



# State Operational Arrangements - COVID-19

## State Operational Arrangements - COVID-19

Approved by:

Emergency Management Commissioner	[Redacted]
Date	21.05.2020

Endorsed by:

State Controller – Health	[Redacted]
Date	22/05/2020.

VERSION - 3.0

**For Restricted Use Only**  
**(for agency emergency management planning purposes only)**

## State Operational Arrangements - COVID-19



### Contents

1. Purpose .....	3
2. Objective .....	3
3. Audience .....	3
4. Background .....	4
4.1 Implications for Victoria .....	4
5. Situation .....	5
5.1 Staged Response (Health Sector) .....	5
6. Planning .....	6
7. State Management .....	6
7.1 Establishment of state control function .....	6
7.2 State Controller – Health .....	7
7.3 Exercise of Control .....	7
7.4 State Control Centre Activation .....	8
8. National Arrangements .....	9
9. Incident Management .....	10
10. Regional management .....	11
11. State Governance Structure .....	13
11.1 State Control Team COVID-19 .....	14
11.2 Public Information Function .....	15
11.2.1 Key spokesperson .....	15
11.2.2 Governance Committee .....	15
11.3 Strategic Planning Function .....	17
11.4 State Emergency Relief Coordination .....	19
11.4.1 State Relief and Recovery Unit .....	19
11.4.2 Combined Agencies Operations Group (CAOG) .....	20
11.5 State Intelligence Team .....	21

### References

Table 1: Four stages of health sector response .....	5
Table 2: COVID-19 Triggers for State Control .....	6
Table 3: COVID-19 Triggers for SCC Activation .....	8
Diagram 1: National Governance Structures .....	9
Diagram 2: Incident Management Structure .....	10
Diagram 3: State Governance Structure .....	13
Diagram 4: State Strategic Planning Structure .....	17
Diagram 5: State Emergency Relief Coordination Structure .....	<b>Error! Bookmark not defined.</b>
Diagram 6: State Intelligence Team Structure .....	21

## State Operational Arrangements - COVID-19



### 1. Purpose

This document establishes the operational arrangements necessary to respond to a Class 2 emergency with the potential to impact the whole State and the governance and links to the National response to the COVID-19 Pandemic.

The State Health Emergency Response Plan (SHERP) outlines the Victorian emergency management arrangements for the coordinated response to the impacts and consequences of a significant health emergency.

The intent of this document is to have a comprehensive plan in place to ensure the effective management of the response to COVID-19 Health emergency. This document should be read in conjunction with the SHERP.

This document will be reviewed every 14 days, or where there is significant change, to ensure that the arrangements remain contemporary and fit for purpose in managing this class 2 health emergency.

### 2. Objective

The objective of this plan is to ensure the management of a Class 2 health emergency (major emergency) can be applied across the whole of government to support community resilience.

The intent is to:

- Apply the State Strategic Emergency Management Priorities to set direction.
- Reduce the morbidity and mortality associated with COVID-19.
- Slow the spread of COVID-19 in Victoria through rapid identification, isolation and cohorting of risk groups.
- Empower the Victorian agencies, health professionals and the community to ensure a proportionate and equitable response.
- Support containment strategies through accurate, timely and coordinated communication and community support.
- Mitigate and minimise impacts of the pandemic on the health system and broader community.
- Communicate regularly with the community regarding COVID-19 and its impacts (health, infrastructure and services), ensuring that delivery of public information and warnings are timely and effective
- Minimise the consequences on the economic and social impacts, infrastructure and services, through monitoring the potential impacts and working with stakeholders to promote effective business continuity planning.
- Ensure the coordinated response and management of the consequences, including the establishment and maintenance of relief and recovery as needed.

### 3. Audience

The audience for this plan is the Department of Health and Human (DHHS) as the Control Agency, Emergency Management Victoria (EMV) as the central body for emergency management in Victoria, other agencies with responsibilities in managing the impacts and consequences of a major health emergency.

## State Operational Arrangements - COVID-19



### 4. Background

Coronavirus (COVID-19) is a respiratory illness caused by a new virus. Symptoms range from a mild cough to pneumonia. Some people recover easily, others may get very ill very quickly and others it may become fatal. There is evidence that it spreads rapidly from person to person.

