the purpose; and
- any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve.

You are **not required to give proper consideration to human rights when applying automatic exemptions**, because that is a decision that has already been made.

Automatic exceptions

There are certain categories of exception that **must** be automatically granted if certain criteria are met.

- For most categories of automatic exception — if granted, the person will **not** be subject to a detention notice or required to self-isolate at an alternative location. They will receive a letter from you confirming that the mandatory detention requirement does not apply to them (except for diplomats and their families, who will instead be issued a letter from **DHHS** by a DHHS Authorised officer at the airport).
- For one category of automatic exception (long-term international transit passengers) — the person **will** be subject to a detention notice for the period that they are in transit but, if granted, they will receive a letter from you allowing them to leave hotel detention to take their onward journey. However, short-term international transit passengers will not receive a detention notice and will be automatically exempt from the mandatory detention requirement.

These decisions are likely to have a positive effect on the Charter rights of the people most immediately affected (namely, their rights to **liberty** (s 21) and **freedom of movement** (s 12)).

However, it is acknowledged that these decisions may have an adverse effect on the rights of people in the Victorian community.

- It could limit the rights to **life** (s 9) and **health** (protected by art 12 of the International Covenant on Economic, Social and Cultural Rights, to which Australia is a signatory) of other people in the

community, particularly those most susceptible to adverse health effects of the virus (namely, the elderly and those with certain pre-existing medical conditions).

- Consequently, it could also limit the rights to **privacy and family** (s 13) and the **protection of family and children** (s 17) by threatening to introduce a potential source of the virus into the community, which could subsequently interfere with the development and maintenance of social and familial connections, the best interests of children, and the broader family environment.

Any limitation of rights is considered reasonable and justified in light of the importance of each exception (as discussed below), as well as the relatively small risk of any particular person inadvertently spreading the virus in the community.

International transit passengers

Description of category

This category is intended to cover people who are travelling from one country to another and are in transit in Australia as part of their journey. For example, a passenger travelling from the UK to a Pacific Island, whose connecting flight is through Victoria. Those people do not intend to spend time in Victoria, other than for the purposes of transit.

The length of transit will range from short-term (up to 8 hours and not overnight) to long-term (8–72 hours or overnight).

- *Short-term international transit passengers* will **not** receive a detention notice and will not be escalated to you for review. You are not required to consider their case or issue them with a letter confirming their exemption from mandatory detention. They will be permitted to depart on another international flight, without being subject to the mandatory hotel quarantine requirement for 14 days or for the period of transit. This is because it is assumed, as a matter of practicality, that they will remain at the airport for their period of transit, which is a confined area in which those in attendance are aware that international travellers are likely to be present and social distancing and cleaning practices are likely to be strictly adhered to. This adequately manages the risk that they pose.
- *Long-term international transit passengers* will receive a detention notice requiring them to quarantine at an airport hotel (or nearby hotel) until their onward flight. Their cases will be escalated to you for review and, if exempted, they will receive a letter from you confirming that their period of detention has been cut short to enable them to continue their journey overseas. Although they are required to reside at a hotel for the period of transit, they are exempted from the requirement to quarantine in Victoria for the full 14 days. The justification for this exception is that it would be overly impractical and unreasonable to compel international transit passengers, who would otherwise only be in Victoria for a very short period of time, to quarantine for 14 days and thereby miss their onward journey. Detention for the duration of the transit period adequately manages the risk posed by long-term transit passengers while they are here.

The exception for short-term and long-term international transit passengers recognises that the risk they pose to public health will be borne primarily by the receiving jurisdiction. Consequently, upon arrival at their final overseas destination, international passengers will be subject to the quarantine arrangements of that jurisdiction. The brief period of time in which international transit passengers are in Victoria, in either the airport or a hotel, does not warrant mandatory quarantine for the full 14 day period.

It is noted that this policy is consistent with the Commonwealth guide to exemptions to the 14 day mandatory quarantine period (**Commonwealth guide**), which provides that short-term transit passengers (up to 8 hours) are exempt from detention if they remain in the airport and long-term transit passengers (8–72 hours) will be subject to mandatory detention in a hotel for the period of transit.

Checklist of factors

To confirm that an exception under this category applies, you must be reasonably satisfied that a person is a **long-term international transit passenger**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the passenger's travel documents (namely, passport and onward travel ticket), the country they are travelling to, the country they have travelled from;

- the length of time they will be in transit for;
- the public health risk profile of the passenger, including:
 - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
 - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

Outcome

If you are reasonably satisfied that a person is a **long-term international transit passenger**, you must provide them with a letter confirming that their detention will be brought to an end to enable them to continue their journey overseas (see **template letter for long-term international transit passengers**).

Previous confirmed cases with medical clearance who no longer require quarantine

Description of category

This category is intended to provide an exception for persons arriving in Victoria from overseas who are 'survivors' of 2019-nCoV. That is, those persons who have previously been infected with 2019-nCoV, have been medically cleared and now no longer require quarantine.

The Chief Health Officer considers that recovered survivors who have been medically cleared do not pose a sufficient health risk to warrant mandatory detention or self-isolation for 14 days. Therefore, survivors of 2019-nCoV who can demonstrate proof of medical clearance will be exempt from mandatory detention or self-isolation for 14 days.

Checklist of factors

To confirm that an exception under this category applies, you must be reasonably satisfied that the passenger has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- medical documentation demonstrating that the passenger was infected with 2019-nCoV and has since tested negative and been medically cleared (for example, a letter or test results from a medical practitioner);
- confirmation from public health command that the clearance satisfies Victorian requirements

Outcome

If you are reasonably satisfied that a person has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**, you must provide them with a letter confirming that the mandatory hotel detention requirement is waived (see **template letter for keys workers and survivors of 2019-nCoV**).

Diplomats

Description of category

This category captures people who are covered by diplomatic immunity under the Vienna Convention. Australia has legal obligations under the Vienna Convention to ensure diplomats' and their families' freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

Upon arrival in Victoria, the diplomat and their family will be issued a letter from DHHS by an Authorised Officer at the airport. This letter will notify them of their exemption status and provide relevant information, including that diplomats and family members should self-isolate at their mission or usual place of residence for 14 days and that they should continue to practice social distancing, cough etiquette and hand hygiene.

Travel arrangements for diplomats and their families is the responsibility of the Department of Foreign Affairs and Trade (DFAT). It is the expectation that upon disembarking in Victoria, diplomats and their families should travel by private or rental vehicle to their destination, including interstate travel, to minimise the risk of disease transmission. If diplomats require overnight accommodation prior to road travel, then accommodation should be at a government nominated quarantine hotel.

A record of the letter must be made in the Compliance Application.

Exceptions that require your discretion

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

Description of category

This category is intended to capture unaccompanied children who were travelling alone or with another child or children from overseas. This exception is only available if the parent or legal guardian of the child demonstrates that they are unable to reside with their child at the designated hotel. This may be due to a number of reasons, including other caring responsibilities that the parent or guardian may have at home or because the child ordinarily resides in another State or Territory and is transiting through Victoria on their way to their home jurisdiction.

The exception recognises the unique vulnerability of children and the unduly harsh and unreasonable impact that mandatory hotel detention without a parent or guardian could have on the child and their family, particularly if the child is detained in a different jurisdiction to where the family reside. Imposition of the mandatory detention period could adversely affect the development and care of the child, as well as their broader family environment. It may result in an unreasonable and disproportionate limitation of several human rights under the Charter, including the rights of children and families to protection, the right to equality, and freedom from inhumane treatment in detention (see below).

If the exception is granted, the child in question will be permitted to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. If they self-isolate in Victoria, they will be subject to similar conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions for the period of self-isolation. Unless there are sufficient reasons not to require it, the entire household, including parents or guardians, must also self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

Checklist of factors

To grant an exception under this category, you must be reasonably satisfied that the passenger is an **unaccompanied minor whose parent or legal guardian is unable to reside with them at the hotel**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the age and needs of the child (including whether they are in transit in Victoria on their way to another State or Territory);
- the reason that the parent or legal guardian is unable to reside with them at the hotel (including whether they have other caring responsibilities at home or ordinarily reside in a different State or Territory);
- the availability of another adult to reside with them at the hotel, for example, another family member who may assume temporary care of them for the period of detention;
- the public health risk profile of the child, including:
 - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
 - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to an unaccompanied minor whose parent or legal guardian cannot reside with them in the hotel.

- **The protection of children (s 17)**. Children are entitled to such protection that is in their best interests and is needed by them by reason of being a child. Detaining an unaccompanied minor in a hotel room for 14 days will almost certainly not be in their best interests, particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside. Given the special vulnerability of children, they may require different treatment or special measures as detention in a hotel without a parent or guardian is likely to have a disproportionately adverse impact on their physical and psychological development and emotional and educational needs. It will interfere with the child's care and the broader family environment, potentially significantly and detrimentally.

- In deciding whether to permit a minor to self-isolate at home with their family (either in Victoria or their home jurisdiction) instead of alone at a hotel, the best interests of the child should be a primary consideration, including their developmental, emotional and educational needs. However, in appropriate circumstances, these interests can be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. They may also depend on other factors, such as the age and dependence of the child (for example, in some circumstances it may be reasonable for an unaccompanied 17 year old to be detained in a hotel room for 14 days, but it is impossible to envisage any situation where this would be reasonable for an unaccompanied 7 year old).
- The right to **humane treatment when deprived of liberty** (s 22). As detention notices deprive persons of liberty, it is important that measures are put in place to ensure that the accommodation and conditions in which persons are detained meet certain minimum standards (such as enabling detained persons to obtain food, necessary medical care, and other necessities of living). However, even with those measures and balanced against the imperative need to protect public health, the detention of a child without a parent or guardian may nonetheless constitute inhumane treatment, having regard to factors such as the child's age and needs.
- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of an unaccompanied minor, without the care of a parent or guardian, for 14 days, may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. The enforcement of detention notices on unaccompanied children is likely to temporarily restrict the rights of persons (children and their family members) to develop and maintain social and familial relations, to live at home, and to be unified with other family members (particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside). The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation of the child with their family at home (either in Victoria or their home State or Territory).
- The rights to **equality and freedom from discrimination** (s 8). These rights will be relevant due to the effect that detention may have on a parent or legal guardian who has other caring responsibilities, for example, if they have children or other dependants at home who require their care. An exception may need to be made in order to address the particular needs and vulnerabilities of those people, for example, by allowing the child to self-isolate at home with their family as an alternative to mandatory detention, which would mean that their parent or guardian is able to fulfil all of their carer responsibilities instead of having to prioritise one over another.
- The right to **life** (s 9). While allowing a child to quarantine at home with their family rather than by themselves at a designated hotel will prevent a potential breach of their rights, including their rights to protection under s 17(2) and humane treatment under s 22, it may limit the right to life of those family members and others in the community. However, depending on the circumstances of the child and their family, this may be considered less of a risk due to the engagement of the family and their understanding of the special treatment being afforded to their child, which would mean that they are unlikely to breach the terms of the quarantine. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

Outcome

If you are reasonably satisfied that a person is an **unaccompanied minor whose parent or legal guardian is unable to reside with them**, you must provide them and their parents or guardians with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see *template letter for home isolation*).

Compassionate or medical grounds

Description of category

This category of exception is intended to apply to cases that warrant departing from the general policy of mandatory hotel detention for compassionate or medical reasons.

The particular compassionate or medical grounds of the person in question must be sufficient to justify why they should be allowed to self-isolate at home (or an alternative location) instead of being detained in a hotel. You must give proper consideration to whether detention may result in an unreasonable and disproportionate limitation of their human rights under the Charter, including the right to equality and freedom from inhumane treatment in detention (see below).

To be granted an exemption under this category, the person must demonstrate why detention in a hotel for 14 days would be unduly harsh, unreasonable or, in the case of some medical cases, disproportionately risky. For comparison, consideration should be had to the severity of other restrictions currently in place to limit social contact and movement in Victoria, including limiting the number of people who can attend funerals and restricting visitors to aged care facilities and hospitals. Given the Deputy Chief Health Officer has considered it necessary to impose these restrictions, which impose significant emotional and psychological hardship on affected Victorians, this exception category should reflect the seriousness of this public health threat and the fact that hardship is being endured by many people under the current restrictions.

If an exception is granted on compassionate or medical grounds, the person in question will be required to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. In very limited circumstances, the self-isolation requirement may be waived for the purposes of allowing a person to receive medical treatment or to attend the end-of-life of a family member. If the person self-isolates in Victoria, they will be subject to the same conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions. Unless there are sufficient reasons not to require it, the entire household must self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

The requests to you must be supported by a letter from a medical practitioner confirming that detention would be inappropriate or unreasonable for the person given their circumstances, unless the reason is obvious in which case a letter from an authorised officer would suffice.

If it is reasonably possible to amend the conditions of hotel detention to accommodate the person's particular compassionate or medical circumstances, whilst maintaining their right to be treated with humanity and respect, then this is preferable to granting an exemption. For example, if the person has a particular disability or medical condition that would render hotel detention by themselves to be unduly harsh, a better option may be to allow their nominated carer to quarantine with them for the detention period. This would manage the person's medical circumstances and also mitigate the risk of a 2019-nCoV outbreak.

Checklist of factors

To grant an exception under this category, you must be reasonably satisfied that the person has **compassionate or medical circumstances** that would make their detention unduly harsh, unreasonable or risky.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the precise nature of their compassionate or medical circumstances, including, if relevant, whether they are transiting through Victoria on their way to their home jurisdiction;
- any proof of their circumstances, for example, a letter from a medical practitioner;
- the effect that detention would have on the person (or other people, if relevant), in light of their particular circumstances;
- whether their compassionate or medical circumstances can be appropriately managed in hotel detention;
- whether self-isolation at an alternative location (either in Victoria or the person's home jurisdiction) would be likely to mitigate or appropriately manage the risk posed by detention;
- the public health risk profile of the person, including:
 - whether they have been tested for 2019-nCoV and, if so, whether the results were

- negative; and
- o whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to a person on compassionate or medical grounds.

- The rights to **equality and freedom from discrimination** (s 8). Given that disability is a protected attribute and includes physical and mental disability, equality rights are particularly relevant for a person whose medical condition may mean that detention is disproportionately harsh or arbitrary. It may also be relevant for a person with a different protected attribute, such as age, race or parental or carer status, if that attribute means that detention would be unfairly disadvantageous for them. The exact impact of detention on the person will depend on the nature of their medical condition or compassionate circumstances, and the extent to which their condition or circumstances can be appropriately managed in detention.
 - o The reasonableness of the measures will depend on whether they are proportionate to the purpose of protecting public health and whether there are less restrictive alternatives reasonable available to achieve that same purpose. Particularly in circumstances where there is medical or other proof to demonstrate the disproportionate impact of detention in a hotel room for 14 days, these rights may support a decision to allow the person to self-isolate at home (either in Victoria or their home jurisdiction) with appropriate conditions to mitigate any public health risks. Further, special measures that address the particular needs and vulnerabilities of persons with a disability or other protected attribute (such as self-isolation at home) will not be considered discriminatory against others who do not have that attribute, and may be required to ensure substantive equality.
- The right to **humane treatment when deprived of liberty** (s 22). The Charter requires that people be treated humanely when they are deprived of liberty, including in hotel detention. This may require that a person in detention be provided with adequate assistance, support and care as may be needed by them by reason of their medical condition, special vulnerability or other attribute. This assistance would have to be provided by DHHS and its authorised officers, unless a carer can reside with the person in the hotel for the period of detention. Depending on the particular circumstances, it may not be possible for either DHHS or a carer to provide the requisite assistance, care and support to the person in detention. This may be due to a range of reasons, including resourcing constraints, other caring responsibilities of the carer, the carer residing in another State or Territory, or the physical limitations of the hotel room. Given that it may not be humane to require a person to be detained in a hotel room for 14 days where they cannot receive the assistance, care and support they require, it may be preferable to make an exception for them to self-isolate at an alternative location (either in Victoria or their home jurisdiction) and to impose alternative conditions to ameliorate any public health risks.

- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of a person with a disability, medical condition or other compassionate reason may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. Much will turn on the particular circumstances of the person; however, it may be that detention will unduly affect their right to develop and maintain social and familial relations and to be unified with other family members, particularly if they depend on the care of a family member due to a disability or medical condition. The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation at home.
- The right to **life** (s 9). Although allowing a person with particular medical or compassionate circumstances to self-isolate at home rather than at a designated hotel will prevent a potential breach of their rights, including their rights to equality under s 8 and humane treatment under s 22, it may limit the right to life of other people they reside with and people in the community. However, depending on the circumstances of the person and their living situation, this may be considered less of a risk if they live alone or have the support and engagement of members of their household, which would mean that they are unlikely to breach the terms of their self-isolation. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

Outcome

If you are reasonably satisfied that a person has sufficient **compassionate or medical grounds**, you must provide them with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see ***template letter for home isolation***).

Attachment — Description of relevant human rights

Humane treatment when deprived of liberty

Section 22(1) of the Charter requires that all persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person. The right to humane treatment while deprived of liberty recognises the vulnerability of all persons deprived of their liberty and acknowledges that people who are detained should not be subject to hardship or restraint other than the hardship or restraint that is made necessary by the deprivation of liberty itself.

Rights to privacy, family and home

Section 13(a) of the Charter provides, relevantly, that a person has the right not to have their privacy, family or home 'unlawfully' or 'arbitrarily' interfered with. An interference will be lawful if it is permitted by a law which is precise and appropriately circumscribed, and will be arbitrary only if it is unjust or unreasonable, in the sense of being disproportionate to the legitimate aim sought. The right to 'privacy' has a very wide scope, and includes the protection of the individual's personal and social sphere, such as their right to establish and develop meaningful social relations. The 'family' aspect of s 13(a) is related to s 17(1) of the Charter (see below), but contains a negative obligation that only prohibits unlawful or arbitrary interferences with family. The 'home' aspect of s 13(a) refers to a person's place of residence, and may cover actions that prevent a person from continuing to live in their home.

Protection of families and children

Section 17(1) of the Charter recognises that families are the fundamental group unit of society, and entitles families to protection by the society and the State. The term 'family' is construed widely and includes ties between near relatives, with other indicia of familial relationships including cohabitation, economic ties, and a regular and intense relationship. Cultural traditions may be relevant when considering whether a group of persons constitute a 'family' in a given case.

Section 17(2) of the Charter provides that every child has the right, without discrimination, to such protection as is in their 'best interests' and is needed by them by reason of being a child. It recognises the special vulnerability of children, defined in the Charter as persons under 18 years of age. 'Best interests' is considered to be a complex concept which must be determined on a case-by-case basis. However, the following elements may be taken into account when assessing the child's best interests: the child's views; the child's identity; preservation of the family environment and maintaining relationships; care, protection and safety of the child; situation of vulnerability; the child's right to health; and the child's right to education.

Right to equality

Section 8(3) of the Charter relevantly provides that every person is entitled to equal protection of the law without discrimination and has the right to equal and effective protection against discrimination. 'Discrimination' under the Charter is defined by reference to the definition in the *Equal Opportunity Act 2010* on the basis of a 'protected attribute', which includes age, race, disability (including physical and mental disability, whether permanent and temporary), and parental or carer status.

Indirect discrimination occurs where there is a requirement, condition or practice imposed that is the same for everyone but disadvantages a person, or is likely to disadvantage a person, because they have one or more of the protected attributes, and the requirement, condition or practice is not reasonable. Direct discrimination occurs where a person treats a person with a protected attribute unfavourably because of that attribute. Section 8(4) of the Charter provides that measures taken for the purpose of assisting persons disadvantaged because of discrimination do not constitute discrimination.

OPERATION SOTERIA

PPE Advice for Hotel-based Healthcare Workers

Contact with COVID-19 Quarantined Clients

Approved

Date: 1 May 20 By: M Bamert – Dir EM

Purpose

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

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

Recommended HCW PPE

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

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

Process and Procedure Preparation

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

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

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

OPERATION SOTERIA

Positive diagnosis guidance

Approved

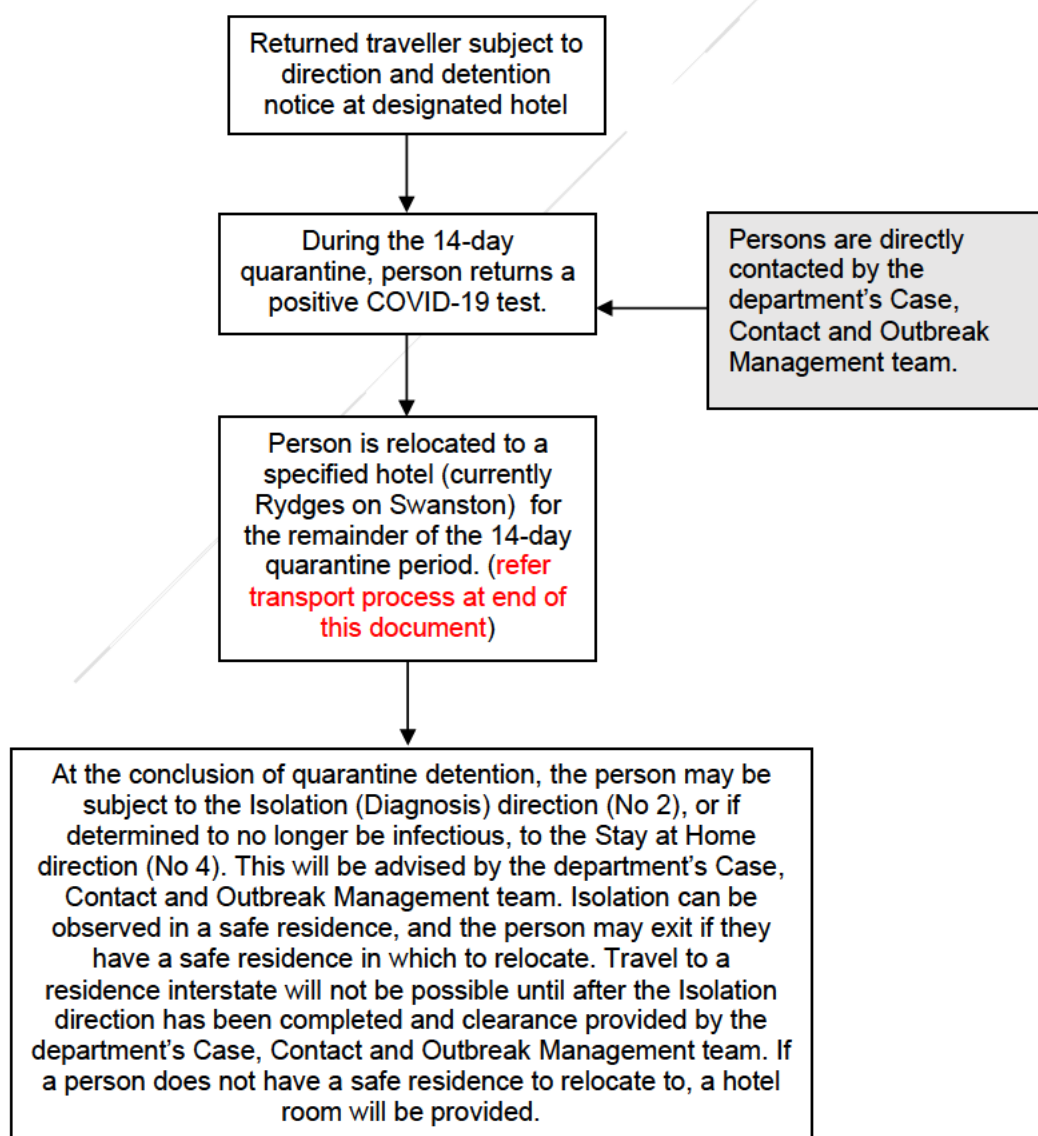
Date: 27 Apr 20 By: P Williams (Accom Comd) Consultation: TBA

Positive Diagnosis during Quarantine

Solo Traveller

Returned travellers are subject to a direction and detention notice in accordance with section 200(i)(a) of the Public Health and Wellbeing Act 2008 (Vic) (the **Act**).

This guidance applies to travellers whom receive a confirmed positive diagnosis of COVID-19 during the 14-day detention period.

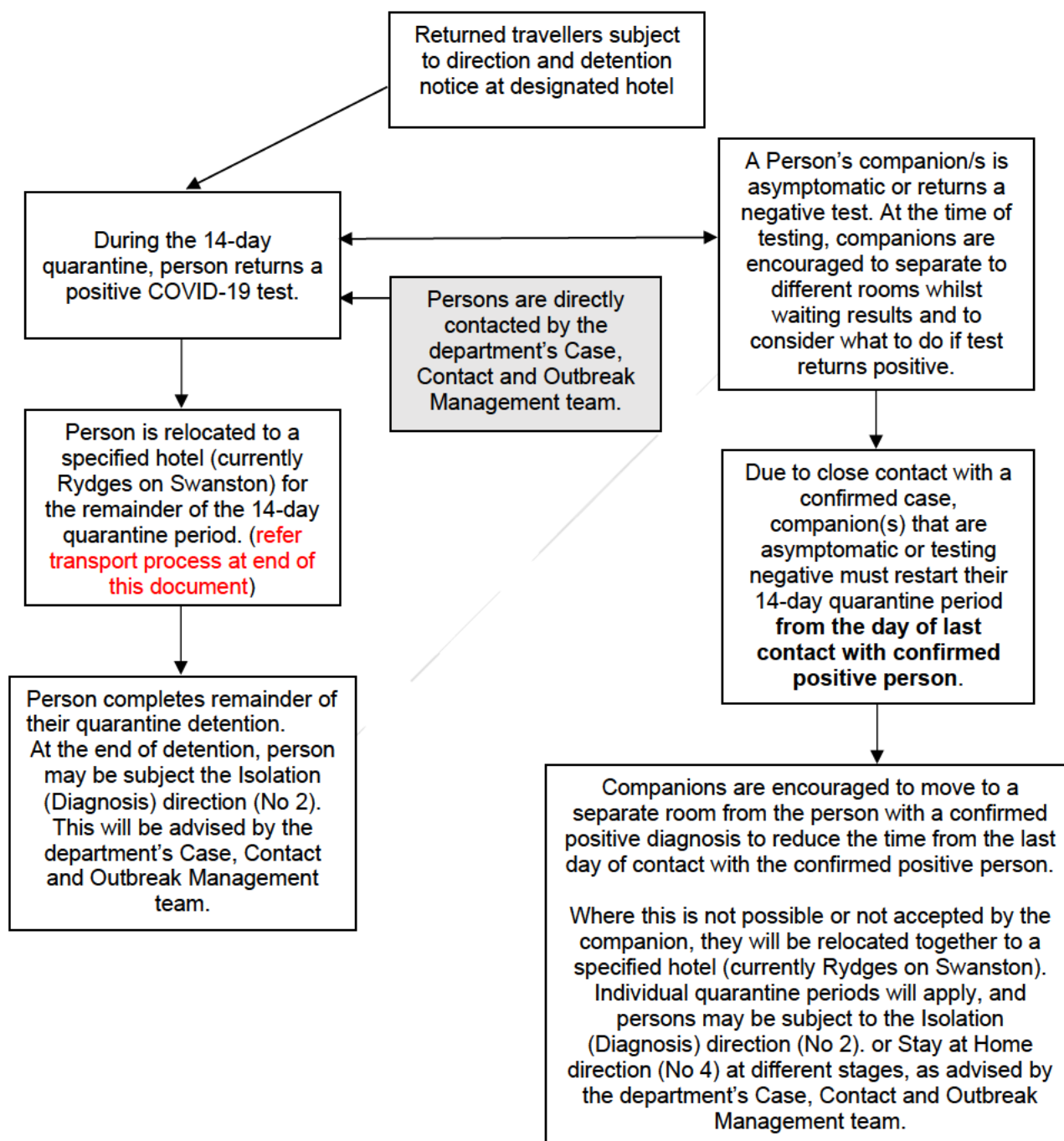


Positive diagnosis during quarantine

Quarantined with others

Returned travellers are subject to a direction and detention notice in accordance with section 200(i)(a) of the Public Health and Wellbeing Act 2008 (Vic) (the **Act**).

