

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.

Clinical and related waste guidance

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 waste bags, then yellow waste bins. Waste bags should be tied.
5. Team Leaders can notify the State Emergency Management Centre for any special requirements by contacting:



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.

COVID-19 Generic mailboxes

Accessing the mailboxes for the hotels

Document Control

Prepared by:		Version #	
Approved by:		Date:	
File Ref:			

As part of the departments COVID-19 response a generic mailbox has been setup for each of the quarantine hotels to support communication from the hotel team leaders and the recipients as a departmental record and handover.

This guide contains the following instructions

Accessing the hotel inboxes from O365 website	1
Adding the hotel account from your DHHS mobile outlook app.....	3
Adding the hotel account to your outlook app	6
Hotel mailboxes setup at present are	9

Accessing the hotel inboxes from O365 website

1. Access portal login via the internet (google or internet explorer)

www.office.com ▾

[Office 365 Login | Microsoft Office](#)

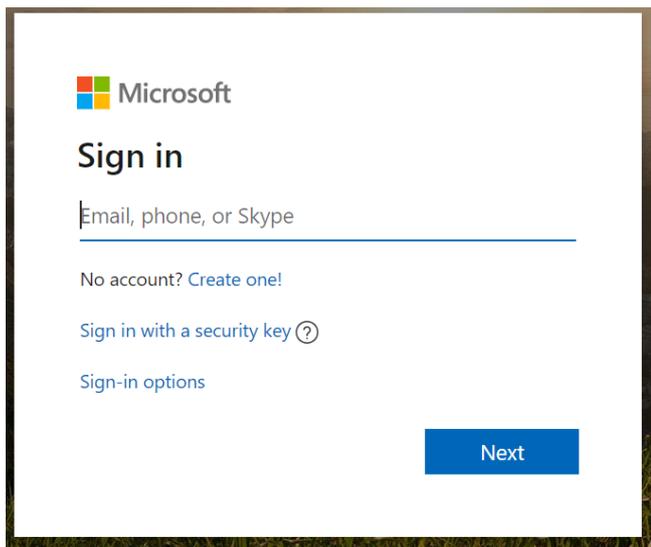
Collaborate for free with online versions of Microsoft

Save documents, spreadsheets, and presentations

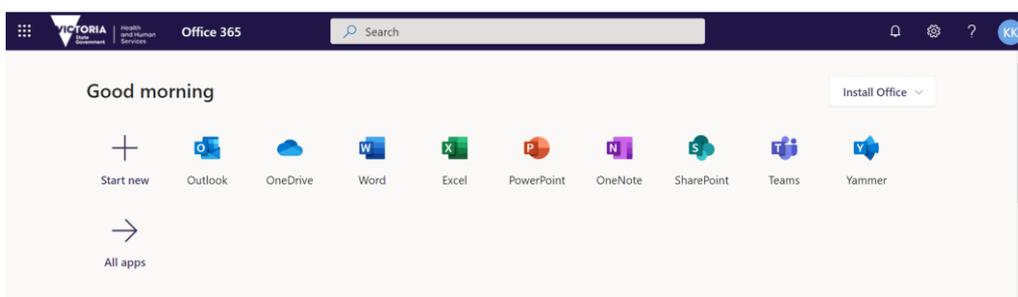
You've visited this page 2 times. Last visit: 12/04/20

2. Sign into your departmental Microsoft account

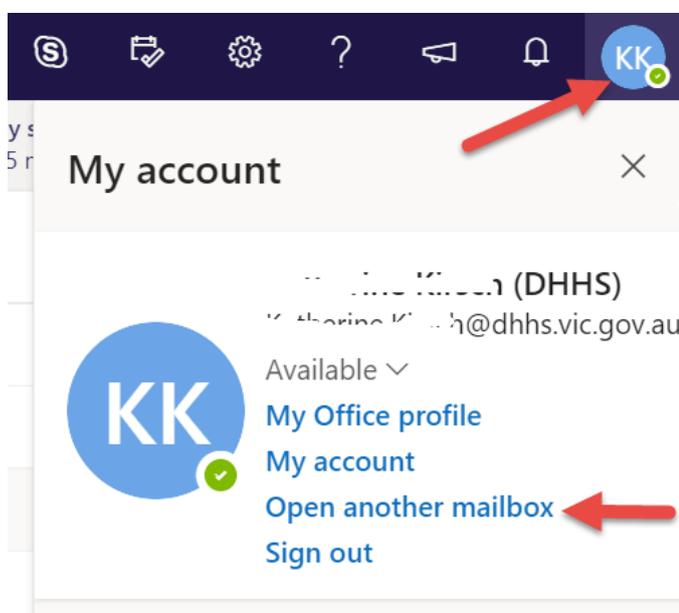
COVID-19 Generic mailboxes



3. Select outlook

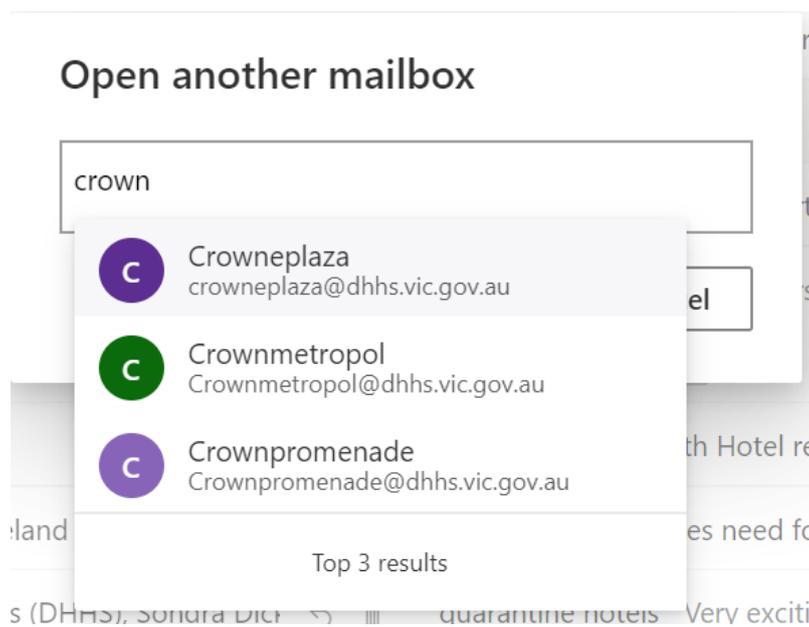


4. Select the icon with your initials from the top right side, then select **open another mailbox**

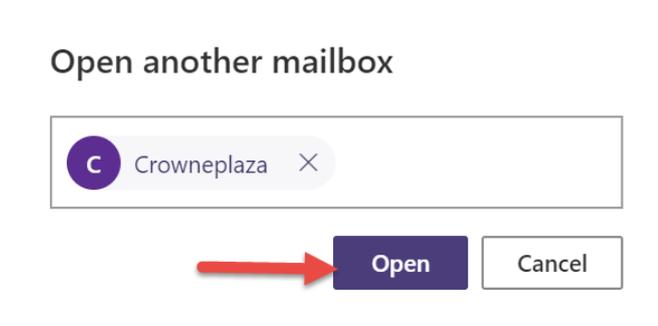


COVID-19 Generic mailboxes

5. Start to type in the hotel mailbox name and select it once it appears



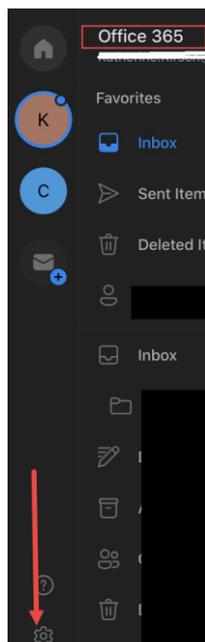
6. Then select Open



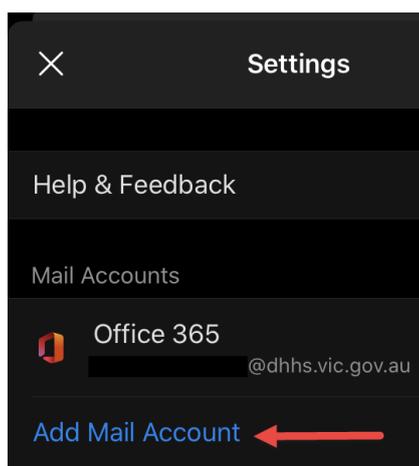
You are now working in the hotel mailbox. If you wish to access your email it will still be open in another tab at the top of your internet window.

Adding the hotel account from your DHHS mobile outlook app

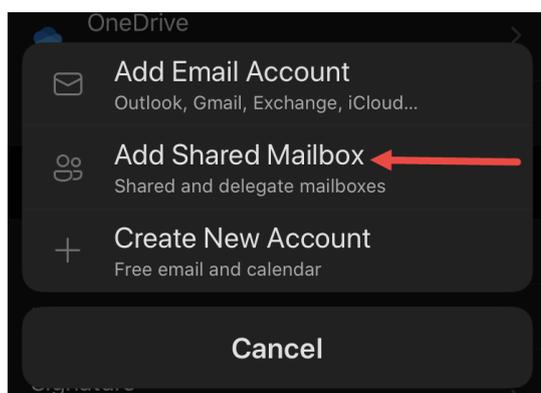
1. Open the outlook app on your DHHS mobile device and select the settings icon from the bottom left side



2. Under your Office 365 account select the Add Mail Account link

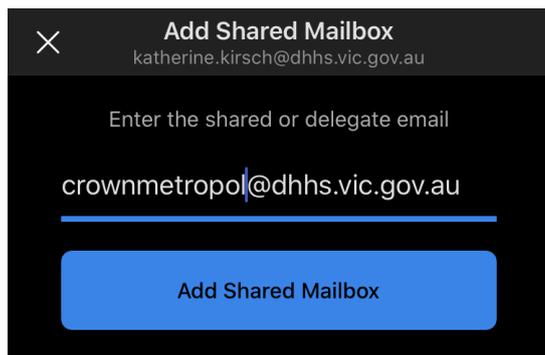


3. Select the Add shared mailbox option

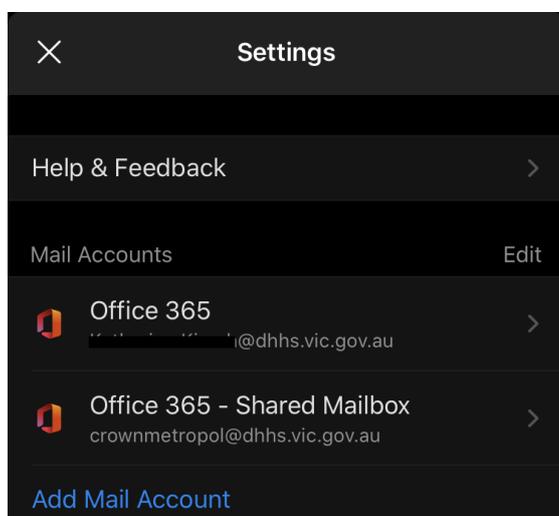


COVID-19 Generic mailboxes

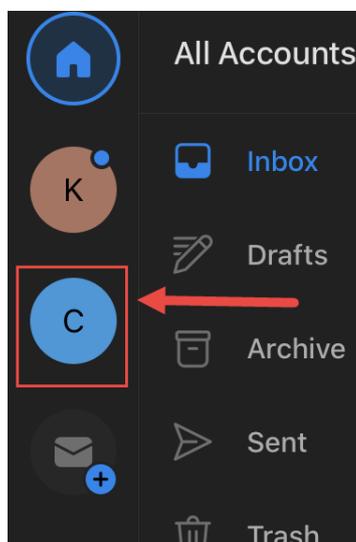
4. Type in the name of the hotel mailbox you wish to add and select the Add Shared Mailbox button