The current outbreak of novel coronavirus (COVID-19) was first detected in Wuhan, Hubei Province, China in December 2019. Transmission of COVID-19 across China and internationally caused the World Health Organization (WHO) to declare a “public health emergency of international concern.

On 12 March 2020 WHO characterised COVID-19 as a pandemic. Cases of COVID-19 infection have now been detected in all states and territories in Australia

Information about clinical assessment and public health characteristics of COVID-19 is at: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

#### 4.1 Implications for Victoria

Victoria continues to develop its response (including readiness and relief) in relation to COVID-19 using the well-practised emergency management arrangements of the State. Victorian health services, hospitals, primary care and emergency services have existing pandemic influenza preparedness arrangements.

There is a wide span of possibilities for the impact of a Victorian outbreak of COVID-19, but there is a high probability that the pandemic and its impacts will be prolonged. The trajectory of the COVID-19 pandemic is highly uncertain, but it is likely to coincide with the Australian influenza season, so the effects of both diseases may be felt simultaneously.

Although measures to reduce exposure such as social distancing, infection control and hygiene practices may be more effective for COVID-19 than influenza, we can expect human-to-human transmission via droplets, direct contact with nasal secretions or contact with objects or materials that carry the virus.

There will be increased, and potentially high, levels of workforce absenteeism. Older Victorians and people with chronic diseases are known to be at greater risk of COVID-19 infection. Early information suggests milder illness in children, particularly those nine years and under. Pregnant women are also reported to have no higher risk of severe disease than the general population.

However, the global situation is still evolving. As more data comes to hand, it is reasonable to expect that other groups (such as Aboriginal and Torres Strait Islander communities or those with immunosuppression) may be reported as having a higher relative risk.

## State Operational Arrangements - COVID-19



### 5. Situation

#### 5.1 Staged Response (Health Sector)

Victoria's response to COVID-19 is a four-stage process, working together with all states, territories and the Commonwealth. The four stages may overlap through the course of pandemic response.

**Table 1: Four stages of health sector response**

Stages of response	Description
Stage 1 - Initial containment	<ul style="list-style-type: none"> <li>• Monitor and investigate outbreaks as they occur, identify and share accurate information about the virus on a timely basis;</li> <li>• Contribute to local and international research efforts;</li> <li>• Communicate with the community about the nature of COVID-19, risk reduction measures and ensure community cohesion;</li> <li>• Communicate with at-risk groups about preventive actions;</li> <li>• Prepare hospital surge management activities to be ready for potential increased demand;</li> <li>• Engage closely with the primary care sector to ensure appropriate clinical knowledge, response and capacity.</li> </ul>
Stage 2 - Targeted action	<p>In addition to the measures above:</p> <ul style="list-style-type: none"> <li>• Slow the disease transmission with social distancing, and coordination with the plans of other government agencies, including police, ambulance, fire services, SES, transport and education agencies;</li> <li>• Ramp up risk reduction communication activity across the community and especially at-risk groups;</li> <li>• Begin to implement hospital resource and demand management strategies to maximise resources available for containment;</li> <li>• Prioritise diagnostic testing to critical risk groups;</li> </ul>
Stage 3 - Peak action	<p>In addition to the measures above:</p> <ul style="list-style-type: none"> <li>• Coordinate and prioritise hospital activities to maintain essential services and support quality care;</li> <li>• Divert resources from less urgent care, implement alternate models of care, staff surge strategies and appropriate management of supplies;</li> <li>• Focus laboratory testing on areas of critical need.</li> </ul>
Stage 4 - Stand-down and recovery	<ul style="list-style-type: none"> <li>• Ceasing activities that are no longer needed;</li> <li>• Undertaking monitoring and surveillance for a possible further outbreak;</li> <li>• Transitioning the Victorian health system to normal business;</li> <li>• Working with the Victorian community on the ongoing work of recovery;</li> <li>• Undertaking an evaluation and revision of plans for the pandemic.</li> </ul>

## State Operational Arrangements - COVID-19



### 6. Planning

The State Emergency Response Plan (EMMV, Parts 3 and 7) and State Relief and Recovery Plan (EMMV, Parts 4 and 7) are the foundational governance arrangements that guide the response to and recovery from emergencies, including this health emergency.