This guidance applies to travellers who receive a confirmed positive diagnosis of COVID-19 during the 14-day detention period whilst sharing quarantine with others.



DHHS team leaders should advise the DHHSOpSoteria@dhhs.vic.gov.au via email whenever a person or persons are required to relocate to a specified hotel (currently Rydges on Swanston).

Providing hotel accommodation for persons in quarantine subject to the Isolation (Diagnosis) Direction (No 2)

- Persons who do not have a place to safely observe the Isolation (Diagnosis) Direction (No 2) will have a hotel room provided to them.
- All persons requiring a hotel room are to observe the Isolation (Diagnosis) Direction (No 2) and are to be transferred to a specified hotel (currently Rydges on Swanston).
- Whilst subject to an Isolation (Diagnosis) Direction (No 2), the person:
 - Must reside in the premises (hotel room) until clearance from isolation (self-isolation) is given
 - Must not leave the premises (hotel room) except:
 - For the purposes of obtaining medical care or medical supplies (eg travel directly to and from hospital)
 - Any other emergency situation (for example in the event of fire or evacuation)
 - For the purposes of exercise, but only if it is possible for the person to
 - Avoid close contact with any other person
 - Not enter any other building
 - If required to do so by law.
 - If leaving the premises for any of the above reasons, the person must at all times wear a mask.

Clearance from isolation (self-isolation)

Clearance from isolation is provided by the Case, Contact and Outbreak Management team from the Department of Health and Human Services. A letter of clearance will be provided to the person in self-isolation.

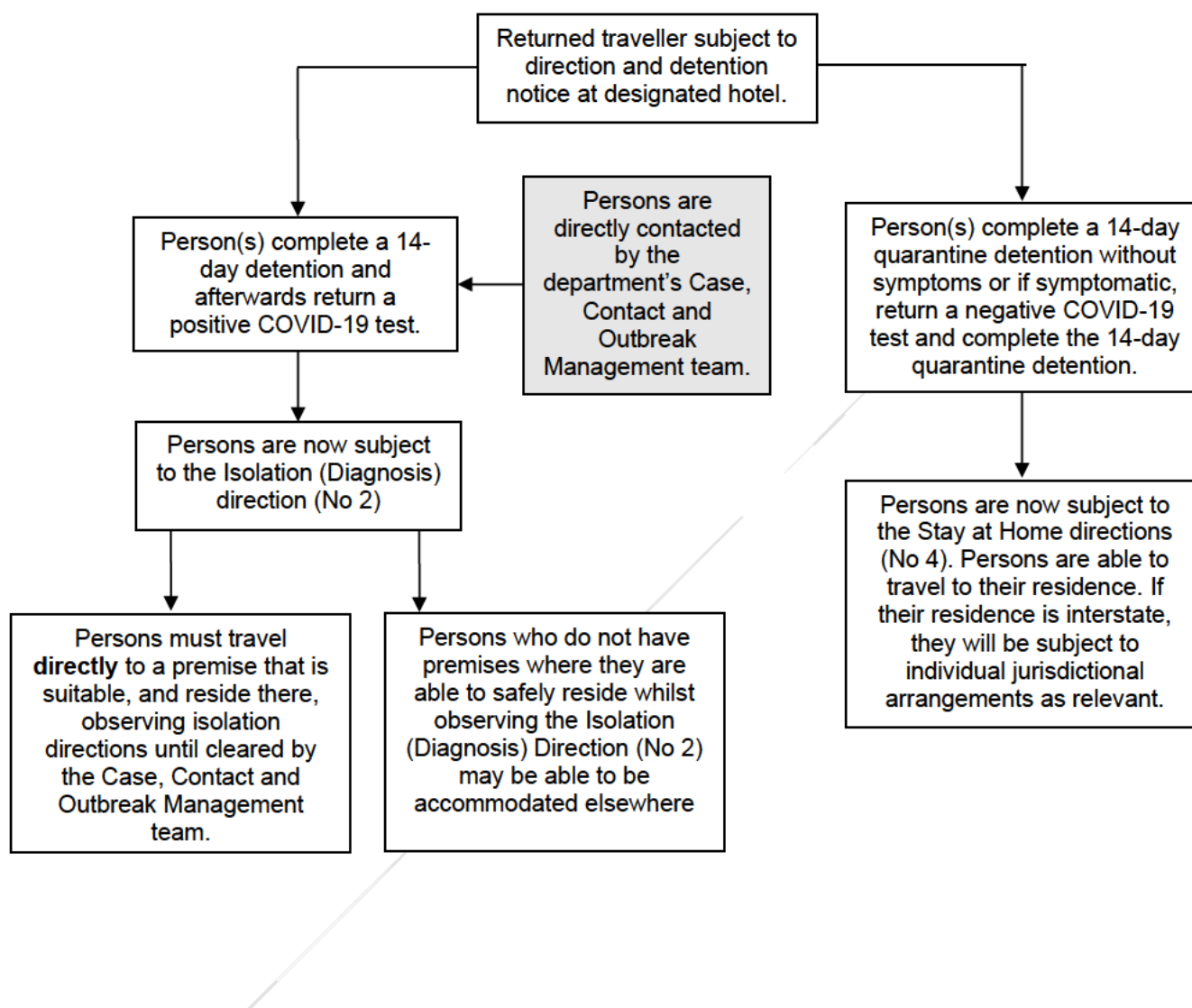
Additional

- Travellers from interstate who are unable to travel due to a positive diagnosis and individual jurisdictional requirements may either identify premises to reside in that are suitable for isolation (self-isolation) or access a suitable residence provided to observe the Isolation (Diagnosis) Direction (No 2) subject to the same conditions as above.
- Companions who have returned a negative COVID-19 test, but who have been detained in close proximity with someone who has returned a positive COVID-19 test are recommended (but not required) to follow the Isolation (Diagnosis) Direction (No 2). They are considered to be 'close contacts' of confirmed positive persons. They may elect to stay in the same room with the confirmed positive person in the specified hotel (currently Rydges on Swanston) and follow Isolation (Diagnosis) Direction (No 2) due to associated risks. However:
 - The risks of sharing a room and continued close contact with a confirmed positive person will be explained to the close contact by the department's Case, Contact and Outbreak Management team.
 - The 14-day Isolation (Diagnosis) Direction (No 2) period for the close contact will start from the day of last contact with the confirmed positive person while they are considered infectious.
 - Therefore, if the close contact stays in the same room with the confirmed positive person in the specified hotel (currently Rydges on Swanston), their 14-day Isolation (Diagnosis) Direction (No 2) period will start when the companion meets the criteria for release from isolation.

Positive diagnosis post detention

Returned travellers are subject to a direction and detention notice in accordance with section 200(i)(a) of the Public Health and Wellbeing Act 2008 (Vic) (the **Act**).

This guidance applies to persons who receive a confirmed positive diagnosis of COVID-19 after they have completed the detention period.



Positive Diagnosis Guidance

Transporting confirmed COVID-19 cases to the specified hotel (currently Rydges on Swanston)

- Transfer should be by Maxi taxi to support social distancing measures. The person should sit in the rear seat.
- Persons should wear PPE (masks and gloves) and be provided with wipes and/or sanitiser (provided by the exiting hotel).
- The taxi should be advised of transfer requirements prior to pick up to ensure adequate hygiene measures.
- The taxi driver should arrive with appropriate PPE (mask and gloves). If the driver does not arrive with PPE, the exiting hotel should provide mask and gloves to the driver for the journey.
- The DHHS team leader of the exiting hotel site should advise the DHHS team leader at the specified hotel (currently Rydges on Swanston) at time of departure, to ensure that a nurse and security guard (wearing appropriate PPE) are able to meet the taxi on arrival.
- The DHHS team leader of the exiting hotel should email DHHSOpSoteria@dhhs.vic.gov.au detailing the relocation.
- On arrival at the specified hotel (currently Rydges on Swanston), the person/s will be escorted to a new room by a security guard and nurse and provided with hotel information.
- Taxis will be required to properly clean their vehicle after transport, observing infection control measures (as informed by the CPVV and DHHS).

OPERATION SOTERIA

Positive diagnosis guidance

Approved

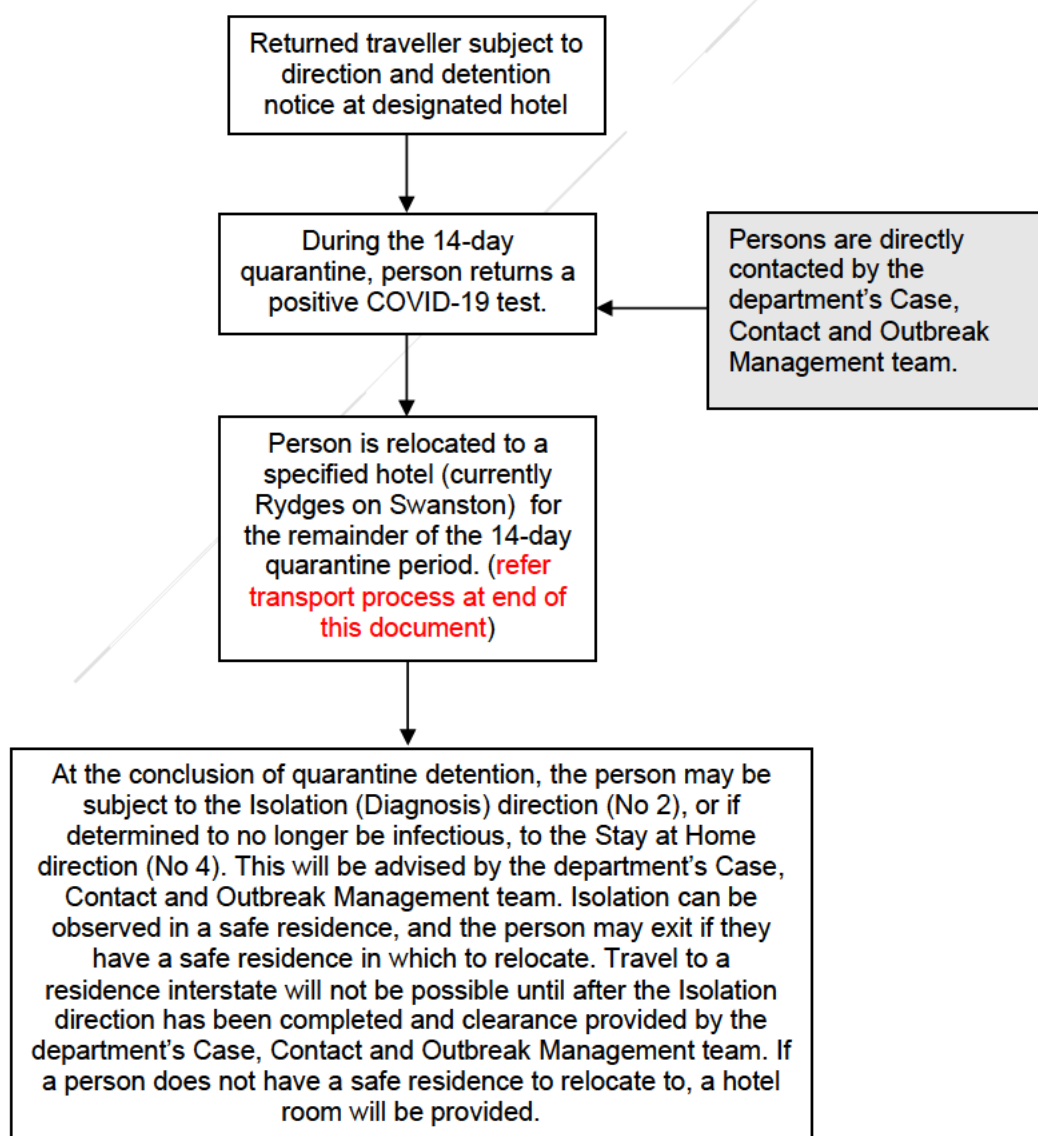
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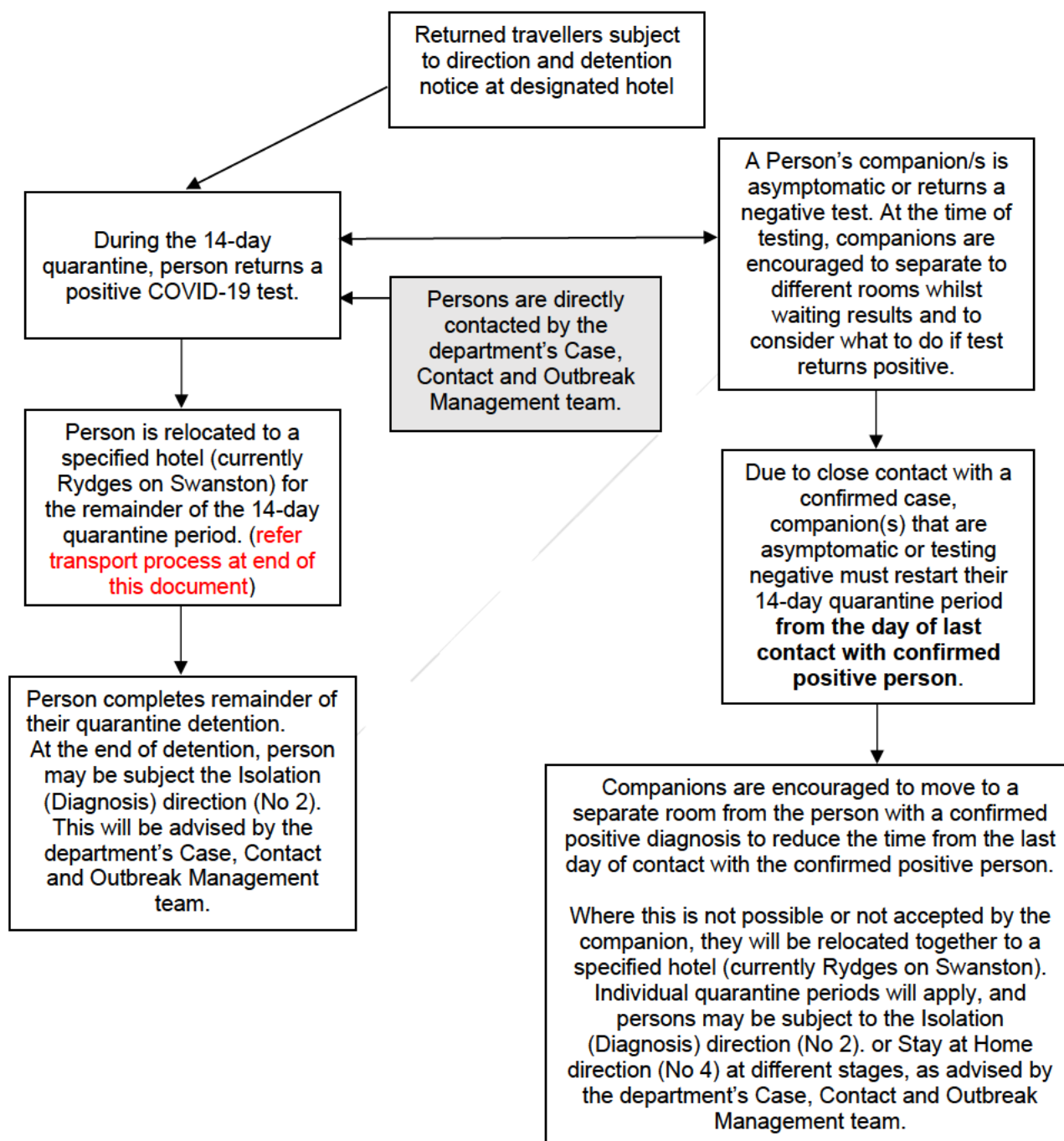


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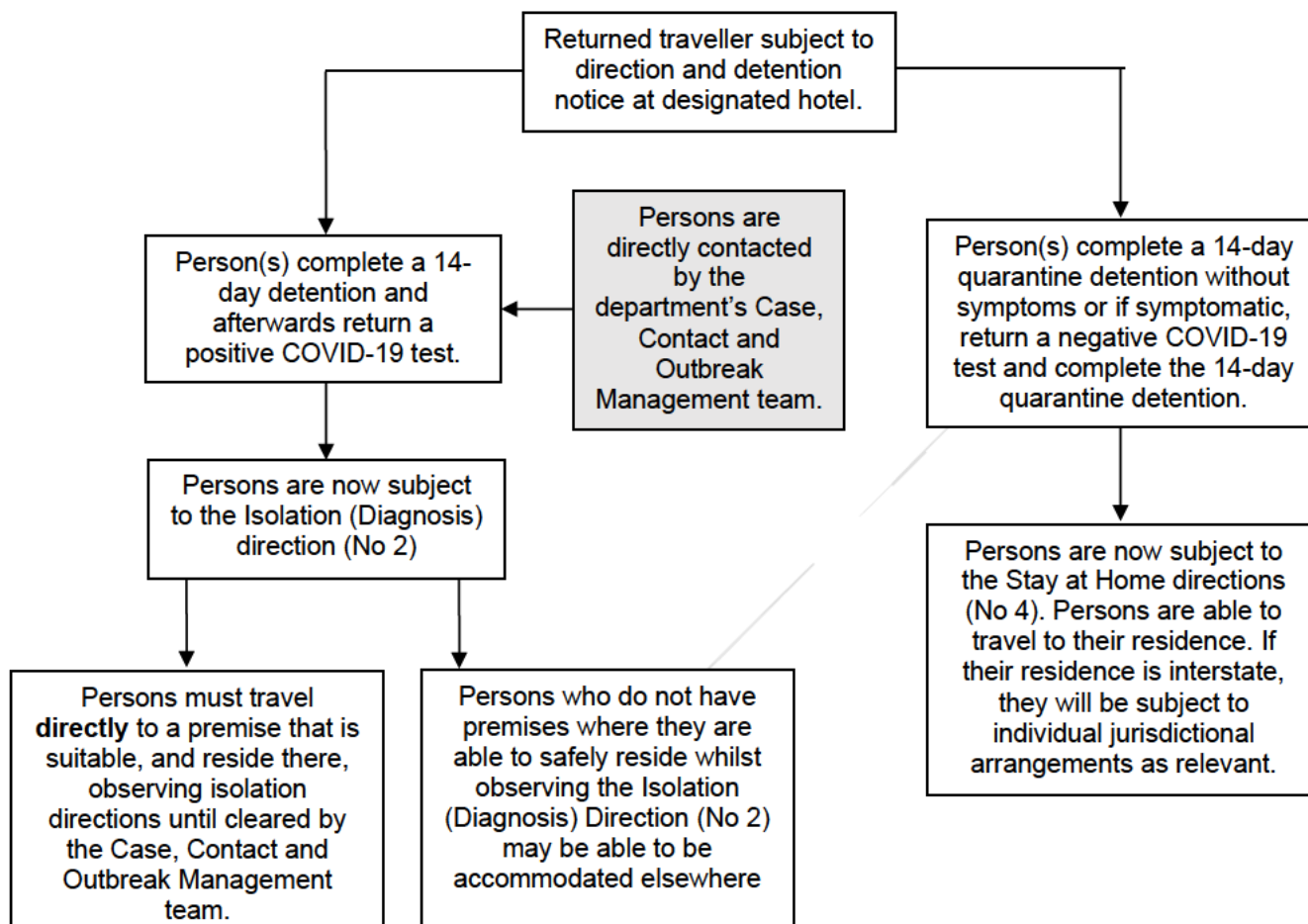
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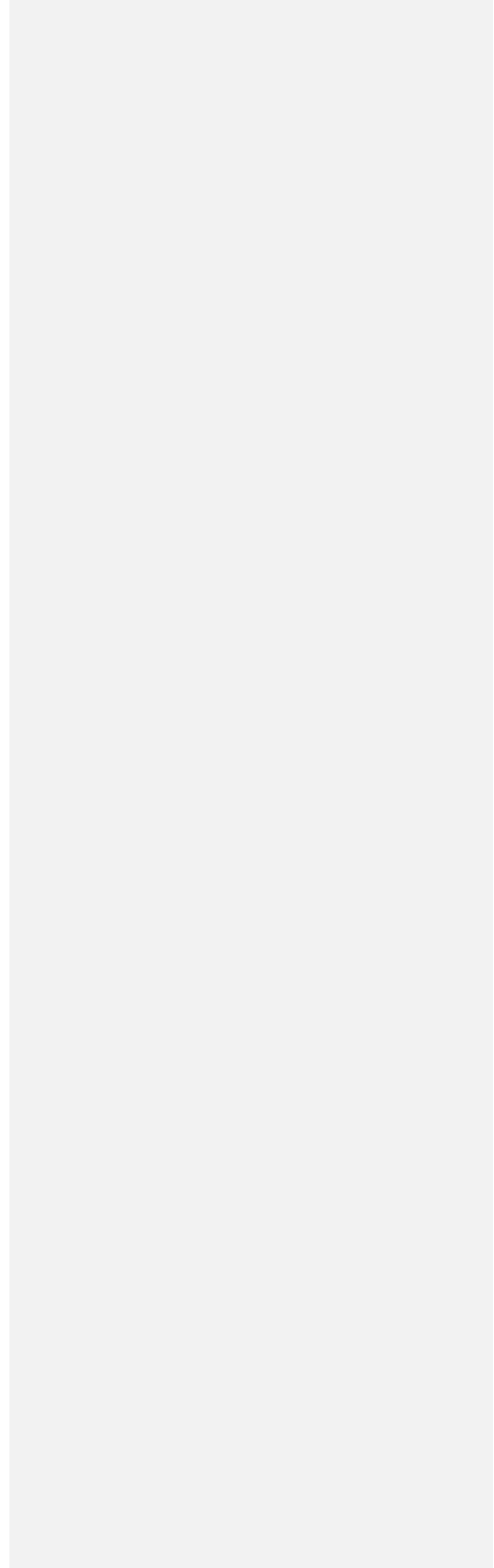
ANNEX 1

COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	REDACTED	Angie Bone	Meena Naidu	29/4/2020



Contents

1	Purpose and background	8
1.1	Purpose	8
1.2	Background	8
2	Enforcement and Compliance command / roles and responsibilities / Business system	9
2.1	Enforcement and Compliance command structure	9
2.2	Compliance cell roles and responsibilities	10
2.3	Roles and responsibilities for other non-compliance cell staff involved in compliance	11
2.4	COVID-19 Quarantine and Welfare System Compliance Application	11
3	Authorised officers and powers	12
3.1	Key points	12
3.2	Authorisation under the Public Health and Wellbeing Act for the purposes of the emergency order	12
3.3	Authorised officer and Chief Health Officer obligations	13
4	AO responsibilities at airport	15
4.1	Key points	15
4.2	Key responsibilities	15
5	AO responsibilities at hotels	18
5.1	Key points	18
5.2	Shift change over	18
5.3	Hotel check-in	19
5.4	Monitoring compliance	20
5.5	Emergency health and welfare incidents	22
5.6	Clarity about role of AO	23
5.7	Daily review and reporting by the AO Review Team	23
5.8	Departure – release from mandatory detention	25
6	Exemption requests	28
6.1	Key points	28
6.2	5.2 Exemption requests – overview	28
6.3	Unaccompanied minors	30
7	Permissions	32
7.1	Key points	32
7.2	AO to make decisions on certain permission requests on case-by-case basis	32
7.3	Emergency situations	34
7.4	Procedure for a person in detention / resident to leave their room for exercise or smoking	35
7.5	Guidance for safe movement associated with permissions	35
8	Compliance	37
8.1	Key points	37
8.2	Options to facilitate compliance	37

8.3	Unauthorised departure from accommodation.....	38
8.4	Infringements.....	38
9	Occupational health and safety (OHS) for Authorised Officers	40
9.1	Key points.....	40
9.2	Health Emergency.....	40
9.3	OHS.....	40
9.4	Fatigue.....	40
9.5	Risk assessment before attendance -Personal Protection	41
9.6	Personal measures to reduce risk the risk of exposure to COVID.....	41
9.7	Measures and guides to enhance occupational health and safety	42
9.8	Known risks and hazards	43

Appendices

Appendix 1 – Script for plane/arrival	41
Appendix 2 - Permission for temporary leave from detention.....	42
Appendix 3 Guidance Note: Permission for Temporary Leave from Detention	44
Appendix 4 Guidance: Exemptions under Commonwealth law	45
Appendix 5 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors).....	47
Appendix 6 Direction and Detention Notice – Solo Children	51
Appendix 7: End of Detention Notice	54
Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)	56
Appendix 9:End of detention guidance note	58
Appendix 10: Charter of Human Rights obligations	59
Appendix 11 Register of permissions granted under 4(1) of the <i>Direction and Detention Notice</i> ..	61
Appendix 12 Guidance Note — Exceptions to the General Quarantine Policy.....	62

1 Purpose and background

1.1 Purpose

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

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

1.2 Background

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria.

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

The policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008*. The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

1.2.1 Objectives

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

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
 - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
 - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
 - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
 - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

2 Enforcement and Compliance command / roles and responsibilities / Business system

2.1 Enforcement and Compliance command structure

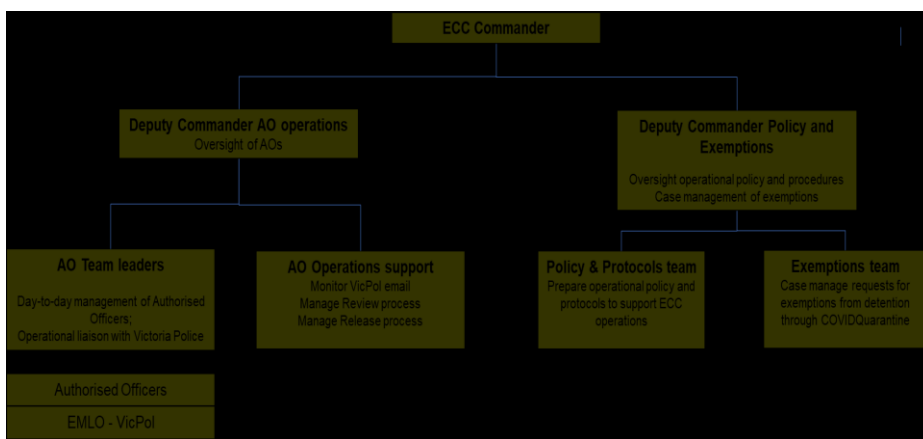


Figure { SEQ Figure * ARABIC }: Compliance command structure

2.2 Compliance cell roles and responsibilities

Table 1 Compliance cell roles

Role	Responsibilities
Enforcement and Compliance Commander	<ul style="list-style-type: none"> • Lead and provide oversight to compliance matters under all Public Health Directions. • Provide advice and input into complex compliance matters. • Provide advice and support to the Chief Health Officer and their delegate on compliance. • Daily review of those subject to detention
Deputy Commander AO operations	<ul style="list-style-type: none"> • Provide oversight to Authorised officers • Lead the provision of guidance to the AO Team Leaders. • Report on daily review of people being detained.
AO Operations support	<ul style="list-style-type: none"> • Undertake rostering, recruiting and onboarding of AOs • Monitor VicPol email address • Manage Review and Release Process
Senior AO	<ul style="list-style-type: none"> • Provide leadership to AOs. • First point of call for approving permissions.
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> • administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020) • meeting obligations under the Public Health and Wellbeing Act
EMLO VicPol	<ul style="list-style-type: none"> • Liaise with Victoria Police
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> • Oversight of operational policy and procedures • Case management of exemptions
Policy and Protocols team	<ul style="list-style-type: none"> • Prepare operational policy and protocols to support enforcement and compliance
Exemptions team	<ul style="list-style-type: none"> • Case manage requests for exemptions from detention • Manage COVID Quarantine inbox.