5. Your display will now show like this

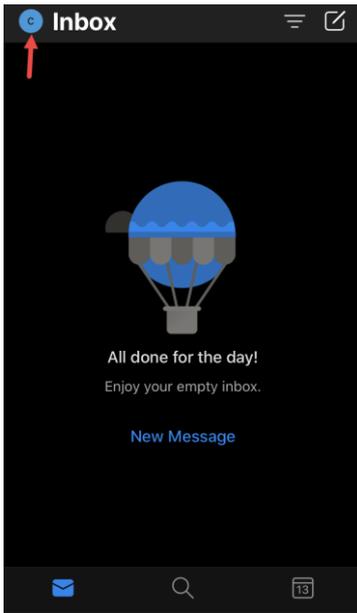


6. Select the initial for the hotel mailbox (in this example C for Crown) to open the inbox

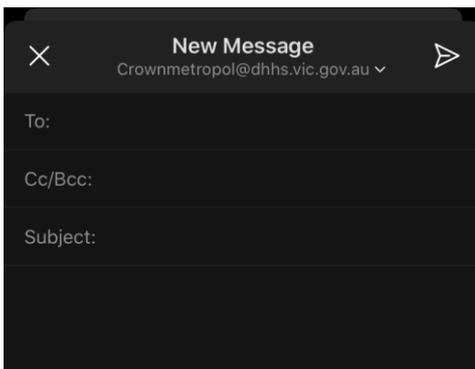


COVID-19 Generic mailboxes

7. The initial at the top of the screen will show you which mailbox you are working in.

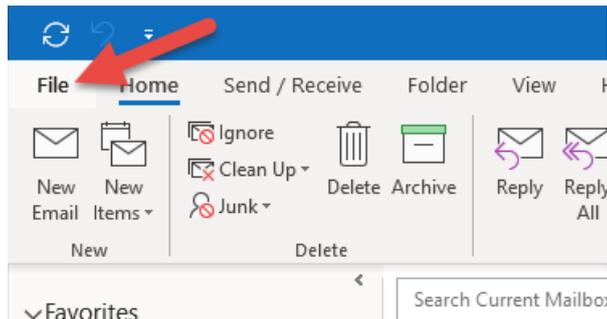


8. Select the new message icon to create a new email

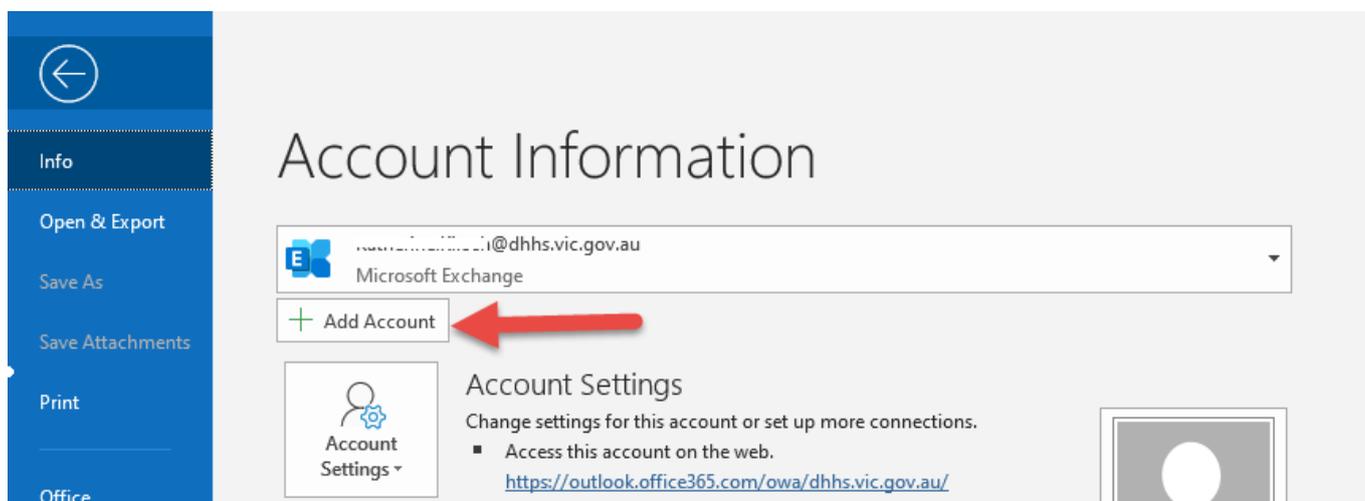


Adding the hotel account to your outlook app

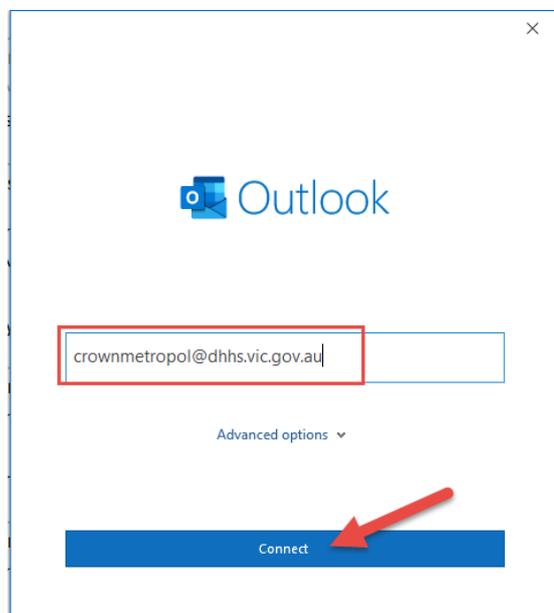
1. Select file



2. Select Add Account

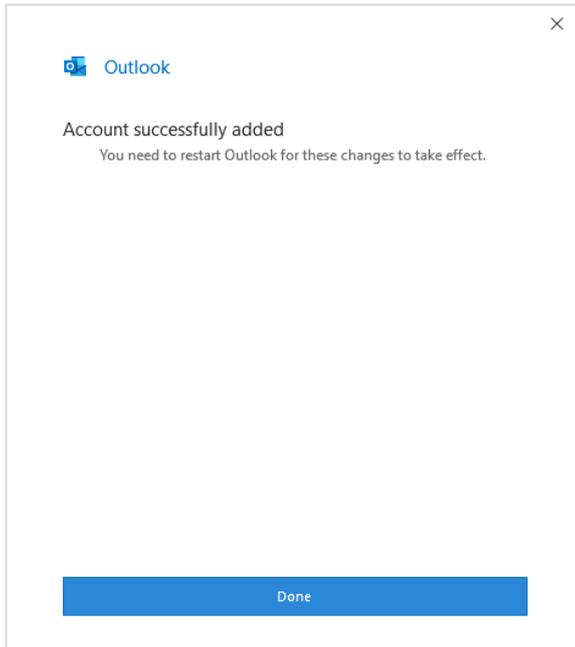


3. Type in the hotel email address you wish to add, then select the connect button

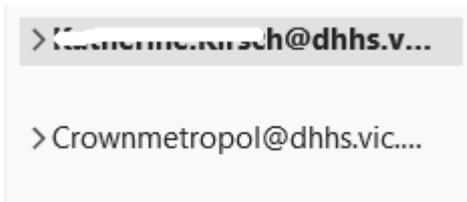


COVID-19 Generic mailboxes

- The following message is then displayed, select Done



- Restart your outlook and then the mailbox will appear on the left side



- Double check when sending an email that the from field is the hotel as shown



COVID-19 Generic mailboxes

Hotel mailboxes setup at present are

Crowneplaza@dhhs.vic.gov.au

Crownmetropol@dhhs.vic.gov.au

Crownpromenade@dhhs.vic.gov.au

Rydgesswanston@dhhs.vic.gov.au

Novotelmelbourne@dhhs.vic.gov.au

Panpacific@dhhs.vic.gov.au

Parkroyal@dhhs.vic.gov.au

Travelodgedocklands@dhhs.vic.gov.au

Travelodgesouthbank@dhhs.vic.gov.au

Mecure@dhhs.vic.gov.au

Melbournemarriott@dhhs.vic.gov.au

Holidayinn@dhhs.vic.gov.au

Fourpoints@dhhs.vic.gov.au

Grandhyatt@dhhs.vic.gov.au

OPERATION SOTERIA

Exercise Area and Fresh Air Implementation Plan

Approved

Date: TBA By: TBA

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;

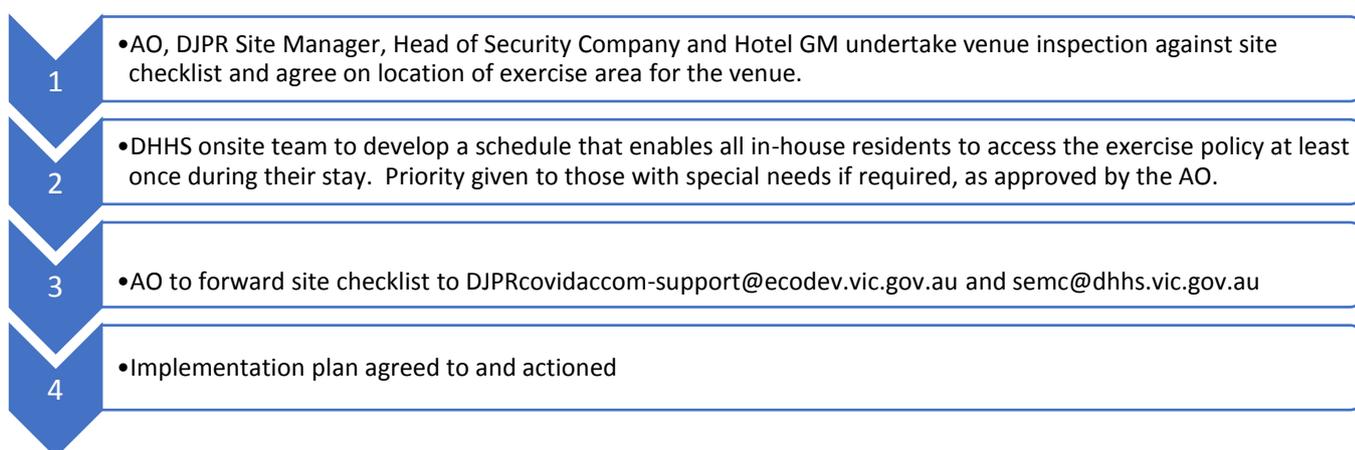
Process and Procedure Preparation

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 travellers 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.

Process and Procedure Preparation

- General compliance of the quarantined traveller
- 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 travellers:

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.

Process and Procedure Preparation

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 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
Is the exercise area within the hotel or external to the hotel?		
Is it easy to keep the exercising traveller within the identified exercise area?		
Are there any hazards within the area? ie, pool / heights / traffic <i>Areas must be safe for children.</i>		
Is the area visible by the outside public?		
Is the area also accessible by other members of the public (such as other hotel guests)?		
INFECTION CONTROL MEASURES		
Will lifts be used?		
What type of surfaces are likely to be touched by travellers / staff in undertaking this task?		
How will these be sanitised?		
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>		

Process and Procedure Preparation

IF THE AREA IS EXTERNAL TO THE HOTEL, PLEASE EXPLAIN WHY THIS AREA IS ENDORSED	
Endorsed by the: (please print name)	
Authorised Officer:	DJPR Site Manager:
Hotel General Manager:	Security General Manager:

Process and Procedure Preparation

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				

Date: TBA

Page 6 of 11

Approved by: TBA

Process and Procedure Preparation

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				

Process and Procedure Preparation

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				

Process and Procedure Preparation

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				

Process and Procedure Preparation

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				

Process and Procedure Preparation

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				

Food safety questionnaire

To be provided to DHHS Team Leader at hotel once completed

This form needs to be completed for each individual staying at a hotel under quarantine in Victoria (i.e. children staying with parents should have their own form). Completed forms should be provided to DHHS staff member.

Name: _____

Room number: _____

Contact number ph: _____

Q1. Do you have anaphylaxis?

- Yes (please indicate) Single allergen
 Multiple allergens
 No, go to Q4

Q2 Do you have an EpiPen (in date) with you? Yes No

Q3. Is your anaphylaxis caused by food? Yes (please specify) no (please specify below)

- sulphites
 cereals containing gluten (wheat, rye, barley, oats, spelt & their hybridised strains)
 crustacea
 egg
 fish
 milk
 peanuts
 soybeans
 sesame seeds
 lupin
 tree nuts (please indicate)
- almonds
 brazil nuts
 cashews
 chestnuts
 hazelnuts
 macadamia nuts
 pecans
 pine nuts
 pistachios
 shea nuts
 walnuts

Other food/cause (please specify): _____

Q4. Have you ever experienced a reaction after eating food and needed to take medication, like Ventolin or antihistamines?

Yes (please specify food/s): _____ No

If you answered yes to any of the above these details, hotel catering may not be able to meet your requirements and we will provide further information.

Q5. Do you have a medically prescribed modified diet (please specify diet required)?

- No
- Coeliac disease _____
- Crohn's disease _____
- Diabetic _____
- Other condition (please specify): _____

Q6. Do you have a medically diagnosed food intolerance?

- No
- Lactose
- Fructose
- Other food (please specify): _____

Q7. Do you have a non-diagnosed food intolerance? (e.g. never good after eating onions)

- No
- Food/s (please specify): _____

Q8. Do you have any dietary preferences?

- No
- vegetarian
- vegan
- gluten free by preference
- low fodmap diet
- halal
- kosher
- other (please specify): _____

Please note this information may be provided to the hotel, catering services, on-site nurses and Authorised Officers.

OPERATION SOTERIA

PPE for Quarantine Hotels

Approved

Date: 6 May 2020 By: M Bamert – Dir EM Consulted: TBA

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 \(Word\)](#)

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

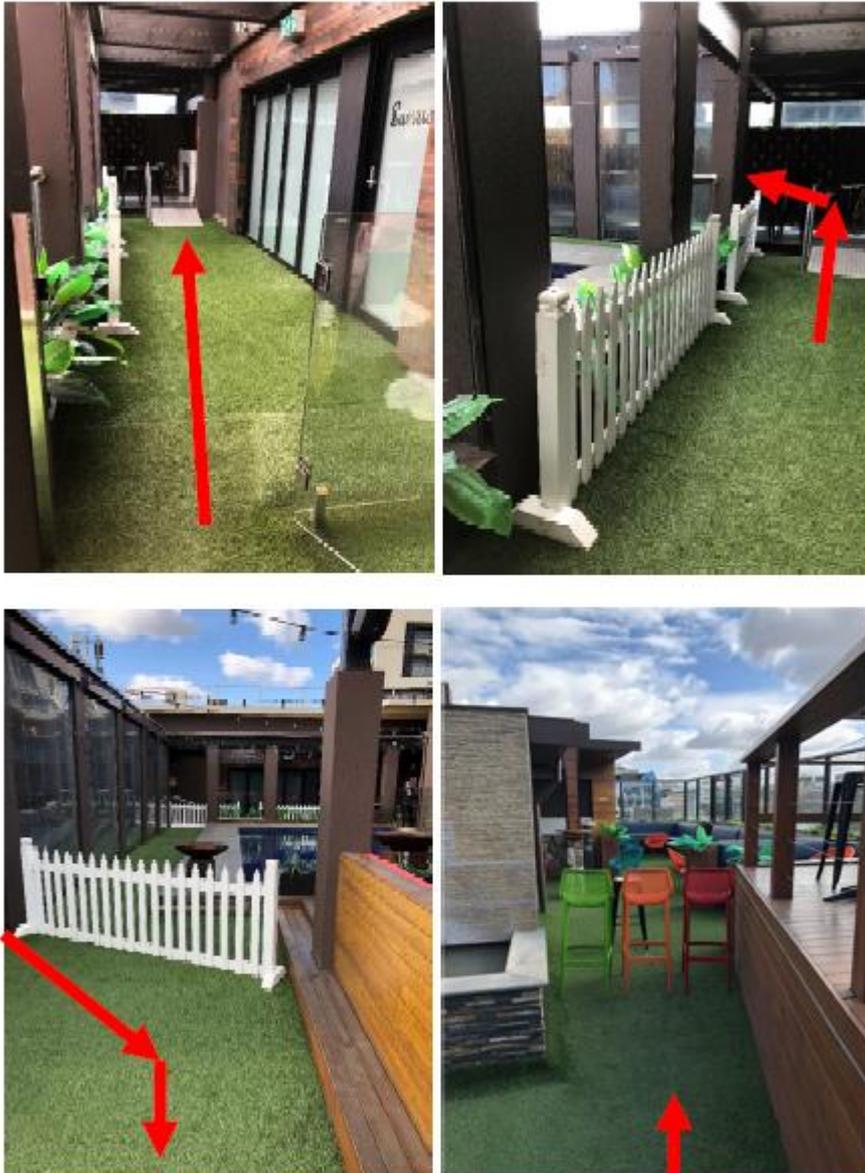
Endorsement			
Sign			
Print Name			
Date			
Position			
Department			

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)



OPERATION SOTERIA

Hotel Team Leader Daily Briefing Template

Approved

Date: 16 May 20 By: **REDACTED**

Purpose

This document provides you with a handy acronym to help you shape the format of your briefing - **SMEACS** (outlined in the table below).

Briefing Component	Detail to be provided
SITUATION	Introduce yourself, your role, and explain the purpose of the briefing Provide a brief update on the current situation in the hotel
MISSION	Remind everyone that the mission of the team is to oversee the quarantine operations in the hotel to help make the quarantine experience as smooth as possible for all.
EXECUTION	Share anything you think is important to reinforce to the team about the application of the mission throughout the day. This may include topics such as: <ul style="list-style-type: none"> Reminding everyone who all the relevant players are (Hotel Team Leader, Nurses, DJPR Site Manager, Security, Hotel staff, etc) and their roles The role of hotel team leader (and support) Entry processes Day to day hotel processes Exit processes Any reporting that is required Any current issues in the hotel that everyone should be aware of
ADMINISTRATION	Provide/remind people as required about information such as: <ul style="list-style-type: none"> The Team Leader Pack (in MS Teams) Ensure access to hotel generic email account IT/Mobile phones – make sure TL using dedicated TL Mobile phone. Meals arrangements Timesheets processes
COMMAND/COMMS	Hotel Team leaders are required to dial into daily meetings with the EOC (1100hrs & 1600hrs) Escalation or support can be obtained by contacting the EOC on 9412 2613 or via DHHSOpSoteriaEOC@dhhs.vic.gov.au
SAFETY	Identification of known or likely hazards including: <ul style="list-style-type: none"> Hygiene and infection control measures Use of PPE (gloves/masks) Fatigue management & shift restrictions EAP support
QUESTIONS	Invite everyone to ask questions or seek any clarifications

OPERATION SOTERIA

Hotel team Leader Job Cards

Approved

Date: 15 June By: Commander Op Soteria

Version 2.0

Quarantine Hotel Team Leader

PRIMARY OBJECTIVES

As the Quarantine Hotel Team Leader, you will be responsible for:

- Supporting a safe environment for people returning from overseas who are required to enter a period of compulsory quarantine at the hotel.
- Provide direction, advice and support for staff at the hotel.
- Implement policies and processes to support running of hotel and wellbeing of individuals in quarantine
- Coordinate welfare and relief supports to those in quarantine.
- Report and escalate issues/support that cannot be resolved at the local level to the Emergency Operations Centre for resolution.
- Coordinating support staff duties and activities onsite at the hotel
- Work closely with hotel management and staff, authorised officer, medical
- Oversee and manage the check in/out process for guests returning to Australia.
- staff, security, other government departments and Victoria Police onsite at the hotel.