The *Victorian Action Plan for Coronavirus disease 2019 (COVID-19) Pandemic* has been prepared, along with a specific plan for the health sector, *COVID-19 Pandemic Plan for the Victorian Health Sector*. These plans provide the specific information and actions for the health sector in the management of this pandemic.

### 7. State Management

The Victorian Government Department of Health and Human Services (DHHS) is the control agency for this Class 2 public health emergency and will take action under legislation including the Public Health and Wellbeing Act 2008, Emergency Management Act 2013 and Commonwealth Biosecurity Act 2015 to safeguard the health and wellbeing of all Victorians.

#### 7.1 Establishment of state control function

Control and Coordination arrangements are underpinned by the requirements of the *Emergency Management Act 2013*, in particular Section 39. For a Class 2 emergency, a State Controller is appointed by the head of the control agency, which is the Department of Health and Human Services.

Based on the intelligence and potential or actual impacts and consultation with the Emergency Management Commissioner, the Department of Health and Human Services as control agency will determine the need for;

- Control structures to be established
- Appointment of State Controller
- Need to establish and the activation level of the State Control Centre.

**Table 2: COVID-19 Triggers for State Control**

Type	Trigger
New Cases	<ul style="list-style-type: none"> <li>• Increased number of new cases with the potential to impact the health system, or have increased impact on normal community functions, industry or economy in Victoria.</li> </ul>
	<ul style="list-style-type: none"> <li>• In support of containment or other response measures activated by the Commonwealth or another State or Territory.</li> </ul>
Warnings to the Community	<ul style="list-style-type: none"> <li>• Warnings, Direction or Advice are likely to be required (beyond general advice), requiring Chief Health Officer (CHO) or State Controller approval for issue.</li> </ul>
Critical Infrastructure or Services	<ul style="list-style-type: none"> <li>• One or more critical infrastructure sector is being directly impacted or predicted to be impacted.</li> </ul>
	<ul style="list-style-type: none"> <li>• Services providing direct care or safety to the community are being directly impacted or predicted to be impacted.</li> </ul>
Concurrent Emergency	<ul style="list-style-type: none"> <li>• The impact of any concurrent emergency on health, transport or supply or critical services.</li> </ul>
	<ul style="list-style-type: none"> <li>• A predicted concurrent emergency forecast or predicted to impact on current containment or response measures.</li> </ul>

## State Operational Arrangements - COVID-19



Other factors may be considered in determining the need for establishing state control, and may include:

- Epidemiological modelling
- School and Transport responses
- Public holidays and major events
- World Health Organisation (WHO) statements or actions
- Public confidence.

### 7.2 State Controller – Health

The State Controller - Health is to ensure via the state governance teams (SCT, SEMT, SRRT and EMJPIC) that the following key actions are undertaken to:

- ensure all agencies provide consistent messages and information to the community, particularly regarding the health of vulnerable community members
- confirm agencies have resources and surge capacity in place to fulfil their responsibilities, including positioning Emergency Management Liaison Officers (EMLOs) from the key agencies in the SCC, where appropriate
- confirm agencies with call-taking responsibilities (e.g. Triple 000, Nurse on Call, VicEmergency Hotline etc) have resources and contingency plans in place for a surge in call load
- communicate strategies relating to known community impacts and social distancing actions, including, school, transport and mass gathering impacts and known cancellation of high priority services
- provide whole-of-government situation reports to the Emergency Management Commissioner and Government Ministers with relevant portfolio responsibilities.

### 7.3 Exercise of Control

Incident Management for a state-wide Health Emergency will be managed by a single Incident Management Team (IMT) that brings together Public Health Command Operations (Case and Contact Management, Laboratories, Ports of Entry, Specialist Advice), Planning (Health Service, Public Health and other services), supported by Intelligence, Public Information. The incident footprint is the State of Victoria. The Incident Controller is the Public Health Commander.

The Public Health Commander reports to the Chief Health Officer, Victoria's health response is working in conjunction with other States and National response, with Governance arrangements at a National level leading key National policy.