2.3 Roles and responsibilities for other non-compliance cell staff involved in compliance

Table 2 Non-compliance cell staff at hotel

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> • Supports the health and well-being of staff. • Liaises with airport command and staff from the Department of Jobs Precincts and Regions represented at the hotel. • Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations. • Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required. • Ensures appropriate records management processes are in place.
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> • Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs. • Deliver hyper-care (concierge) services onsite. • Manage contracts with accommodation providers. • Manage transport arrangements from the airport and other locations detainees as permissioned by AOs. • Manage material needs including food and drink.
Nursing staff	<ul style="list-style-type: none"> • Provide 24 hour on-call medical support subject to demand. • Provide welfare to detainees through a daily welfare check — DHHS welfare officers email \COVIDQuarantine@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues. • Provide a satisfaction survey for residents to complete each week.
Security	<ul style="list-style-type: none"> • Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.

2.4 COVID-19 Quarantine and Welfare System Compliance Application

The COVID-19 Quarantine and Welfare System is currently comprised of two elements:

- COVID-19 Compliance Application - This application supports AOs to maintain Direction and Detention notice and permissions records.
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities and will partially accessible to certain senior team members).

A third element is under development for nursing staff to be able to enter health assessment data (partially accessible certain senior team members).

A **User Guide** is available to guide Authorised Officers.

Support email for users: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

3 Authorised officers and powers

3.1 Key points

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

3.2 Authorisation under the Public Health and Wellbeing Act for the purposes of the emergency order

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

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

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

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

3.2.1 Emergency Powers and Offences

The Direction and detention notice is issued under s 200 of the PHW Act (emergency powers).

It is an offence under s 203 of the HPW Act if a person refuses or fails to comply with the direction in the direction and detention notice (unless there is a reasonable excuse for failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate.

3.3 Authorised officer¹ and Chief Health Officer obligations

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

3.3.1 Mandatory obligations for AOs

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

Table { SEQ Table \^ ARABIC } : Mandatory obligations of AOs

Legislation	Obligations
Emergency powers and general powers in the Public Health and Wellbeing Act 2008	<ul style="list-style-type: none"> • AO must show ID card before carrying out actions/exercising powers • AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable • AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers • AO must facilitate a reasonable request for communication • AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team) • AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.¹
In addition, AOs must comply with the Charter of Human Rights (see also appendix 10)	<ul style="list-style-type: none"> • AO must act compatibly with human rights • AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.

The notice to the CHO must include:

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

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

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

3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

AOs are encouraged to read Part 9 and seek advice from the Deputy Commander AO Operations if they are unsure about the administration of their powers.

3.3.3 Authorised officer obligations:

Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA
- At any time during the exercise of powers, if you are asked to show your ID card
- As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

Inform people of their rights and obligations

- You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.
- Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

4 AO responsibilities at airport

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

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

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

4.1 Key points

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

4.2 Key responsibilities

Table 4 – AO responsibilities at the airport

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

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

⁴ The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application. Compliance policy and procedures – Detention and Direction notice

Issue notice immediately after disembarkation	<p>9. Serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (attachment xx). Unaccompanied children who are detained must be served the solo child notice (attachment XX). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>10. If practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>11. Facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955; PIN code is REDA).</p>	Yes	Section 200(5)
Confirm details	<p>12. Ensure each direction and detention notice:</p> <ol style="list-style-type: none"> i. states the full name of the person being detained, date of birth and mobile phone number (if applicable) ii. contains the signature of the person being detained or their guardian as receipt of the notice iii. states the name and signature of the AO iv. contains the hotel name at which the person will be detained v. contains the date of commencement of detention. 		
Record issue of receipt	<p>13. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application⁴. You may be assisted by a non-AO in this task.</p> <p>14. Request person subject to detention present to AO at hotel</p>		
Check with welfare team	<p>15. Liaise with AO Team Leader and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>16. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section XX (Permissions) for further detail.</p> <p>17. Ensure the detainee understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p>		

⁴ The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application.
Compliance policy and procedures – Detention and Direction notice

	18. (Note: a hospital information sheet is currently being developed to assist the hospital on required and contact details.)		
	<ul style="list-style-type: none"> • provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information) 		
Record	19. Record any actions in the COVID Compliance and Welfare App, including the above mandatory obligations, use of translator and any associated issues. 20.		

4.2.1 Transfer of uncooperative person to be detained

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

5 AO responsibilities at hotels

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

5.1 Key points

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

5.2 Shift change over

Table { SEQ Table \^ ARABIC } : Key steps and AO roles and responsibilities during shift change over

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

5.3 Hotel check-in

The purpose of hotel check-in is to:

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

Table { SEQ Table \^ ARABIC } : Key steps and AO roles and responsibilities – hotel check-in

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

5.4 Monitoring compliance

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

Table { SEQ Table * ARABIC }: Key steps and AO roles and responsibilities – monitoring compliance

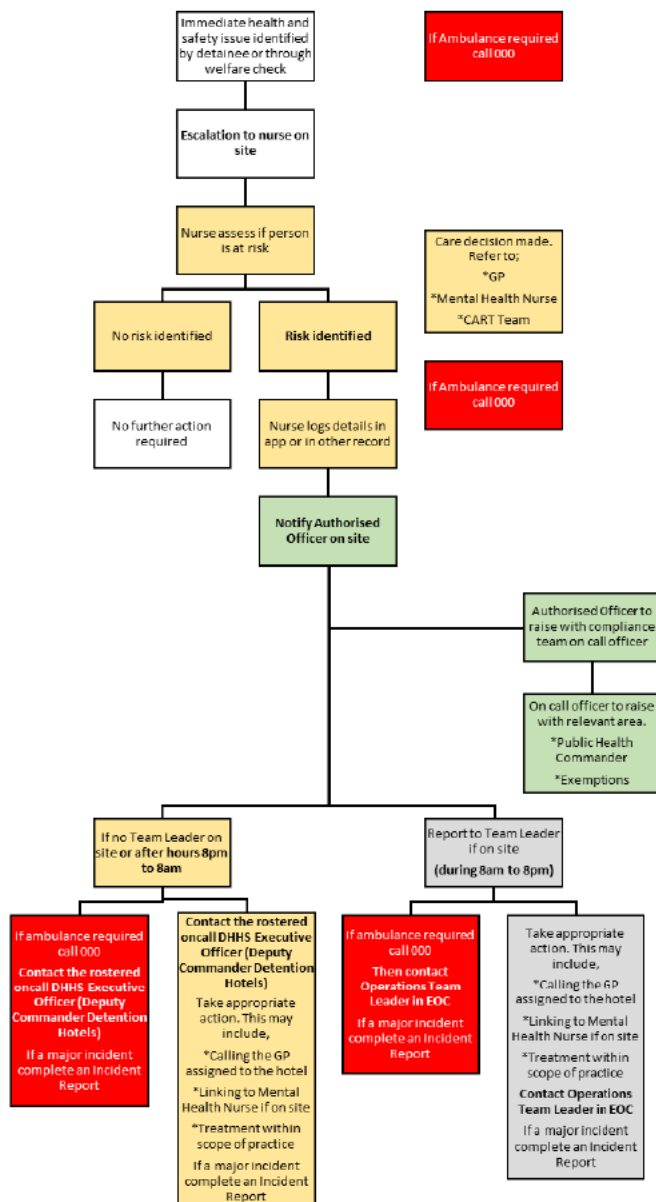
Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security are undertaking floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: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

Records	<p>9. Make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the COVID Compliance Application.</p> <p>10. Record all permissions in the permissions register and Covid Compliance App</p> <p>11. Upload photos of all amended direction notices issued while at the hotel to the COVID Compliance Application.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p>		

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5.5 Emergency health and welfare incidents

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



5.6 Clarity about role of AO

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email "Referral to organise transport"
- physically moving COVID 19 patients. Please see procedure under 'Occupational Health and safety'
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats
- monitoring or ordering PPE or other supplies

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

5.7 Daily review and reporting by the AO Review Team

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

Table { SEQ Table 1 ARABIC }: Key steps and AO Review Team roles and responsibilities – daily review

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> • reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours) • reviewing the number of detainees present at the hotel • reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to • noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention 		

	<p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health</p> <p>4. Consider the human rights being impacted – refer to 'Charter of Human Rights' obligations in Appendix XX</p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment.</p> <p>7. Consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> • person's health and wellbeing • any breaches of self-isolation requirement • issues raised during welfare checks (risk of self-harm, mental health issues) • actions taken to address issues • a person having been tested and cleared of COVID-19 while in detention • any other material risks to the person. 		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Record	<p>10. Record the outcomes of their review (high level notes) (for each 24-hour period) in the COVID-19 Compliance Application. This allows ongoing assessment of each detainee and consideration of their entire detention history.</p>		
Prepare brief (Minister)	<p>11. Prepare brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> • a person has been made subject to detention • following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health. <p>12. The notice to the CHO must include:</p> <ul style="list-style-type: none"> • the name of the person being detained • statement as to the reason why the person is being, or continues to be, subject to detention. 		Sections 200(7) and (8) Section 200(9)

	13. Deputy Command AO operations to review and approve the Review and Brief		
	14. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions		

5.8 Departure – release from mandatory detention

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

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

5.8.1 Pre-check out

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

1. an End of Detention Notice, **Appendix 8;**
2. an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9**
3. **(to be supplied)**

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

5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained is well, symptomatic or positive.

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day detention period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to COVIDquarantine@dhhs.vic.gov.au for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form (appendix 9).
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

5.8.3 Day of release

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

5.8.4 Check-out process overview (compliance check-out)

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

Security will bring travelling parties down to reception in stages to complete the check-out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.

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Table { SEQ Table * ARABIC } : Key steps, roles and responsibilities at check-out (AO role unless specified)

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> 1. ECC Operations Support Team, to inform AO of those with 2. confirmed COVID-19, suspects Covid cleared or close contacts. Public health will have contact each detainee in these categories to discuss arrangements post detention. 3. AO to note and to inform security that COVID-19 cases will need separate check-out time and implement extra precautionary measures. 		
Check-out	<ol style="list-style-type: none"> 4. Request to see identification (passport) and the End of Detention notice from each person 5. Cross check the person's identification details and room number with information on exit sheet 6. Sign the End of Detention notice and provide back to the person 7. Confirm the period of detention and explain detention period has ceased 8. Confirm self-isolation requirements for all confirmed COVID cases. 9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged 		
Record	<ol style="list-style-type: none"> 10. Provide exit list to a Release and Review team member on site for updating in the COVID-19 Compliance Application (note this may be a data entry update after the process has been completed). 11. All exit sheets are to be returned to the Operational Support team as soon as possible 		

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

6 Exemption requests

6.1 Key points

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

6.2 5.2 Exemption requests – overview

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

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

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

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

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

There is no blanket exemption approval

Table { SEQ Table * ARABIC } : Key steps, roles and responsibilities for exemptions prior to commencing, and during, detention

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request	<ol style="list-style-type: none"> 1. covidquarantine@dhhs.vic.gov.au receives a request for exemption⁵. 2. Person confirms flight details and arrival information before the matter is assessed. 		
Assessment and decisions	<ol style="list-style-type: none"> 3. Exemptions Team will consider the request and refer to the ECC Commander for decision 4. Exemptions case manager to: <ul style="list-style-type: none"> • inform the AO Operation Lead if an exemption is granted so that relevant AO Airport Team Leader and AOs are informed (including correspondence) • Inform the EOC to arrange transport • Inform the CART team if required • arrange for compliance oversight with Victoria police • contact other jurisdictions (if transiting through Victoria). • Record all actions and supporting paperwork in the case management tool 		
AO to issue Notice of Direction and Detention	<ol style="list-style-type: none"> 5. The exemption team will provide guidance to the AO about issuing the exemption paperwork 6. AO will: <ul style="list-style-type: none"> • issue a Notice of Direction and Detention for those permitted to undertake detention at an alternative location in accordance with x.x • permit international transit for those issued a letter • record details in COVID-19 Compliance Application 		200(2) and (4) 203(1)
International transit passenger process	<ol style="list-style-type: none"> 7. To facilitate an exemption given to a person for international transit, the AO Team Leader will notify Airport AO and Australian Border Forces (ABF) prior to their arrival at the airport via a specific email with a specific subject title to: <ul style="list-style-type: none"> • "map.border.clearance@abf.gov.au" with a cc to "NorthandWest.EOC@dhhs.vic.gov.au. A template email is below. 		

⁵ An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<ul style="list-style-type: none"> Email to be titled <i>Transit Passenger from Quarantine Hotel (DHHS)</i> and request assistance to collect released detainee for connecting transit flight to X. Email should include: <ul style="list-style-type: none"> full name (as per passport) passport number flight departure time flight number arrival time at T2 international departure. 		
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6.3 Unaccompanied minors

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

There are three options:

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

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

- where this occurs, and
- with what adult supervision.

The State can issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. However, this is not preferred because of the welfare obligations imposed.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.

Table (SEQ Table * ARABIC): Key steps, roles and responsibilities for managing unaccompanied minors

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
When an unaccompanied minor normally resides outside Victoria			
AO to request approval if not already sought	1. If Exemptions team has not granted approval, AO to escalate to the Deputy Command Policy and Exemptions and cc covidquarantine		
Assessment and decision	2. Exemptions case manager to: <ul style="list-style-type: none"> inform the AO Operation Lead and AO Airport Team Leader of approval or rejection contact other jurisdictions (if transiting to a location outside Victoria) 		

	<ul style="list-style-type: none"> Advise requesting party of the risk management obligations on a domestic flight out of Victoria and seek confirmation it can be achieved. 		
AO to issue Notice of Direction and Detention	<p>3. AO will:</p> <ul style="list-style-type: none"> issue a Notice of Direction and Detention to undertake detention at an alternative location in Victoria in accordance with the instructions and templates provided by the Exemptions case manager permit transit to another state if minor normally resides outside Victoria record details in COVID-19 Compliance Application. 	Yes	200(2),(4) and 203(1)
When minor resides in Victoria			
AO to request approval if not already sought	<p>4. If Exemptions team has not granted approval, AO to escalate to Deputy Command Policy and Exemptions and cc covidquarantine</p>		
Assessment and decision	<p>5. Exemptions case manager to:</p> <ul style="list-style-type: none"> inform the AO Operation Lead and AO Airport Team Leader of approval alert the EOC to arrange transport arrange for compliance oversight with Victoria police. 		
AO to issue Notice of Direction and Detention	<p>6. AO to issue direction and detention notice to child through their guardian for:</p> <ul style="list-style-type: none"> alternate location (home and / or parts of the home); or Provide advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice provided to close contacts in quarantine), 	Yes	200(2), (4) and 203(1)

6.3.1 Escalation of issues

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

- contact the department's welfare teams immediately. Child Protection contact details for each Division are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- if it is after hours, contact the after-hours child protection team on 13 12 78 if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

7 Permissions

7.1 Key points

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

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

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

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

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

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

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

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

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 12 for further details).

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

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at DHHSOpSoteriaEOC@dhhs.vic.gov.au and title the email "Referral to organise transport".

Table { SEQ Table 1* ARABIC } : Key steps, roles and responsibilities for temporary leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> 1. AO Team Leader to assess site for suitability of exercise and fresh air breaks. 2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site 3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval. 		
Request for temporary leave	<ol style="list-style-type: none"> 4. Person may seek permission directly from the AO or may email covidquarantine@dhhs.vic.gov.au and explain the grounds for temporary leave 		
Referral to AO	<ol style="list-style-type: none"> 5. Permission and Exemptions team to triage and forward to AO for decision 6. Permission and Exemptions team to assess complex cases and inform AO 		
AO assessment and decision	<ol style="list-style-type: none"> 7. AO to make decision and consider: <ul style="list-style-type: none"> • those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks) • willingness and availability of security to oversee and facilitate exercise or other fresh air break (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly) • site layout, safety and capability to ensure persons are in a cordoned off area • maintaining infection control, such as ensuring persons do not touch door handles or lift buttons • adherence to exercise and smoking procedures 8. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction. 		
Issue permission for temporary leave	<ol style="list-style-type: none"> 9. AOs to: <ul style="list-style-type: none"> • instruct security on the dates and times permitted for leave • provide procedural guidance to security and the person in detention, such as exercising in a 		s.203(1)

	<p>cordoned off area not accessed by members of the public</p> <ul style="list-style-type: none"> • request the medical facility or hospital inform the AO prior to return (for medical temporary leave) • prepare a Permission for Temporary Leave from Detention form (see Appendix 2), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> - a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes - an exercise break is for a certain time and the person must return to their room following exercise or fresh air break • warn the person that failure to comply with these directions is an offence • ensure the person checks back into the hotel at specified time • seek feedback on implementation of temporary leave and note any issues raised 		
Record	<p>10. If AO approves leave be granted, the AO:</p> <ul style="list-style-type: none"> • must keep records of the Permission for Temporary Leave from Detention form for the person, Appendix 2 and the Register of permissions granted under 4(1) of the Directions and Detention Notice, Appendix 11, and • enter details in COVID-19 Compliance Application. 		

7.3 Emergency situations

Table { SEQ Table 1 ARABIC }: Key steps, roles and responsibilities for emergency leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	<p>1. AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.</p>		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p>		

	5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application		
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7.4 Procedure for a person in detention / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

7.5 Guidance for safe movement associated with permissions

7.5.1 Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based hand sanitiser as they leave, this will require hand sanitiser to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- Return immediately to their hotel room following the break.

7.5.2 Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water before each break;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

7.5.3 Infection control considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

In addition:

Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.

They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.

Smokers can take up to 2 breaks per day if staffing permits.

Rostering to be initiated by the departmental staff/AO present.

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8 Compliance

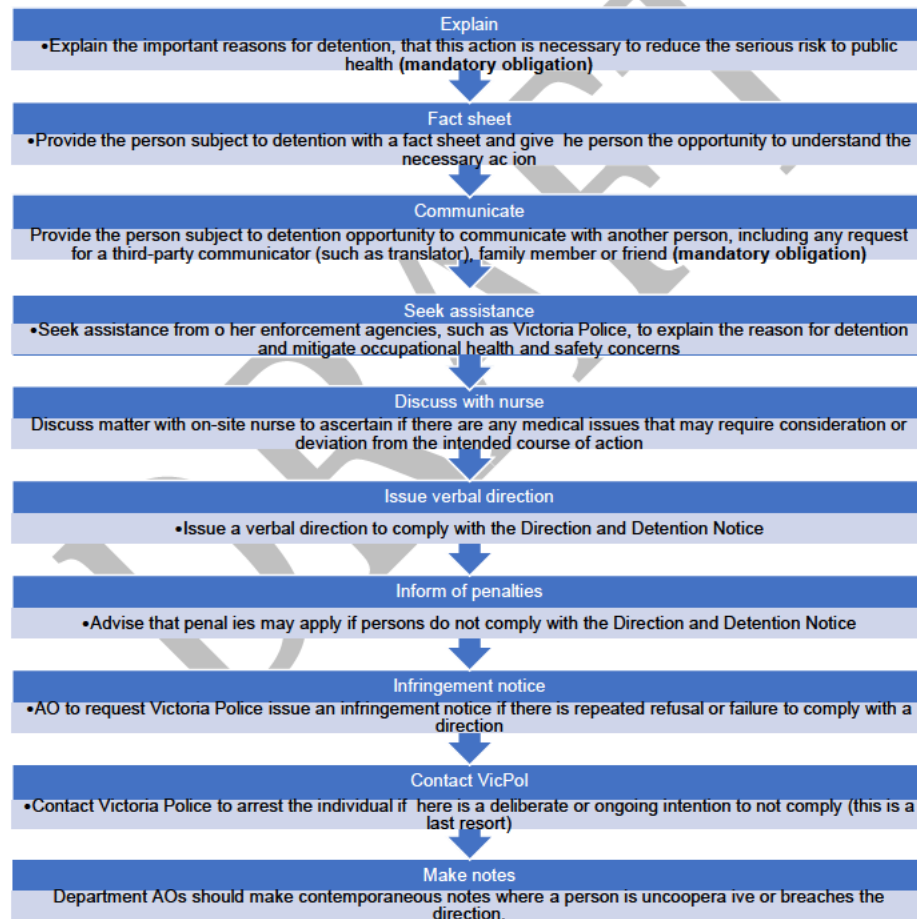
8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

8.2 Options to facilitate compliance

AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



8.3 Unauthorised departure from accommodation

Table { SEQ Table * ARABIC } : Key steps, roles and responsibilities for managing unauthorised departure from accommodation

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify AO Team Leader, on-site security and hotel management and request search.		
Contact Victoria police	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> • seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave • provide an opportunity for the person to explain the reason why they left their room • assess the nature and extent of the breach, for example: <ul style="list-style-type: none"> - a walk to obtain fresh air - a deliberate intention to leave the hotel - mental health issues - escaping emotional or physical violence. • consider issuing an official warning or infringement through Victoria Police • reassess security arrangements. 		s.203(1)

8.4 Infringements

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

Table 1 List of infringements

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 penalty units for a natural person and 30 penalty units for a body corporate without a reasonable excuse).	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
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9 Occupational health and safety (OHS) for Authorised Officers

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

9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the AO Team Leader or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

9.2 Health Emergency

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

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

9.3 OHS

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

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

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

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

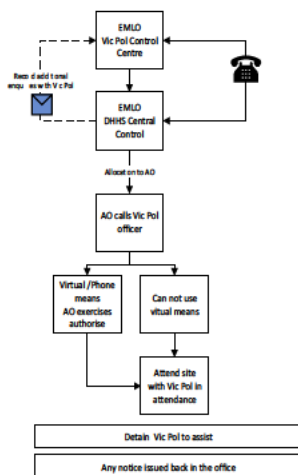
9.4 Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your AO Team Leader or Deputy Commander AO operations.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



9.5 Risk assessment before attendance -Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer and a AO Team leader or the Deputy Commander AO operations or DHHS management.

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

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

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

9.6 Personal measures to reduce risk the risk of exposure to COVID

9.6.1 General

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

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

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

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

- Single-use surgical mask
- Gloves
- Hand Sanitiser.

9.6.2 AOs going onto floors of hotel

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

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

9.6.3 Relocating a confirmed case of COVID-19

All COVID confirmed cases will be transferred to a Covid hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed covid case may wish to remain with the confirmed covid detainee and transfer to the covid hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

The room or location change must be recorded in the compliance app by the AO

9.7 Measures and guides to enhance occupational health and safety

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is suspected or confirmed case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

9.8 Known risks and hazards

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

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Appendix 1 – Script for plane/arrival

Required script before issuing a direction and detention notice

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

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

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

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

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

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

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Appendix 2 - Permission for temporary leave from detention

PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: _____
 _____ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:
Name of facility: _____
Time of admission/appointment: _____
Reason for medical appointment: _____
- (b) where it is reasonably necessary for physical or mental health:
Reason leave is necessary: _____
Proposed activity/solution: _____
- (c) on compassionate grounds:
Detail grounds: _____

- (4) The temporary leave starts on _____
 and ends on _____ [insert date and time].

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

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

Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

Specific details

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

Offences and penalties

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

Appendix 3 Guidance Note: Permission for Temporary Leave from Detention

How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

- **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
 - for the purposes of attending a medical facility to receive medical care; or
 - where it is reasonably necessary for the person's physical or mental health; or
 - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

- **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

NB If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

- **What are the requirements when you are granting a permission to a person under the age of 18?**

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

- **What other directions can you give?**

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

Appendix 4 Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



Australian Government
Department of Health

Coronavirus disease
(COVID-19)

Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigation 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 5 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

Introduction

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

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

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

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

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

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

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

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

How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

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

Relevant human rights

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

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).

- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

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

General welfare considerations

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

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

Additional welfare considerations for children

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

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and

individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

DRAFT

Appendix 6 Direction and Detention Notice – Solo Children

DIRECTION AND DETENTION NOTICE

SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)

Section 200

Reason for this Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020..

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

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

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

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

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

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

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

Place and time of detention

You will be detained at:

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

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

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

Directions — transport to hotel

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

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

Conditions of your detention

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

you have been granted permission to do so:

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

there is an emergency situation.

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

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

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

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

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

Review of your detention

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

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

Special conditions because you are a solo child

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

- We will check on your welfare throughout the day and overnight.
- We will ensure you get adequate food, either from your parents or elsewhere.
- We will make sure you can communicate with your parents regularly.
- We will try to facilitate remote education where it is being provided by your school.
- We will communicate with your parents once a day.

Offence and penalty

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

The current penalty for an individual is \$19,826.40.

Name of Authorised Officer: _____

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

DRAFT

Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.

Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

Details of Detention Notice

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

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

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

End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by <<DETENTION END DATE>>;
and

you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on <<DETENTION END DATE>> at _____ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 3) (**Direction**), as amended from time to time. Pursuant to the Direction, if you live in Victoria you are required to travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

End of Detention Instructions

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

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

When leaving detention you **must** adhere to the following safeguards:

- if provided to you, you **must** wear personal protective equipment;
- you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
- you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and
- upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

2 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

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

Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you [have returned a positive test for COVID-19] or [have started displaying symptoms of respiratory illness].

1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after midnight on 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

2. Details of End of Detention Notice

Name of Detainee: _____

Date Notice Made: _____

Date Notice Expires: _____

Place of Detention: _____

Medical Facility: _____

(if medical care is required)

COVID-19 Status or respiratory illness symptoms [tick applicable]:

COVID-19 confirmed: _____ coughing

[insert date of test]

fever or temperature in excess of 37.5 degrees sore throat

congestion, in either the nasal sinuses or lungs body aches

runny nose fatigue

3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have noticed that you [have been diagnosed with COVID-19] or [have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) *[delete as applicable]*].

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- a) *[if applicable]* You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is suitable

for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;

- b) *[if applicable]* You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and
- c) You are ordinarily a resident in Victoria.

Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable]*.

The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

4. Conditions

- You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]* by an Authorised Officer. You may / will *[delete as appropriate]* be supervised during transit.
- While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.
- You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.

5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable]*, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

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

Appendix 9: End of detention guidance note

How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detention, become a confirmed case of COVID-19 or have symptoms of respiratory illness

What do you have to do before you issue an End of Detention Notice?

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
 - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
 - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge each person
- if a person's detention is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

When should you issue an End of Detention Notice?

It is preferable that an End of Detention Notice be issued the day before a person's detention is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.

A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

What do you have to do when you issue an End of Detention Notice?

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify the person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
 - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
 - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

Appendix 10: Charter of Human Rights obligations

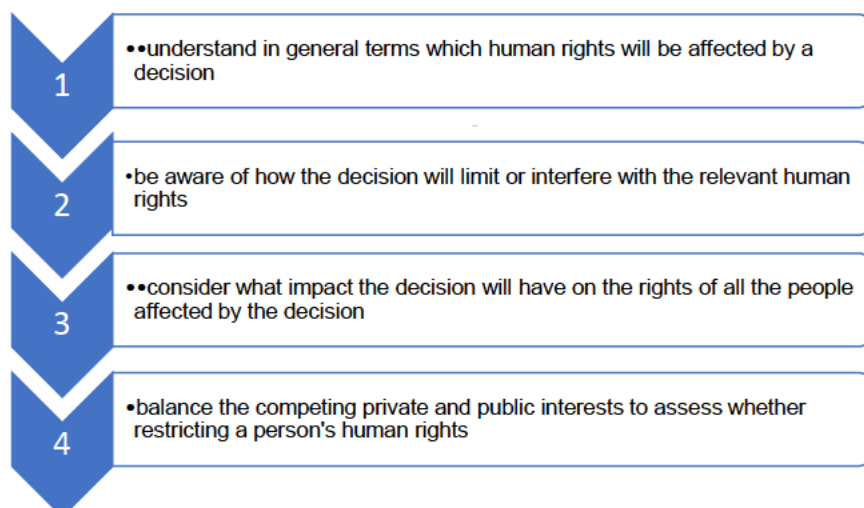
Key points

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

Department AO obligations under the Charter of Human Rights and Responsibilities Act 2006

Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
Right to life	<ul style="list-style-type: none"> • This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life

Right to protection from torture and cruel, inhuman or degrading treatment	<ul style="list-style-type: none"> This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
Right to freedom of movement	<ul style="list-style-type: none"> while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
Right to privacy and reputation	<ul style="list-style-type: none"> this includes protecting the personal information of persons in detention and storing it securely
Right to protection of families and children	<ul style="list-style-type: none"> this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
Property Rights	<ul style="list-style-type: none"> this includes ensuring the property of a person in detention is protected
Right to liberty and security of person	this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
Rights to humane treatment when deprived of liberty	this includes treating persons in detention humanely.

Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: _____

Ref No.	Date	Name of detained person	Reason	Time-Out	Time-In

Appendix 12 Guidance Note — Exceptions to the General Quarantine Policy

Summary

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

This guidance note has been prepared to assist you to carry out your functions in determining whether individual persons arriving in Victoria from overseas should be exempt from being made subject to a detention notice requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) (the **general quarantine policy**). This policy is in place because people returning from overseas are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return and because the earlier requirement to isolate at home was not uniformly complied with.

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

1. released from quarantine in Victoria (because they are medically cleared or will be subject to another jurisdiction's regime); or
2. required to complete their quarantine in another location in Victoria (at home or in another facility), in which case they would be subject to the same conditions that apply to other international arrivals under the standard direction and detention notice, including monitoring and penalties for non-compliance.

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

1. International transit (for example, transit in Victoria from New Zealand en route to Europe or vice versa).
2. Interstate transit (with the approval of the receiving jurisdiction, usually for compassionate reasons or as an unaccompanied minor).
3. Unaccompanied minors whose legal guardians are unable to reside with them at the hotel (for example, due to other caring responsibilities).
4. Compassionate or medical grounds (for example, if the person suffers from anaphylaxis).
5. Previous confirmed cases with medical clearance who no longer require quarantine.
6. Key workers.

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

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

Your obligations under the Charter

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

'Proper consideration' requires you to:

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

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

1. International transit

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

2. Interstate transit

Description of category

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

Relevant factors

[DHHS to please provide]

Relevant human rights

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

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

4. Compassionate or medical grounds

Description of category

[Refer to previous assessments for REDACTED]

Relevant factors

[DHHS to please provide]

Relevant human rights

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

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

6. Key workers

Description of category

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

Relevant factors

[DHHS to please provide]

Relevant human rights

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

Department of Health & Human Services

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

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

The review has included:

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

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

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

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

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

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

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

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

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

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

Review of Rydges on Swanston

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

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

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

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

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

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

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

Recommendation

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

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

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

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

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

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

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

REDACTED

Infection Prevention Australia

5th May 2020

REDACTED

Promoting effective use of COVID-19 PPE in quarantine hotels

Advice

Last update: 23 June 2020

The challenge

The BIU visited
the Grand
Chancellor and
Stamford hotel on
22/06/20

Getting hotel quarantine staff
to consistently and
appropriately using PPE

PPE requirements

- Masks
- Gloves
- How frequent use?
- Barriers + friction costs to use PPE?
- Variability across people (nurses vs. security contractors) hotels?
- Summarised in a policy → tailored for nurses/security etc.

Barriers

- **Comprehension** seems to be a barrier to correct use of PPE
- Making policy materials easier to absorb and comply with
- When in a hotel environment, may not be so straightforward (esp if English isn't first language)
- **Opportunities: colour code**
- Resistance (e.g. not using hand sanitisers for religious concerns) or not knowing how to use PPE

Desired behaviours

- Limit potential contacts between staff and quarantined (personal and surfaces) → delivering meals
- Wash/sanitise hands
- Use PPE correctly (masks covering nose and mouth)
- Bin PPE after use
- Don't reuse PPE
- Don't overuse PPE
- Take gloves off after contact
- Wash hands/sanitise after removing PPE

Existing incentives/levers

- Existing prompts to wash hands
- Organic audits/controls by team leaders and supervisors
- Gender implications: the vast majority of security guards are males, nurses mostly females
- Mistaken beliefs (e.g. don't want to use hand sanitizers for health concerns)

The people

The BIU visited
the Grand
Chancellor and
Stamford hotel on
22/06/20

Who is the target?

- Nurses
- GPs
- Hotel staff
- DHHS staff (contractors?)
- Security staff contractors (note: having less experience on how to properly use PPE)
- Gender gap + hierarchy: male security contractors don't want to take orders by female nurses
- Riskiest cohort: security guards (mostly men, most frequent contacts)
- Health-care workers: not always compliant (some want more PPE)
- Almost behavioural "factions" (security guards vs. nurses vs. cleaners)
- 8 security guards and one mental health nurse tested positive (mental health people are higher risk because they spend more time with patients)



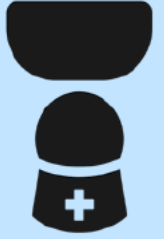
Security guards

- Contractors and sub-contractors
- Mostly men
- Potentially needing more training on how to use PPE + hygiene
- Told not to wear gloves
- Maintain 1.5m all time
- Normally stay in the corridor
- Not required to wear mask when in corridor
- Potential contact > 1.5m with guests when guests arrive at hotel
- when they go out for fresh air - lifts
- o When guest exit
- o When delivering meals outside the room door
- Pick up rubbish
- They don't get paid for sick leave
- They spend a lot of time together socialising



Cleaners

- contractors - third parties managed by DJPR
- Cleaning companies already having their H&S procedures
- Typically cleaners disinfect but refuse to clean first
- They tend to take instructions from their own company
- No regular auditing but cleaning policies in place
- Potential change in contract with cleaning/security companies in July



Nurses

- Well trained to use PPE
- Mostly women
- Typically do not get in touch with patients with exception of emergencies and swabs
- Leave medications at the room door for guests
- Team leader as main supervisor/coordinator

❖ Behavioural science is not able to change behaviour when there are strong contrary financial incentives.

❖ Note the Harshship Fund announced (23 June) for people who cannot go to work. Providing clarity on how to apply may be an intervention avenue to explore.

Top 6 behavioural change principles for Health and Safety

1

Reduce information overload

- It can be easier to achieve complex goals if they are broken down into more manageable chunks. Another strategy is to have people identify any barriers they are likely to encounter, and then plan how to overcome them.

3

Design for safety with defaults and prompts

- Design hotel spaces and procedures so that safe behaviour is the default, with no additional action required.
- Prompt people when they are likely to be receptive. The same information can have drastically different success.

5

Simplify procedures and written messages

- Making the message or procedure clear and simple often results in a significant increase in compliance. Useful to think about how procedures can be shortened and simplified.

2

Reduce the 'hassle factor' of wearing PPE

- Even small effort to perform an action can put people off. Reducing the effort required to follow a procedure safely can increase how many people do so (and vice versa to discourage unsafe behaviour).

4

Leverage social norms

- Show that most people perform the desired behaviour. Describing what most people do in a particular situation encourages others to do the same.

6

Provide feedback to encourage change

- Feedback is central to how we learn. Giving employees feedback on their behaviour can help them understand how they are performing (which is not always obvious) and gives them an opportunity to adjust their behaviour

Existing policies – Advice after field visit

Advice on existing policies

- Update/Change the *PPE policy advice documents* to make them more informative and for key messages to reach their recipients (see specific comments to the existing documents in slides 6-9).
- Building on the system of zones currently organically in use in hotels (*green, orange, and red zones*), we suggest expanding the number of zones according to the level of protection needed. e.g. lobby when receiving guests. The lobby could be yellow and turn orange when guests arrive. The signalling must change when this occurs.
- Associate each colour (zone) with a protection standard (from distancing to maximum protection standard)
- Demarcate zones (currently green, orange, red. Not all are demarcated).
- Design sheets for each zone (with PPE allowed and behaviours to adopt).
- At the border between zones there must be stations with the materials required in the next zone, and bins to dispose of what has already been used.

Communication between groups:

- To improve on-site communication, a daily / weekly debrief can be made with team leaders of the different cohorts (security, nurses, hotel workers, cleaners, VPS).
- Each venue has established (formally or informally) an internal code and good practices e.g. colour coding areas, intersperse rounds of guards and cleaning to avoid agglomerations. We suggest documenting those good practices and consider their implementation in different hotels.



Existing policies

OPERATION SOTERIA

PPE Advice for Hotel-based Healthcare Workers Contact with COVID-19 Quarantined Clients

Approved
Date: 1 May 20 By: M Bamert – Dir EM

Purpose


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

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

Recommended HCW PPE

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

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



Suggest making specific policies for every cohort (security guards, nurses, cleaners)

Suggest renaming the “setting” to “Interaction point” or “client interaction”

Suggest making the “Setting” clearer (e.g. When in the hotel without any contact with clients

Suggest not mentioning behaviours in the “Setting” section to avoid confusion

Suggest separating tables out based on Symptomology. E.g. Three tables “Regardless of presentation of symptoms or not” / “Without symptoms” / “With symptoms”. Make headings on tables very clear

Suggest making the expected behaviours explicit per cohort:

- Wear mask to cover nose and mouth
- Wash hands or use hand sanitiser before and after

Existing policies

Suggest making behaviours stated in this column consistent in the PPE column if relevant. E.g. Hand hygiene suggested here but not in the PPE column.

Process and Procedure Preparation

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

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

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

Existing policies

Each zone should have its own visible instructions on what to do and what not to do (e.g. no mask zones). Use visuals where possible



Clearly indicate on site which zone you are in (green, orange, red)

Suggest making this "single most important strategy" more salient by including hand hygiene in a box on the top of the page

Suggest making this strategy much more salient and behaviourally focussed – e.g. "wash your hands or use hand sanitiser" rather than "hand hygiene". Use visuals where possible.

COVID-19 Mandatory quarantine

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

Version 2.1

Recommended PPE use According to Type of Activity

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

Hand Hygiene

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

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

Hand hygiene should be frequently performed, including

Suggest reducing information and focusing on the two main decisions (for security guards):

- No surgical mask vs surgical mask
- When to sanitise or wash hands

Other key messages: Examples of masks being misused and its consequences. These messages should be located in mask-areas. In no mask needed areas, disposal bins should be available to discourage reuse of PPE. Preferably locate these at the exit from a mask zone to a non-mask zone (e.g. like quarantine bins in airport arrival passageways)

Existing policies

Consider establishing a no-gloves policy in certain areas and limiting its supply due that they are not recommended for all situations and are creating unwanted behaviours

Suggest introducing a feedback sheet from supervisor to employee at the end of shift, so that employees can be aware of compliance with rules

The section on how to put on PPE correctly could be a sheet in itself. In addition to training, sheet must be available in areas where it is to be used.

Suggest using of visual steps on how to put on / dispose of a mask, similar to visual steps to wash hands.

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

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

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

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

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

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

ALWAYS AVOID TOUCHING YOUR FACE

Correct use of PPE (Mask only)

PROCEDURE FOR PUTTING ON A MASK

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

PROCEDURE FOR TAKING OFF MASK

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

NOTES

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

Suggest using a trusted Messenger (e.g. team leaders/security guards supervisors)

Use active language throughout. E.g. "Never apply alcohol-based sanitiser to gloved hands"

Instructions on discarding used masks should be specific and easy to do (e.g. by locating hand sanitiser at the disposal bin at the edge of the mask zone, and providing clear instructions on the bin itself such as "Using only the straps, remove mask from your face and dispose in yellow bin")

Consider policy of no-eating (even drinking water) in areas or moments that need masks. Furthermore, establish designated areas for breaks and food and label them explicitly no-mask zone.

FW: HIGH IMPORTANCE - concerns regarding lack of cleaning

From: "Merrin Bamert (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=638a479568194a798229202add0cc910-mbam1802">
To: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>, DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, "Pam Williams (DHHS)" <REDACTED>
Cc: "Nicole Cummins (DHHS)" <REDACTED>, "COVID19InfectionControl (DHHS)" <covid19infectioncontrol@dhhs.vic.gov.au>, "Kevin McEvoy (DHHS)" <REDACTED>
Date: Wed, 17 Jun 2020 19:58:22 +1000

Hi Rachaele

The company did not do the deep clean and refused to clean the toilets so we now have the two IPC nurses there cleaning them,

This is not ok and we will need to get another cleaning company in and look else where.

Thoughts???

Merrin Bamert

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

REDACTED

e. REDACTED

From: Nicole Cummins (DHHS) <REDACTED>
Sent: Wednesday, 17 June 2020 7:56 PM
To: Merrin Bamert (DHHS) <REDACTED>
Subject: HIGH IMPORTANCE - concerns regarding lack of cleaning

Hi Merrin,

Outbreak squad nurses have reported again the lack of cleaning. The cleaning contractors left at 6.45pm. It seems they have only "disinfected" some high touch surfaces, elevators etc. All the bathrooms have been left because they told the squad "it's not in their contract.

My staff are cleaning 2 bathrooms for the "new" hotel staff to use and closing all other toilet / shared areas.

They did manage to get old staff out without crossing over with new staff. All new staff are in full PPE.

REDACTED

REDACTED

Covid Squad Coordination and Operations Director | Office of the Deputy Secretary
Public Health, Emergency Operations and Coordination
 1300 651 160 | REDACTED
 Department of Health and Human Services | 50 Lonsdale St, Melbourne VIC 3000

RE: Public Health investigation - assistance required

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
 To: "Pam Williams (DHHS)" <[REDACTED]> "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
 Cc: "[REDACTED] (DEDJTR)" <[REDACTED]>@ecodev.vic.gov.au>
 Date: Wed, 17 Jun 2020 11:26:58 +1000

Thanks Pam.

Can DHHS please provide a written brief to Unified security about these findings from Rydges and seek a formal response from Unified as to security staff briefings, training, PPE usage, expectations etc.

Regards
 Rachaele

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

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

From: Pam Williams (DHHS) <[REDACTED]>
 Sent: Wednesday, 17 June 2020 9:46 AM
 To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
 Subject: FW: Public Health investigation - assistance required

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: [REDACTED] <[REDACTED]>@evt.com>
 Sent: Tuesday, 16 June 2020 6:10 PM
 To: Sarah McGuinness (DHHS) <[REDACTED]>; Clare Looker (DHHS) <[REDACTED]>@dhhs.vic.gov.au>
 Cc: Merrin Bamert (DHHS) <[REDACTED]>; Pam Williams (DHHS) <[REDACTED]>@dhhs.vic.gov.au>; [REDACTED] (DHHS) <[REDACTED]>@dhhs.vic.gov.au>
 Subject: RE: Public Health investigation - assistance required

Hi All,

Further to my conversation with [REDACTED] this morning, below are some observations from the CCTV footage

- Security team not practicing social distancing. Night team gather together and have meals late night. Meal break approx. 30-45 minutes.
- They practise hand hygiene and seems like they doff off their PPE prior to coming down the stairwell.
- Security team tend to gather to watch videos on their phone.
- [REDACTED] wore [REDACTED] mask the whole 8 hours and during that time had a few cleaning jobs to do. While [REDACTED] wore gloves, [REDACTED] frequently touched [REDACTED] mask with the gloves on [REDACTED] then only doffed [REDACTED] gloves and the touched [REDACTED] mask with [REDACTED] bare hands.
- At around 12pm on 18/05 room [REDACTED] went to the Pool Deck for a walk. Camera angles do not provide

enough evidence that they touched anything.

We have the footage recorded, however it is a very large file to send over. Happy if you would like to come in and watch it with us.

Thanks a lot,

REDACTED

From: REDACTED
Sent: Thursday, 11 June 2020 12:03 PM
To: 'Sarah McGuinness (DHHS)' <REDACTED>; 'Clare Looker (DHHS)' <REDACTED>
Cc: 'Merrin Bamert (DHHS)' <REDACTED>; 'Pam Williams (DHHS)' <REDACTED>; 'REDACTED (DHHS)' <REDACTED@dhhs.vic.gov.au>; 'REDACTED (DHHS)' <REDACTED@dhhs.vic.gov.au>
Subject: RE: Public Health investigation - assistance required

Hi Sarah,
 Attached information from REDACTED at Unified Security

Thanks a lot,

REDACTED

From: REDACTED
Sent: Wednesday, 10 June 2020 5:05 PM
To: Sarah McGuinness (DHHS) <REDACTED>; Clare Looker (DHHS) <REDACTED>
Cc: Merrin Bamert (DHHS) <REDACTED>; Pam Williams (DHHS) <REDACTED>; 'REDACTED (DHHS)' <REDACTED@dhhs.vic.gov.au>; 'REDACTED (DHHS)' <REDACTED@dhhs.vic.gov.au>
Subject: RE: Public Health investigation - assistance required

Hi Sarah,
 Always glad to assist.

- Guests are not allowed in the lobby
- I will review CCTV on Fri and see movement of this guests.
- Did the family move in and out of the hotel at any point or have fresh air breaks, gardens, smoke breaks, balconies? (The notes we received from the Authorised Officers indicate that the family went for a fresh air break/walk on the 18th of May accompanied by 2 nurses and 4 security guards, but it is unclear what time this occurred and who the people were that accompanied the family)
 - The AO have records of guests who leave their rooms for any reason including walks. I can view CCTV for time and individuals who escorted them for the break.
 - The rooms do not have balconies
- Did the family have any direct contact with the environment? (e.g. when they were out of their room, where did they go and what surfaces were they observed to touch [if any])
 - The area where guests are taken for a break is an empty room. Guests are advised not to touch anything. The nurses call the lift and open doors for guests when needed. This info is to the best of my knowledge and what I am informed.
- What were the processes regarding changes of sheets / removal of rubbish from the room? (E.g. were people doing these jobs wearing protective equipment, how were sheets/rubbish transported?)
 - As a hotel, we provided linen and ask guests to change their own linen
 - Soiled linen is to be placed in double bags and placed outside rooms
 - The soiled linen is then collected wearing full PPE including gown.
 - For these guests REDACTED the nurses assisted since the REDACTED was very flustered managing REDACTED and went over and above to clean the room. I am told that they wore full PPE but I feel would be good for them to answer this question.
- What do staff movements look like on hotel floors and the lobby area, particularly during the night shift? (e.g. how often do security guards move from their stations, are there any places where staff congregate e.g. at break times or start or end of shift times)
 - Certainly not my area and will ask REDACTED at Unified security to provide some information.

Thanks a lot,

REDACTED

From: Sarah McGuinness (DHHS) <REDACTED>
Sent: Wednesday, 10 June 2020 4:50 PM
To: REDACTED <REDACTED>; Clare Looker (DHHS) <REDACTED>
Cc: Merrin Bamert (DHHS) <REDACTED>; Pam Williams (DHHS) <REDACTED>

REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS)
 REDACTED @dhhs.vic.gov.au>

Subject: RE: Public Health investigation - assistance required

Dear REDACTED

My name is Sarah and I have been working with RED on the Rydges outbreak investigation.

Thank you for providing this information about the guests – it is consistent with the information collected by the public health team & documented by the Authorised Officers working at the hotel.

We would really appreciate it if you could go through the CCTV footage when you return back to work. We are particularly interested in any footage of the hotel corridors and common areas (e.g. lobby, lifts) which might shed light on the following questions:

- Did the family move in and out of the hotel at any point or have fresh air breaks, gardens, smoke breaks, balconies? (The notes we received from the Authorised Officers indicate that the family went for a fresh air break/walk on the 18th of May accompanied by 2 nurses and 4 security guards, but it is unclear what time this occurred and who the people were that accompanied the family)
- Did the family have any direct contact with the environment? (e.g. when they were out of their room, where did they go and what surfaces were they observed to touch [if any])
- What were the processes regarding changes of sheets / removal of rubbish from the room? (E.g. were people doing these jobs wearing protective equipment, how were sheets/rubbish transported?)
- What do staff movements look like on hotel floors and the lobby area, particularly during the night shift? (e.g. how often do security guards move from their stations, are there any places where staff congregate e.g. at break times or start or end of shift times)

Feel free to contact me directly on my work phone REDACTED if you'd like to discuss any of the above – I'll be in the office on Friday

Thanks and kind regards,
 Sarah

From: REDACTED ; REDACTED @evt.com>

Sent: Tuesday, 9 June 2020 11:28 AM

To: Clare Looker (DHHS) <REDACTED@dhhs.vic.gov.au>

Cc: Merrin Bamert (DHHS) REDACTED @dhhs.vic.gov.au>; Pam Williams (DHHS)

REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>; Sarah McGuinness (DHHS)

REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>;

Simon Crouch (DHHS) REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>;

REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS)

REDACTED @dhhs.vic.gov.au>

Subject: RE: Public Health investigation - assistance required

Hi Clare,

Just got a further update

- REDACTED
- Guest arrived 15th May and Departed 25th May
- Room was very messy
- REDACTED
- Nurses changed linen on 17th May (Nurses advised us on 18th May) as guests were unhappy that they had to do it themselves and the REDA was struggling to keep up with REDACT
- Nurses vacuumed the floor too since it was very dirty

Thanks,

REDACTED

From: REDACTED

Sent: Tuesday, 9 June 2020 11:20 AM

To: Clare Looker (DHHS) REDACTED @dhhs.vic.gov.au>

Cc: Merrin Bamert (DHHS) REDACTED @dhhs.vic.gov.au>; Pam Williams (DHHS)

REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>; Sarah McGuinness (DHHS)

REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>;

Simon Crouch (DHHS) REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>;

REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS)

REDACTED @dhhs.vic.gov.au>

Subject: RE: Public Health investigation - assistance required

Hi Clare,

Apologies for the delay in responding.

Thank you for reaching out and I will certainly assist in any investigation.

At the moment I do not have access to the CCTV footage as I am working from home and the CCTV is only on a

fixed computer onsite. When I return back to work on Fri I will go through the footage and advise if I notice any contact.

With regards to room [REDACTED] we do not have any footage as we do not have CCTV coverage on the floors. Some information about the guests below:

- [REDACTED]
- Guest arrived 18th May and Departed 25th May
- Room was very messy
- [REDACTED]
- Nurses changed linen (don't have date & time) as guests were unhappy that they had to do it themselves and the [REDACTED] was struggling to keep up with the [REDACTED] kids.
- Nurses vacuumed the floor too since it was very dirty

I don't have a contact for [REDACTED] to get details on when the room was serviced and if they followed the normal protocol with the linen and rubbish. Would appreciate if you could point me to a contact person so I can investigate further.

I'll certainly get back to you once I go through the footage.

Thank you very much and apologies once again for the delay in responding.

Best regards,

[REDACTED] | General Manager | Rydges on Swanston Melbourne

701 Swanston Street, Carlton, VIC, 3053

Hotel: [REDACTED] | Mobile: [REDACTED]

Email: [REDACTED]@evt.com | Web: www.rydges.com/swanston | www.skylineevents.com.au



From: Clare Looker (DHHS) [REDACTED]@dhhs.vic.gov.au>

Sent: Saturday, 6 June 2020 6:41 PM

To: [REDACTED] [REDACTED]@evt.com>

Cc: Merrin Bamert (DHHS) [REDACTED]@dhhs.vic.gov.au>; Pam Williams (DHHS)

[REDACTED]@dhhs.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]@dhhs.vic.gov.au>; Sarah McGuinness (DHHS)

[REDACTED]@dhhs.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]@dhhs.vic.gov.au>;

Simon Crouch (DHHS) [REDACTED]@dhhs.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]@dhhs.vic.gov.au>;

[REDACTED] (DHHS) [REDACTED]@dhhs.vic.gov.au>; [REDACTED] (DHHS)

[REDACTED]@dhhs.vic.gov.au>

Subject: Public Health investigation - assistance required

Dear [REDACTED]

As you are no doubt aware, the department is currently investigating an COVID-19 outbreak associated with Rydges on Swanston. I am the Deputy Public Health Commander of our outbreak management section. Thank you to the hotel for your assistance with the investigation to date.

We believe it is likely that the staff cases identified at the hotel were exposed to a common environmental exposure on the 21 May 2020. It is obviously important for us to ensure we make every attempt to identify the cause of transmission and ensure appropriate actions are undertaken to mitigate any public health risk.

For this reason, can we please request any CCTV footage you may have of common hotel areas from 16 May to 22 May? In addition to common areas, we are particularly interested in any footage you may have relating to room [REDACTED]. We understanding there were some challenging circumstances relating to the management of a family in [REDACTED].

this room and the potential for gross environmental contamination. Furthermore, genomic testing suggests there is a likely relationship between the virus type of this family and of at least two of the cases.

Merrin Bamert has suggested I contact you directly with this request. Please let us know if you need any further information. I am not in the office on Monday or Tuesday, but others on this email are and should be able to assist.

Kind regards

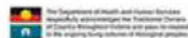
Clare

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

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

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

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OPERATION SOTERIA

PPE for Quarantine Hotels

Approved

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

Version 1.1

Purpose

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

Personal Protective Equipment

Storage of Personal Protective Equipment

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

Stocktake of Personal Protective Equipment

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

Ordering Personal Protective Equipment

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

DHHSOpSoteriaEOC@dhhs.vic.gov.au

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

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

PPE for Quarantine Hotels

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

CSPPE@dhhs.vic.gov.au.

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

Re: DHHS Safety Officer

From: "Merrin Bamert (DHHS)" <REDACTED>
To: "Michael Mefflin (DHHS)" <REDACTED>, DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, "Pam Williams (DHHS)" <REDACTED>
Cc: REDACTED
Date: Mon, 20 Apr 2020 20:47:54 +1000

I think that DJPR need to come through the dep commander this sounds like some issues going on, would appreciate a call to handover this, keen to l'm understand what incidents Rachaele is highlighting.

Get [Outlook for iOS](#)

From: Michael Mefflin (DHHS) <REDACTED>
Sent: Monday, April 20, 2020 8:40 pm
To: DHHSOpSoteriaEOC; Pam Williams (DHHS)
Cc: Merrin Bamert (DHHS); <REDACTED>
Subject: RE: DHHS Safety Officer

Hi Pam,

As of today, <REDACTED> is our Safety Officer [Operation Soteria].

Regards

REDACTED

From: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Sent: Sunday, 19 April 2020 4:33 PM
To: Michael Mefflin (DHHS) <REDACTED> <REDACTED>
 <Jason.Dodson@dhhs.vic.gov.au>
Subject: FW: DHHS Safety Officer

Please advise – in absence of a specific role is it you Michael? Or do we refer into the Dept?

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

From: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Sent: Sunday, 19 April 2020 12:38 PM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Pam Williams (DHHS) <REDACTED>
Cc: <REDACTED> <REDACTED> SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Subject: DHHS Safety Officer

Hi Pam,

As per my earlier message, can you please provide me with a contact name for your DHHS Safety Officer for Operations Soteria?

We have a number of incidents in hotels that require resolution and escalation, as well as some shortages of PPE for our hotel-based staff.

Is there a joint risk assessment or Safety Plan (one for guests, one for staff) we could contribute to?

Thanks,
Rachaele

Rachaele May

A / Executive Director Emergency Coordination and Resilience

Department of Jobs, Precincts and Regions

402 Mair Street Ballarat, Victoria Australia 3350

T: 03 REDACTED M: REDACTED

REDACTED

djpr.vic.gov.au

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RE: Provision of PPE in hotels

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

Hi Pam,

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

The question of PPE supply is also outstanding.

Regards
 Rachaele

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

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

djpr.vic.gov.au

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

Thanks Pam.

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

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

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

Let's talk later today as the situation unfolds.

Pam

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

Hi Pam,

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

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

Regards
 Rachaele

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

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 Department of Jobs, Precincts and Regions
 402 Mair Street Ballarat, Victoria Australia 3350
 M: [REDACTED]
 [REDACTED]
djpr.vic.gov.au

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

Hi Pam and Merrin,

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

Regards
 Rachaele

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

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

REDACTED

djpr.vic.gov.au

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

Hi Pam,

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

In summary

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

PPE.

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

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

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

Please let me know your thoughts.