Deputy Commander Hotels

Quarantine Hotel Team Leaders

Personal Care Staff

Authorised Officers

Nurses and Medical Staff

Exit Team Leader
(roving role on lead up and on day of exit)

Concierge Support

Hotel Team Leader Job Cards

PRIORITY ACTIONS

1. Support the safety of all individuals in mandatory quarantine, and staff by instructing staff on strict social distancing and hygiene practices.
2. Attend daily team leader coordination meetings.
3. Conduct briefings of incoming staff and medical staff, this should include the appropriate use of PPE.
4. Report any critical issues (such as health concerns of individuals) and escalate issues that cannot be resolved locally.
5. Upon check in of individuals:
 - ensure that all allergy, dietary and cultural food preferences are captured. This information needs to be shared with the hotel staff, nursing staff and authorised officers
 - Supervise room allocations
 - Complete manifest details
6. Support individuals during their compulsory quarantine period
7. Support the exit process as individuals complete their compulsory quarantine period
8. During exits, liaise to ensure:
 - provision of standard / COVID positive rooms cleans
 - clearance of outstanding Credit Charge charges
9. Oversee nursing staff and provide support as required (such as placing orders to pharmacies for supplies).
10. Monitor PPE stocks, stationary, equipment and ensure sufficient stock available

Concierge Support (where provided)

PRIMARY OBJECTIVES

As the Quarantine Concierge Support, you will be responsible for:

- Providing concierge support service to people in quarantine – this could include picking up food, clothing, toiletries or prescriptions.
- Data entry and information management.
- Conducting wellbeing check-ins via phone and ensuring quarantined people have all they need.
- Escalating issues to the Team Leader for resolution.
- Support the team leader as required.
- Liaise with hotel staff, authorised officer, medical staff, security, other government departments at the hotel.
- Support the check in/out process for individuals returning to Australia.

Deputy Commander Hotels

Quarantine Hotel Team Leaders

Personal Care Staff

Authorised Officers

Nurses and Medical Staff

**Exit Team Leader
(roving role on lead up and on day
of exit)**

Concierge Support

PRIORITY ACTIONS

1. Always adhere to all safety advice and always ensure strict social distancing and hygiene practices.
2. Processing individuals and assisting with the check in/out process as individuals are arriving/leaving.
3. Upon check-in of individuals ensure that:
 - Rooms needs / facilities are set up
 - Registration of all incoming individuals and data capture for reporting are completed.
4. Attend to needs of individuals and provide assistance with immediate needs as required
5. Monitor and ensure adequate supplies of equipment, PPE and basic supplies are maintained.
6. Conduct inventory management including daily stocktake of pharmaceutical, PPE and relief supplies and provide orders to team leader as required.
7. Provide assistance to nursing staff including assistance with contacting individuals and delivering over the counter pharmaceutical supplies or other supplies to guest rooms.
8. Facilitating exit processes, including taxi co-ordination.

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

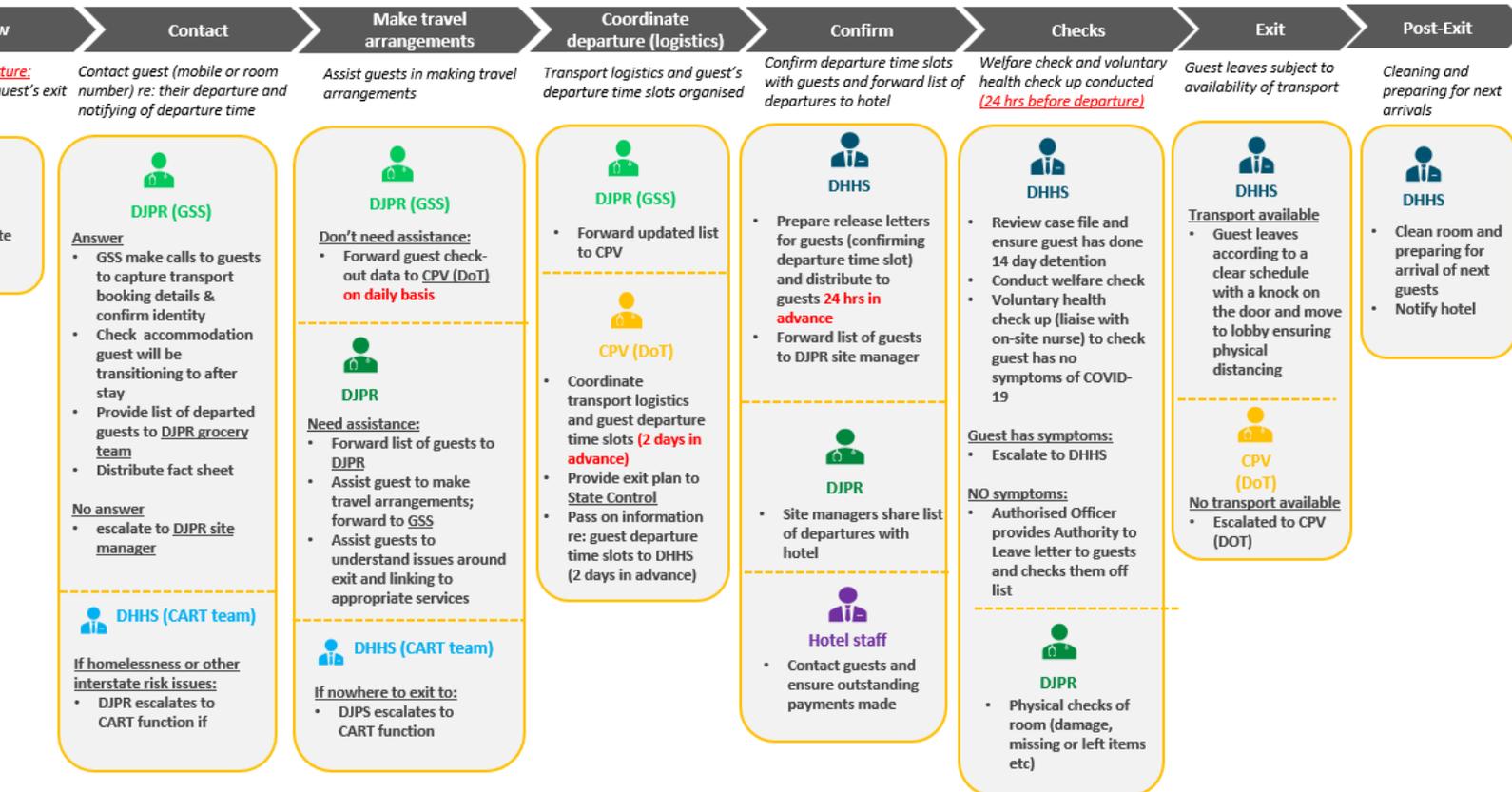
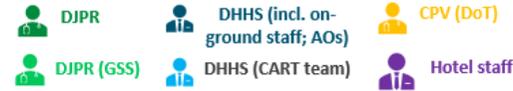
Exit of Accommodation Arrangements

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](https://beyondblue.org.au) 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.

The footer of the second and subsequent pages will include the following in Arial 9 pt font:

- Date in the bottom left
- Page number expressed as 'Page x of Y' in the centre
- Approver's name and position

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
--	---	---

<i>Courier arrangements</i>	<p>Courier <u>to be contacted</u> at end of swab collection to transport all swabs</p> <p>Call REDACTED 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 REDA</p>
-----------------------------	---	--

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 data-bbox="116 397 411 580">Entering the client/s room Clients with or without symptoms suggestive of COVID-19 (e.g. cough, fever, shortness of breath)</p> <p data-bbox="116 741 403 844">Perform hand hygiene before and after every client contact</p>	<p data-bbox="459 397 842 534">Providing direct care or any close contact in the absence of aerosol generating procedures (AGP)</p> <p data-bbox="459 603 842 672">NOTE Naso pharyngeal swab is not classified as an AGP.</p>	<ul data-bbox="879 397 1145 557" style="list-style-type: none"> • Surgical mask • Gown • Gloves • Protective eyewear 	<ul data-bbox="1222 397 1481 684" 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 data-bbox="459 702 850 794">Providing direct care or any close contact in the presence of aerosol generating procedures</p> <p data-bbox="459 863 842 932">Examples of aerosol generating procedures include:</p> <ul data-bbox="459 955 815 1138" style="list-style-type: none"> • Cardiopulmonary resuscitation • Nebulisation of medication • Intubation • Suctioning airways 	<ul data-bbox="879 702 1145 886" style="list-style-type: none"> • Respirator N95/P2 standard • Gown • Gloves • Protective eyewear 	<ul data-bbox="1222 702 1481 840" style="list-style-type: none"> • Surgical mask not appropriate for clients undergoing these procedures

OFFICIAL**HANDOVER NOTES**

Date:	19 June
Hotel:	Bradys

Am Shift Team Leader:	REDACTED	Contact number:	REDACTED
Guest Notes – please use guest initials only, not full name			
Room Number	Comments		
	<i>ACTION: (remove if not required)</i>		
REDA	NEPT booked for R yr old with fast HR REDACTED (Name incorrect on guest llist) to RCH EOC aware.To RCH		
RE	Clearance letter available. Departed in cab to dandenong 1300 <i>Clinigel ordered as nurses out and pharm cant get any til monday</i>		
REDACTED	Public health clearance phoned re guest requesting a medical review prior to department. Spoke with doctor they are concerned giving assurances to this patient. Xray organised for imed radiology 3 rd floor 250 collins st. To be seen by doctor		
Clinical waste bins	Still in need of a resolution to this issue To Be cleared fri Alfred nurses refusing to assist .Possible to ask security		
Meals organized for nurse	Lunch delivered dinner organised		
	New guest arriving guard from Stanford self isolating REDACTED at around 3.30pm. I expect RE to arrive at the hotel at around 5.00pm		
	Family to join REDACTED from Pan pacific as family member now REDA will occupy half a hotel floor to be determined		
New transfers	There is new transfers from REDACTED planned family of R REDACTED at REDACTED coming new positive no symptoms REDACTED		

General Notes

Complaints through Welfare

There has been no wifi since arrival. Some of these guests have no mobile numbers and are unable to contact their families. This is causing added distress for them. We have contacted reception regarding this.

We have had a complaint into our inbox from a case **REDACTED** who states the hotel have a sign over a lift stating 'dirty lift'. **RE** was highly insulted by this. I would suggest better wording used in this instance.

REDACTED has not been given gluten free food, states **R** has complained multiple times about this with no action at the time of our call. States **R** is depressed today as a result of this. Mental welfare check has been requested.

REDACTED – Complained he has no wifi. **R** said **R** cannot sleep due to constant construction noise outside.

REDACTED – Requested a Halal diet which was not provided **religious diet requirement – needs immediate action**

Cases unable to contact reception or nurses – a common issues raised is that no numbers have been provided for either.

REDACTED has had no breakfast. **R** states **RE** family are in another room with a **REDACTED** **RE** who also has not had food, we were not in contact with this room as they are close contacts.

Sent to Reception for action

R from EOC was going to drop off hand sanitiser, gowns, masks, gloves and will try to get us some N95's

TO ORDER

Hand sanitizer

OFFICIAL

PM Shift Team Leader:	REDACTED	Contact number:	REDACTED
Guest Notes – <i>please use guest initials only, not full name</i>			
Room Number	Comments		
Tomorrows Exits	See flagged Public Health email re exits tomorrow		
Updated spreadsheet	I have added a spreadsheet to the Brady teams account that the AO and myself worked on. It has the current/accurate guest list. I have printed a copy for you. REDACTED has asked if we can keep guests covid status, which hotel they came from and date they arrived accurate that would be ideal. Maybe the TL support tomorrow could merge the two spread sheets together.		
Guest arrived RE	Self-isolating guest		
Brady Concerns	I have emailed EOC a list of concerns that myself, the AO's and the nursing staff feel need to be remedied at the hotel.		
RED	Potentially exiting tomorrow morning. REDA has requested that they be informed of RE movements as the rest of the RE are staying at REDA. The rest of R family will be transferring to Brady in the morning from REDA.		
Guest Arrived RE	REDACTED successful arrival		
AM arrival	Pan Pac: REDACTE and REDACT coming across to isolate in a room near REDACTED RE who is staying here. No rooms allocated yet		
RE	RE requested that we send items to R room. Ive sent RE a box with shampoo, conditioner, moisturizer, tooth brush, pads, hair clips, plates for eating.		
Guest arriving REDA OTER	Community guests, REDACTE and REDAC, allocated room RE. RED had shortness of breath but fine obs and sats. Tried the night doctor but didn't answer. Have told the nursing staff to do regular checks and ring the 000 if any deterioration.		
RE	Needs REDACT to return to work. I have requested RE to have RE first swab done tonight		
Guest exit	REDACTED		
Guest Arrival REDACTE	REDACTED into their half of the RE floor. The night staff didn't have access to the nursing app so COVID status will have to be updates on the new spreadsheet. From what I could tell the REDA are the REDA guests so it wont be possible to PPE them. You will have to strategize with EOC about if/how they can protect them.		
Guest arrived RE	Community guest allocated RED.		
Group meeting	with hotel staff at 10AM and 4.30PM		
Ordered: Panamax			

OPERATION SOTERIA

Standard Operating Procedures

(a guide for Team Leaders)

Date: 24 May 2020

Approved by: Merrin Bamert

OPERATION SOTERIA
 Mandatory Quarantine Hotel
 Standard Operating Procedures

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		Draft	23 Apr 20	M Bamert Dir EM PPHP	
		Review	24 May 20	M Bamert Dir EM PPHP	

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

Contents

Document Control	2
1 Introduction	5
1.1 Purpose	5
1.2 Scope	5
1.3 Audience	5
1.4 Background	5
2 Structure	5
2.1 Contact details.....	5
3 Hotel coordination and control arrangements	6
3.1 Health contacts.....	6
3.2 Authorised Officer.....	7
3.3 Department Jobs Precincts and Regions (DJPR) Site Contact	7
3.4 Welfare Check Team and CART.....	7
3.4.1 Welfare Check Team	7
3.4.2 CART	8
3.5 Security	8
4 Team Leader role	8
4.1 Job cards.....	8
4.2 Daily schedule.....	8
4.3 Daily start of shift briefings	8
4.3.1 Daily Team Leader briefings with EOC	9
4.4 14-day schedule	9
4.5 Airport Arrival and hotel documentation	9
4.6 During the stay at the hotel	9
4.6.1 Food allergies – people staying in hotels	9
4.6.2 Interpreter booking process	9
4.6.3 Fresh Air Policy.....	10
4.6.4 Nurse Health Record	10
4.7 Reporting.....	10
4.7.1 Team Leaders need to be aware of reporting processes for:.....	10
4.7.2 Complaints process	10
4.7.3 Incident reporting process	11
4.7.4 Day 3 and Day 11 Swab testing	11
4.7.5 Escalations.....	11
5 Handover	12
6 Logistics.....	12
6.1 General.....	12
6.2 Pharmaceutical.....	12
6.3 Personal protective equipment (PPE)	13
6.4 Clinical waste bins and sharps containers	13
6.5 Stationery	13
6.6 Cab charge.....	13
6.7 Transport of COVID, close contact and other guests	14
6.8 Deliveries to hotel guests	14
6.9 Miscellaneous requests for items	14
7 Shared mailboxes for hotels.....	15

OPERATION SOTERIA

Mandatory Quarantine Hotel

Standard Operating Procedures

8 Exit of accommodation arrangements 16

9 Rostering 16

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

1 Introduction

1.1 Purpose

The purpose of this document is to provide a guide for Hotel Team Leaders during Operation Soteria. It outlines activities and actions required to provide safe, efficient and effective hotel operations for the management of guests¹ requiring mandatory quarantine on return to Australia within the state of Victoria.