The State Controller – Health, where appointed, will manage impacts of COVID-19 across the broader community that require the coordination of agencies in response to the consequences. It is difficult to predict precisely where or when specific COVID-19 impacts are going to occur, so it has been determined that a state level response is the best method to manage these emergencies.

Management of the impacts and consequences of COVID-19 on the affected community will be undertaken by emergency management agencies and government departments. This management of consequences requires agencies and government to work together in a coordinated way, therefore, a coordination centre (remote or in a facility) may be established, to facilitate identification and manage the response to the consequences rather than to control the emergency.

## State Operational Arrangements - COVID-19



There is no control function at the regional tier, the role is coordination of agencies. The Regional Coordination Team plays a key leadership and coordination role with its REMT in identifying emerging risks with communities and supporting consequence management arising from the health emergency - they are not responsible for managing the health outbreaks or the public health system response.

Emergency Response Coordinators (Victoria Police), at the appropriate tier, will convene their respective Emergency Management Team to ensure agencies with a role in managing the impact and consequences of the emergency are coordinated in their approach. Emergency Response Coordinators are the conduit for sharing information from regions to the state and from the state to regions.

### 7.4 State Control Centre Activation

The State Controller will determine the Readiness/Activation level of the SCC with consideration to the following triggers. The SRC/SC is required to approve the activation.

**Table 3: COVID-19 Triggers for SCC Activation**

Activation	Trigger
Tier 1 (Blue)	<ul style="list-style-type: none"> <li>• Pandemic stage 1 initial containment, where there are more than 10 confirmed cases.</li> </ul>
Tier 2 (orange)	<ul style="list-style-type: none"> <li>• Pandemic stage 2- targeted action; or</li> <li>• Increased number of confirmed cases; or</li> <li>• Need to activate and support state governance teams.</li> </ul>
Tier 3 (Red)	<ul style="list-style-type: none"> <li>• Pandemic stage 3 - peak action; or</li> <li>• Large clusters of community transmission; or</li> <li>• Impacts to critical services for government requiring state coordination across government.</li> </ul>

\* The above is a guide only and the Emergency Management Commissioner, Chief Health Officer and State Controller - Health will make an assessment on the overall potential or actual impacts on Victoria, National or Interstate impacts or decisions may also impact of Victorian arrangement

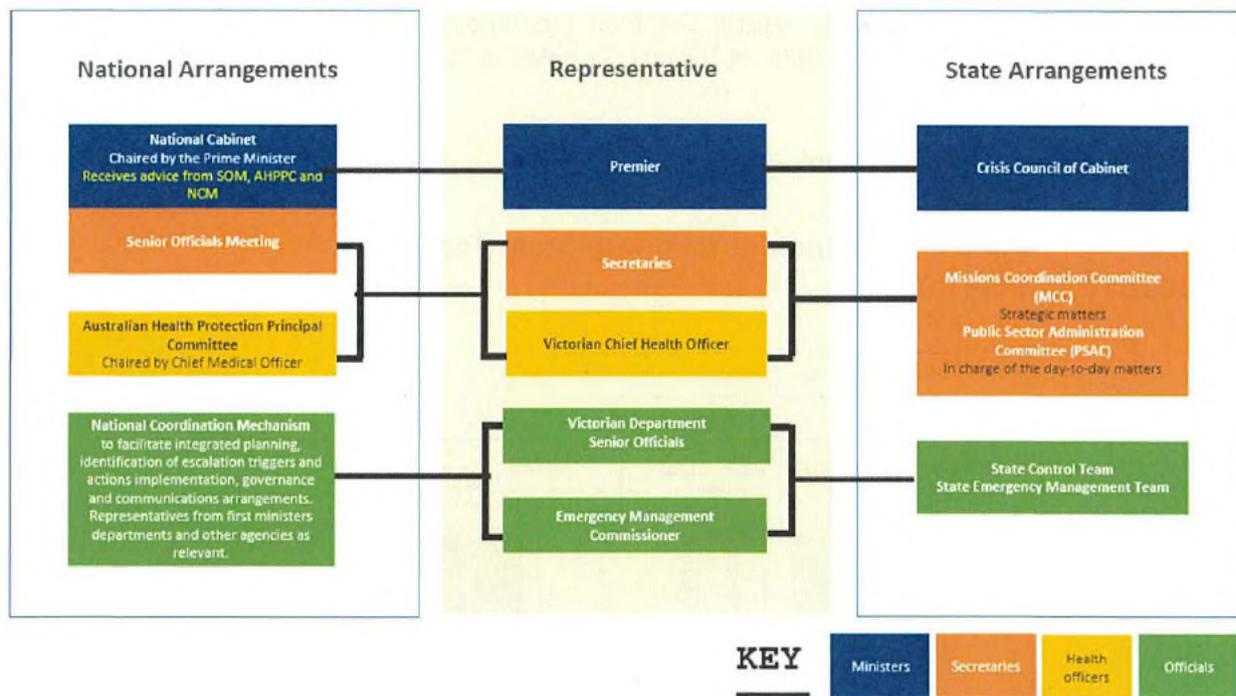
## State Operational Arrangements - COVID-19