Regards
Rachaele

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

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M: REDACTED

REDACTED

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DJPR staff supply:

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

Key emails:

1 April. Email between REDACTED (DJPR) and DHHS staff (REDACTED and REDACTED) and copied to DJPR staff REDACTED and REDACTED.)
From REDACTED (DHHS) to REDACTED (DHHS); REDACTED (DHHS); REDACTED (DHHS); REDACTED (DHHS) cc: REDACTED (DJPR)
Hi,
REDACTED from DEDJTR contacted me tonight regarding PPE. Currently they are using PPE from Vic Pol or security at the hotels. RE was wondering how best to access PPE for their staff? I'm wondering if we just bulk order and they can use our supplies?
Could you please reach out to discuss with RE tomorrow.
RE can be contacted on;
M: REDACTED
Regards
REDACTED

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

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

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

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

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

Supply of PPE for Guests undertaking exercise breaks:

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

Dnata – hotel services contract staff:

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

Security contractor supply:

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

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

3.12 Service Provider to provide equipment

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

Extract 2. ‘Equipment clause’ from Unified contract:

6. Equipment

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

Excerpt 3. 'Equipment clause' from Dnata Contract

6. Equipment

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

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

Hello Rachaele

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

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

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

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

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

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

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

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

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DDHS PPE use at Hotels

From: REDACTED
To: "Merrin Bamert (DHHS)" <REDACTED>
Cc: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>
Date: Sat, 30 May 2020 12:18:44 +1000

Hi Merrin,

Please see below regarding staff using DHHS PPE. Through process it was apparent that there is not a clear understanding on who is provided DHHS PPE and training on PPE use has not been provided to all DHHS staff and Non DHHS staff due to shift times and days. I have advised Team Leaders that I spoke to today that we are providing DHHS PPE to all staff onsite which includes security and Hotel so we have a consistent use of PPE. This will remain until communication advises otherwise. However from experience not all Team Leaders provide clear handovers, my suggestion is that the Operations team through the daily briefings have consistent messaging about PPE use.

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

airport		different shift times when training was conducted.
Holiday Inn Flinders Lane	NO	Not all staff have received training due to different shift times when training was conducted
Novotel Melbourne	YES	Not all staff have received training due to different shift times when training was conducted
Marriott	YES	Not all staff have received training due to different shift times when training was conducted

Kind Regards

REDACTED

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

REDACTED

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OPERATION SOTERIA

PPE Advice for Hotel-based Healthcare Workers

Contact with COVID-19 Quarantined Clients

Approved

Date: 1 May 20 By: M Bamert – Dir EM

Purpose

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

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

Recommended HCW PPE

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

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

Process and Procedure Preparation

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

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

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

OPERATION SOTERIA

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

Approved

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

Recommended PPE

Recommended PPE use according to type of activity

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

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

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

Hand Hygiene

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

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

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

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

ALWAYS AVOID TOUCHING YOUR FACE.

Hand sanitiser is NEVER applied to gloved hands.

Mask usage

PROCEDURE FOR PUTTING ON MASK

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

PROCEDURE FOR TAKING OFF MASK

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

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

PPE Advice for Hotel-Based Security Staff and AOs

From: REDACTED
To: Nigel Coppick REDACTED
Cc: "Rachaele May (DEDJTR)" REDACTED "Pam Williams"
REDACTED DHHSOpSoteriaEOC
<dhhsopsoteriaeoc@dhhs.vic.gov.au>, "Melody Bush (DHHS)"
REDACTED REDACTED
REDACTED

Date: Tue, 12 May 2020 22:49:48 +1000

Attachments: 90. PPE Advice for hotel Security & AOs (1).pdf (111.43 kB)

Hi Nigel,

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

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

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

Thanks once again for your support today.

Kind regards

REDACTED

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

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

OPERATION SOTERIA

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

Approved

Date: 08 Jun 20

By: REDACTED
ED

DEP CMDR HLTH

Version 2.2

Recommended PPE use According to Type of Activity

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

Hand Hygiene

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

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

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

Hand hygiene should be frequently performed, including

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

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

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

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

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

ALWAYS AVOID TOUCHING YOUR FACE

Correct use of PPE (Mask only)

PROCEDURE FOR PUTTING ON A MASK

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

PROCEDURE FOR TAKING OFF MASK

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

NOTES

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



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

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

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

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

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

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

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

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

If you are concerned, call the

Coronavirus hotline 1800 675 398 (24 hours)

Please keep Triple Zero (000) for emergencies only

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

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Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statements on 14 May 2020

3 statements from the Australian Health Protection Principal Committee about COVID-19.

Date published: 16 May 2020

Type: News

Intended audience: General public



On this page:

- [Statement on the utility of testing for COVID-19 to reduce the requirement for 14 days of quarantine](#)
- [Statement on Paediatric Inflammatory Multisystem Syndrome](#)
- [Statement on the role of asymptomatic testing](#)

Statement on the utility of testing for COVID-19 to reduce the requirement for 14 days of quarantine

The AHPPC was asked to review the advice on the 14-day quarantine period and to consider if testing protocols for SARS-CoV-2 could be used to reduce the 14-day quarantine period or to facilitate early release.

There is no new evidence that indicates the quarantine period should be reduced. The median incubation period for COVID-19 is 4.9 – 7 days, with a range of 1 – 14 days. Most people who are infected will develop symptoms within 14 days of infection. Testing early in the incubation period before symptoms have developed may not detect infection, and a negative test result cannot be used to release individuals from quarantine prior to the outer range of the incubation period, which is 14 days.

Read the Public Health Laboratory Network's [complete evidence review and technical explanation](#).

Statement on Paediatric Inflammatory Multisystem Syndrome

AHPPC has considered advice from the Acute Inflammatory Vasculitis Working Group and the Paediatric Active Enhanced Disease Surveillance, regarding a condition provisionally named Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS).

PIMS-TS is a newly described condition in children with features that overlap with Kawasaki Disease (KD) and Toxic Shock Syndrome (TSS); it appears to be associated with COVID-19 in certain circumstances.

To date, PIMS-TS has been reported in children from countries such as the USA, UK and Europe who are experiencing widespread community-based transmission of SARS-CoV-2 and thus, much higher rates of paediatric disease. COVID-19 in children is less common and typically a mild disease. PIMS-TS appears to be rare but worthy of better understanding.

The overall risk for any severe COVID-19 outcomes in children in the Australian context remains extremely low and no cases of PIMS-TS have been identified in Australia at this time. However, AHPPC supports:

- enhanced surveillance capabilities for this and related conditions in Australia during the COVID-19 pandemic.
- communication to paediatricians and general practitioners to make them aware of this potential complication of COVID-19.
- cooperation with paediatricians, surveillance and research networks internationally regarding further developments.

What is Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS)?

During the COVID-19 pandemic, doctors in the UK, Europe, and the USA have reported a small number of severely ill children and adolescents with fever and shock (dangerously low blood pressure and/or poor heart function, often requiring intensive care) frequently associated with abdominal pain and rash. This condition has been provisionally named Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS). The majority of patients have tested positive for SARS-CoV-2 by antibody testing or swab for the virus. Many have not been infectious at the time of diagnosis. The exact link between SARS-CoV-2 and PIMS-TS remains unclear.

How common is PIMS-TS overseas, and have there been any cases in Australia?

To date, PIMS-TS has only been reported in very small numbers internationally and only from countries with a high burden of COVID-19. The reported case numbers of PIMS-TS in New York are small relative to the total child population. In the UK report, 8 PIMS-TS cases were noted in an estimated catchment area of 2 million children; the number of COVID-19 infections in children in this population is not known but was certainly much higher than Australia. Overall, 229,705 COVID-19 cases in the UK, and 1,364,061 cases in the USA have been reported as at 13 May 2020.

In Australia there have been no reported cases of PIMS-TS or KD or TSS in children with COVID-19. As in other countries, the proportion of all COVID-19 cases that occur in children is low (<4%). Since January there have only been 150 cases of COVID-19 diagnosed in children aged <15 years in Australia, out of a total of 6979 cases as at 14 May 2020.

The public health measures that have been effective in controlling COVID-19 are also likely to reduce, but not completely eliminate, the risk that PIMS-TS will occur in Australian children.

Statement on the role of asymptomatic testing

Australia has managed to suppress the transmission of SARS-CoV-2, the virus that causes COVID-19, across our community so that we are currently only seeing very low-levels of transmission.

Whilst asymptomatic infections at the time of testing have been reported from many settings, many of these cases develop some symptoms at a later stage of infection. The proportion of cases that are truly asymptomatic throughout the course of their infection is not yet fully understood. However, the risk of transmission from symptomatic cases is considered to be higher.

AHPPC recognises that testing plays an essential role in Australia's approach to the control of COVID-19 and therefore the prevention of ongoing community transmission. The rapid detection and isolation of people with SARS-CoV-2 infection, and the quarantining of their close contacts has further supported our current low-levels of transmission.

A high testing rate across the population, and particularly in populations that are more likely to have an active SARS-CoV-2 infection, is essential to provide confidence that cases will be detected.

The primary approach for identifying people with an active SARS-CoV-2 infection is based on testing those with characteristic clinical symptoms, followed by those with atypical symptoms and then groups that are more likely to reveal the presence of undetected community transmission. The rationale is that people with symptoms consistent with COVID-19 have a much higher probability of testing positive for SARS-CoV-2 than people without such symptoms, and also present a higher risk of transmission to others. As described in the '[Pandemic Health Intelligence Plan](#)', testing should be prioritised in the following order:

1. All people presenting with fever or acute respiratory illness. This represents the most important group in which to focus and increase testing.
2. People at risk of exposure who present with atypical symptoms, such as health care workers and residential aged care facility workers.
3. Contacts of cases, including upstream contacts of those without an epidemiological link (to find the index case), including people who are asymptomatic.
4. Vulnerable populations and settings in which a single case or outbreak is identified, such as residential care settings; health care settings; remote Aboriginal and Torres Strait Islander

communities; and workers in critical infrastructure. This may include the testing of all people in the relevant settings, including people who are asymptomatic.

5. Vulnerable populations and settings where time limited cohorts are tested to assure absence of local transmission, such as, staff of residential care facilities, remote First Nations communities and other communities who may have barriers to access testing.

The large-scale, non-targeted testing for active infection with SARS-CoV-2 in asymptomatic people in Australia's current low incidence environment is not recommended by the AHPPC. This approach is not considered an effective or efficient approach to the identification of disease transmission.

In the current suppression setting, many thousands of people may have to be tested to find a single asymptomatic person infected with SARS-CoV-2, whose risk of transmission to others is considered to be low. Such an approach would require a very large expenditure of resources, which could be better directed towards the detection and management of symptomatic cases. Further, when the level of community infections is low, the proportion of false positives becomes higher. A false positive result can have significant negative impacts for both individuals and their communities, as well as affecting confidence in SARS-CoV-2 testing more broadly.

AHPPC acknowledges that there are benefits in testing asymptomatic people in specific contexts for disease-control purposes, such as in populations at high-risk. Large-scale testing for SARS-CoV-2 in asymptomatic people for case finding purposes in an environment of extremely low incidence is not generally supported on epidemiological and cost-benefit grounds. AHPPC recommends that testing strategies should be developed in consultation with relevant national and jurisdiction public health authorities to ensure the most appropriate and effective approaches are employed.

Read [previous statements](#) from the AHPPC.

Tags:[Communicable diseases](#)[Emergency health management](#)[Coronavirus \(COVID-19\)](#)[← All news](#)

FW: New security model

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
To: "Pam Williams (DHHS)" <REDACTED>
Date: Thu, 25 Jun 2020 19:50:04 +1000
Attachments: Hotel Security -Staff levels Effective 22 June 2020.xlsx (23.94 kB)

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

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

REDACTED

djpr.vic.gov.au

From: REDACTED @global.vic.gov.au
Sent: Thursday, 25 June 2020 7:08 PM
To: Rachaele E May (DJPR) <REDACTED>; DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: REDACTED @global.vic.gov.au
Subject: FW: New security model

Hi Rachaele,
As requested, herewith the latest version of the security numbers per hotel.
After the 5pm call, REDACTED and I agreed for me to continue working on this and seek further manpower reductions where possible.
Best regards,
REDACTED

From: Sara Sahely (DJPR)
Sent: Wednesday, 24 June 2020 3:33 PM
To: Rachaele E May (DJPR) <REDACTED>; REDACTED
REDACTED @ecodev.vic.gov.au
Cc: REDACTED @global.vic.gov.au; REDACTED
REDACTED @agriculture.vic.gov.au
Subject: RE: New security model

Hi Rachaele,
Here's the summary of where the security proposals for reductions have netted out.
If I remove data for the new COVID +ve hotel, (Brady), our improvement (vs the figures REDACTED shared) is a 25% improvement.
I believe we can make further decreases in manpower, especially if we introduce a mixed model using 24/7 video surveillance where available.
Best regards,
REDACTED

From: REDACTED

Sent: Wednesday, 24 June 2020 2:42 PM

To: Rachaele E May (DJPR) <[REDACTED]; [REDACTED]
[REDACTED]@ecodev.vic.gov.au>

Cc: [REDACTED]@global.vic.gov.au>; [REDACTED]

[REDACTED]@agriculture.vic.gov.au>

Subject: RE: New security model

Hi Rachaele,
I'll send that summary to you.
Best regards,
[REDACTED]

From: Rachaele E May (DJPR) [Personal Information] [REDACTED]@agriculture.vic.gov.au>

Sent: Wednesday, 24 June 2020 2:06 PM

To: [REDACTED]@global.vic.gov.au>; [REDACTED]

[REDACTED]@ecodev.vic.gov.au>

Cc: [REDACTED]@global.vic.gov.au> [REDACTED]

[REDACTED]@agriculture.vic.gov.au>

Subject: New security model

Hi all,

Can someone please send me the summary of the future security guard mode I we hope to roll out soon. How many guards fte at each hotel, then total. And any caveats in that number

I will need by cob today please.

Thanks
Rachaele

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Government of Victoria, Victoria, Australia.

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Victoria Government Gazette

No. S 155 Thursday 26 March 2020
By Authority of Victorian Government Printer

Public Health and Wellbeing Act 2008

Section 200

DIRECTION FROM DEPUTY CHIEF HEALTH OFFICER (COMMUNICABLE DISEASE) IN ACCORDANCE WITH EMERGENCY POWERS ARISING FROM DECLARED STATE OF EMERGENCY

Isolation (Diagnosis) Direction

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

1 Preamble

The purpose of this direction is to require persons diagnosed with Novel Coronavirus 2019 (2019-nCoV) to isolate (self-isolate) in order to limit the spread of 2019-nCoV.

2 Citation

This direction may be referred to as the **Isolation (Diagnosis) Direction**.

3 Direction

- (1) A person who is diagnosed with 2019-nCoV in the State of Victoria between midnight on 25 March 2020 and midnight on 13 April 2020:
 - (a) if the diagnosis is communicated to the person in a place other than where the person resides, must:
 - (i) travel directly from that place to a premises that is suitable for the person to reside in and reside in that premises until **clearance from isolation (self-isolation)** is given under subclause (2); or
 - (ii) travel directly to a hospital for medical treatment, and following treatment and discharge from the hospital, travel directly to a premises that is suitable for the person to reside in until clearance from isolation (self-isolation) is given under subclause (2); and
 - (b) if the diagnosis is communicated to the person in suitable premises where the person resides, must reside in that premises beginning on the day of the diagnosis and ending when clearance from isolation (self-isolation) is given under subclause (2); and
 - (c) must not leave the premises, except:
 - (i) for the purposes of obtaining medical care or medical supplies; or
 - (ii) in any other emergency situation; or
 - (iii) in limited outdoor circumstances when it is possible to avoid close contact with other persons and not to enter any other building; and
 - (d) must not permit any other person to enter the premises unless that other person usually lives at the premises or is living at the premises for the purposes of isolation (self-isolation), or for medical or emergency purposes.
- (2) A person subject to the requirements in subclause (1) is given **clearance from isolation (self-isolation)** when an officer of the Department of Health and Human Services certifies that the person meets the criteria for discharge from isolation (self-isolation) under existing Departmental requirements.
- (3) Certification under subclause (2) must be in writing but is not required to be in a particular form.

SPECIAL

4 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.

Dated 25 March 2020

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.

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

Isolation (Diagnosis) Direction (No 2)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

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

1 Preamble

- (1) The purpose of this direction is to require persons diagnosed with Novel Coronavirus 2019 (**2019-nCoV**) to isolate (self-isolate) in order to limit the spread of 2019-nCoV.
- (2) This direction replaces the **Isolation (Diagnosis) Direction** given on 25 March 2020.

2 Citation

This direction may be referred to as the **Isolation (Diagnosis) Direction (No 2)**.

3 Revocation

The **Isolation (Diagnosis) Direction** is revoked with effect from midnight on 13 April 2020.

4 Direction

- (1) A person who is diagnosed with 2019-nCoV in Victoria between midnight on 13 April 2020 and midnight on 11 May 2020:
 - (a) if the diagnosis is communicated to the person in a place other than where the person resides, must:
 - (i) travel directly from that place to a **premises** that is suitable for the person to reside in and reside in that premises until **clearance from isolation (self-isolation)** is given under subclause (2); or
 - (ii) travel directly to a hospital for medical treatment, and following treatment and discharge from the hospital, travel directly to a premises that is suitable for the person to reside in until clearance from isolation (self-isolation) is given under subclause (2); and

- (b) if the diagnosis is communicated to the person in suitable premises where the person resides, must reside in that premises beginning on the day of the diagnosis and ending when clearance from isolation (self-isolation) is given under subclause (2); and
 - (c) must not leave the premises, except:
 - (i) for the purposes of obtaining medical care or medical supplies; or
 - (ii) in any other emergency situation; or
 - (iii) for the purposes of exercise, but only if it is possible for the person:
 - (A) to avoid close contact with any other person; and
 - (B) not to enter any other building; or
 - (iv) if required to do so by law; and
 - (d) must not permit any other person to enter the premises unless that other person usually lives at the premises or is living at the premises for the purposes of isolation (self-isolation), or for medical or emergency purposes.
- (2) A person subject to the requirements in subclause (1) is given **clearance from isolation (self-isolation)** when an officer of the Department of Health and Human Services certifies that the person meets the criteria for discharge from isolation (self-isolation) under existing Departmental requirements.
- (3) Certification under subclause (2) must be in writing but is not required to be in a particular form.

5 Definition of premises

In this direction, **premises** means:

- (1) a building, or part of a building; and
- (2) any land on which the building is located, other than land that is available for communal use.

6 Penalties

Section 203 of the PHW Act provides:

Compliance with direction or other requirement

- (1) A person must not refuse or fail to comply with a direction given to the person, or a requirement made of the person, in the exercise of a power under an authorisation given under section 199.

Penalty: In the case of a natural person, 120 penalty units.
 In the case of a body corporate, 600 penalty units.

- (2) A person is not guilty of an offence against subsection (1) if the person had a reasonable excuse for refusing or failing to comply with the direction or

requirement

A handwritten signature in black ink, appearing to read 'Annaliese van Diemen', written in a cursive style.

Dr Annaliese van Diemen

Deputy Chief Health Officer (Communicable Disease), as authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW Act.

13 April 2020

OPERATION SOTERIA

Exit of Accommodation Arrangements

Approved
Date: TBA By: TBA

Exit of Accommodation Arrangements

Document Control

Document Title	COVID-19 Mandatory Quarantine Hotel Standard Operating Procedures				
Document Number	TBA				
Revision Details					
Prepared	Reviewed	Reason	Date	Approved by	Signature
Cherry					

Exit of Accommodation Arrangements

Contents

Purpose	6
Scope	6
Review	6
Identification of exiting residents	6
Case file and clinical review	6
Liaise with resident to confirm departure details	6
Travel arrangements and coordinate departure	7
Mobilise assistance required	7
Develop exit plan	7
Release notices and check-out	7
Prepare and distribute release notices	7
Sign out by an authorised officer	7
Welfare and room checks	8
Review case file and assess symptoms	8
If COVID-19 symptoms are identified:	8
No COVID symptoms identified:	8
Check room	8
Exit arrangements – asymptomatic residents	8
Hotel cordon	8
Airport transfers – terminal / carpark	8
Taxi / train arrangements	8
Private vehicle pickup	9
Departure on foot	9
Movement from hotel rooms to the lobby for exit	9
Exit arrangements – symptomatic and confirmed cases	9
Exit arrangements	9
Transport arrangements for symptomatic and confirmed cases	9
Accommodation for airport departures	9
Appendix 1: Exit of accommodation flow chart (to be updated)	10
Appendix 2: Release from mandatory quarantine factsheet	11

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-day enforced quarantine period.

Scope

The following aspects are in scope:

- Individuals who are subject to a current 14-day detention notice and are in mandatory quarantine in a Victorian Government contracted hotel
- Individuals who have completed the 14-day mandatory quarantine.

The following aspects are out of scope:

- Individuals who are subject to a 14-day mandatory quarantine which is being completed at a location other than a Victorian Government contracted hotel
- Individuals who are subject to a 14-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-day detention period. These are submitted to DJPR (GSS).

Liaise with resident to confirm departure details

DJPR (GSS) 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:

- Confirm identity

Exit of Accommodation Arrangements

- Identify transport arrangements including any assistance that may be required
- Check accommodation arrangements following stay
- Identify homeless or other interstate risk issues (if an issue is identified, escalate to DHHS CART function)

If no answer is received to the call, GSS will escalate to the DJPR site manager.

Travel arrangements and coordinate departure

Mobilise assistance required

For people requiring assistance with transport, DJPR will help make appropriate arrangements and assist in linking guests to necessary services, including a booking service for interstate travel.

- 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 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 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, at least two (2) days prior to the day of departure.

Release notices and check-out

Prepare and distribute release notices

A compliance form with the details of the date and time the enforced quarantine will cease, will be distributed to exiting residents up to 24 hours prior to the exit time. The notice will detail the process for leaving the hotel room and advise the individual that an authorised officer must discharge them from detention.

- Responsibility: DHHS
- Time frame: Up to 24 hours prior to detention completion

Sign out by an authorised officer

The DHHS authorised officer will be required to sight the release notice and passport identification . The individual or their guardian will then be required sign a master list as they exit the hotel and their release will be recorded in the compliance application. Notify hotel and finalise accounts

DJPR site managers will share the list of departures with the hotel and DJPR grocery team, who will contact guests and ensure any outstanding payments are made.

- Responsibility: DHHS/ DJPR / Hotel
- Time frame: 24 hours prior to detention completion

Exit of Accommodation Arrangements

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 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 will be advised by DJPR the day prior to exit day, to attend on the morning of departure to assist in the provision of 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: Victoria Police
- Time frame: <24 hours prior to detention completion

Airport transfers – terminal / carpark

Residents requiring transfers to Melbourne Airport shall be transported by Skybus (arranged by DoT) or taxis arranged by DJPR (GSS)

- Responsibility: DoT / DJPR (GSS)

Taxi / train arrangements

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

Exit of Accommodation Arrangements

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.

Movement from hotel rooms to the lobby for exit

Guests will be notified that their departure time has arrived by a knock on the door from security staff and will be escorted to the lobby to ensure physical distancing requirements are maintained.

- Responsibility: DJPR

Exit arrangements – symptomatic and confirmed cases

Exit arrangements

Symptomatic (suspected) and confirmed cases who have completed their 14-day detention will still be eligible to exit enforced quarantine at the hotel but will be required to continue 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 separate from all other guests.

A plan is being drafted and will be provided at Attachment Three.

- Responsibility: DHHS

Transport arrangements for symptomatic and confirmed cases

Symptomatic (suspected) and confirmed cases who are exiting the hotel 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.

- Responsibility: DHHS

Accommodation for airport departures

If exiting residents identify that they have a scheduled flight departing from Melbourne Airport on the day or day following their exit date, attempts will be made to facilitate their flights. If rooms are available, they may 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. The availability of this offer will be reviewed according to demand and availability of rooms and will be limited to no more than two nights accommodation.

- Responsibility: DHHS/ DJPR

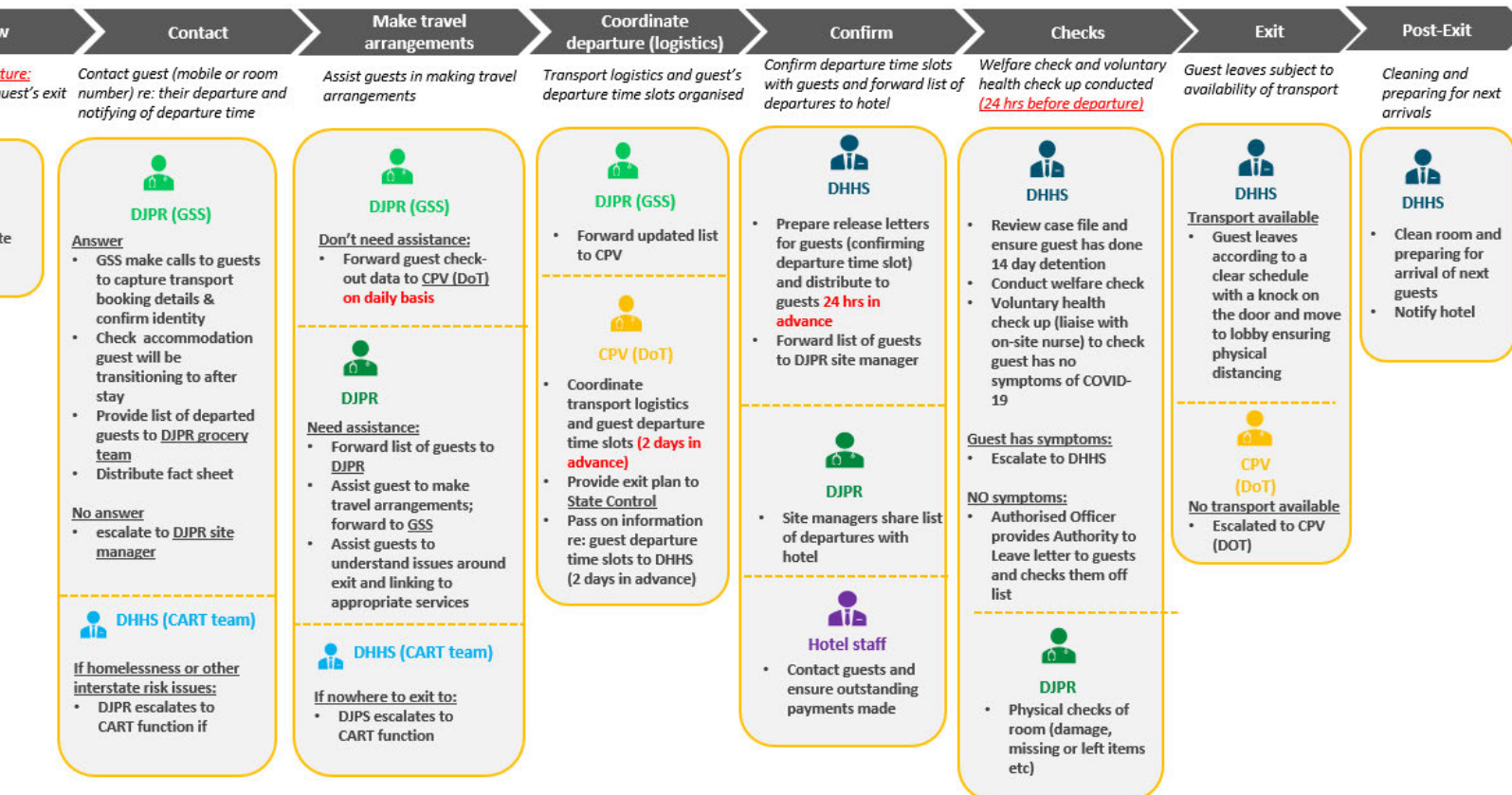
Exit of Accommodation Arrangements

Appendix 1: Exit of accommodation flow chart (to be updated)

Exit of Accommodation Arrangements

Accommodation – key stages and responsibilities

Support people and ensure their health and wellbeing



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 in hotels will be able to leave by midnight on the day the detention notice expires. You will not be kept in quarantine in the hotel 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 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**

Exit of Accommodation Arrangements

960 944 for assistance. Please be aware that states and territories have their own quarantine arrangements in place, and some states may require a second 14-day quarantine period for travellers coming from Victoria. Just because you have completed 14 days of quarantine in Victoria does not automatically mean you will be exempt from 14-day quarantine in other states. We recommend you call the Commonwealth Government's National Coronavirus Helpline on **1800 020 080** to find out travel requirements and restrictions that may be in place at your destination.