1.2 Scope

This document outlines the roles and responsibilities of Team Leaders, their tasks whilst managing quarantined guests, and the operational health and welfare arrangements for guests in mandatory quarantine as part of Operation Soteria.

1.3 Audience

This document is primarily intended for use of Team Leaders. More generally, it can be used by DHHS staff, all departments and organisations involved in Operation Soteria.

1.4 Background

On 28 March 2020, the Commonwealth Government announced that all people returning to Australia from overseas would be required to serve a mandatory 14-day quarantine period on arrival. In Victoria the end to end process to enable this to occur, including the management of guests in 14-day quarantine, is called Operation Soteria. This process is supported by an overarching operational plan.

This document is to be considered a live guide and will be reviewed and amended regularly during Operation Soteria. Amendments and updates to the guide will be communicated to Team Leaders via generic email hotel email addresses and noted as appropriate at daily Team Leader briefings.

2 Structure

The coordination of Operation Soteria activity is managed out of the Operation Soteria Emergency Operations Centre (EOC), currently located in the Fitzroy DHHS office. The governance arrangements for the EOC are outlined in the diagram on page 6.

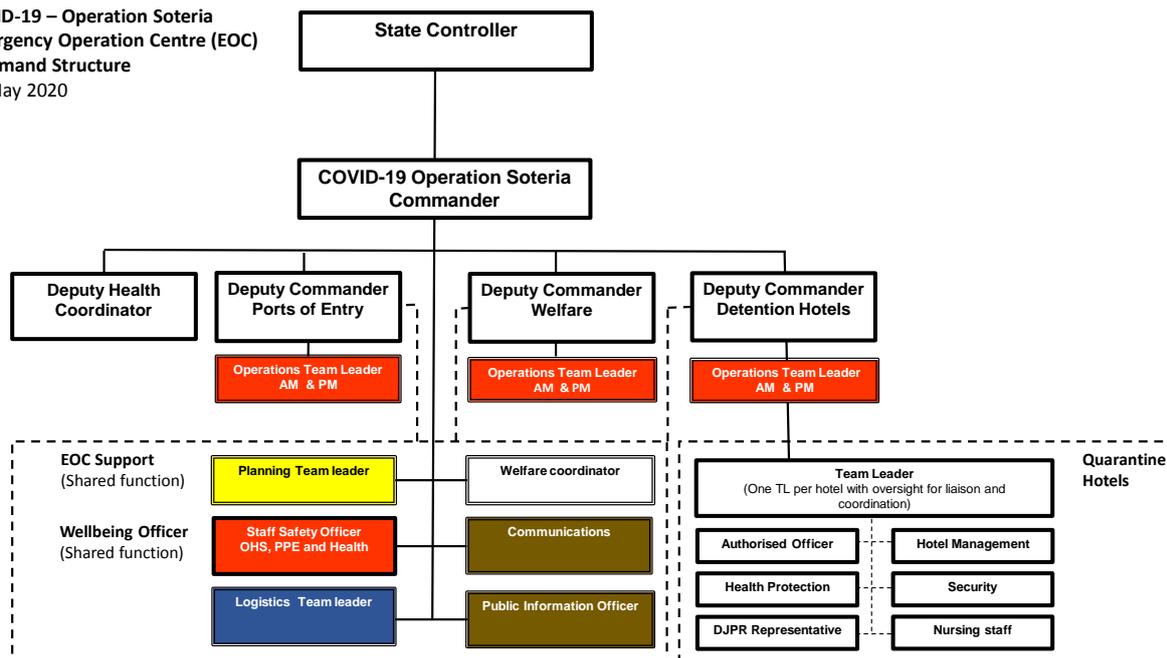
2.1 Contact details

Each hotel is provided with a generic phone for use by the Team Leader. A full list of hotel phone contacts is provided on the roster distributed by email each day. The roster also contains other important contact numbers, including how to reach the Operation Soteria Emergency Operations Centre (EOC).

¹ The term guest is used throughout this document to refer to individuals required to conduct mandatory quarantine.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

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



3 Hotel coordination and control arrangements

3.1 Health contacts

Health contacts include one general practitioner, one ED nurse, two general nurses and one mental health nurse. Nurses undertake the following roles:

- Provide 24 hour on-call medical support subject to demand.
- Provide checks to guests through a daily health and welfare check.
- Escalation to
 - On-site GP or telehealth GP
 - Off-site GP
 - NorthWestern Mental Health
 - Maternal and child health services
 - Hospital

The daily health and welfare checks include:

- Checking in with guests to broadly identify how they are coping in hotel quarantine and identify if they have COVID-19 symptoms.
- Escalate any issues arising, including conveying dietary requirements to hotel staff, recommendation to provide ongoing mental health assessments or escalating to 000. Where a nurse identifies complex needs, they will refer the case to the **Complex Assessment and Response Team (CART)**.

At the conclusion of the quarantine period, all guests are offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

3.2 Authorised Officer

An Authorised Officer (AO) is rostered for each hotel in three shifts 7:00 am-3:00 pm, 3:00 pm-11:00 pm and 11:00 pm-7:00 am. An AO has delegated powers under the *Public Health and Wellbeing Act 2008* and therefore broadly speaking provides advice and directives, in relation to the Victorian Chief Health Officer's (CHO) Directions under the State of Emergency.

This includes:

- Where required, check completed Direction and Detention Notice to confirm mandatory details have been completed by the guest. These details are to be recorded by the AO in the compliance app.
- Where required, explain the quarantine order to guests quarantined.
- If a person is refusing to comply with the 'Direction and Detention Notice' authorise Victoria Police to detain or arrest the person. The AO does not detain or arrest the individual.
- Where required, answer questions from hotel staff, security contractors and Victoria Police as to what guests are permitted to do, in line with the current CHO directions.
- Provide a handover to an AO rostered on the following shift.
- In consultation with their AO Team Leader or Deputy Commander AO Operations, AOs can make certain straightforward permissions for temporary leave (e.g. for medical treatments). All permissions must be recorded in the permissions register and COVID Compliance App. Please note, permissions are not exemption. AOs do not have authority to consider exemptions, these must be sent to COVIDquarantine@dhhs.vic.gov.au.

3.3 Department Jobs Precincts and Regions (DJPR) Site Contact

The Department of Jobs Precincts and Regions (DJPR) Site Contact represents DJPR as the accommodation, transport and security contract manager. DJPR are responsible for signing contracts with new hotels, engaging security firms to work at the hotels, coordination of the Government Support Service (GSS), coordinating the exit of people leaving quarantine, including their transport arrangements.

3.4 Welfare Check Team and CART

3.4.1 Welfare Check Team

The Welfare Check Team is located offsite from the hotel and their primary role is to conduct two phone surveys with guests on day 3 and 9 of their hotel quarantine period.

On day 3 the Welfare Check Team will undertake a comprehensive health, wellbeing and safety assessment. This will include verifying health information provided by guests upon hotel arrival to ensure essential information about medications, allergies or health issues have been identified and are being managed appropriately.

The team will seek to understand if there is anything that makes the guest feel unsafe, such as family violence and drug and alcohol dependencies and refer for escalation of risks as required. Identify what wellbeing strategies they can utilise to help them cope with hotel quarantine such as exercise, keeping in contact with loved ones etc. In addition, guests will also be asked to think about their exit strategy, in preparation for their exit from hotel quarantine.

On day 9, a shorter assessment is undertaken with guests to identify whether their needs are being met and to capture any feedback about their experience.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

3.4.2 CART

CART is located offsite from the hotel and take referrals from all services supporting the hotel detention including nurses, the hotel team leader, the Welfare Check Team, DJPR and AOs. CART are responsible for undertaking assessments where an individual and/or family is identified as having complex needs and requires support. CART can develop safety plans and risk management plans, which are informed by specialist, and work with professionals to ensure these plans are implemented at the hotel. In addition, they can assist an individual and/or family with an application for financial hardship assistance relating to accommodation stays. Please refer to the [Returned Traveller Hardship Policy](#) for further information.

For more information on the Welfare Cell and CART [Welfare Cell at a glance](#).

3.5 Security

Provide security services, including all ancillary services associated with the provision of security at the hotel location. This includes, but is not limited to:

- Accompanying guests in the lift to their floor and to their room (not for COVID positive guests).
- Assisting with arriving busses (such as getting luggage off bus if people need help).
- Being present to manage any on site security concerns.
- Maintaining presence on-floors, lobby and front door of each hotel.
- Receiving and checking parcels and logging details from courier services.
- Delivering parcels and food to rooms.
- Supporting outdoor breaks for guests in accordance with arrangements agreed at each hotel.
- Maintaining security.
- Assist with the checking out of guests.

4 Team Leader role

4.1 Job cards

The [Team Leader Job Card](#) outline roles and responsibilities for Hotel Team Leaders and Hotel Team Leader support staff in the hotels.

4.2 Daily schedule

Each day at a hotel is different and will depend on factors such as the number of entries and exits occurring and swab testing being conducted. While days can vary, there are some functions that occur daily; an example of a typical daily schedule at a hotel can be found [here](#).

4.3 Daily start of shift briefings

At the beginning of each shift, the Team Leader should provide a briefing to all personnel on the floor. This is a useful way of getting to know each other; and sharing information and priorities. This briefing should involve everyone present including the DHHS, DJPR, nurses, concierge staff, Authorised Officer, security representative, hotel representative and any other relevant parties. Physical distancing must be practiced during this time. A guide to providing a start of shift briefing is available here [start of shift briefing](#).

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

4.3.1 Daily Team Leader briefings with EOC

Team Leaders are asked to attend two daily briefings with the EOC. Briefings are chaired by the EOC and run for about 30 minutes. The purpose of the briefing is to provide a situational update, share information and provide Team Leaders with an opportunity to raise any urgent or significant issues.

Invitations for the briefings have been sent to each hotel's Outlook mail account and should appear in the calendar. Team Leaders should dial in at 11:00 am and 4:00 pm daily by phoning **1800 153 721** and using PIN:**REDACTED**

4.4 14-day schedule

People arriving from overseas are required to undertake 14 days of quarantine in a hotel. As a general guide, the 14 days that a person stays in quarantine generally follows this schedule:

- Day 0 - arrival & check in
- Day 3 – testing, Welfare Cell welfare call
- Day 9 – Welfare Cell welfare call
- Day 11 - testing
- Day 13 - last full day
- Day 14 - exit

4.5 Airport Arrival and hotel documentation

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

Team Leaders should liaise with the hotel and request **four copies** of each of these questionnaires for distribution to the nurses, hotel, DJPR (to reconcile reimbursements) and Authorised Officer.

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

4.6 During the stay at the hotel

4.6.1 Food allergies – people staying in hotels

Upon arrival at Melbourne Airport, passengers will be provided with a food safety questionnaire that must be completed and handed to DHHS staff on arrival at the hotel.

IMPORTANT: Team Leaders should check all food safety questionnaires and identify those where a passenger has answered 'yes' to Questions 1 or 4. Where this is the case, refer to the [Process for people with food allergies](#) for further information about alternative arrangements for people with food allergies.

4.6.2 Interpreter booking process

LanguageLoop is the language provider that should be used for all interpreter requirements. The contact number for LanguageLoop is 9280 1955 (for calls greater than 90 minutes, phone 9280 1900 to make a booking).

This number will take you to an automated system. Enter the LanguageLoop code **REDACTED**. Press # for the next two options and when requested enter the number for the hotel (including the area code). LanguageLoop will then call the hotel and make a conference call with you.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

When you have LanguageLoop on the line, press the conference button, then dial the room number. When the guest answers, select the conference button again. All three parties should then be on the line.

4.6.3 Fresh Air Policy

Team Leaders should endeavour to provide quarantined guests with access to fresh air in line with the [Exercise and Fresh Air Implementation Plan](#). Team leaders are to ensure that PPE is available, and procedures are followed in accordance the PPE guidelines for [healthcare workers](#), and for [hotel security and AOs](#).

4.6.4 Nurse Health Record

All hotels now have access to the Nurse Health Record app, for nurses to use in documenting all guest care encounters. All nurses are expected to use this app wherever possible, and to digitise any handwritten records as soon as possible after creation.

The role of the Team Leader in the Nurse Health Record is:

- Champion the uptake and usage of the Nurse Health Record.
- Ensure all nurses have access DHHS login to the Nurse Health Record.
- Request accounts be created for nurses without access and distribute login.
- Maintain visibility and a record of hardware provided to nurses for the purposes of accessing the Nurse Health Record.
- Encourage nurses to attend training sessions

Team Leaders are emailed frequently with information about how to request and access credentials for staff members.

For operational advice, you may contact the Operation Soteria inbox, attention to Health Coordination.

For technical advice, you or the user can email ComplianceAndWelfareApplicationSupport@dhhs.vic.gov.au or phone 1300 799 470 (option 5), from 8:00 am to 8:00 pm each day.

The user guide for the Nurse Health Record app is available at <https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>.

4.7 Reporting

4.7.1 Team Leaders need to be aware of reporting processes for:

- complaints
- incidents
- Day 3 and Day 11 swab testing

4.7.2 Complaints process

Wherever possible, the principle of local resolution should be applied. Team Leaders should utilise resources at their disposal (the hotel, Authorised Officer, nurses and other medical staff) to try and resolve issues directly.

If the hotel team is unable to resolve the complaint, escalate to the EOC Operations Lead via email to dhhsopsoteriaEOC@dhhs.vic.gov.au. direct the guest to the DHHS complaints process at <https://www.dhhs.vic.gov.au/making-complaint>. Available on this website is a fact sheet on how to make a complaint (available in easy-English format and multiple other languages), along with the current DHHS Feedback management policy.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

Complaints can be registered online (eform), via email or over the phone. The DHHS Feedback team will register the complaint and refer to the appropriate team for resolution.

HR / staff complaints are to be emailed to the EOC via dhhsopsoteriaEOC@dhhs.vic.gov.au and will be managed by the Deputy Commander Hotels.

4.7.3 Incident reporting process

Major incidents, or alleged major incidents that involve or significantly impact upon quarantined individuals during airport reception, hotel quarantine guests or staff during the provision of accommodation services must be reported using the incident reporting process outlined in the Operation Soteria Plan. Examples of incidents that need to be reported include injury, death, sustaining/diagnosis of a life threatening or serious illness, and assault/crime.