### 8. National Arrangements

Due to the scale and complexity of this health emergency there are several committee and mechanisms that contribute to the sharing of information and support decision making at the National level.

Diagram 1: National Governance Structures



## State Operational Arrangements - COVID-19



### 9. Incident Management

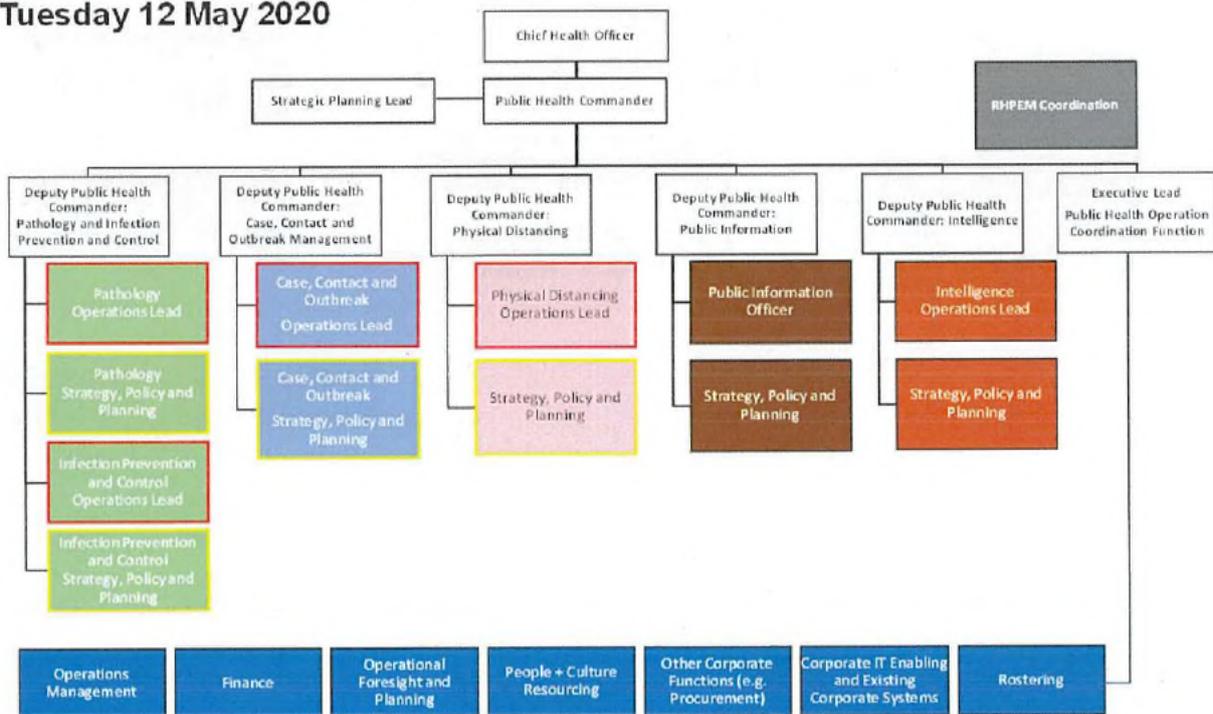
COVID-19 is managed at Incident level by the DHHS Public Health Commander and an IMT, the Public Health Commander reports to the Chief Health Officer, Victoria's health response is working in conjunction with other States and National response, with Governance arrangements at a National level leading key National policy.