If I am going to the airport to fly out the next day, where can I stay?

If you need somewhere to stay before catching a flight in the coming days, please contact the Government Support Service on **1800 960 944** as soon as possible. We may be able to assist you with accommodation.

My car has been at the airport for 14 days longer than expected – will there be a late fee?

If you parked in a Melbourne Airport operated carpark, the airport has agreed to waive any overstay parking fees associated with travellers who have been in 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 of Health and Human Services physical distancing webpage: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>.

Do the current restrictions apply to me?

There are currently measures in place in Victoria called the 'Stay at Home' Directions. These apply to everyone in Victoria, even if you have completed a 14-day quarantine. If you can stay home, you must stay home. You can be fined for breaching these directions.

Coronavirus infection

Am I still at risk of coronavirus (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>

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.

Exit of Accommodation Arrangements

Other

Who can I go to if I have other questions?

If you have further questions which aren't addressed in this document, or other specific needs, please ask at your welfare check before release so we can assist you to access help. You can also contact the Government Support Service on **1800 960 944**.

How can I access support if I am feeling anxious?

There are a range of support services available in the community that you can access:

- **Beyond Blue** offers practical advice and resources at beyondblue.org.au. The [Beyond Blue Support Service](#) offers short term counselling and referrals by phone and webchat on **1300 22 4636**.
- **Lifeline** offers tips, resources and advice, as well as crisis and suicide support. **Phone: 13 11 14 (24 hours/7 days). Text: 0477 13 11 14 (6pm – midnight AEDT, 7 nights). Chat online: www.lifeline.org.au/crisis-chat (7pm - midnight, 7 nights)**
- **Phoenix Australia, the Centre for Post-Traumatic Mental Health**, offers advice, tips and resources at phoenixaustralia.org

What if I need to get a prescription before I am released?

If you need to get an urgent prescription filled before you are released from quarantine, please ask during the welfare check at least 24 hours before your release day. If it is not urgent, you will be asked to fill the prescription yourself after you have been released from quarantine.

What if I need medical care after I am released?

After your release, your medical care should be managed by your usual healthcare provider. If requested, the details of any medical treatment you received while in quarantine can be provided to your regular doctor.

We appreciate that this has been a difficult period for you. Thank you for doing your part to protect Australia from coronavirus.

Physical distancing requirements in Victoria – as at 9 April 2020

Please refer to the website regularly for updates: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

Personal actions to reduce your exposure

- Stay at home. Don't visit friends, and don't visit family at this time.
- You should only be outside for one of the following four reasons:
 - shopping for what you need - food and essential supplies
 - medical, care or compassionate needs
 - exercise in compliance with the public gathering requirements
 - work and study if you can't work or learn remotely
- Do not travel overseas, interstate, take a cruise or travel domestically in Victoria unless absolutely necessary.
- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and for smokers, quitting.
- Do not participate in community gatherings including community sport. Gatherings of more than two people are not allowed except for members of your immediate household and for work or education purposes.

Take the following hygiene actions:

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 percent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Do not share drink bottles, crockery or cutlery.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a distance of at least 1.5 metres is kept between yourself and others.
- Get vaccinated for flu (influenza). This will help reduce the strain on the healthcare system as it deals with coronavirus. Vaccines are now available from your GP and pharmacy.
- Clean and disinfect high touch surfaces regularly e.g. phones, keyboards, door handles, light switches, bench tops.

Prepare for quarantine or self-isolation

- Shop for what you need, and only what you need.
- Ensure you have enough non-perishable food for you and your family for 14 days.
- Ensure you have enough medication for you and your family for 14 days.
- Plan with friends and family how you would manage if you need to self- isolate for 14 days.

Exit of Accommodation Arrangements

- 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.

Exit of Accommodation Arrangements

- If you are elderly or vulnerable avoid public transport.
- Ride in the back of taxis, uber and ride shares.

Any gathering of more than 2 people except for members of your immediate household and for work or education purposes, is a risk for purposes of this Procedure

This document identifies the format to be used of the development of OP SOTERIA related processes and procedures. The use of a singular format enables a similar 'look and feel' for all related documentation, allowing for rapid identification and digestion of content by Operation assigned staff.

Document Format

First page Headers and Footers

The header on the first page is to include the following (and demonstrated above):

- The departmental first page header 'block' as indicated above
- operation name "OPERATION SOTERIA", capitalised in white Arial 18 pt font
- the document title is on the line under this in with first letter capitalisation in white Arial 18 pt font
- the date the procedures was approved and the person it was approved by over the next lines in white Arial 9 pt font

The footer on the first page is to have the Victoria State Government Health and Human Services pictorial as indicated below.

document can be authored by anyone; however, for the document to be released for use, it must have a sponsor who will approve its release.

Subsequent page Headers and Footers

The second and subsequent pages should have the document title at the top left side of the header as shown overleaf. This is to be in Arial 9 pt font.

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OPERATION SOTERIA

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V3.0 19052020

Approved

Date: 21 May 2020 By: P. Williams

Enhanced Testing Programme For COVID-19 In Mandatory Quarantine: Guideline And Operational Procedures

Background

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

Reasoning for testing

The objective of this testing program is to identify potential cases of COVID-19 amongst returned travellers who have a higher likelihood of being positive than the Australian population.

Testing should be offered to all quarantined individuals on day 3 and on day 11, noting day 0 is the arrival date and commencement of quarantine. Having predetermined days for testing to be carried out will ensure a consistent process is followed across hotels.

Timing of testing

Day 3 testing has been designed to detect cases early in the mandatory quarantine period. Asymptomatic cases must be isolated for 10 days so identifying these cases early in the quarantine period reduces the likelihood of a new isolation period extending beyond the 14-day mandatory quarantine period. It will also allow their travelling companions to separate from them and commence their new 14-day isolation period promptly under the *Diagnosed Persons and Close Contacts Directions*. Confirmed cases will be moved to the designated hotel thus reducing the potential risk of transmission within the hotel (see **Case and contact management** section in **Attachment 1**).

Day 11 testing (or exit testing) should be carried out no later than day 11 to ensure the result will be returned before or on day 14, prior to the person leaving mandatory quarantine. This should also allow sufficient time for results to be returned, and accommodation/transport/isolation arrangements made for those who test positive before the mandatory quarantine period is complete. Testing should be started and completed as soon as possible on the morning of day 11 to reduce the risk of results being delayed.

Timing of testing may be adjusted to support cultural requirements such as those observing Ramadan (preferably after sunset on day 10).

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

Exceptions

Testing will not be requested of the following groups:

- Persons who are confirmed cases of COVID-19 who are still infectious and have not yet met the criteria for release from isolation as per the current department guidelines (including anyone relocated to the COVID positive hotel)
- Persons who already have a COVID-19 test result pending.
- Approved transit passengers who are generally in transit for less than 72 hours.

Procedures

Attachment 1 provides procedural guidance for hotel team leaders and DHHS support officers

Attachment 2 provides procedural guidance for nurses undertaking swabs

Attachment 3 is the recommended use of personal protective equipment for healthcare workers.

This document including operational procedures is subject to change – please ensure you are referring to the latest information.

Attachment 1: Enhanced Testing programme For COVID-19 In Mandatory Quarantine: Operational Procedure – Hotel Team Leader & DHHS Support Officer

Resources

Workforce

Additional resources comprising a departmental support officer, and team/s comprising of two nurses and a personal care attendant (PCA) should be rostered on at each hotel where the enhanced day 3 and day 11 programme is offered.

- The size of the testing squad should be proportionate to the number of individuals requiring testing.
- This will be coordinated and determined by those in charge of nursing rostering at the EOC and the hotel team leader prior to the day.

The nurses must be capable in the correct use of personal protective equipment (PPE), infection prevention and control processes, performing swab tests and appropriate documentation of same (e.g. labelling requirements).

The hotel team leader should confirm there are sufficient consumables available on site and should notify EOC logistics if additional supplies are required. The team leader should also ensure the clinical lead for Medi7 (or other locum doctor agencies that are being contracted) in advance of day 3 and 11 testing.

Consumables

- Appropriate and sufficient PPE will be provided to the testing hotel through the Emergency Operations Centre (EOC) Logistics team.
- Donning and doffing areas are to be available in appropriate areas throughout the hotel to ensure strict infection prevention and control practices are adhered to.
- Pathology swabs and specimen bags will be provided.
- Pre-filled pathology request slips and swab labels will be provided by DHHS / VIDRL to the hotel the evening prior to testing.
- Hotels will need to ensure they have working thermometers available for temperature screening.
- See **Attachment 3** for PPE advice for hotel-based healthcare worker (HCW) contact with COVID-19 quarantined clients.

Information and communications

Quarantined individuals should be provided with information about the day 3 and day 11 testing process at the following time points:

- At the beginning of the mandatory quarantine in the arrivals pack of fact sheets.
- A reminder should be given on day 9 or day 10 welfare checks regarding this fact sheet and day 11 testing.

Arrivals pack information

The information provided in the arrival pack outlines:

- That they are going to be asked if they wish to be tested

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

- That this testing will occur on day 3 and day 11
- The meaning of a positive test result (from a health perspective and from a logistics perspective)
- The meaning of a negative test result (from a health perspective and from a logistics perspective)
- The reasoning for testing on this date and the public health importance
- How results and information will be provided to them (e.g. if they are positive, they will be informed of their result by a GP, and that they will be contacted by a case and contact officer (CCO) from DHHS)
- That if they test positive, they will be subject to the *Diagnosed Persons and Close Contacts Directions* and will be required to isolate for a further period
- That they will be required to isolate for a further period if a roommate tests positive (in which case they are a close contact of a confirmed case)
- That testing is voluntary
- That refusal to test will be recorded.

Pathology arrangements

Foam Eskies have been provided for the safe transportation of samples and to comply with the NPAAC guidelines. These should be clearly marked for transportation to VIDRL. Please check that swabs are only provided to VIDRL couriers before the courier leaves with the swabs.

- Pre-filled pathology request forms should be printed the day before testing. PDF templates have been provided for each hotel, which include the test requested, the clinical notes (returned traveller), the requesting practitioner, and the name of the hotel.

	Day 3	Day 11
<i>Request slips clearly marked and courier bags likewise clearly marked</i>	MANDATORY QUARANTINE – DAY 3 TESTING.” A – asymptomatic or S – symptomatic	URGENT – MANDATORY QUARANTINE – DAY 11 TESTING
<i>Courier arrangements</i>	Courier <u>to be contacted</u> at end of swab collection to transport all swabs Call REDACTED – REDACTED RED	Courier <u>will pick up</u> from 2pm to transfer all swabs taken prior to 2pm Courier <u>to be contacted</u> at end of swab collection to collect remaining swabs if required. Call REDACTED – REDACTED RED

Ad hoc testing and Day 3/ Day 11 testing without pre-printed labels

For any swabs taken upon request by guests or if labels are not available for Day 3 / Day 11 testing, the following must be included on the tube and the pathology request form:

- Given name
- Family name
- Date of birth
- Hotel name and room number
- Usual address and mobile number

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

- Sample collection date and time

Laboratories cannot provide results for samples collected without sufficient identifiers. If samples arrive without identifiers you will be asked to request a sample again.

All swabs for COVID-19 testing must be sent to VIDRL

Reporting data

The DHHS support officer must submit the testing data at completion or by **5pm** on the day of testing.

- Upload a soft copy of the Guest list data into the hotel specific folder in the Day 3 and 11 Swabbing folder.
- Send an email to DHHSOpSoteriaEOC@dhhs.vic.gov.au marked 'Attn: Health Coordination' and attach soft copy of Guest list data spreadsheet
- Confirm in email the final numbers of:
 - Those offered swabbing
 - Those tested
 - Number symptomatic
 - Reasons given for not up taking testing

Provision of results from day 3 and day 11 testing

Results from tests are generally expected within 24 hours. A medical practitioner will inform individuals who are confirmed cases. The Case, Contact and Outbreak Management team become involved with a case once they have received a positive notification from the medical practitioner or the laboratory.

Notification of results:

- Positive results - it is best practice for the case to have been informed of their diagnosis by the medical practitioner prior to the Case and Contact Officer (CCO) contacting them.
- Negative results - should also be promptly communicated and should be provided to the hotel nursing staff. Results can be provided by phone call, text message or hard copy of the result manually delivered to hotel rooms.

Hotel team leaders will need to consult with the Operations Lead at the EOC to discuss the arrangements for transferring a confirmed case to the designated hotel.

Case and contact management

Case and contact management will be undertaken by the Case and Contact management team, Health Protection Branch.

When a confirmed COVID-19 case is due for release from mandatory quarantine (detention) but does not yet meet the department's criteria for release from isolation, they will not be detained longer than the 14-day quarantine period. They will be released from detention at the agreed time but will be subject to the *Diagnosed Persons and Close Contacts Directions* and should be assisted to self-

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

isolate or self-quarantine at home or in another suitable premises in Victoria until they are provided with **clearance from self-isolation** or a *Revoked Isolation Direction* is used.

Exit contingency planning

Every effort should be made to ensure that testing is completed in time for exiting on day 14. If there are delays with laboratories, and results are not known, there should be contingency plans in place for the various possible scenarios for an individual due to exit mandatory quarantine using the table below.

Quarantined individuals must be forewarned that release times and plans on day 14 are subject to change, and they may be advised to make travel arrangements that account for any issues that may arise (e.g. delayed laboratory results).

On the morning of day 14, individuals should not be released from detention until a plan has been determined (as per the table below).

In the situation that test results are not yet returned for individuals exiting quarantine, this should be urgently escalated via the hotel team leader to the EOC. The Deputy Public Health Commander for Physical Distancing should also be notified and consulted where the situation is complex and public health input is required.

In the situation where a symptomatic person (a suspected case), a confirmed case who is infectious, or a close contact who is still within their quarantine period, is due to exit mandatory quarantine, a *further Direction and Detention Notice* may be required. The DHHS Authorised Officer must consult with Public Health (DPHC PH), the Compliance Lead, and legal, before issuing this notice.

Process at day 14 and due to exit

Scenario	Management plan
Asymptomatic, test result pending, Victorian or interstate	<ul style="list-style-type: none"> • Can go home • Issued standard end of detention form • DHHS should ensure result is provided to person and other state public health team if relevant.
Symptomatic, test result pending, Victorian	<ul style="list-style-type: none"> • Can go directly home in PPE via NEPT and isolate until test results known • If nowhere appropriate/safe to isolate in, DHHS will accommodate in a hotel until test result known • They should comply with the <i>Stay at Home Direction</i> only when test result is known to be negative • The 'respiratory symptoms' end of detention form should be used.
Symptomatic, test result pending, interstate	<ul style="list-style-type: none"> • People who are symptomatic and from other States should be accommodated in Victoria until their result is known • DHHS will accommodate in a hotel if they have no other appropriate/safe accommodation to isolate in in Victoria

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

	<ul style="list-style-type: none"> • If being transported they should go by NEPT in PPE • They should be issued with the 'respiratory symptoms' end of detention notice unless there is a concern that they will not follow this advice, in which case a further direction and detention notice may be issued in consultation with Public Health Commander and legal.
Asymptomatic, negative test result (or no test result), Victorian or interstate	<ul style="list-style-type: none"> • Can go home • Issued standard <i>End of Detention form</i>.
Symptomatic, negative test result, Victorian or interstate	<ul style="list-style-type: none"> • Can go home • Advise to stay at home until free of symptoms for 72 hours, practise hand and respiratory hygiene • Issue standard end of detention form.
Positive test result, Victorian	<ul style="list-style-type: none"> • Can isolate at home until cleared by department, subject to <i>Diagnosed Persons and Close Contacts Direction</i>. • We will accommodate in COVID hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • Transport in PPE via NEPT • Issue confirmed case <i>End of Detention Notice</i>.
Positive test result, interstate	<ul style="list-style-type: none"> • Cannot travel interstate • DHHS will accommodate in designated COVID hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • Now subject to <i>Diagnosed Persons and Close Contacts Directions</i> • Issue confirmed case <i>End of Detention Notice</i> • If concerns they will travel interstate, consider further <i>Direction and Detention Notice</i>.
Symptomatic, not tested, Victorian or interstate	<ul style="list-style-type: none"> • People who are symptomatic and from other States should be accommodated in Victoria and strongly advised to be tested • Must document that they are symptomatic, that they have been offered and declined testing, and each instance discussed with Deputy Public Health Commander for a risk assessment • DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria until test is agreed and result known • If being transported they should go by NEPT in PPE • They should be issued with the 'respiratory symptoms' end of detention notice unless there is a concern that they will not follow this advice,

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

	in which case a further direction and detention notice may be issued in consultation with Public Health Commander and legal.
Close contact, not tested, Victorian	<ul style="list-style-type: none"> • Can go home subject to <i>Diagnosed Persons and Close Contacts Direction</i> • Complete close contact quarantine period at home if appropriate/safe to do so, otherwise we will arrange accommodation • Transport in PPE via NEPT if possible.
Close contact, not tested, interstate	<ul style="list-style-type: none"> • Should not travel interstate • DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • Issue standard end of detention notice • If going to travel interstate, issue new <i>Direction and Detention notice</i>.

Attachment 2: Enhanced testing Programme For COVID-19 In Mandatory Quarantine: Operational Procedure – Nurses

Resources

Workforce

- Testing is to be conducted by nurses capable in testing procedures and well versed in the correct use of correct Personal Protective Equipment (PPE).
- Clinical leads are to oversee the testing and follow up results.

Consumables

- Appropriate and sufficient PPE
- Donning and doffing areas in appropriate areas throughout the hotel to ensure strict infection prevention and control practices are adhered to.
- Pathology swabs and specimen bags
- Pre-filled pathology request slips and swab labels
- Working thermometers for temperature screening.

PPE requirements

- Nurses performing the testing ('dirty nurses') should wear full PPE – a gown, gloves, single use surgical face mask and eye protection.
- Nurses assisting the testing ('clean nurses') should wear full PPE– a gown, gloves, single use surgical face mask and eye protection – unless able to remain 1.5m away from the person being swabbed.
- Nurses must change their gloves and perform hand hygiene procedures between tests/patients.
- Nurses should change their gown, face mask, eye protection and gloves when they leave the testing area (e.g. to go on break or to another floor). They should also change their mask if it becomes visibly soiled, or if they have been wearing it for > 4 hours.
- PCAs and any other staff assisting, (e.g. security guards) do not need to wear any PPE if they remain 1.5m away from the person being swabbed. They should remain in the hallway and practise physical distancing. They do not need to wear gloves unless they are handling the swabs.
- Individuals who are symptomatic should be treated as suspected cases, and full PPE changed between tests/individuals.
- Full PPE does not need to be changed between tests of asymptomatic individuals, but gloves should be changed, and hand hygiene practised.
- See **Attachment 3** for PPE advice for hotel-based healthcare worker (HCW) contact with COVID-19 quarantined clients.

Testing process

Informed consent

It is important that individuals provide their informed consent prior to undertaking testing.

- COVID-19 testing is voluntary - a person cannot be forcibly tested.
- Consent will be verbal.

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

- Persons should be encouraged to agree to testing by being provided information early and consistently regarding the public health importance of participating in the testing process, and the benefit of having confirmation of a negative or positive result.
For example, that if tested and with a negative result, the person will be able to go home knowing they won't be infecting their family and friends; that they will have information to provide to their employer, if required, to enable them to return to work; and that if positive they will be assisted with isolation to ensure they do not put others at risk following completion of their mandatory quarantine period.
- Parents or guardians must consent for children and those who do not have capacity to provide consent themselves.
- Ensure that individuals fully understand the implications of receiving a positive result, for them and for any person they are sharing a room with (automatic close contacts).
- The nurse will attempt to answer any questions that the individual might have and will record confirmation or refusal to undertake swabbing.
- Consideration must be given to persons from non-English speaking backgrounds who may require interpreters to give their consent.

Symptomatic cases

If a person is newly symptomatic on day 3 or day 11, they should still be tested. They should be reviewed by a nurse or doctor and advised to isolate in a separate room or practise control measures until the test result is known (if they are sharing a room with someone). Symptoms are to be noted on the 'Guest list data' spreadsheet provided to identify eligible guests.

Exit contingency planning

If concerns are raised by the individual at the time of swabbing that reluctance to undertake a test is due to inability to self-isolate on exit or need for interstate travel the nursing staff should advise that the department will assist to arrange appropriate accommodation until they have completed the required isolation period.

Model of testing

The current model of testing for day 3 and day 11 testing is that the teams go from room to room performing the testing. It is encouraged for nurses in the hotel to include a reminder about day 11 testing at day 10 welfare checks.

- The PCA should go ahead of the team and knock on the door to alert that the team is approaching maintaining 1.5 metres distance from the guest.
- Quarantined individuals should be asked to remain in the doorway of their rooms for swabbing. Consideration will need to be given to the management of swabbing children.
- A nurse (the 'dirty' nurse), in full PPE will:
 - Obtain verbal consent,
 - Measure the individual's temperature
 - Confirm signs and symptoms of cough, runny nose, fever, fatigue and sore throat
 - NOTE: If this screen is positive the person should be treated as a suspected case and arrangements made to isolate in a separate room if they are currently sharing with others.
 - Collect a throat and nose swab

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

- Check the details on the label are correct and affix label on the swab tube
- Place swab in specimen bag.
- The second nurse ('clean' nurse) should:
 - Document presence or absence of signs and symptoms
 - Confirm the details on the swab are correct, Check **name, DOB, hotel and room number**
 - Write any additional information, including **mobile phone number and usual address** on the form
 - Place label on the pathology request form, sign and date the form, place it in the outer pocket of the specimen bag
 - Assist double bagging of the swab
 - If provided with large Ziplock bags, 10 swabs in specimen bags can go into 1 large Ziplock bag

Pathology arrangements

Day 11 swabs should be identified as urgent to support priority processing at the laboratory

<i>Request slips clearly marked and courier bags likewise clearly marked</i>	MANDATORY QUARANTINE – DAY 3 TESTING.” A – asymptomatic or S – symptomatic	URGENT – MANDATORY QUARANTINE – DAY 11 TESTING
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<i>Courier arrangements</i>	<p>Courier <u>to be contacted</u> at end of swab collection to transport all swabs</p> <p>Call REDACTED</p> <p>RED</p>	<p>Courier <u>will pick up</u> from 2pm to transfer all swabs taken prior to 2pm</p> <p>Courier <u>to be contacted</u> at end of swab collection to collect remaining swabs if required.</p> <p>Call REDACTED</p> <p>REDA</p>
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Attachment 3: PPE Advice For Hotel Based Healthcare Worker (HCW) Contact With COVID-19 Quarantined Clients

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

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

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

Enhanced Testing programme For COVID-19 In Mandatory Quarantine V 3.0 19052020

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



Coronavirus (COVID-19) testing during mandatory quarantine

This information is for returned international travellers undertaking 14-day mandatory quarantine. All returned travellers are being asked to complete voluntary testing for coronavirus (COVID-19) on approximately day 3 and day 11 of mandatory quarantine.

Why am I being asked to get a test if I don't have coronavirus (COVID-19) symptoms?

The Department of Health and Human Services has rolled out an enhanced testing program to better understand how coronavirus (COVID-19) might be spreading in the community.

Because returned travellers are still one of the higher risk groups for coronavirus (COVID-19) infection, those in mandatory quarantine are encouraged to get tested before the 14-day period concludes. Testing will be available on day 3 and day 11 of quarantine.

There is a small chance that you could have coronavirus (COVID-19) even though you feel well and may not have any symptoms.

The results of this enhanced testing, including testing those about to come out of mandatory quarantine, will help us respond to any spread of coronavirus (COVID-19).

Why is expanded testing important?

The more testing we do, the more data we have about the prevalence of coronavirus (COVID-19) in our community. Because returned travellers are still one of the higher risk groups for coronavirus (COVID-19) infection, those in mandatory quarantine are encouraged to get tested prior to their discharge.

Who is being asked to get a test?

Everyone in mandatory quarantine (who has not already been diagnosed with coronavirus (COVID-19)) is being asked to get tested during the quarantine period. This is voluntary.

What do I need to do?

You will be asked to answer some brief questions, including checking whether you have any specific symptoms of coronavirus (COVID-19), no matter how mild, such as fever, chills, cough, sore throat, shortness of breath, runny nose or loss of sense of smell. Even if you do not have any symptoms you will still be offered testing.

You will be asked to give your verbal consent to be tested for coronavirus (COVID-19).

What should I expect from the test?

Teams of nurses will be going from room to room performing the tests. They will take your temperature and ask about symptoms. Nurses will be wearing full personal protective equipment and will perform the test on you at the door. The test is a swab of the back of your nose and throat and takes about one minute.

What should I do while I am waiting for the test results?

You will remain in mandatory quarantine until day 14 of your quarantine period.

If you are waiting on a coronavirus (COVID-19) test result you will still be released from mandatory quarantine on time. You still must follow Victorian Chief Health Officer's current directions. You can find the latest directions here: <https://www.dhhs.vic.gov.au/state-emergency>.

As at any time, if you require urgent emergency assistance dial triple zero (**000**) for emergency services. For all non-urgent assistance please contact the Government Support Service on **1800 960 944** to speak with one of the onsite nurses.

How will information be provided to me?

A medical practitioner and/or registered nurse will notify you if you test positive for coronavirus (COVID-19) during your 14-day mandatory quarantine period. You will then be contacted by the Department of Health and Human Services, who will check in with you every day until you are ready to be cleared from follow-up.

If you have a negative test result, this will be provided to you on paper, by text message or by phone call.

What happens if my test is positive?

For more detailed information, please refer to the 'Coronavirus (COVID-19) mandatory quarantine – positive diagnosis guidance' factsheet.

Positive diagnosis during quarantine

If you test positive coronavirus (COVID-19) during your 14-day quarantine period, you will be required to stay in mandatory quarantine for the remainder of your quarantine period but will be moved to another hotel.

At the end of your 14-day mandatory quarantine period, the Department of Health and Human Services (the department) will tell you if you are still within the infectious period. If you are, you must self-isolate until you meet the department's release from isolation criteria. If you live in Victoria, you will be able to finish your isolation period at home or in, if you can do so **safely and appropriately**.

If you cannot self-isolate at home, we will assist you to arrange appropriate accommodation until you are ready to be released from isolation.

You cannot get on a flight or travel interstate until you have been cleared by the department.

Roommates of those with a positive diagnosis

If you return a positive result for coronavirus (COVID-19) during your 14-day quarantine period, and you are sharing a room with others, your roommates will be considered 'close contacts of a confirmed case'. Your roommates will be required to restart their 14-day self-isolation period from the day of last contact with you (the confirmed case). They will be advised to separate from you and to self-isolate in a separate room in the hotel.

If the new 14-day self-isolation period overlaps with the planned release date from their travel quarantine period, at the end of their 14 day mandatory quarantine period, your roommates may be transferred **directly** to their premises or other suitable accommodation to complete the 14-day period of self-isolation – if they can do so safely and appropriately.

Positive diagnosis after detention period has concluded

If you test positive for coronavirus (COVID-19) after you have completed your 14-day mandatory quarantine period, you will be contacted directly by the Department of Health and Human Services. You will be directed to self-isolate according to the *Diagnosed Persons and Close Contact Directions*. You must isolate at a premises that is safe and suitable until cleared by the department.

What if I am a 'close contact' but have completed my 14 days?

If you share a room with someone who tests positive for coronavirus (COVID-19), you will be considered a 'close contact' of a confirmed case. You will be required to isolate for 14 days from the time of last contact with the case. This means that you may need to continue self-isolating at home (or in a hotel) after your mandatory quarantine period ends.

If you live in Victoria you will be able to finish your self-isolation period at home, if you can isolate safely and appropriately at your home. If you cannot isolate at home, we will assist you to arrange appropriate accommodation until you have completed the 14-day isolation period.

You cannot catch a flight or travel interstate until you have been cleared by the Department of Health and Human Services.

What if someone in my room tests positive but we don't want to be separated?