When an incident occurs an incident report must be completed by the most senior departmental staff member immediately involved in the management of the incident onsite, with support of the relevant Deputy Commander. **A major incident also requires verbal escalation to the Deputy Commander Hotels, 24 hours a day, 7 days a week.** Click here to see the full Incident Reporting process [COVID 19 Incident Reporting Process](#) and here to access the incident report template [Incident Report Template](#)

4.7.3.1 Internal

All occupational health and safety hazards, incidents and near misses involving any DHHS employed staff must be registered in the eDINMAR system as per normal DHHS procedures <https://intranet.dhhs.vic.gov.au/edinmar-system>

4.7.3.2 Privacy concerns

All privacy breaches and near misses must be registered using the DHHS privacy incident reporting form <https://feedback.dhhs.vic.gov.au/layout.html#/privacy>. For advice and assistance, please email privacy@dhhs.vic.gov.au

4.7.4 Day 3 and Day 11 Swab testing

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. Team Leaders and support staff have a responsibility to report information about testing activities into the EOC by 5pm or before on the day of testing.

More information about this process is detailed here: [Day 3 and Day 11 swab testing](#)

4.7.5 Escalations

Every day, a number of challenges are likely to arise that you need to resolve. These may be related to the needs of guests or to some other part of the operation. The challenges will be many and varied and you should always utilise the colleagues around you, as well as staff from the hotel, to try and find a solution at the hotel level. There will however be circumstances that arise that cannot be easily resolved at the hotel and need to be escalated (including HR/ staff matters). You are provided with a single escalation point through the EOC which can be reached via phone on 9412 2613 (24 hours a day, 7 days a week) or email at dhhsopsoteriaeoc@dhhs.vic.gov.au.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

5 Handover

Team Leaders must fill out the [handover notes](#) form prior to completion of their shift. Handovers are an important way of passing on information from one shift to the next, whether that is from morning to afternoon shift, or overnight to the next day. Well documented handover notes are the best way you can support your colleagues to understand the current issues in your hotel. Your handover notes should include at a minimum any pertinent information about guests by room number and other information of a general operational nature. A general summary of the shift is also useful to include under the 'General Notes' section.

Handover notes should be maintained in the following location in Teams, based on the hotel you are working at: *General > Hotel Sites Specific Folders > [Your hotel name] > Handover.*

6 Logistics

6.1 General

For each hotel location, Team Leaders are to ensure all stores for the general operations, nurses and concierge are fully stocked and in location. Minimum requirements are outlined in the [Quarantine hotel bump-in checklist](#).

6.2 Pharmaceutical

The doctor/general practitioner on duty will determine what pharmaceuticals need to be ordered. The concierge team is responsible for assisting to make the order, if requested by the doctor.

Pharmaceuticals can include:

- Prescription and over the counter (OTC) medications
- Cleaning wipes
- Hand sanitiser
- Batteries for medical equipment
- Covers for medical equipment
- Garbage bags

All hotels can access the following Supercare pharmacies (24 hours a day, 7 days a week) to support guests in quarantine:

- HealthSmart Pharmacy
- Victorian Comprehensive Cancer Centre
- 311 Gratten Street, Melbourne
- Phone: 9045 9777
- Email: vccc.dispensary@livehealthsmart.com.au
- Carnovale Pharmacy
- 149 Somerville Road, Yarraville
- Phone: 9314 7557
- Email: carnavalepharmacy@live.com

Please see the [Medicines and Poisons Storage Policy](#) for information of how to safely store medication.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

6.3 Personal protective equipment (PPE)

Team Leaders must ensure there is enough PPE to last a minimum of **three business days**. PPE is to be worn in accordance with the PPE guidelines for [healthcare workers](#), and for [hotel security and AOs](#). To order PPE follow the directions in the [PPE ordering for hotels guidelines](#) and email your request with subject line **PPE Order <hotel name>** to: dhhsopssteriaeoc@dhhs.vic.gov.au. PPE includes:

- Face masks
- Gloves
- Gowns
- Eye protection
- Hand sanitiser

6.4 Clinical waste bins and sharps containers

The collection of clinical waste bins and sharps containers will be undertaken by contractors 'Cleanaway Daniels' on a weekly basis; every Monday, Wednesday and Friday between the hours of 8:00 am and 12:00 pm.

Clinical waste bins and sharps containers must be placed by staff at the loading dock / bin collection point for contractors.

If uncertain of how to dispose of left-over pharmaceuticals; these items should be returned to the pharmacy for the correct disposal.

Team leaders can advise of additional requirements by emailing dhhsopsoteriaeoc@dhhs.vic.gov.au . The SOP for waste management can be found at [Waste Management SOP](#)

6.5 Stationery

To order stationery, email your stationery request with subject line **Stationery Order <hotel name>** to dhhsopsoteriaeoc@dhhs.vic.gov.au. Include the product details and quantities to your request. Stationery can include:

- Binder folders
- Plastic notebooks
- Highlighters
- Blue tack
- Permanent markers/pens
- Staplers

6.6 Cab charge

To obtain cab charge vouchers, please email your request to the EOC with the subject line **Cab charge <hotel name>** to dhhsopsoteriaeoc@dhhs.vic.gov.au . Hotels should always keep 10 cab charges on hand. Team Leaders are to keep a record of cab charge use. These are used for one-off transports, i.e. guest medical appointments. DJPR (through GSS) will provide a Cabcharge voucher and arrange a taxi for guests exiting quarantine.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

6.7 Transport of COVID, close contact and other guests

The [Transport of guests](#) guide has been developed to give guidance on transporting confirmed COVID-19 cases and their close contacts in a way that minimises the risk of further spread of the disease. It also sets out transport arrangements for presenting to hospital for medical care, and transport arrangements at the end of quarantine. This guide applies to hospitals, health services, mandatory quarantine sites, transport providers, and others needing to coordinate the movement of individuals.

For all medical emergencies call Ambulance Victoria '000'.

For all non-emergency patient transport (NEPT).

The Ambulance Emergency Operations Centre (AEOC) will coordinate all non-urgent transfers, including St John Ambulance. This service is available seven days a week. As much as possible, these arrangements should be utilised between 08:00 am and 4:00 pm.

- Complete the [Operation Soteria Patient Transport Request Form](#)
- Contact the AEOC on 1300 851 121 between 8:00 am – 8:00 pm.

Commercial taxis

Bookings can be made through 13cabs (03) 9277 3877. Wheelchair accessible commercial passenger vehicles (WAVs) may be used to transport COVID-19 positive passengers where non-emergency patient transport services are not available.

6.8 Deliveries to hotel guests

Deliveries will be accepted between 9:00 am and 8:00 pm daily. Deliveries will be processed by the security. All deliveries except food delivery companies are to be searched by security. The full process is located in the [hotel delivery policy](#).

To maintain safe quarantine conditions only authorised drivers are permitted to deliver items to the hotel. Those without authorisation will be turned away.

6.9 Miscellaneous requests for items

If you receive grocery orders or other requests for items, that are not health equipment, PPE or stationery, please email your request with the subject line **<type of order> and <hotel name>** to DJPR via email:

DPJRCovidaccom-lead@ecodev.vic.gov.au

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

7 Shared mailboxes for hotels

A generic email mailbox has been setup for each of the quarantine hotels to support communication from and to the Team Leaders. Team Leaders have been provided access to all the hotel mailboxes to accommodate changes to rosters. Please contact the EOC if you are unable to access the generic mailbox.

Please use these generic email accounts for all communications regarding the hotel. Note: These mailboxes can only be accessed by DHHS staff.

A list of the generic hotel mailboxes is available below:

- Crowneplaza@dhhs.vic.gov.au
- Crownmetropol@dhhs.vic.gov.au
- Crownpromenade@dhhs.vic.gov.au
- Rydgesswanston@dhhs.vic.gov.au
- Novotelsouthwharf@dhhs.vic.gov.au
- Novoteloncollins@dhhs.vic.gov.au
- Panpacific@dhhs.vic.gov.au
- Parkroyal@dhhs.vic.gov.au
- Travelodgedocklands@dhhs.vic.gov.au
- Travelodgesouthbank@dhhs.vic.gov.au
- Mercure@dhhs.vic.gov.au
- Melbournemarriott@dhhs.vic.gov.au
- HolidayInnAirport@dhhs.vic.gov.au
- Holidayinmelbourne@dhhs.vic.gov.au
- Fourpoints@dhhs.vic.gov.au
- Grandhyatt@dhhs.vic.gov.au
- Stamfordplaza@dhhs.vic.gov.au
- Grandchancellor@dhhs.vic.gov.au

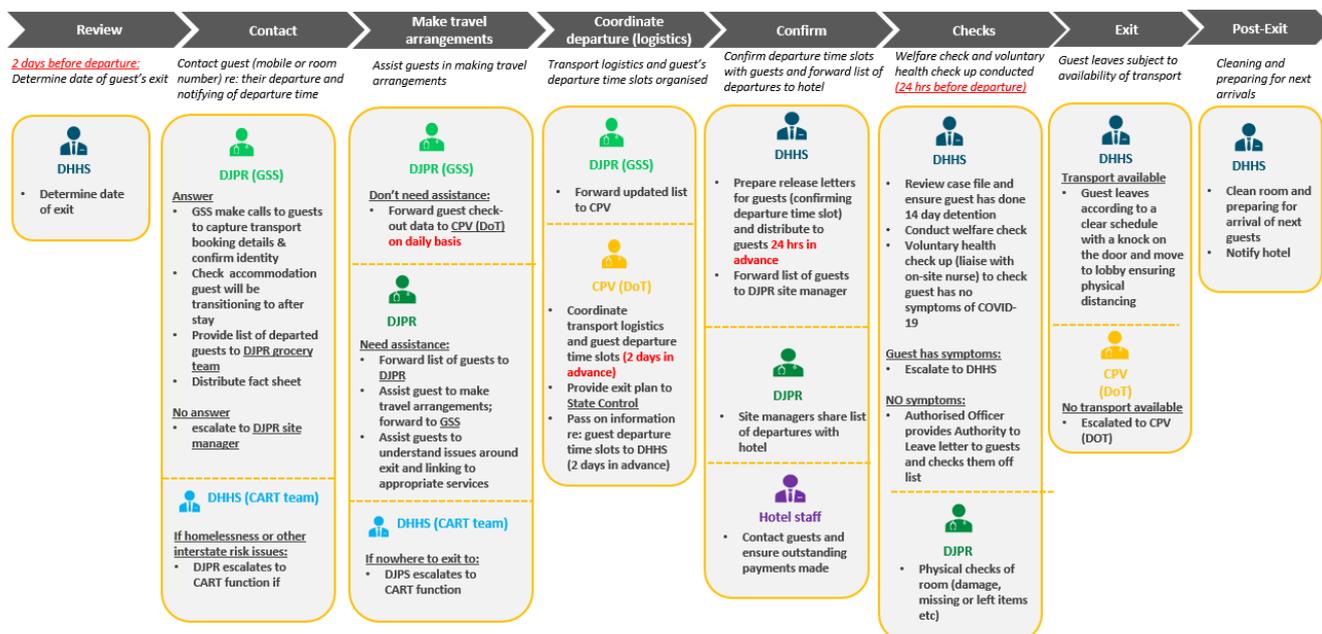
If you are unsure how to set up or access a mailbox from your login, please consult this [guide](#).

8 Exit of accommodation arrangements

Team leaders should be aware of the exit procedure for guests completing their mandatory quarantine to support Authorised Officers with any operational requirements. The below table outlines key stages and responsibilities for the exit process. The policy for exiting processes can be found here [Exit of accommodation arrangements](#).

Exit of accommodation – key stages and responsibilities

Goal: to safely exit people and ensure their health and wellbeing



9 Rostering

Rosters are confirmed, updated and circulated daily. If you have any queries or unable to perform your shift at short notice, please email the EOC. Email any queries or shift changes with the subject line **For action: Team Leader shift change <hotel name>** to: dhhsopsoteriaeo@dhs.vic.gov.au

On completion of shifts, Team Leaders are to ensure that [time sheets](#) are submitted to substantive Line Managers for approval and then uploaded to Our Service for processing. If Line Managers are hesitant to sign time sheets, they can call the EOC on 9412 2731. Additionally, a copy of the roster can be provided to Line Managers to validate hours worked.

Team Leader Pack - Hotels

Operation Soteria

Contents

Team Leader tasks	1
Supply orders	2
Pharmaceutical	2
Personal Protective Equipment (PPE)	3
Stationery	3
Miscellaneous	5
Cab charge	5
Clinical waste bins and sharps containers	5
Food allergies for people staying in hotels	6
Shared mailboxes for hotels	7
Exit of accommodation arrangements	8
Departures from Hotels	8
Rostering	8
Escalations	9
Daily teleconference check-in	9
IT Issues	9
Frequently Asked Questions	9

Team Leader tasks

Daily site meetings

Team Leaders must facilitate a daily meeting with staff on site from DJPR, hotel management, security and nurses to share intel on issues and activities in the hotel. Suggested time for this meeting is 2.45 pm to allow for inclusion of the incoming shift and to inform reporting back to the daily Team Leader meeting at 4.00 pm.

Upon passenger arrival at the hotel:

1. Team Leaders must liaise with the hotel and request **3 copies** of:
 - welfare questionnaire
 - food safety questionnaire

Questionnaires must be distributed to the hotel ED Nurse, hotel and Authorised Officer.

During passenger stay at the hotel:

2. Team leaders must ensure there is sufficient PPE to last a minimum of **3 business days**.
3. Ensure clinical waste bins and sharps containers are placed by staff at the loading dock/bin collection point for contractors Cleanaway Daniels to collect on a weekly basis, every **Monday, Wednesday and Fridays** between the hours of **7.00am and 12.00pm**.
4. Ensure that you can access the shared mailbox for the hotel you are operating from for all hotel related communications.

Passenger exit at the hotel:

5. Team leaders should be aware of the exit arrangements for residents completing their mandatory quarantine at the hotel to support any operational requirements.

Supply orders

Pharmaceutical

Procedure	Key contacts
<p>1. The doctor/general practitioner on duty will determine what pharmaceuticals need to be ordered. The concierge team is responsible for assisting to make the order, if requested by the doctor.</p> <p>Pharmaceuticals can include:</p> <ul style="list-style-type: none"> – prescription and over-the-counter (OTC) medications – cleaning wipes – hand sanitiser – batteries for medical equipment – covers for medical equipment – garbage bags <p>2. All hotels can access the following Supercare pharmacies, (available 24/7) to support residents in quarantine. Account arrangements are in place at Supercare pharmacies and they can arrange delivery.</p> <p>3. Team Leaders have authority to use other pharmacies if you cannot source pharmaceutical supplies at the Supercare pharmacies.</p> <p>Payment can be made by departmental credit card. Team Leaders have the</p>	<p>HealthSmart Pharmacy</p> <p>Victorian Comprehensive Cancer Centre 311 Grattan St, Melbourne (03) 9045 9777</p> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  vccc.dispensary@livehealthsmart.com.au </div> <p>Carnovale Pharmacy</p> <p>149 Somerville Road, Yarraville (03) 9314 7557</p> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">  carnovalepharmacy@live.com </div> <p>If you are advised there is no stock for the items you need to order at the Supercare pharmacies, please contact the below pharmacies as an alternative.</p> <p>Core Pharmacy Tullamarine</p> <p>(03) 9338 1504</p> <ul style="list-style-type: none"> • Holiday Inn Melbourne Airport • Park Royal Melbourne Airport <p>Core Pharmacy Brunswick</p> <p>(03) 9380 9118</p> <ul style="list-style-type: none"> • Four Points Hotel Docklands • Novotel

Procedure	Key contacts
<p>authority to use a departmental card for authorised transactions to support COVID-19.</p> <p>COVID-19 cost code: 6585 identifier: E0097.</p> <p>If a Team Leader or staff member onsite do not have a departmental credit card, support can be requested through dhhsopsoteraeoc@dhhs.vic.gov.au.</p>	<ul style="list-style-type: none"> • Pan Pacific • Batman Hill • Travelodge Southbank • Travelodge Docklands • Rydges <p>Southgate Pharmacy (03) 9699 7000</p> <ul style="list-style-type: none"> • Crown Plaza • Crown Promenade

Personal Protective Equipment (PPE)

Procedure	Key contacts
<ol style="list-style-type: none"> 1. Team leaders must ensure there is sufficient PPE to last a minimum of 3 business days. 2. PPE includes: <ul style="list-style-type: none"> – face masks L2 and N95 – Gloves S, M, L, XL – gowns – eye protection (Goggles) – hand sanitiser 3. To order PPE, email subject line PPE Order <hotel name> 4. In Body of email advise product and quantity 	<div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;">  dhhsopsoteraeoc@dhhs.vic.gov.au </div>

Stationery

Procedure	Key contacts
<ol style="list-style-type: none"> 1. To order stationery, include the product details and quantities with your request. 2. Stationery can include: <ul style="list-style-type: none"> – binder folders – plastic notebooks – highlighters 	<ol style="list-style-type: none"> 3. Email your stationery request with subject line Stationery Order <hotel name> to: <div style="border: 1px solid black; padding: 5px; margin-top: 5px; display: flex; align-items: center;">  dhhsopsoteraeoc@dhhs.vic.gov.au </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; display: flex; align-items: center;">  DJPRcovidaccom-support@ecodev.vic.gov.au </div>

Procedure	Key contacts
<ul style="list-style-type: none">- blue tack- permanent markers, pens- staplers	

Miscellaneous

Procedure	Key contacts
<p>1. If you receive grocery orders or other requests for items, that are not health equipment, PPE or stationery, please email DJPR.</p>	<p>2. Email your request with the subject line <type of order> and <hotel name> to:</p> <p>Department of Jobs, Precincts and Regions (DJPR)</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">  DJPRcovidaccom-lead@ecodev.vic.gov.au </div> <div style="border: 1px solid black; padding: 2px;">  DJPRcovidaccom-support@ecodev.vic.gov.au </div>

Cab charge

Procedure	Key contacts
<p>1. If you require cab charges, please email your request to the SEMC.</p>	<p>2. Email your request with the subject line Cab charge <hotel name> to:</p> <div style="border: 1px solid black; padding: 2px;">  dhhsopsoteraeoc@dhhs.vic.gov.au </div>

Clinical waste bins and sharps containers

Procedure	Key contacts
<p>1. The collection of clinical waste bins and sharps containers will be undertaken by contractors Cleanaway Daniels on a weekly basis, every Monday, Wednesday and Fridays between the hours of 7.00am and 12.00pm.</p> <p>2. Bins and sharps containers must be placed by staff at the loading dock/bin collection point for contractors</p> <p>3. If uncertain of how to dispose of left-over pharmaceuticals, these should be returned to the pharmacy for the correct disposal.</p>	<p>4. Team leaders can notify the State Emergency Management Centre for any additional requirements by contacting:</p> <div style="border: 1px solid black; padding: 2px;">  dhhsopsoteraeoc@dhhs.vic.gov.au </div>
<p>Supporting documents</p> <ul style="list-style-type: none"> • Waste Mgt SOP-1.0 	

Food allergies for people staying in hotels

Procedure	Key contacts				
<p>1. Upon arrival at Melbourne Airport, passengers will be provided with two questionnaires that must be completed and handed to DHHS staff at the hotel on arrival. These are the Welfare questionnaire and Food safety questionnaire.</p> <p>2. Team Leaders will liaise with the hotel and request 3 copies of each questionnaire for distribution to the ED Nurse, hotel and Authorised Officer.</p> <p>3. IMPORTANT Team Leaders should check all Food safety questionnaires and identify those where a passenger has answered 'yes' to questions 1 or 4. Refer to the COVID-19 Hotel isolation: Process for people with food allergies and COVID-19 Hotel isolation: Meal order information for people with food allergies on more information about alternate arrangements for people with food allergies.</p>	<p>Department of Jobs, Precincts and Regions (DJPR)</p> <table border="1" data-bbox="826 530 1501 610"> <tr> <td data-bbox="831 537 911 603"></td> <td data-bbox="916 537 1497 603">DJPRcovidaccom-lead@ecodev.vic.gov.au</td> </tr> </table> <table border="1" data-bbox="826 663 1501 743"> <tr> <td data-bbox="831 670 911 737"></td> <td data-bbox="916 670 1497 737">DJPRcovidaccom-support@ecodev.vic.gov.au</td> </tr> </table>		DJPRcovidaccom-lead@ecodev.vic.gov.au		DJPRcovidaccom-support@ecodev.vic.gov.au
	DJPRcovidaccom-lead@ecodev.vic.gov.au				
	DJPRcovidaccom-support@ecodev.vic.gov.au				

Supporting documents
<ul style="list-style-type: none"> • Food safety questionnaire • Welfare questionnaire • COVID-19 Hotel isolation: Process for people with food allergies • COVID-19 Hotel isolation: Meal order information for people with food allergies

Shared mailboxes for hotels

Procedure	Key contacts		
<p>1. A generic email mailbox has been setup for each of the quarantine hotels to support communication from the hotel Team Leaders and the recipients as a departmental record and handover.</p> <p>2. Team Leaders have been provided access to all the hotel mailboxes to accommodate changes to rosters.</p> <p>3. Please use these generic email accounts for communication regarding the hotel. <i>Note:</i> These mailboxes can only be accessed by DHHS staff.</p> <p>4. A list of the generic hotel mailboxes is available below:</p> <ul style="list-style-type: none"> ☑ Crowneplaza@dhhs.vic.gov.au ☑ Crownmetropol@dhhs.vic.gov.au ☑ Crownpromenade@dhhs.vic.gov.au ☑ Rydgesswanston@dhhs.vic.gov.au ☑ Novotelmelbourne@dhhs.vic.gov.au ☑ Panpacific@dhhs.vic.gov.au ☑ Parkroyal@dhhs.vic.gov.au ☑ Travelodgedocklands@dhhs.vic.gov.au ☑ Travelodgesouthbank@dhhs.vic.gov.au ☑ Mercure@dhhs.vic.gov.au ☑ Melbournemarriott@dhhs.vic.gov.au ☑ HolidayInnAirport@dhhs.vic.gov.au ☑ Fourpoints@dhhs.vic.gov.au ☑ Grandhyatt@dhhs.vic.gov.au ☑ HolidayInnMelbourne@dhhs.vic.gov.au <p>5. Please also refer to the COVID-19 Generic mailboxes: Accessing the mailboxes for the hotels guide for further</p>	<p>5. Team leaders can notify the State Emergency Management Centre for any access issues to these shared mailboxes by contacting:</p> <table border="1" data-bbox="826 514 1497 592"> <tr> <td data-bbox="831 521 906 585">  </td> <td data-bbox="911 521 1492 585"> dhhsopsoteraeoc@dhhs.vic.gov.au </td> </tr> </table>		dhhsopsoteraeoc@dhhs.vic.gov.au
	dhhsopsoteraeoc@dhhs.vic.gov.au		

Procedure	Key contacts
set-up information.	

Supporting documents
<ul style="list-style-type: none"> COVID-19 Generic mailboxes: Accessing mailboxes for the hotels

Exit of accommodation arrangements

Procedure	Key contacts
<ol style="list-style-type: none"> Team leaders should be aware of the exit arrangements for residents completing their mandatory quarantine at the hotel to support Authorised Officers with any operational requirements. 	

Supporting documents
<ul style="list-style-type: none"> Operation Soteria: Exit of accommodation arrangements

Departures from Hotels

The tasks for Hotel Team Leaders on the day of exit for are minimal. The primary role is to (maybe, not always) call rooms to say it is time to come down to reception to check-out, and perhaps escort them to a taxi. Team Leaders may also need to troubleshoot issues if required but this tends to be minimal. DJPR, hotels and AOs take care of everything else. A fact sheet relating to exit from hotels is available in the Teams folder.

Rostering

Procedure	Key contacts
<ol style="list-style-type: none"> Rosters are confirmed, updated and circulated on a daily basis to all team leaders. If you have any queries or unable to perform your shift at short notice, please assist by emailing the SEMC. 	<ol style="list-style-type: none"> Email any queries or shift changes with the subject line For action: Team Leader shift change <hotel name> to: <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;">  dhhsopsoteriaeoc@dhhs.vic.gov.au </div>

Escalations

Every day a number of challenges are likely to arise and come to you to solve. These may be related to the needs of guests or to some other part of the operation. The challenges will be many and varied and you should always utilise the colleagues around you, as well as staff from the hotel, to try and find a solution at the hotel level. Of course there will no doubt be circumstances that arise that cannot be easily resolved at the hotel and need to be escalated. You are provided with a single escalation point – the Accommodation Emergency Operations Centre – which can be reached via phone or email on the details below.

Escalation by phone: Please dial: **REDACTED**

This number is available 24 hours a day, 7 days a week.

Escalation by email: Please email : dhhsopsoteraeoc@dhhs.vic.gov.au

Daily teleconference check-in

There are two daily teleconferences where Team Leaders at the hotels and the Accommodation Emergency Operations Centre (EOC) come together to check-in and discuss any issues. These meetings run no longer than 30 minutes. Team Leader should attempt to attend these meetings. Dial in details are as follows:

Dial-in Number:

REDACTED (Australia) or Local Access Number **REDACTED**

Participant PIN **REDACTED**

IT Issues

If you have issues with IT (laptops not working or missing, printers not working, trouble accessing Teams or email), please contact the following IT support team to support you. They may be able to assist you over the phone or alternatively come out to the hotel if needed:

Phone: **REDACTED**

Email: workspacesupportCOVID@dhhs.vic.gov.au

Frequently Asked Questions

The following section contains a number of questions and answers as known to those questions at this point in time. This will continue to be updated over time.

What is the current policy on separation of positive and negative cases in quarantine if they are staying in the same room?

We recommend that people separate but they don't have to. If they choose not to separate, they must be aware that the non-positive person will need to quarantine for a period of 14 days after they were last exposed to a confirmed case. In other words, once the confirmed case has been cleared, the other person must then remain isolated for a period of 14 days.

What is the current policy on positive guests leaving detention before the end of the 14 days?

If a person is positive after 14 days their detention is lifted but they still must meet the directive for isolation. Victorians can go home on this case, but if they are interstate they cannot return interstate until they are cleared.

What is the role of an Authorised Officer with regard to exercise breaks and removing items from care packages?

A 'flying squad' model for AOs was introduced on Saturday 18th April. Information provided on 18th April is the following:

Exercise Breaks

Given AOs will be moving between hotels more often, the following approach should be taken;

- AOs seek advice from the nurses as to the people most in need of a fresh air break
- AOs to list the priority people on the register of fresh air breaks and call them to let them know they're on the list for a break and the conditions applicable.
- Security to implement fresh air breaks one person at a time
- If everyone on the priority list gets a break and there's time for more, begin the above process again.

Care packages

AOs are **not to take anything out of a care package**. If you're aware of anything in a care package that you're concerned about by all means report it to the EM Team Leader and/or Hotel Concierge but do not, even if asked, take it out.

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.

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

Quarantine Hotel Bump in Checklist

Approved

Date: TBA By: TBA

General

- Make contact with operations Hotel Operations or General Manager
- Make contact with DJPR hotel contact
- Identify workspace for both nursing and concierge staff
- Create hotel folder in share point
- DHHS rostered staff have access to share point site
- PPE Posters
- Seats for security on each floor
- Arrange for meals for nursing, AO, Team Manager and agency staff
- Ensure DJPR stores order has been made
- Fridge for lunches/drinks
- 2 x mobile phones for AO and Nurses
- 2 x laptops for AO and Nurses
- Copy of room service menu
- Copy of letter from hotel to guests
- Hotel passes for nurses, AO, Team Leader and Concierge Support staff
- Tables and chairs for both nursing and concierge support room

Nurses

Stationary

- Phone for clinical nurses
- Phone for Mental Health Nurse
- Flip chart
- Whiteboard
- Whiteboard markers
- One 2 ring binder for each floor of hotel
- Plastic sleeves
- Manella folders

Quarantine Hotel Bump in Checklist

- Pens
- Highlighters
- Coloured sticky tabs
- Filing trays
- Stapler

PPE

- Gowns x 50
- Masks N95 x 150
- Masks surgical x 150
- Gloves x 300 (multiple sizes)
- Goggles x 50
- Sanitiser

General

- Swabs for COVID-19 testing – 3 boxes
- Wipes
- Sharps containers x 1
- Thermometer (non-contact) x 1
- Thermometer (tympanic) x 1
- Thermometer covers
- Dressing /tourniquet – basic range 5 kits
- Pathology slips x 200
- Pathology bags x 300
- Blood pressure monitor x 1
- Sats monitor x 1
- Path test tubes, needles, syringes, alcohol swabs
- Hazardous waste bins (one on each floor, one in nurse's office, one in each male and female toilet)
- Hazardous waste bags
- Fridge for samples
- Thermometer for fridge

Consumables

- Advil x 8

Quarantine Hotel Bump in Checklist

- Band-aids x 3
- Condoms x 3
- Savlon x 1
- Vaseline x 1
- Strepsils X 4
- Elevit x 2
- Gaviscon x 1
- Hydralyte x 2
- Saline Solution x 2
- EpiPen Jnr x 1
- EpiPen x 1
- Nicorette Patches x 12
- Mylanta 2 go x 1
- Panadol 1-5 years x 1
- Panadol 1 month to 1-year x 1
- Mega Magnesium X 1
- Cepacol Mouthwash X 1
- Vitamin C X 1
- Vitamin D X 1
- Mega Zinc X 1
- Gastro Stop x 4
- Fenpaed x 1
- Fleet enema x 2
- Panadol Osteo x 1
- Buscopan x 3
- Bonjela x 1
- Cetirizine x 4
- Clearblue x 3
- Nicorette quickmist x 2
- Nicorette cooldrops x 1
- Paracetamol Pain Relief x 6
- Ibuprofen x 4
- Voltaren x 5

Quarantine Hotel Bump in Checklist

Concierge Support

- Note pads
- Pens
- 2 hotel phones
- 1 whiteboard
- Whiteboard markers
- Bags for support items to be delivered in

Quarantine Hotel Team Leader

Daily Schedule

Time	Task
07:00	Check Team Leader PM handover notes
08:00	Hotel staff briefing (DHHS, DJPR, nurses, concierge staff, Authorised Officer, security representative, hotel representative)
12:30	Meal break
11:00	Team Leader teleconference – phone: REDACTED , PIN: REDACTED
13:30	AM Team Leader finalise handover notes
14:00	PM Team Leader review AM Team Leader handover notes
14:30	Hotel staff briefing (DHHS, DJPR, nurses, concierge staff, Authorised Officer, hotel representative)
16:00	Team Leader Teleconference – phone: REDACTED , PIN: REDACTED
17:00	Provide swab testing data to EOC – email: dhsoperationsoteriaEOC@dhhs.vic.gov.au
18:00	Meal break
21:30	PM Team Leader finalise handover notes
Daily tasks – check the following throughout the day	
<ul style="list-style-type: none"> • PPE stocks • Swab testing requirements for upcoming day • Pharmacy orders • Stationery stocks • Handover notes 	

COVID-19 – Hotel isolation:

Meal order information for people with food allergies

Thank you for completing the Food Safety questionnaire form and advising the department of your food allergy.