If you are sharing a room with someone who tests positive for coronavirus (COVID-19), you will be recommended to isolate in separate rooms. This is because you are still at risk of becoming infected while your roommate is infectious. Besides the risk of infection, it will also prolong the length of time you are required to quarantine.

If you isolate in separate rooms following the diagnosis, your 14-day quarantine period will start from the last time of contact with the confirmed case. If you choose to continue to share a room, your 14-day quarantine period will start from the time the person who is a confirmed case meets the clinical criteria for release from isolation, as per the department's guidelines.

Can I take a flight if I am a close contact or confirmed case?

If you are a close contact who is still within their 14-day quarantine period, or a confirmed case who has not yet met the department's criteria for release from isolation, you cannot catch a flight to travel either domestically or internationally.

Where can I find out more information?

Call the 24-hour coronavirus hotline on **1800 675 398** for further advice. If you need a translator, first call 131 450, then request the hotline on **1800 675 398**.

For Victorian coronavirus (COVID-19) updates, visit: <https://www.dhhs.vic.gov.au/coronavirus>

For national updates: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

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FW: Security Guard - Complaint

From: REDACTED (DJPR) <REDACTED>
 To: "Pam Williams (DHHS)" <REDACTED>
 Date: Sun, 12 Apr 2020 12:28:08 +1000

Hi Pam

I have escalated this to the security contract manager in DJPR but guest may need follow up also

Thanks
 Flic

REDACTED

Executive Director | Transformation and Performance | Rural and Regional Victoria
Department of Jobs, Precincts and Regions
 33 Breed St Traralgon 3844

REDACTED

REDACTED

djpr.vic.gov.au



[Linkedin](#) | [Youtube](#) | [Twitter](#)



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

From: REDACTED
 Sent: Sunday, 12 April 2020 12:21 PM
 To: REDACTED (DJPR) <REDACTED>
 Cc: REDACTED
 REDACTED
 Subject: Security Guard - Complaint

Hi REDACTED

An FYI.

REDACTED Rm REDACTED Pan Pacific. REDACTED

Caller called to advise that there is a security guard. When breakfast came, REDACTED smiled at REDACTED.

That was fine, when lunch came, the security guard asked REDACTED to turn around. He went to pull something out of REDACTED pocket, but said, no it's fine.

Last night when dinner arrived, REDACTED was still there and started a conversation with REDACTED asking how many days REDACTED had left.

REDACTED advised REDACTED had 5 days left and REDACTED said "Oh thats not good, only 5. I wanted to ask you out".

REDACTED complained to the hotel and they had REDACTED moved.

There is security footage of REDACTED approaching REDACTED room and knocking on the door.

REDACTED took notes of the time of day that this occurred.

REDACTED spoken to the nurse at the PP and REDACTED but feels very unsafe now at that hotel. REDACTED has 5 days to go.

REDACTED

Customer Success Program Manager

REDACTED

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FW: Security Complaint

From: REDACTED (DJPR) <REDACTED>
 To: "Pam Williams (DHHS)" <REDACTED>
 Date: Tue, 14 Apr 2020 17:42:11 +1000

Hi Pam

Can you please arrange for the appropriate people to contact the guest and check on REDACTED wellbeing

We are addressing the issue with the security company involved.

Thanks

REDACTED

REDACTED

Executive Director | Transformation and Performance | Rural and Regional Victoria

Department of Jobs, Precincts and Regions

33 Breed St Traralgon 3844

REDACTED

REDACTED

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

From: REDACTED
 Sent: Tuesday, 14 April 2020 5:33 PM
 To: REDACTED (DJPR) <REDACTED>
 Cc: REDACTED

REDACTED

Subject: Security Complaint

Hi REDACTED

Another security complaint received today.

I have quest REDACTED Crowne Plaza RE that has received an inappropriate note under RE door from a security guard. The note said something like "Hey hun, add me on snapchat" - REDPA looked up RE name and looked up on Facebook and it's a security guard and wants to complain. REDACTED is RE name - RE took RE outside a few days ago for outside time ... with 2 other guests... 2 other security guards.

REDACTED

Customer Success Program Manager

REDACTED

REDACTED

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FW: Pan Pacific Security

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
To: "Meena Naidu (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED] DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>
Date: Mon, 20 Apr 2020 18:58:58 +1000
Attachments: image001.png (8.48 kB); image002.png (551 bytes); image003.png (655 bytes); image004.png (1.5 kB); image005.png (378 bytes); image006.png (4.86 kB); image007.jpg (16.91 kB); image008.jpg (1.16 kB); image009.png (14.19 kB)

Hi Meena,

Can you please send through the contact details of AO team leaders – our security staff are really concerned about having them on hand.

Thanks
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

From: [REDACTED] (DJPR) [REDACTED]
Sent: Monday, 20 April 2020 5:44 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Subject: FW: Pan Pacific Security

Sorry for the bombardment of emails, but I've spoken with Unified and all of these emails refer to the same guest. And I can confirm that [REDACTED] didn't 'escape'. Unified have advised that [REDACTED] didn't make it out the front door.

Unified are keen for AO contact details though as there is no AO on site at Crowne Plaza. They may have contacted Wilson with these details as the previous provider at the site.

[REDACTED]
Principal Policy Officer | Inclusion, Employment
Department of Jobs, Precincts and Regions
Level 35, 121 Exhibition Street, Melbourne, Victoria Australia 3000

[REDACTED]
[REDACTED]

djpr.vic.gov.au
jobs.vic.gov.au



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From: [REDACTED] (DJPR)
Sent: Monday, 20 April 2020 5:35 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Subject: FW: Pan Pacific Security

And an FYI. The email from [REDACTED] is the first I heard of this.

[REDACTED]
Principal Policy Officer | Inclusion, Employment
Department of Jobs, Precincts and Regions
Level 35, 121 Exhibition Street, Melbourne, Victoria Australia 3000

[REDACTED]
[REDACTED]

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From: [REDACTED]
Sent: Monday, 20 April 2020 5:32 PM
To: [REDACTED] (DJPR) [REDACTED]
Cc: [REDACTED]
Subject: Re: Pan Pacific Security

Hi [REDACTED]

Sorry I was going to call but apparently Victoria police have found the [REDACTED] Staff at crown plaza assumed I must still be on call and informed me about a guest who escaped from [REDACTED] was about to call you and was notified police located [REDACTED]

Sorry just wanting to ensure they call the right provider and not tie up time on the wrong number, as with those type of scenarios seconds count.

Hope all is well and thanks again.

REDA

Sent from my iPhone

REDACTED

National Protection Manager



Level 3, 6 English Street
Essendon Fields VIC 3041



in Click to connect with us.

On 14 Apr 2020, at 13:55, REDACTED (DJPR) REDACTED wrote:

EXTERNAL EMAIL: Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear REDACTED

Many thanks for your email.

I can see there has been an improvement with the guards provided and having Wilson senior staff on site makes a difference.

As mentioned the having the calibre of REDACTED on site has given me the confidence on what is needed for this hotel with the incidences we have experience have been very challenging.

I have not seen REDACTED back on shift yet? With the checkouts taking place on Friday and Saturday I need to have a good team able to deliver the logistics of the checkout process and dealing with the detainees.

Thanks again and speak soon.

Kind regards

REDACTED
Senior Project Manager – Trade | Global Victoria
Level 33, 121 Exhibition Street, Melbourne, Victoria Australia 3000

REDACTED | REDACTED
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From REDACTED

Sent: Saturday, 11 April 2020 2:29 PM

To: REDACTED (DJPR) REDACTED

CC: REDACTED

REDACTED (DJPR) REDACTED

Gonul Serbest (DJPR) REDACTED

Subject: RE: Pan Pacific Security

Hi REDACTED

As discussed I would like to provide the below action summary & plan to you in regards to your security services the Pan Pacific Hotel.

Actions Taken:

- Removal of a Supervisor due to visible health concerns
- Removal of 2 security officer who failed to provide a response to a medical support staff member
- Increased Wilson Security Management presence at the hotel, including myself, REDACTED and REDACTED
- 30% removal of officers from 2 service partners as of 6.00 am this Saturday 11th April and the introduction of other security personnel. This will be monitored and staff performance issues addressed quickly to ensure service level(s) are maintained.
- Increased management presence of operations managers and company directors of our service partners at the Pan Pacific Hotel This operational support from our service partners is reporting through to our onsite Wilson Management team.

Actions Planned:

- Continual review internally and externally for the maintaining the service to Victorian government team and stakeholders at the Pan Pacific Hotel
- Continued management support from Wilson and our service partners, at no cost to the Victorian government.
- Checking and conformation on security officer post instructions and expectations, this is occurring every shift, for each specific security post.
- Staff who are not engaged, or meeting the service standards of this operation are being removed from the security team.

We will continue to drive security staff performance and compliance ongoing and should you have any concerns please do not hesitate to give me a call or reach out so we may any address any potential future issues hastily, and appropriately.

Many Thanks,

REDACTED

National Manager Corporate Risk

Level 3, 6 English Street
Essendon Fields VIC 3041
Australia

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From: REDACTED
Sent: Friday, 10 April 2020 2:23 PM
To: REDACTED
Cc: REDACTED (DJPR), REDACTED
Subject: Re: Pan Pacific Security

Gonul Serbest (DJPR) REDACTED

Hi REDACTED

Thanks for your email.

We are working on greater support and guidance for the security team at the Pan Pacific hotel. In the short term we have a management overlay (at no charge to Victorian Government) to support this operation, with REDACTED and REDACTED being present daily over the coming days.

I will formulate a plan to address the security staff performance with the state and national teams and provide a plan to rectify the service issues and concerns you have raised. I will provide this plan in the next 24 hours, however please be assured we are working with our service partners to resolve the issues you are experiencing.

The response and service failings you have experienced are not we consider appropriate, and we are embarrassed by the failings you have experienced.

Please allow me to escalate your email and confirm an action plan back to you as soon as possible.

Thanks.

On 10 Apr 2020, at 1:38 pm REDACTED (DJPR) REDACTED wrote:

EXTERNAL EMAIL: Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi REDACTED

It has bough to my attention that we had an incident a few nights ago where a nurse was providing medication to a detainee (REDACTED) and an altercation occurred and the detainee became aggressive to the Nurse REDACTED was put in a venerable situation and had to leave the room. The two guards on the floor did not stand up and protect or provide the Nurse with any security. This is simply not acceptable.

Nurses and staff need protection – hence why we have security.

I understand that the guards in question have been stood down. We cannot have guards continually being stood down on this site.

I have spoken to my colleagues at other Wilson sites (Plaza and Mercure) to understand why I have such issues with the quality of guards at Pan Pac. We seem to have a capability issues with the on ground guards here. It appears they are not trained and have experience like the guards at the other sites. Do these guards have a security background?

We have detainees that will eventually create issue with threats of walk outs and aggression. Last night I processed a couple with mental health issues and medication issues that are a risk and I am not confident the guards will be able to provide adequate security. We need guards and supervisors that are capable of dealing with the potential issues.

They need to be present and proactive. Guards are not only sitting down on duty - but slouching on the arm rest chair. Last night I asked for a guard to help me with excess detainees at the lift not only did the guard just stand there and not assist but he was leaning against the wall. He served no use whatsoever. While I don't expect them to assist with handling the luggage as I understand Wilson do not provide this service like the other security companies do - I would expect the guard be proactive and helpful.

We have a family in the hotel who are aggressive and threatening to leave DHHS are dealing with this situation. If they do open the door and threatened to leave will the guards be equipped to handle this situation? From what I observe of the calibre of guards provided at pan pac I have little faith that they able to handle this situation.

Finally we are in the process of allowing detainees to go outside for walks. I have put a hold on this for Pan Pac as I do not have the confidence the guards on duty are equipped to assist with this. The detainees are a flight risk and how will the guards manage this situation. The authorised officer is also concerned about this and now is escalating this issue to her directors as DHHS.

We urgently need to review the existing guard selection at Pan Pac. The presence and size of guards that would meet security requirements the is what is needed like the other sites Plaza, Mercure, Metropol and Promenade.

I await your advice on how to proceed and thank you in advance for addressing my concerns.

Kind regards

REDACTED

Senior Project Manager – Trade | Global Victoria
Level 33, 121 Exhibition Street, Melbourne, Victoria Australia 3000

REDACTED | REDACTED
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<image005.png> We acknowledge the traditional Aboriginal owners of country throughout Victoria, their ongoing connection to this land and we pay our respects to their culture and their Elders past, present and future.

From: REDACTED
Sent: Thursday, 9 April 2020 5:53 PM
To: REDACTED (DJPR) <REDACTED>
Cc: REDACTED
REDACTED
Subject: Re: Pan Pacific Security Staffing

Hi REDACTED

REDACTED is there now and will address onsite.

We will reaffirm with the staff and continue to push for compliance.

Thanks

REDACTED
National Manager Corporate Risk

Level 3, 6 English Street Essendon Fields VIC 3041 Australia	T REDACTED M E W www.wilsonsecurity.com.au	Click to connect with us.
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On 9 Apr 2020, at 17:28, REDACTED (DJPR) <REDACTED> wrote:

EXTERNAL EMAIL: Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Thanks REDACTED

Can you also brief your team that no one dropping off items can enter the hotel. Except for staff.

Today someone dropped off a bag of soft drinks which also had wine which I removed and was tagging so it could be returned to the guest when they would leave I was at reception and security let the person who dropped off walk into to take the wine back.

This is a quarantine sight and members of the public cannot be in building.

Also can we please ensure your staff are all PPE'ed this is still not happening.

Many thanks,

Kind regards

REDACTED
Senior Project Manager – Trade | Global Victoria
Level 33, 121 Exhibition Street, Melbourne, Victoria Australia 3000
REDACTED
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From: REDACTED
Sent: Thursday, 9 April 2020 10:13 AM
To: REDACTED (DJPR) <REDACTED>
REDACTED
Subject: RE: Pan Pacific Security Staffing

Hi REDACTED

Thank you for the update, and in discussions with the hotel management it is likely that level 16 will have guests allocated to it tonight so we will activate that floor as of tonight with 2 additional staff. Arriving guests will also be allocated to level 15, this floor is already active.

Any issues please let me know.

Many Thanks,

REDACTED
National Manager Corporate Risk

Level 3, 6 English Street Essendon Fields VIC 3041 Australia	T REDACTED M E W www.wilsonsecurity.com.au	Click to connect with us.
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Click to connect with us.

From: REDACTED (DJPR) REDACTED
 Sent: Wednesday, 8 April 2020 7:00 PM
 To: REDACTED
 Subject: RE: Pan Pacific Security Staffing

EXTERNAL EMAIL: Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi REDACTED

Thanks for your time today and email below. This looks good.

As mentioned in our later chat we now have a flight arriving at Pan Pacific. See below. Once I get the manifest ill provide more details.

I will leave the staffing allocations regarding tomorrow nights check in to you and to liaise with REDACTED regarding if we need to have an extra two for a new floor if there is a need for a new floor or whether the existing floors will be utilised.

Arrivals	Date	Origin Airport	STA	ETA	ATA	Gate	Pax	Pax under 18 years of age	
EY460	9/04/2020	AUH	13:15			D10	TBC		Parkroyal Melbourne Airport
QR904	9/04/2020	DOH	17:30			D9	38		Pan Pacific
						Total	38		

Kind regards

REDACTED
 Senior Project Manager – Trade | Global Victoria
 Level 33, 121 Exhibition Street, Melbourne, Victoria Australia 3000

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From: REDACTED
 Sent: Wednesday, 8 April 2020 2:14 PM
 To: REDACTED (DJPR) REDACTED
 Subject: Pan Pacific Security Staffing

Hi REDACTED

Thanks for your time on the phone earlier.

As discussed the initial staffing for the Pan Pacific hotel was at the directive of Victoria Police during the initial site review. We are more than happy to work with government and assist where ever possible during this pandemic response.

In a review of the Pan Pacific Hotel please review the below, and once you have reviewed I am more than happy to discuss;

Pan Pacific Hotel

- 1 Supervisor (1)
- Floors Active: 12 – 2 per floor (24 staff)
- Floor 17 CCTV Coverage (1 staff member office based location behind hotel reception)
- 1 guard at elevator lobby on ground floor (1 officer)
- Main Entry access control / managing the care package process (2 officers)
- 1 reliever per 4-5 offices (4 staff)

Total staff per shift: 33

As discussed we able to make this effective 6.00 am Thursday 9th April 2020.

Escalation points for Wilson Security;

REDACTED

If I or the team can be of any further assistance please do not hesitate to let me know.

Many Thanks,

REDACTE

National Manager Corporate Risk

Level 3, 6 English Street
Essendon Fields VIC 3041
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RE: URGENT ACTION REQUIRED FW: Rydges on Swanston - concerns about security

From: REDACTED
 To: "Melody Bush (DHHS)" REDACTED REDACTED
 REDACTED REDACTED REDACTED
 REDACTED REDACTED
 Cc: "Pam Williams (DHHS)" REDACTED, DHHSOpSoteriaEOC
 REDACTED
 Date: Mon, 11 May 2020 08:40:34 +1000

Hi,

Thanks. I will connect with DJPR this morning.

Regards

RED

From: Melody Bush (DHHS) REDACTED
 Sent: Monday, 11 May 2020 8:27 AM
 To: REDACTED
 REDACTED
 Cc: Pam Williams (DHHS) REDACTED DHHSOpSoteriaEOC
 <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
 Subject: URGENT ACTION REQUIRED FW: Rydges on Swanston - concerns about security

Hi all

I spoke to REDAC late last night and I'm concerned that both our staff and the nurses are subjected to this situation.

Can we discuss this morning and raise urgently with DJPR.

Cheers

Mel

Melody Bush

Director Emergency Management and Health Protection
 West Division
 Department of Health & Human Services
 REDACTED

*North and West Duty Officer – 1800 326 627
 Barwon South West Duty Officer - 1800 238 183
 Grampians Duty Officer - 1800 238 414
 State Duty Officer - 1300 790 733
 West Division Code Brown / relocation number - 1800 780 354*

From: Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>
 Sent: Sunday, 10 May 2020 11:09 PM
 To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au> REDACTED
 REDACTED
 Cc: REDACTED Melody Bush (DHHS)
 REDACTED Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>
 Subject: Rydges on Swanston - concerns about security

Hi,

Hotel staff and overnight nurses have approached me and REDACTED (AO, cc'ed) about the following concerns specifically about security guards at Rydges on Swanston. It would be good to also have DJPR liaison with these issues as appropriate.

The following were the issues that were raised:

- Harassment towards staff, repeated comments such as "eat your skinny"
- Intimidating body language and "leering" comments towards nurses
- Speaking to female hotel staff in ways that are overly friendly and "hitting on" them, REDACTED one of the supervisors has been involved in this
- Inappropriate comments towards females staff that are suggestive or 'go to far', including from a supervisor, the attitude is of disrespect towards females
- Feeling like it is a 'dictatorship', the general attitude from security is 'condescending' and staff are feeling 'intimidating'. Security have said to hotel staff that 'nurses need to know their place'
- Security guards raising concerns repeatedly about 'procedures and policy' and requesting nursing staff get in the lift with Covid positive guests- when this has not been agreed procedures. Many of these issues have occurred during transfer of guests highlighting importance of transferring guests during DHHS hours.
- Security have accessed the commercial kitchen repeatedly despite being asked not to by hotel. The hotel staff member has taken numerous steps to stop this i.e asking them not to, emailing manager, putting up signs, blocking the door with a table with each of these steps being disregarded and security continuing to access the kitchen. This puts hotel at risk for food safety regulations and is concerning as basic instructions are not being followed
- REDACTED a guard last night was involved in the above point towards a nurse last night.
- They are very argumentative and have told multiple nursing staff about PPE procedures
- Inappropriate use of resources including:

- I.e they have been requested multiple times by hotel not to use commercial kitchen and have kept entering the kitchen regardless and 'helped them self' to food/plates etc
- PPE is 'walking away' i.e. PPE packs that were distributed advance that were packed for security with sufficient supply for 24 hours. Staff then approached nurses requesting more saying none had been packed and received more (different nursing staff on shift). We can start looking at a log of these.

Suggestions for possible training:

- Working in a multidisciplinary team, working in a welfare/patient care setting
- PPE use training

Actions taken tonight:

- Hotel staff member confirmed REDACTED will email REDACTED (duty manager) about REDACTED concerns
- Discussed a safety plan with staff for tonight with AO primary point of contact, staff were comfortable for tonight and felt safe.
- Staff are aware that AO's will support their safety, escalate to police, provide an additional presence as needed, or raise direct immediate concerns with security for action as required.
- Melody of EOC suggested doing some PPE stocktake and creating a register to sign out PPE to staff (handed over to REDACTED for tomorrow)

We asked if there were any staff that seemed to be respectful and working well at hotel as it is not every staff member involved in this.

- REDACTED who speaks REDACTED who is on this REDACTED for night shift
- REDACTED who always wears a high vis vest
- One that is from REDACTED

Thanks Kindly,

REDACTED

**FW: OFFICIAL - Sensitive: For urgent attention - Sensitive:
RE: FOR ADVICE: Incident - Novotel Southwharf room**

REDACTED

From: "Sandy Austin (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlit)/cn=recipients/cn=49851402f91e4789afdfb4b342ea187c-saus3107">
To: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
Cc: "Rachaele May (DEDJTR)" <REDACTED> DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, "Pam Williams (DHHS)" <REDACTED>
Date: Wed, 20 May 2020 16:25:23 +1000

OFFICIAL: Sensitive

Dear Rachaele,
 please note, we have received the Incident Report and the information with regards to the incident as per below. Confirming that DJPR will be investigating the matter. Could you please let us know the outcome.

The REDACTED contractor slipped a note under the door of the room with RE Snapchat username presumably so that they could follow / interact with RED on the Snapchat platform.

Guest reports that when RE found the Snapchat username under RE door RED thought it may have been the nurses trying to communicate with RE, so RE messaged the username and the reply was requesting "nudes" from the guest.

- Guests relocated to another room on another floor, now in room REDACTED
- Female security guards now appointed to floor RE for each shift
- Female hotel staff only to call guests
- Female nursing staff only to call guest (notes in medical progress notes)
- DHHS Team Leader also asked that a female AO and Team Leader contact the guest
- Novotel Southwharf General Manager liaised with housekeeping contractor to stand down the offending contractor (as observed on the CCTV footage)
- Nursing staff also called the guest REDACTED to debrief

Sandy Austin
 Deputy Commander, Hotel

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

M REDACTED / e. REDACTED
Eastern Metro - Duty Officer 1 300 792 766
Hume - Duty Officer 1 300 164 867
State - Duty Officer 1 300 790 733
East Division relocation notification 1 300 576 518

OFFICIAL: Sensitive

From: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Sent: Wednesday, 20 May 2020 3:32 PM
To: Sandy Austin (DHHS) <REDACTED>
Subject: FW: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room REDACTED
Sensitivity: Confidential

OFFICIAL: Sensitive

Hi Sandy,

Please correct me if I am wrong but I believe you requested this one to be sent to you.

Please note it has also been placed into the complaint folder.

Kind regards

REDACTED

REDACTED

OPERATION SOTERIA
Department of Health & Human Services
e: DHHSOpSoteriaEOC@dhhs.vic.gov.au

OFFICIAL: Sensitive

From: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>

Sent: Wednesday, 20 May 2020 3:28 PM

To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>

Cc: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>;

REDACTED

Subject: RE: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room REDACTED

Sensitivity: Confidential

OFFICIAL: Sensitive

Hi Team

Please find attached incident report for the below case currently under investigation, as requested.

Many thanks,
Lauren

REDACTED

COVID-19 Response - Team Lead, Hotels
Department of Health and Human Services

M REDACTED | REDACTED

We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future.



Health
and Human
Services



[please consider the environment before printing this e-mail](#)

OFFICIAL: Sensitive

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

Sent: Tuesday, 19 May 2020 11:44 AM

To: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>

Subject: RE: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room REDACTED

Sensitivity: Confidential

OFFICIAL: Sensitive

Good morning **REDACTED**

Please find attached a copy of the Incident Report template that will need to be completed and submitted to this email. Just as an FYI: a link to this document is available via page 10 of the Team Leader Pack (the document is in Sharepoint).

Kind Regards

REDACTED

OPERATION SOTERIA
Department of Health & Human Services
e: DHHSOpSoteriaEOC@dhhs.vic.gov.au



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and Human
Services



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

OFFICIAL: Sensitive

From: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>
Sent: Tuesday, 19 May 2020 10:42 AM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>
Subject: RE: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room **REDACTED**
Sensitivity: Confidential

OFFICIAL: Sensitive

Hi Team

I am back on shift since last week and just seen the below email.

As per my original email on Thursday (in green), this hotel has never had an incident report folder, however, I recall when I set up Stamford Plaza they did have one. Can you please steer me to the incident report process please and if it is a hard copy incident report logging, this will require delivery to me please.

Many thanks,

REDACTED

REDACTED

COVID-19 Response - Team Lead, Hotels
Department of Health and Human Services

REDACTED **REDACTED**

We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future.



Health
and Human
Services



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OFFICIAL: Sensitive

From: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Sent: Saturday, 16 May 2020 11:23 AM
To: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>
Subject: FW: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room REDACTED
Sensitivity: Confidential

Good morning Novotel team

FYI in case you had not received this information yet. Please complete an incident report regarding the issue below.

Kind regards,

OPERATION SOTERIA
 Department of Health & Human Services
 e: DHHSOpSoteriaEOC@dhhs.vic.gov.au



Health
and Human
Services



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

From: Sandy Austin (DHHS) <REDACTED>
Sent: Friday, 15 May 2020 8:33 PM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Subject: FW: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf REDACTED
Sensitivity: Confidential

OFFICIAL: Sensitive

Ops,
 could you please ask the team leader to fill out an incident report, thanks.

Sandy Austin
 Director, Emergency Management and Health Protection, East Division
 Department of Health and Human Services
 M: REDACTED e: REDACTED
[Eastern Metro - Duty Officer 1 300 792 766](tel:300792766)
[Hume - Duty Officer 1 300 164 867](tel:300164867)
[State - Duty Officer 1 300 790 733](tel:300790733)
[East Division relocation notification 1 300 576 518](tel:300576518)

OFFICIAL: Sensitive

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

Sent: Friday, 15 May 2020 8:30 PM
To: Sandy Austin (DHHS) <REDACTED>
Cc: Merrin Bamert (DHHS) <REDACTED>
Subject: FW: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room REDACTED
Sensitivity: Confidential

OFFICIAL: Sensitive

Hi

The hotel team leader needs to start filling out the *DHHS Quarantine Incident Report* (as per Appendix 4 of the OpsSoteria SOP).

V

REDACTED | Quality Lead
 COVID-19 Operation Soteria EOC
 Department of Health & Human Services

*I am 100% re-deployed from Safer Care Victoria to COVID-19 Emergency Response until June 2020
 For matters relating to HEAR Me, please email Elif.Cetiner@safercare.vic.gov.au*

Monday - Friday

T: REDACTED

M: REDACTED

E: DHHSOpSoteriaEOC@dhhs.vic.gov.au | REDACTED

W: <https://www.dhhs.vic.gov.au/coronavirus>

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

OFFICIAL: Sensitive

From: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Sent: Friday, 15 May 2020 3:23 PM
To: Sandy Austin (DHHS) <REDACTED>; DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Merrin Bamert (DHHS) <REDACTED>; Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>; REDACTED
Subject: RE: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room REDACTED
Sensitivity: Confidential

Hi DHHS,

Thank you for bringing this to our attention. It's absolutely unacceptable behaviour.

Can I please confirm if this 'REDACTED contractor' was contracted by the hotel, or was it a Dnata contractor, or one of the admin staff contracted by DHHS? This will help me to understand the next steps I need to take.