The hotel and government cannot guarantee that your dietary needs can be met by the hotel. Those with food allergies will need to purchase food consistent with their dietary needs using the UberEats online service, as suitable hotel catering will not be available.

This information sheet will provide you with information about how to order meals through UberEats, the amounts reimbursable for meals and the process for reimbursement. **Please note that you will be responsible for purchasing meals that meet your dietary requirement and the hotel and government accept no liability if the meals do not meet those requirements.**

The DHHS Team Leader will advise the hotel Duty Manager regarding this arrangement so they and the hotel kitchen are aware you will be sourcing your own meals.

To make an order through UberEats, download the application on the Apple store (for iPhone) or Google Play store (for Android). Create your account and place your order as appropriate. Issues with the app can be supported through UberEats customer support line - 1300 091 272.

Guests are permitted to purchase meals up to the value of:

- \$20 per meal for breakfast
- \$25 per meal for lunch
- \$40 per meal for dinner.

Guests who will be purchasing meals through Uber Eats must purchase meals using their own funds but **retain receipts** for all purchases to enable reimbursement by the Victorian Government.

A reimbursement form is attached at Attachment A. You should return this form and all original receipts to the Department of Health and Human Services within 60 days of the end of your isolation period at the hotel. **Please note only those individuals who have declared a food allergy at the beginning of their stay and have been approved to use this process will be permitted to purchase food through UberEats and have it reimbursed by the department.**

The Department of Jobs, Precincts and Regions has put in place arrangements across all hotels to permit UberEats drivers to deliver food to the hotel. Security staff will receive meals from UberEats drivers and deliver directly to your room.

Thank you for your understanding. If you have any questions about this process, please direct to the DHHS Team Leader located at your hotel.

ATTACHMENT A**COVID-19 – Victorian Hotel Isolation****Reimbursement Form for meal purchases**

Name:	
Hotel:	
Room Number:	
Date Checked-in:	
Date Checked-out:	
Breakfast	
Total number of breakfasts to reimburse	
Total value of breakfasts to reimburse	\$
Lunch	
Total number of lunches to reimburse	
Total value of lunches to reimburse	\$
Dinner	
Total number of dinners to reimburse	
Total value of dinners to reimburse	\$
TOTAL	
Total Claim Amount	\$

Bank Account details (for reimbursement purposes):

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts. The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:

Emergency Management Branch
 Department of Health and Human Services
 Level 16, 50 Lonsdale Street
 Melbourne, 3000

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

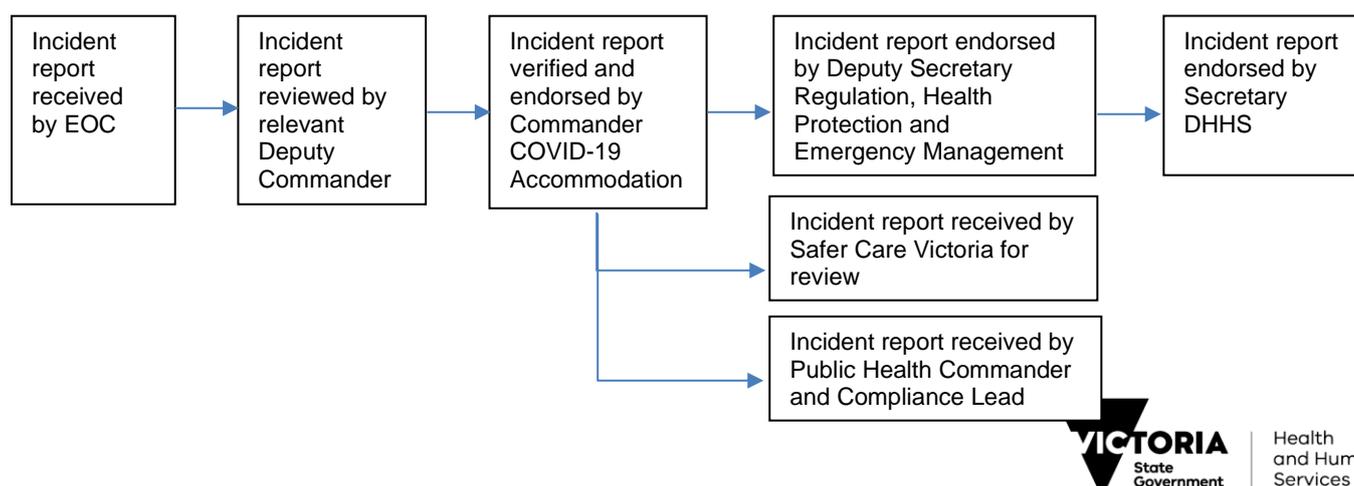
This section outlines the steps required for reviewing and endorsing incident reports, once provided to the DHHS Commander COVID-19 Accommodation via dhhsopsotertiaeoc@dhhs.vic.gov.au following verbal report via phone from the relevant Deputy Commander. Figure 1 below provides an overview of the process.

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 dhhsopsotertiaeoc@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)	
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)	
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	
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	

COVID-19 – Hotel isolation: Process for people with food allergies

Upon arrival at Melbourne Airport, passengers will be provided with two questionnaires that must be completed and handed in to DHHS staff at the hotel on arrival. These questionnaires are:

- Welfare questionnaire
- Food safety questionnaire

For airport staff

Please ensure that arriving passengers are provided with both forms and are instructed to complete one form for every passenger **prior** to arrival at their hotel.

For hotel staff

Passengers arriving at the hotel will be in possession of two completed questionnaires and these should be handed in to **DHHS Team Leader** at the hotel on arrival:

- a welfare questionnaire
- a food safety questionnaire

The DHHS Team Leader will liaise with the hotel and request **3 copies** of each questionnaire for distribution to the following:

- o The ED Nurse at the hotel
- o The hotel
- o The Authorised Officer at the hotel

The original should be kept by the DHHS Concierge Team Leader.

Food Safety Questionnaire - IMPORTANT

DHHS Team Leaders should check all Food Safety questionnaire forms and identify those where a person has answered 'Yes' to Question 1 or 4. In these cases the individual should be contacted and advised that we cannot guarantee the dietary needs can be met by the hotel and therefore the department asks that the guest purchase food consistent with their dietary needs using the Uber Eats online service. The DHHS Team Leader will also advise the hotel Duty Manager regarding the arrangement so they can coordinate this with the hotel kitchen. **Please ensure to provide guests with the information sheet on how to order through UberEats and claim reimbursement.**

Individuals are permitted to purchase meals up to the value of:

- \$20 per meal for breakfast
- \$25 per meal for lunch
- \$40 per meal for dinner.

Guests who are advised to purchase meals through Uber Eats must be advised to purchase meals using their own funds but retain receipts for all purchases to enable reimbursement by the Victorian Government. They should be provided with the reimbursement form (example in Attachment A) and advised to return this form to the Department of Health and Human Services within 60 days of the end of their isolation period at the hotel. Only people who answer 'Yes' to Question 1 or 4 on the Food Safety questionnaire are permitted to purchase food in this way, and have it paid for by the department.

Under individual arrangements at hotels, other individuals may be permitted to purchase meals through an outside service if the hotel kitchen is unable to fulfil their specific dietary needs. In these cases however, the guest will not be reimbursed for the cost of the meal.

The Department of Jobs, Precincts and Regions has put in place arrangements across all hotels to permit UberEats drivers to deliver food to the hotel and for security staff to assist in the delivery of meals to rooms.

Reconciliation of reimbursement forms will be made against the Food Safety questionnaire when receipts are received to ensure only those eligible for reimbursement will be reimbursed.

Questions

Why not pay direct to a DHHS set-up account?

- There is a risk that the account details will be released beyond those authorised to use it and significant purchases will be made using the department's account. There is no way to control purchases once this account number gets out and if the purchasing becomes excessive the only control would be to shut the account down.

Why not have the Concierge Team Leader make the purchases on behalf of people?

- There is no way of knowing the volume of people who may need to book through Uber Eats and therefore the logistical demands on Team Leaders may simply be too large to effectively manage.
- Concierge Team Leaders may be held unfairly responsible for any errors that may be made in purchases. Responsibility for correct purchasing should remain with the individual consumer.

ATTACHMENT A**COVID-19 – Victorian Hotel Isolation****Reimbursement Form for meal purchases**

Name:	
Hotel:	
Room Number:	
Date Checked-in:	
Date Checked-out:	
Breakfast	
Total number of breakfasts to reimburse	
Total value of breakfasts to reimburse	\$
Lunch	
Total number of lunches to reimburse	
Total value of lunches to reimburse	\$
Dinner	
Total number of dinners to reimburse	
Total value of dinners to reimburse	\$
TOTAL	
Total Claim Amount	\$

Bank Account details (for reimbursement purposes):

BSB Number:

Account Number:

Banking Institution:

Account Name:

Please ensure you attach original receipts for all purchases included on this form as reimbursement cannot be provided without receipts. The completed form with attached receipts must be sent to the following address within 60 days of the conclusion of your stay in the hotel:

Emergency Management Branch
 Department of Health and Human Services
 Level 16, 50 Lonsdale Street
 Melbourne, 3000

OPERATION SOTERIA

PPE Advice for Hotel Security Staff and AO's in Contact with Quarantined Clients

Approved

Date: 08 Jun 20 By: REDAC DEP CMDR HLTH

Version 2.1

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 Advised not to touch anything on the way in/up
	1.5 metre physical distance is not feasible	Surgical mask Hand hygiene	
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 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 *if required* 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**

(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

Alcohol-based hand rub is NEVER applied to gloved hands.

Correct use of PPE (Mask only)

PROCEDURE FOR PUTTING ON 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 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 alcohol-based hand rub
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 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 immediately after use
- Masks must not be pulled down or removed to consume food or drink
- Masks will be less effective if they become damp or damaged

RE: Guest complaint

From: DHHSOpSoteriaEOC </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=967dd8e50d524a449ab29453208cf13e-dhhsopsoter">
To: "Rydgess Swanston (DHHS)" <rydgesswanston@dhhs.vic.gov.au>
Date: Thu, 07 May 2020 12:17:27 +1000

Hi Team,

Please provide the guest with the following:

<https://www.dhhs.vic.gov.au/making-complaint>

Thanks

Kind regards as always,

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: Rydgess Swanston (DHHS) <RydgessSwanston@dhhs.vic.gov.au>
Sent: Thursday, 7 May 2020 12:05 PM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: REDACTED (DHHS) REDACTED Rydgess Swanston (DHHS) <RydgessSwanston@dhhs.vic.gov.au>
Subject: Guest complaint

Dear Ops

I have had a discussion with a guest this am.

Room REDACTED was transferred from the holiday inn flinders lane to rydges with RE partner REDACTED as RE tested positive. RE partner was negative (and has refused subsequent swabbig). From REDACT they decided to relocate into separate rooms.

REDC issue is yesterday RED the AO REDAC told REDAC could leave the hotel as RE recieved a clearance letter and end of detention notice. However RE partner would have to see out the 14 day detention (some confusion here with AO and nurses paperwork on arrival date - either RE or RE of RED).

Regardless RE was later told by the PM AO (REDC) told that RE cannot leave until midnight RED RE believes RE was held without lawful order and is wanting a written explanation of why this order was given. RE has said this will be provided to RE lawyer and that R also contacted VICPOL who asked RED to follow the direction of the AO.

RE will depart today at 1200 with RE partner in NEPT transport. I have indicated to REDACT is unlikely to receive a response before RE leaves.

REDACTED contact is REDACTED has been provided the
dhhsop

I am informing you of this issue and I am after direction from the EOC on what actions
from here.

I think we need to speak with REDACTED AO and REDACTED

Thanks

REDACTED

Room REDACTED

From: REDACTED (DHHS) <REDACTED>
 To: "Rydges Swanston (DHHS)" <rydgeswanston@dhhs.vic.gov.au>, REDACTED (DHHS)
 REDACTED
 Cc: "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>
 Date: Fri, 08 May 2020 16:47:30 +1000

Hi REDACTED & Co,

I have escalated from a case, a seemingly small query but it is really impacting this REDACTED experience,

REDACTED in room REDACTED would like some milk please, REDACTED continually gets yoghurt when REDACTED requests milk. It seems like a small thing, I know but REDACTED has made several complaints to our staff. I understand you're dealing with a lot.

REDACTED has also reported being re swabbed? Curious about this as REDACTED is not a HCW REDACTED is a case and it is not our policy to continue swabbing?

Kind Regards ,

REDACTED

Public Health Operations | Novel Coronavirus (COVID-19) Response

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

REDACTED

w. www.dhhs.vic.gov.au



Health
and Human
Services

IMPORTANT - Please note that the content of this fax / this email is for the addressee's use only. It is confidential and may be legally privileged. It must not be copied or distributed to anyone outside DHHS without the permission of the author. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited.

If you have received this fax / this email in error, please contact the author whose details appear above.

OFFICIAL**HANDOVER NOTES**

Date:	22/04/2020
Hotel:	RYDGES CARLTON

AM Shift Team Leader:	REDACTED	Contact number:	
Guest Notes – please use guest initials only, not full name			
Room Number	Comments		
	See handover uploaded in teams		
Operations			
ACTION: (remove if not required)			

PM Shift Team Leader:	REDACTED	Contact number:	REDACTED
Guest Notes – please use guest initials only, not full name			
Room Number	Comments		
	ACTION: (remove if not required)		
REDACTED	REDA are REDA Strong preference to stay at rydges for evening of RE April instead of the airport hotel that has been booked for them. I Email sent to dhhs ospeteria. Can you follow up if no response by 2pm tomorrow.		
RED	Nurses notes from four points came over. Detailed that R advised staff this morning of REDACTED Mental health nurse checked in this was actually last year. Complaint of noise. Hotel can offer RE room RE RE prefers to move in morning. To action room move to RE		
REDACTED	Request for letters about self isolation period- sent to RE AO		
RE	Query about their departure. Requesting to leave 1-2pm on RE They have received a lot of contradictory information. One is positive/one is negative. I advised I could not definitively say anything about this scenario and that. I did say that I had spoken to the manager of the outbound travel team and that they have been directed for all people here to leave on the RE but I am not involved in decisions around this and I am aware covidresponse team is going by the detention notice strictly and that public health would likely be involved in their decision given one of them is REDA and the other REDA		
RED	AO departure paperwork was prepared, RE (AO) needed different paperwork as per email from REDA due to covid REDA status. RED AO will leave on desk at some point overnight RE is ok not receiving paperwork by 12am today. Follow up about 9am if paperwork not arrived, paperwork needs to be delivered to R if it does not include letter from dhhs in email this will need to be printed for RE		
Operations			
<p>Exiting processes</p> <p>I contacted REDAC of the Government Support Services outbound team for travel (ph. REDACTED) P advised that the outbound travel team has been given direction to contact all guests of Rydges to coordinate their ongoing travel plans. R has provided feedback about the inaccuracies on the detention notice as they have been given permission to coordinate the ongoing travel for all Rydges guests who arrived with the main cohort to leave at anytime on the RE</p> <p>REDA of the covidresponse team advised a nurse that they have been telling people the RE based only on the detention notice. It appears as though the 27th is inaccurate. AO and REDAC both acknowledged this error in detention notice. Looks like the public health team will be involved tomorrow in looking at everyone at this hotel</p> <p>RE will come here tomorrow has been discharged from hospital and was at four points (+ve) see Merrins email.</p>			

OFFICIAL

OFFICIAL

ACTION: (remove if not required)

General Notes

Re: Hotel Detention Complaints

From: Bradyhotel </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=26419dde671942eca16382fa09319fce-bradyhotel">
To: REDACTED (DHHS)" REDACTED
Date: Sun, 21 Jun 2020 13:33:26 +1000

Hi REDA thanks

We did address these. Mostly misunderstandings - with breakfast - sitting in cupboard and all food is halal. Wifi addressed multiple times it does drop out regularly though. The dirty lift we continue to work on had a similar case problem at rydges. Nurses are hard to shift on this for some reason. I know team leaders are fighting on multiple fronts.