Regards
 Rachaele

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

A / Executive Director Emergency Coordination and Resilience

Department of Jobs, Precincts and Regions

402 Mair Street Ballarat, Victoria Australia 3350

M: REDACTED

REDACTED

djpr.vic.gov.au

From: Sandy Austin (DHHS) <REDACTED>
Sent: Friday, 15 May 2020 2:49 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Merrin C Bamert (DHHS) <REDACTED>
Subject: OFFICIAL - Sensitive: For urgent attention - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf room REDACTED
Importance: High
Sensitivity: Confidential

OFFICIAL: Sensitive

Dear Lead,

Please note below, there has been a report of possible inappropriate misconduct by a REDACTED contractor who allegedly slipped a note under the door of the room REDACTED with REDACTED Snapchat username presumably so that they could follow / interact with REDACTED on the Snapchat platform. The guest, thinking it was the nurse, used the platform it was requesting 'nudes'.

Could you please follow this up and advise of the results of your investigation.

Kind regards,
 Sandy
 Deputy Commander, Hotels
 Operation Soteria

Sandy Austin
 Director, Emergency Management and Health Protection, East Division
 Department of Health and Human Services

M: REDACTED / e: REDACTED

Eastern Metro - Duty Officer 1 300 792 766

Hume - Duty Officer 1 300 164 867

State - Duty Officer 1 300 790 733

East Division relocation notification 1 300 576 518

OFFICIAL: Sensitive

OFFICIAL: Sensitive

From: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>
Sent: Friday, 15 May 2020 2:12 PM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>
Subject: OFFICIAL - Sensitive: RE: FOR ADVICE: Incident - Novotel Southwharf REDACTED

REDACTED

OFFICIAL: Sensitive

Hi Team

Nursing staff checked in with this guest since my last shift and have provided further details about the incident, as follows:

Guest reports that when RE found the Snapchat username under RE door RE thought it may have been the nurses trying to communicate with RE, so RE messaged the username and the reply was requesting "nudes" from the guest.

Only female nurses will contact this guest for the remainder of RE stay and I will advise the hotel to try to only make contact with this room from their females staff also.

Many thanks,

REDACTE

REDACTED

COVID-19 Response - Team Lead, Hotels
Department of Health and Human Services


M REDACTED | REDACTED

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OFFICIAL: Sensitive

From: Novotel SouthWharf (DHHS)

Sent: Thursday, 14 May 2020 2:11 PM

To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>

Cc: Novotel SouthWharf (DHHS) <NovotelSouthWharf@dhhs.vic.gov.au>;

REDACTED

Subject: FOR ADVICE: Incident - Novotel Southwharf room REDACTED

OFFICIAL: Sensitive

Hi Team

Just wanting to report a concerning incident that occurred overnight Wednesday RE May 2020 at Novotel Southwharf between REDACTED and a REDACTED contractor.

The REDACTED contractor slipped a note under the door of the room with RE Snapchat username presumably so that they could follow / interact with RE on the Snapchat platform. The REDACTED reported the incident to hotel staff and showed concern for their safety after the unsolicited contact. Hotel GM / OM confirmed via CCTV footage that the REDACTED contractor made this contact and escalated to the REDACTED contract company who have since stood down the contractor. The contractor will also not be contracted to Novotel Southwharf in future.

The hotel have provided a new room number for added security as requested by the guest and this has now occurred, they are REDACTED

I note there doesn't seem to be an incident report folder at Novotel Southwharf, so I am writing this email.

Please get in touch if you wish to discuss further.

Many thanks,

REDACTE

REDACTED

COVID-19 Response - Team Lead, Hotels
Department of Health and Human Services

M REDACTED REDACTED

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Health and Human Services



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Government of Victoria, Victoria, Australia.

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FW: Response Murray and Sandy: Hotel Management reported concerns re AO repeated behaviour overnight at Holiday Inn & Park Royal.

From: "Merrin Bamert (DHHS)" [REDACTED]
To: "Pam Williams (DHHS)" [REDACTED]
Date: Fri, 15 May 2020 08:20:57 +1000

For discussion at handover

Merrin Bamert

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

From: Sandy Austin (DHHS) [REDACTED]
Sent: Friday, 15 May 2020 8:12 AM
To: [REDACTED] (DHHS) [REDACTED]
Cc: [REDACTED] (DHHS) <[REDACTED]>; Merrin Bamert (DHHS) [REDACTED]

Subject: Response Murray and Sandy: Hotel Management reported concerns re AO repeated behaviour overnight at Holiday Inn & Park Royal.

Dear [REDACTED]

I write to provide you with the sequence of events as to my follow up, but I firstly want to unreservedly apologise for the breach of your privacy and for putting you in such a personally compromising position. For the record, I have cc'd the Director in charge of Privacy, [REDACTED]. I have also cc'd our Commander today for the Soteria operations.

Regarding the actual complaint that you forwarded to us, I have asked the Director for AOs to investigate the original complaint. Anthony Kolmus will be in touch with you about the complaint.

Yesterday, following our recognition that your email was sent to the wrong address, resulting in all AOs getting private information, we immediately sought to recall the email. We realised that there were over 50 that could not be recalled, therefore we immediately asked IT and the Office 365 team to access Outlook from the back end and delete the communication from all recipients, including those who have already seen it. They were to recall and delete the email.

I immediately reached out to our privacy advisor, [REDACTED] and to our workplace relations adviser [REDACTED] to seek advice and direction. [REDACTED] with [REDACTED] who advised that the privacy breach management process was being completed and the IT control has been successful (deleting the broadcast email). Although it is most unfortunate that so many read it within minutes, we are confident it has been successfully withdrawn.

I am completing the Feedback Management System to report the breach. I have spoken to [REDACTED] [REDACTED] who inadvertently sent the broadcast email and I am confident that there was no malice of intent. I believe [REDACTED] to be genuinely sorry. I will ask [REDACTED] to complete a privacy training course.

Sandy Austin
 Deputy Commander, Hotels, Ops Soteria.

Director, Emergency Management and Health Protection, East Division
 Department of Health and Human Services
 M. [REDACTED] e. [REDACTED]
Eastern Metro - Duty Officer 1 300 792 766
Hume - Duty Officer 1 300 164 867
State - Duty Officer 1 300 790 733

East Division relocation notification 1 300 576 518

From: Murray Smith (DHHS) <REDACTED>
Sent: Thursday, 14 May 2020 7:56 PM
To: Sandy Austin (DHHS) <REDACTED>
Cc: Anthony J Kolmus (DHHS) <REDACTED>
Subject: RE: For action Murray and Sandy: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Hello Sandy,

Thank you for your email. If you are comfortable with us making a direct approach I am happy to do so. The matter will be handled by the executive in charge of the AOs Anthony Kolmus.

Regards,

Murray

From: Sandy Austin (DHHS) <REDACTED>
Sent: Thursday, 14 May 2020 7:53 PM
To: Murray Smith (DHHS) <REDACTED>
Subject: RE: For action Murray and Sandy: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Hi Murray,
 I am wondering if it is not more efficient for your investigation to go to REDACTED directly and get the contact details of the Holiday Inn REDACTED that reported the incident, so that you may be able to interview him/her?

Sandy Austin
 Director, Emergency Management and Health Protection, East Division
 Department of Health and Human Services
 M. REDACTED e. REDACTED
Eastern Metro - Duty Officer 1 300 792 766
Hume - Duty Officer 1 300 164 867
State - Duty Officer 1 300 790 733
East Division relocation notification 1 300 576 518

From: Murray Smith (DHHS) <REDACTED>
Sent: Thursday, 14 May 2020 7:22 PM
To: Sandy Austin (DHHS) <REDACTED>
Subject: RE: For action Murray and Sandy: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Hello Sandy,

Thanks for the email. Yes I am following it up. Please be aware that person escalating the matter will need to be spoken to in order to assist in understanding the facts of the matter. We will make these arrangements through yourself rather than do a direct approach.

Regards,

Murray

From: Sandy Austin (DHHS) <REDACTED>
Sent: Thursday, 14 May 2020 5:09 PM
To: REDACTED (DHHS) <REDACTED>
Cc: Murray Smith (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>; Meena Naidu (DHHS) <REDACTED>
Subject: For action Murray and Sandy: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Thank you REDACTED I need to refer the concern re the AOs to Murray.

In meantime, I apologised to the team leader directly and then afterwards, with REDACTED permission, I called REDACTED back and REDACTED apologised directly. I suggested REDACTED write a written apology and REDACTED has prepared an email, however we were waiting upon your advice. I believe now I can advise REDACTED to send this as as another step then I will follow up with REDACTED to ascertain if REDACTED wants any further actions.

Murray,
can you please confirm that you are following up the issues raised by the team leader regarding the Holiday Inn AOs ? Please note REDACTED request below.

Sandy Austin
Director, Emergency Management and Health Protection, East Division
Department of Health and Human Services
M REDACTED e. REDACTED
Eastern Metro - Duty Officer 1 300 792 766
Hume - Duty Officer 1 300 164 867
State - Duty Officer 1 300 790 733
East Division relocation notification 1 300 576 518

From: REDACTED (DHHS) REDACTED
Sent: Thursday, 14 May 2020 4:54 PM
To: Sandy Austin (DHHS) <REDACTED>
Cc: Murray Smith (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Subject: Re: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Hi Sandy and Murray

I have followed up with REDACTED who advises that the privacy breach management process is being completed and the IT control has been successful (deleting the broadcast email).

I'm reaching out to see if you need any further guidance or advice relating to the substance of the complaint, being the repeated "asleep on duty" allegation by two named Authorised Officers? Please let me know. The best contact number to reach me is REDACTED

Cheers
REDACTED
TED

REDACTED

Manager Workplace Relations (Statewide) | People and Culture | Corporate Services | Operations Support

Department of Health and Human Services
p. REDACTED | m. REDACTED | e. REDACTED

w. www.dhhs.vic.gov.au

I acknowledge the traditional Aboriginal owners of country throughout Victoria and pay my respect to Elders past and present and to the ongoing living culture of Aboriginal people.

From: Sandy Austin (DHHS) <[REDACTED]>
Sent: Wednesday, 13 May 2020 5:26 PM
To: [REDACTED] (DHHS) [REDACTED]
Cc: Murray Smith (DHHS) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]
Subject: FW: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Dear [REDACTED],
 thank you for returning my call today. I am forwarding you the email that went inadvertently to all the Authorised Officers in DHHS. It was forwarded to me by Michael Mefflin, as he is on the Authorised Officer distribution list.
 Regards,

Sandy Austin
 Deputy Commander, Hotels
 Operations Soteria

Director, Emergency Management and Health Protection, East Division
 Department of Health and Human Services
 M.[REDACTED] / e.[REDACTED]
[Eastern Metro - Duty Officer 1 300 792 766](#)
[Hume - Duty Officer 1 300 164 867](#)
[State - Duty Officer 1 300 790 733](#)
[East Division relocation notification 1 300 576 518](#)

From: Michael Mefflin (DHHS) <[REDACTED]>
Sent: Wednesday, 13 May 2020 2:50 PM
To: Murray Smith (DHHS) <[REDACTED]>
Cc: Merrin Bamert (DHHS) <[REDACTED]>; Sandy Austin (DHHS) [REDACTED]
Subject: FW: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

As discussed

From: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Sent: Wednesday, 13 May 2020 2:29 PM
To: COVID-19 Authorised Officers <COVID-19AuthorisedOfficers@dhhs.vic.gov.au>
Cc: [REDACTED] (DHHS) [REDACTED]
Subject: FW: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Hi AO Rostering team

Please see additional information below about the issue if AOs sleeping on duty at the Holiday Inn & Park Royal raised in an earlier email.

Regards

[REDACTED]

Opp Soteria - Operations

From: [REDACTED] (DHHS) [REDACTED]
Sent: Wednesday, 13 May 2020 2:15 PM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: [REDACTED] [REDACTED]
Subject: Hotel Management reported concerns re AO repeated behavior overnight at Holiday Inn & Park Royal.

Hi Team.

I have been asked by the Hotel [REDACTED] at the Holiday Inn to escalate concerns around an

issue with the AOs sleeping on the OP room floor overnight .

I am aware that this has been occurring for some time across both Airport Hotels sites and may be restricted to a couple of individuals.

A DJPR has also informed me that [REDACTED] went looking for the Park Royal AO to discuss a matter and found [REDACTED] asleep, so left. This happen around 2 weeks ago.

The Holiday Inn [REDACTED] has asked me to escalate a request for action as this behavior need to cease.

The Hotel have advised that their floor is not a bed, the Ops room is not a guest room and there are OH&S concerns around this behavior.

As advised, the names of the two individuals identified as habitual floor sleepers are, [REDACTED]

If this matter could be dealt with promptly and with some discretion, I would greatly appreciated.

Kind Regards

[REDACTED]

RE: Stamford Plaza concerns - as discussed

From: "Merrin Bamert (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=638a479568194a798229202add0cc910-mbam1802">
To: "REDACTED (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>
Cc: "REDACTED (DHHS)" <REDACTED>, "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>, "COVID19InfectionControl (DHHS)" <covid19infectioncontrol@dhhs.vic.gov.au>, "Pam Williams (DHHS)" <REDACTED>
Date: Sun, 14 Jun 2020 17:01:42 +1000

Hi REDAC,

I have ccd in Rachaele and will call her urgently to speak to the security company and the DJPR site lead

In addition I have ccd in the infection control team to organise an urgent IPC review of Stamford. I assume this handover happens every shift change over so I can ask the team to do the review at that time.

Kind regards

Merrin

Merrin Bamert

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

REDACTED

From: REDACTED (DHHS) <REDACTED>
Sent: Sunday, 14 June 2020 4:54 PM
To: Merrin Bamert (DHHS) <Merrin.Bamert@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED>
Subject: Fwd: Stamford Plaza concerns - as discussed

Merrin and REDAC,

Please see the below response from DJPR site Manager. You will see the history below but in short the Stamford Plaza Team Leader raises significant concerns with us regarding the issues outline below.

I raised the issue verbally with the Site Manager RED this afternoon then followed up by email below. Below is his response. Will provide on handover notes for tomorrow to be followed up further.

Regards

REDACTED

Manager, Emergency Management
 Eastern Metropolitan Region

Department of Health & Human Services

M: [REDACTED]

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

Sent: Sunday, June 14, 2020 3:35 pm

To: [REDACTED] (DHHS)

Subject: FW: Stamford Plaza concerns - as discussed

From: [REDACTED] (DJPR) <[\[REDACTED\]@global.vic.gov.au](mailto:[REDACTED]@global.vic.gov.au)>

Sent: Sunday, 14 June 2020 3:29 PM

To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>

Cc: [REDACTED] (DEDJTR) <[\[REDACTED\]@global.vic.gov.au](mailto:[REDACTED]@global.vic.gov.au)>; [REDACTED]

<[\[REDACTED\]](mailto:[REDACTED])>; [REDACTED];

[REDACTED]

Subject: RE: Stamford Plaza concerns - as discussed

Hi [REDACTED]

Thank you for the chat earlier and raised the below mentioned issues.

I would have appreciate if the team leader would have reported to me and it would have been resolved straight away.

Anyway I can assure you that I am going to have a talk with the security who was in charge this morning and insure the social distancing and rules of gathering is followed during the briefing. I will also arranging with the security and nurses so that all the security members are trained how to use the PPE.

In regards to the hairdresser we do have a procedure that is been followed however any suggestion is welcome to insure better safety'

We are still waiting for the log book and procedure guideline to be implemented /Team leader aware.

Kind regards,

[REDACTED]

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

Sent: Sunday, 14 June 2020 2:12 PM

To: [REDACTED] (DJPR) <[\[REDACTED\]@global.vic.gov.au](mailto:[REDACTED]@global.vic.gov.au)>

Cc: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>

Subject: Stamford Plaza concerns - as discussed

Hi [REDACTED]

As discussed please see the issues raised with us regarding the Stamford Plaza Hotel. As discussed there are multiple issues here that we need to address as soon as possible. I understand from our discussion that the security company engaged at the Stanford is NSS. We have significant concerns about the response provided by Security when approached by our Team Leader this morning, and about the ongoing issues regarding the correct use of PPE. I have attached for your reference, as discussed, the documentation relating to correct usage of PPE however note the additional efforts that our team have been attempting to implement in the hotel to address this issue.

Can you please consider the below and respond to me as soon as you can with proposals to address the issues raised.

Regards

[REDACTED]

Manager, Emergency Management, Eastern Metro Region
Department of Health and Human Services

883 Whitehorse Road, Box Hill

REDACTED

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

From: StamfordPlaza (DHHS)
Sent: Sunday, 14 June 2020 8:24 AM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Subject: Public Health Concern re Security at Stamford

Good Morning,

Three public health concerns:

1.

I entered the hotel today to find the 70 security for Stamford standing shoulder to shoulder in a room 6x6 metres.

I spoke to the head security REDACTED to remind RE about social distancing and rules of groups gathering. RE advised me RE meeting was more important than the rule.

I advised REDACTED can not gather in those numbers and not social distance.

I suggested RE break RE team meeting into smaller numbers and use a larger area such as downstairs so that security can stand apart from one another.

Nurses have raised concerns that they have tried to address the PPE breaches with security previously and have not succeeded. The security have been observed to wear full PPE to the toilet, gloves in the bathroom, not wash hands after toileting (women and men), wearing gloves all day, touching their clothes, phones, faces etc.

Yesterday I have them the PPE procedure and a video showing them how cross contamination occurs and how easy it happens. I have seen a decrease in glove use however the gathering this morning is a huge concern. Nurses also advised that as the 70 were leaving the hotel they were hugging each other etc.

There are positives from this flight that remain in the hotel (REDACTED tested positive and family of RE negative) however it is unlikely the child is REDACTED positive guest given RE was unlikely to not touch anything on the flight.

2.

On 6 June I raised concerns to EOC about the hairdressers being open and working from the reception area of the Stamford. In summary, clients to the hairdresser enter the hotel reception to enter the hairdressers. They use the lifts and stairs that take them to the floor where DHHS staff, security, nurses, supplies and food is prepared. They use the same space which guests of the hotel use to walk through to go for fresh air walks and smokers walks. They loiter in reception, door to hairdressers is open to reception and guests do not correctly use PPE or take precautions.

3.

There is still no log book at the Stamford for people/staff arriving to the hotel. I am conscious that this has been mandatory procedure for a couple of weeks now.

The AO team Leader is present and agrees that the gathering is a concern.

For your consideration and notice

REDACTED

DHHS Team Leader – Quarantine Hotel

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DJPR advice?: Stamford Hotel - urgent

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
To: "Merrin Bamert (DHHS)" <REDACTED>
Cc: "Simon Crouch (DHHS)" <REDACTED>, "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>, "Pam Williams (DHHS)" <REDACTED>, "Melody Bush (DHHS)" <REDACTED>, DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>, "Andrea Spiteri (DHHS)" <andrea.spiteri@dhhs.vic.gov.au>, "Jason Helps (DHHS)" <REDACTED>, "Sarah McGuinness (DHHS)" <REDACTED>
Date: Wed, 17 Jun 2020 21:41:51 +1000

Hi Merrin,

Can I please confirm if this same advice will be provided to DJPR – we have provided you with the names of our staff who were onsite in the specified timeframe – will we receive the same update?

Thanks,
 Rachaele

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

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

REDACTED

djpr.vic.gov.au

From: Merrin Bamert (DHHS) <Merrin.Bamert@dhhs.vic.gov.au>
Sent: Wednesday, 17 June 2020 4:51 PM
To: REDACTED @msssecurity.com.au' <REDACTED@msssecurity.com.au>
Cc: Simon Crouch (DHHS) <Simon.Crouch@dhhs.vic.gov.au>; DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Pam Williams (DHHS) <REDACTED>; Melody A Bush (DHHS) <REDACTED>; DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Andrea C Spiteri (DHHS) <REDACTED>; Jason Helps (DHHS) <REDACTED>; Sarah McGuinness (DHHS) <REDACTED>
Subject: RE: Stamford Hotel - urgent

Hi REDACTED

Thank you for all your support today and responsiveness

Please find an update below on the current public health approach to management of staff and contractors who worked at Stamford Plaza for the period 1-17 June inclusive.

The Department of Health and Human Services (the department) is currently investigating a case of coronavirus disease (COVID-19) in a contracted staff member who has worked at the Stamford Plaza Hotel on Little Collins Street. The staff member did not attend work while unwell and was tested quickly when they became unwell. However, the staff member did work two shifts (prior to developing symptoms) while they may have been infectious – these two shifts were on Saturday

13 June and Sunday 14 June.

The department is providing the following information for staff and contractors who have worked at the Stamford Plaza Hotel since Monday June 1:

Testing

- All staff members and contractors who spent 30 minutes or more at the Stamford Plaza Hotel between Monday June 1 and Wednesday 17 June are requested to undergo testing for COVID-19 as soon as possible
- Staff members should show the attached letter when they attend for testing

Close contacts

- Staff members and contractors who spent 30 minutes or more at the Stamford Plaza Hotel on Saturday 13 June and/or Sunday 14 June are now considered close contacts and are advised to quarantine for a period of 14 days. This includes all staff and contractors who worked day, afternoon or night shifts on Saturday 13 June and all staff and contractors who worked day or afternoon shifts on Sunday 14 June. It also includes security staff who worked the night shift on Sunday 14 June. Please advise these staff that the department will contact them individually with further information.
- Quarantine means that staff/ contractors should stay at home or in their accommodation until 14 days after their last shift over the period 13-14 June:
 - o Staff/contractors should not leave their house or accommodation except to seek medical attention.
 - o Staff/contractors should stay in a different room to other people as much as possible. Sleep in a separate bedroom and use a separate bathroom if available
 - o Staff/contractors should not go to work, school, university, work or attend public places or events or use public transport or taxi services
 - o Where possible, staff/contracts should get others such as friends or family, who are not required to be quarantined, to get food or other necessities for them
- As we continue to investigate the outbreak and get a clearer picture of staff movements we will continue to assess the contact status of staff.

Exposure site contacts

- Staff members and contractors who spent 30 minutes or more at the Stamford Plaza Hotel between Monday June 1 and Wednesday 17 June but did not work on Saturday 13 June OR Sunday 14 June are considered exposure site contacts. These staff may return to work if they can provide evidence of a negative test result on or after 17 June 2020. Staff should be advised to be aware of COVID-19 symptoms. If they develop any symptoms, they should be advised not to attend work and to seek further testing.

Please don't hesitate to contact me

Kind regards

Merrin

Merrin Bamert

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

REDACTED

REDACTED

From: Merrin Bamert (DHHS)

Sent: Wednesday, 17 June 2020 11:26 AM

To: REDACTED <REDACTED@msssecurity.com.au> REDACTED <REDACTED@msssecurity.com.au>

Cc: Simon Crouch (DHHS) <REDACTED>; 'DJPR COVID Accom-Lead (DJPR)' <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Pam Williams (DHHS)

<Pam.Williams@dhhs.vic.gov.au>; Melody Bush (DHHS) <Melody.Bush@dhhs.vic.gov.au>;
 DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Andrea Spiteri (DHHS)
 <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: RE: Stamford Hotel - urgent

Hi [REDACTED]

Please find attached the letter for your staff and the contracted security firm staff for testing.

Kind regards

Merrin

Merrin Bamert

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

[REDACTED]

From: Merrin Bamert (DHHS)
Sent: Wednesday, 17 June 2020 8:25 AM
To: [REDACTED]@msssecurity.com.au' <[REDACTED]@msssecurity.com.au>
Cc: Simon Crouch (DHHS) <Simon.Crouch@dhhs.vic.gov.au>; 'DJPR COVID Accom-Lead (DJPR)' <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Pam Williams (DHHS) <[REDACTED]>; Melody Bush (DHHS) <[REDACTED]>; DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Andrea Spiteri (DHHS) <[REDACTED]>; Jason Helps (DHHS) <[REDACTED]>
Subject: Stamford Hotel - urgent

Hi [REDACTED]

As discussed

[REDACTED] is the case and as you confirmed over the phone he was on roster at Stamford for the last 4 days as discussed.

The other two guards who were tested onsite yesterday who alerted staff to being symptomatic were:

[REDACTED]

As requested can you please provide full rosters ASAP from the 1 June for all staff and contact details.

In addition could you please provide any information and follow up from the social distancing breach on Sunday morning 14 June.

Can I ask that you please send the attached letter to all your staff who have been on the roster from the 1 June.

Please don't hesitate to contact me should you have any questions or concerns

Kind regards

Merrin

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection

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

REDACTED

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Government of Victoria, Victoria, Australia.

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FW: For advice - Concern raised in Unified Security Safety Meeting

From: "Stuart Bailey (DHHS)" <REDACTED>
To: "Leanne Hughson (DHHS)" <REDACTED>, "Pam Williams (DHHS)" <REDACTED>, "Simon Crouch (DHHS)" <REDACTED>, "Merrin Bamert (DHHS)" <REDACTED>
Date: Mon, 22 Jun 2020 14:42:51 +1000
Attachments: Direction and Detention Notice (signed 31 May) .pdf (442.83 kB)

Pam,
 I believe on this occasion we'd need to have Public Health Command determine that these security guards are close contacts and we would rely on the Diagnosed Person and Close Contacts Directions (No 3), clause 6. Under these directions in Clause 6, subsection 4 the close contact must self-quarantine. We would need to issue them a direction to self-isolate as I understand it.

Then if they were found to be working in the security industry at any location, but in particular our hotels, we would involve Victoria Police and have an infringement issue under section 200(3). If the security company on being advised not to allow them to work, did so, we would issue the same penalty notice to the company and perhaps an improvement notice that could lead to a prohibition notice to conduct work at the said location.

If we could identify the security guards, we could look to determine if they were previously employed by our hotel security companies. We could also be proactive with VP intervention to warn those, if found to be acting outside of the directions, that enforcement action will be taken.

Perhaps a list of all security staff who are currently meant to be self-isolating could be shared. I'd want DHHS legal to assess this sharing of information first though.

Pam, I have asked Leanne to review my assessment for oversight and her thoughts.

Note see Section 200(3) of the PHWA below.

Kind regards

Stuart Bailey
Deputy Commander | Authorised Officer Operations
COVID-19 Enforcement and Compliance

Regulation | Health Protection and Emergency Management
 Victorian Department of Health & Human Services
 50 Lonsdale Street, Melbourne. 3000.

e: REDACTED

w: <https://www.dhhs.vic.gov.au/coronavirus>

m: REDACTED



Health
and Human
Services



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

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PUBLIC HEALTH AND WELLBEING ACT 2008 - SECT 203

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.

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From: Pam Williams (DHHS) <REDACTED>
Sent: Monday, 22 June 2020 2:07 PM
To: Simon Crouch (DHHS) <REDACTED>; Stuart Bailey (DHHS) <REDACTED>
Subject: FW: For advice - Concern raised in Unified Security Safety Meeting

Simon/Stuart
 Can you please advise re this issue?

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

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

From: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Sent: Monday, 22 June 2020 1:55 PM
To: Pam Williams (DHHS) <REDACTED>
Cc: REDACTED (DEDJTR) <REDACTED>; REDACTED (DJPR) <REDACTED@agriculture.vic.gov.au>; REDACTED (DJPR) <REDACTED@agriculture.vic.gov.au>
Subject: For advice - Concern raised in Unified Security Safety Meeting

Hi Pam,

Sorry I had to leave the Unified Security Safety Meeting early. I understand at the end of the meeting REDACTED advised that they have had Stamford staff looking for work with Unified. REDACTED said Unified have turned them down.

This is a concern that these are likely guards who are not getting work due to being required to be in quarantine for 14 days.

DJPR has concerns that if they have been turned down by Unified, they may try with Wilson or other security companies not associated with hotel quarantine and increase the risk of spreading the virus.

- * Does DHHS have powers from a public health or regulatory perspective to take any action against those individuals. Can we circulate the names of people or ask security companies to provide to DHHS to check against a DHHS record?
- * Should Unified could report those individuals to VicPol and/or WorkSafe to look into?

Can you please advise what the next course of action should be.

As an interim step, I will ask Wilson's to be careful about checking background of employees, and ask MSS to reiterate the self quarantine direction these individuals are under.

It's probably a symptom of the casual workforce and being without an income....

Regards
Rachaele

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

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

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