Not sure why they are going to AOs - if the expectation is that AOs are addressing these complaints then their command needs to make it clear to them. Some may assist but plenty make it clear it's not their role, but they like to be informed?

On the noise we are right in the middle of the metro tunnel works 24/7. I am thinking we'll order earplugs for all guests what do you think on the optics of this?

Thanks for following up I'm back Tuesday
 Regards

RE

Get [Outlook for iOS](#)

From: REDACTED (DHHS) <REDACTED>
Sent: Sunday, June 21, 2020 9:50 am
To: Bradyhotel
Cc: DHHSOpSoteriaEOC; Melody Bush (DHHS); REDACTED (DHHS)
Subject: FW: Hotel Detention Complaints

REDACTED

Apologies, but I was off on Thursday. You may have already addressed them.

I wonder about the term 'Dirty' for the elevator. I know it is a medical term however the guests will be super sensitive about that.

Regards,

REDACTED

Deputy Commander, Hotels
 Soteria Operations, Fitzroy
 Department of Health and Human Services

REDACTED

DHHSopsoteria@dhhs.vic.gov.au

Telephone: REDACTED



The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.

From: Murray Smith (DHHS) REDACTED
Sent: Thursday, 18 June 2020 1:45 PM
To: Public Health Operations <publichealth.operations@dhhs.vic.gov.au>; Bradyhotel <Bradyhotel@dhhs.vic.gov.au>; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; COVIDquarantine REDACTED; DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED
Cc: REDACTED (DHHS) REDACTED; Meena Naidu (DHHS) <REDACTED (DHHS) REDACTED>
 REDACTED (DHHS) REDACTED (DHHS)

REDACTED (DHHS) REDACTED

Subject: RE: Hotel Detention Complaints

Hello RED,

Thanks for your email. Matters such as these are best directed towards the Emergency Operations Centre (EOC) who oversee the operation of the hotels. I have spoken to REDACTED (included in this email) Deputy Commander – Hotels. The best email address to send these concerns are DHHSOpSoteriaEOC (I have included that email address in this reply so need to send on this occasion).

I am confident that EOC will address the concerns raised.

Regards,

Murray Smith

Commander | COVID 19 Enforcement and Compliance

Regulation | Health Protection and Emergency Management Division

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

REDACTED

w. www.dhhs.vic.gov.au



The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.

From: Public Health Operations <publichealth.operations@dhhs.vic.gov.au>

Sent: Thursday, 18 June 2020 1:18 PM

To: Bradyhotel <Bradyhotel@dhhs.vic.gov.au>; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; COVIDquarantine <COVIDquarantine@dhhs.vic.gov.au>

Cc: REDACTED (DHHS) <REDACTED> Meena Naidu (DHHS)

<REDACTED> Murray Smith (DHHS) <REDACTED>

REDACTED (DHHS) <REDACTED> (DHHS)

REDACTED (DHHS) <REDACTED>

REDACTED (DHHS) <REDACTED>

Subject: Hotel Detention Complaints

Hi All,

I wish to highlight issues and complaints we have received from confirmed cases in Brady hotel.

We have been unable to contact the AO this morning regarding the following issues being relayed by the cases during our daily calls as the AO is our point of contact for confirmed case detainees. We have tried to call multiple times and have left a message requesting a call back.

We have contacted the TL REDACTED who is aware this email is being sent to Brady Hotel inbox for actioning.

- There has been no wifi since arrival. Some of these guests have no mobile numbers and are unable to contact their families. This is causing added distress for them. We have contacted reception regarding this.
- We have had a complaint into our inbox from a case REDACTED who states the hotel have a sign over a lift stating 'dirty lift'. RED was highly insulted by this. I would suggest better wording used in this instance.
- Case REDACTED room RED – has not been given gluten free food, states RE has complained multiple times about this with no action at the time of our call. States RE is depressed today as a result of this. Mental welfare check has been requested.
- Case REDACTED room RE – Complained RE has no wifi. RE said RE cannot sleep due to constant construction noise outside.

- Case REDACTED room RED – Requested a Halal diet which was not provided **religious diet requirement – needs immediate action**
- Cases are unable to contact reception or nurses – a common issues raised is that no numbers have been provided for either.
- Case REDACTED room RED – has had no breakfast. RE states RE family are in another room with a REDACTED who also has not had food, we were not in contact with this room as they are close contacts.

I understand the disruptions involved with moving hotels and positive cases however basic dietary requirements are necessary and should be provided.
Many of our cases sound distressed and angry over the phone.

Can I also get clarification on whether all confirmed cases in hotel detention or hotel voluntary isolation have been or will be moved to Brady Hotel?

Kind regards,

REDACTED

Existing Confirmed Cases Team Leader

Public Health Operations | Novel Coronavirus (COVID-19) Response

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

REDACTED

w. www.dhhs.vic.gov.au

IMPORTANT - Please note that the content of this fax / this email is for the addressee's use only. It is confidential and may be legally privileged. It must not be copied or distributed to anyone outside DHHS without the permission of the author. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited.

RE: Arrivals to Rydges this evening

From: REDACTED REDACTED
 To: "REDACTED (DHHS)" <REDACTED (DHHS)" <rydgeswanston@dhhs.vic.gov.au> "Rydges Swanston
 Date: Fri, 08 May 2020 11:18:25 +1000

Hi REDA

Further to the complaint, please see our response in [blue](#) below.

I have not responded to the guest, however REDACTED CEO of our parent company EVENT Hospitality and Entertainment will respond to the guest directly.

Cleanliness of the room:

- On arrival there were faeces in our toilet and urine behind the seat: Each room was checked 3 times by multiple staff members.
- It took 4 days to get a toilet brush and equipment to clean the toilet: [Could potentially be 1 day delay and certainly not 4 days. If we had a request that we could not fulfil on the day, we delivered it the following day this was communicated to the guests.](#)
- Hand washing routine as advised by Government – wash hands for 20 seconds and often. We were provided with 2 slivers of soap only once was this replaced by hotel. We had to buy soap and hand wash. [While 2 soaps cubes were provided initially, guests were advised to call reception for any extra amenities. Many guests called for extra amenities which were delivered promptly. We also replenished room amenities and towels every 3 days.](#)
- Advised by the Government to ensure surfaces are regularly cleaned and sanitised. NO such equipment provided to us to enable us to do this. In fact one passenger was told by the hotel it was his responsibility to buy cleaning products: [Hotel provided cleaning products such as; dishwashing liquid, sponge, wash cloth, toilet brush and cleaning bleach in each room.](#)
- No fresh air and no opening window: Only a limited number of rooms have windows that open. A list of these were provided to DJPR prior to arrival. All room also have individual split air-conditioning systems
- Drinking water – if we needed a drink we were to get this from the bathroom, which itself was not clean: [Bottled water or juice was served with every meal. Bottled water was also available for purchase \(\\$2.50 for 1.5ltrs\)](#)
- Washing dishes – once again expected to do this in the bathroom and no tea towels to wipe dry: [Could be provided on request but we were never asked.](#)
- Toilet door – bi fold with gaps top and bottom which doesn't even shut. Dining table directly out from toilet door. No privacy in toilet, partner could hear everything – and not hygienic with table just outside where you ate:
- Then we were asked to help clean by stripping all the beds – I think this is a disgrace considering the room was not clean to start off with: [For safety reasons, Rydges staff were unable to access the rooms prior to the government contractors hence we requested guests to stirp the beds and place all linen in bags provided.](#)

Meals:

- Less than average costing no more than \$5 per meal per person: [We provided freshly cooked meal made in-house.](#)
- Told we were being provided fresh meals: [100% cooked on premises.](#)
- Frozen/tinned vegetables supplied most of the time: [A mix of frozen and fresh vegetable used. This is no different to normal operations](#)
- Majority meals served with rice: [We shared 14 day meal plan with AO and DHHS on day 2 of the group stay. We opened ourselves to suggestion's and catered to dietaries and requests](#)
- Pasta for lunch then tea combined with potatoes: [Very unclear for comments](#)
- Cereals provided were child based not adult based: [approx. 200gms which was put in a larger container to accommodate for milk. Along with cereal, we provided, Eggs, muffins/danishes/croissants, Fruit and Juice.](#)
- Eggs served for breakfast – no toast/bread and not allowed to bring a toaster in: [Toasters are not allowed since it's a fire hazard and toast to 100 pax would be unfeasible. Bread roll](#)

and butter was served for dinner each day.

- Meals were cold – no microwave provided: Meals were freshly made promptly delivered.
- Some meals you had absolutely no idea of what you were eating

Furthermore, we recorded requests for each meal period and ensured we catered to them. We have records for each meal period. We had a request for an antipasto plate which we catered for with no extra charge.

I personally spoke to many guests prior to check-out and they were happy with our services. We received hand written letters to thank us. We certainly had challenges pleasing all guests which we informed DHHS, who then offered them alternate food arrangements.

The hotel was never closed and we operated per normal until we offered the whole hotel to DJPR. In fact we had to relocate guests with confirmed bookings due to the contact.

Please feel free to reach out to myself should you have any queries.

Thanks,

REDACTED

From: REDACTED

Sent: Tuesday, 5 May 2020 6:57 PM

To: REDACTED (DHHS); REDACTED Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>

Subject: FW: Arrivals to Rydges this evening

Hi Guys,
FYI.

From: Pam Williams (DHHS) REDACTED

Sent: Tuesday, 5 May 2020 6:35 PM

To: REDACTED REDACTED REDACTED

Cc: Rachaele May (DEDJTR) REDACTED; Braedan Hogan (DHHS)

<REDACTED@dhhs.vic.gov.au>; REDACTED

Subject: Arrivals to Rydges this evening

Dear REDACTED and REDACTED

Thank you for working with us to assist in reducing the impact of COVID19 in the Victorian community. We very much appreciate the support of your companies and staff.

As discussed with Rachaele May, we appreciate your support to check in 6 people this evening who are subject to the Isolation (diagnosis) direction (no 2) – a proforma and Factsheet are attached which provide details.

As requested, these are the measures in place for COVID-19 positive people at alternate accommodation:

- All COVID positive cases are subject to an isolation direction (attached) that restricts their movement (only for emergency, medical treatment or exercise);
- Daily checks are undertaken by DHHS for each case and these restrictions are reinforced;
- Guests have chosen to stay at the hotel to protect their families and they are required to stay there until they are cleared by an officer of DHHS;
- Victoria Police also conduct spot checks for COVID positive cases in the community and these people will be subject to the same checks;
- Guests will be provided PPE (mask and gloves) by DHHS upon arrival;

- They will arrive either by own transport or via non-emergency patient transport;
- Guests will have same meals provided as other guests and access to deliveries as per all other guests;
- Guests will be provided information if they do wish to leave their room for one of the above reasons, or are cleared to go home they are requested to:
 - Contact DHHS team leader, who will make arrangements with hotel and security staff
 - If they seek to exercise, this to occur on Level 4 – and staff will be advised so lift and common areas can be cleaned.
 - If other movement of guests does occur, staff will be advised, and cleaning will occur after.
- Security will be allocated to patrol the floor with the guests to discourage further movement around the hotel.
- Guests will be told they are not permitted guests to visit - as per the Isolation Direction.

Thank you again for your support and contact me if you wish to discuss.

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.

This email contains confidential information intended only for the person named above and may be subject to legal privilege. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited. The Department provides no guarantee that this communication is free of virus or that it has not been intercepted or interfered with. If you have received this email in error or have any other concerns regarding its transmission, please notify Postmaster@dhhs.vic.gov.au

Re: laundry for room REDACTED

From: REDACTED
To: "Rydges Swanston (DHHS)" <rydgesswanston@dhhs.vic.gov.au>
Date: Wed, 08 Jul 2020 08:43:56 +1000

Hi Team Leader

I find the response very appalling and the customer service substandard, as we are in isolation and we have limited clothing.

We left our laundry out last Sunday the 28th of June and haven't received it back now please tell me that is not good enough. We rang Tuesday the 2nd of July to see where it was and hotel reception assured us that they would get to the bottom of this and return our laundry or at least have it reimbursed?

It's been 10 days and we still haven't received our laundry back or had anyone assure us that we would be reimbursed for our laundry.

We have been very patient with the hotel reception as we do understand the pressure the hotel would be under with this crazy pandemic. However your response below is not any answer to what Rydges hotel is doing about this.

Please rest assure we have waited long enough and been in isolation isn't the easiest so we are not happy with this response and we will take this further if we do not get a satisfactory solution.

REDACTED

From: Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>
Sent: Tuesday, 7 July 2020 10:31 PM
To: REDACTED
Cc: switch_rydgesswanston@evt.com <switch_rydgesswanston@evt.com>
Subject: laundry for room RED

Dear REDACTED

Thank you for your email. I am sorry to hear you are having issues with your laundry. Please be advised that hotel services are handled through the hotel management of Rydges not the Department of Health and Human Services.

Should you require further information or wish to raise a complaint about your time in hotel quarantine, please provide your feedback to the Department of Health and Human Services Complaints Service at www.dhhs.vic.gov.au/making-complaint

Should you require assistance or if we can make any aspect of your stay more pleasant please do not hesitate to phone the Government Support Service on 1800 960 944, 0700 to 2200, seven days a week or just let the onsite or hotel reception staff know.

Thank you for your cooperation during your quarantine period. We hope it's been as pleasant as possible.

Best Regards

Team Leader
DHHS

From: REDACTED
Sent: Monday, 6 July 2020 11:32 AM
To: Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>
Subject: Fw: re laundry for room RED

Hi REDACTED

We are following up what's going on with reimbursement for our clothing as we would like to re order these items online asap as we are limited on underwear etc.

Thanks REDACTED

From: REDACTED
Sent: Thursday, 2 July 2020 10:37 PM
To: rydgeswanston@dhhs.vic.gov.au <rydgeswanston@dhhs.vic.gov.au>
Subject: re laundry for room RED

Hi REDACTED

Here are items & price for clothing.

Items lost in Laundry

3 x pairs of woman bond nickers & bra's sets apricote/black/white \$72.98 x 3 =
\$218.82

4 x pairs of men maxx long leg trucks \$12 x 4
=\$48

1 x Men Hurley Shirt \$45
=\$45

1 x Men Ripcurl singlet \$39.99
=\$39.99

1 x Men quicksilver Shirt \$49.99
=\$49.99

1 x woman Hurley top \$30
=\$30

1 x pair of mens Levis \$119.95
=\$119.95

1 x purple Nike jacket \$130
=\$130

2 x pairs of tradie socks orange & black
=\$10

1 x nike slacks \$69.95
=\$69.95

Total amount
=\$761.70

Thanks REDACTED

This email contains confidential information intended only for the person named above and may be subject to legal privilege. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited. The Department provides no guarantee that this communication is free of virus or that it has not been intercepted or interfered with. If you have received this email in error or have any other concerns regarding its transmission, please notify Postmaster@dhhs.vic.gov.au