Consistent with the SERP and the SHERP Sub Plan, the Incident Tier reports directly to the State Tier with the incident footprint as the State of Victoria. **Redacted**

**Redacted**

Diagram 2: Incident Management Structure

#### COVID-19 Public Health Incident Management Team Tuesday 12 May 2020



## State Operational Arrangements - COVID-19



### 10. Regional management

There is no specific control function at the Regional tier, the role is one of coordination of agencies who have responsibilities for managing consequences associated with the Health Emergency. Relief, Public Health Control and Health Coordination will be led at State tier. Regions will be a vital conduit between local government, health care providers and local support agencies. The state tier structures will provide regular information to regions to support the sharing of information to guide activities at all tiers of emergency management, this may include weekly regional teleconferences.

Leadership of COVID-19 at the regional tier will be through a Regional Coordination Team comprising of the following representatives:

- Regional Emergency Response Coordinators (RERCs) (Co-Chair),
- DHHS Regional Health Coordinator (Co-Chair)
- Regional Health Commander,
- DHHS Regional Relief and Recovery Managers
- Regional Controller (Class 1)
- Regional Police Commander (Class 3)

The Regional Coordination Team and their REMT play a critical role in identifying emerging risks with communities and supporting consequence management arising from this health emergency.

At least once a week, the Regional Emergency Response Coordinator (VicPol) will convene the Regional Coordination Team and the REMT during this emergency. The RERC is responsible for ensuring agencies within the REMT have activated their Pandemic Plans and/or arrangements. They will be supported by VicPol corporate staff to ensure minutes and an actions register are established and maintained.

The Regional Health Coordinator (DHHS) will work with the RERC and the Regional Coordination Team to ensure that COVID-19 related impacts and consequences are being considered by the REMT and being managed by the relevant agency at the regional tier. Where impacts or consequences are not able to be managed at the regional tier, or where the impacts and consequences are state-wide, they should be escalated to the State Health Coordinator.

The Regional Relief and Recovery Manager (DHHS) with local government, is responsible for identification, planning and coordination of relief functions at a regional and local level in consultation with the State Relief and Recovery Manager. Regions may choose to establish a Regional Relief Coordination Team chaired by the Regional Relief and Recovery Manager with senior representation from councils and regional relief agencies to share information and discuss relief coordination arrangements. Local Government Pandemic Plans or Municipal Emergency Management Plans provide arrangements for relief services should they be required a Municipal level.

The State Relief and Recovery Manager and Regional Relief and Recovery Managers will meet regularly to discuss key issues, constraints, opportunities and residual risks and other issues as required (intelligence) from the municipal tier. The Regional Relief and Recovery Manager will meet regularly with the municipal tier to inform this approach.

The Regional Controller (Class 1) is responsible to ensure responder agencies have activated their pandemic plans or arrangements and to communicate any emerging issues with response capabilities (compromised response times, inability to provide a capability type, support required from another agency) for the responder agencies and to ensure effective control of Class 1 emergencies can be managed with contingencies given the likely impact of the pandemic. Regional Controllers will support

## State Operational Arrangements - COVID-19



the RERC with emergency management advice and systems support through their Executive Officers. The Regional Controller Executive Officer will maintain the Regional Coordination Team and REMT contact lists and updates into emergency management systems (Fireweb).

Each Agency/Department on the REMT is accountable for managing consequences within their portfolio and flagging emerging issues with their State Agency Commander or function lead in the COVID-19 State Control Team. The escalation process for unresolved issues at a regional level is to the RERC, if the issue continues to be unresolved the RERC is to escalate the issue to the VicPol SPLO who will discuss with State Controller-Health and/or relevant Functional Lead. Regional Relief and Recovery managers are responsible for reporting emerging risks and issues associated with the emergency food relief program to the SRRM.

# State Operational Arrangements - COVID-19

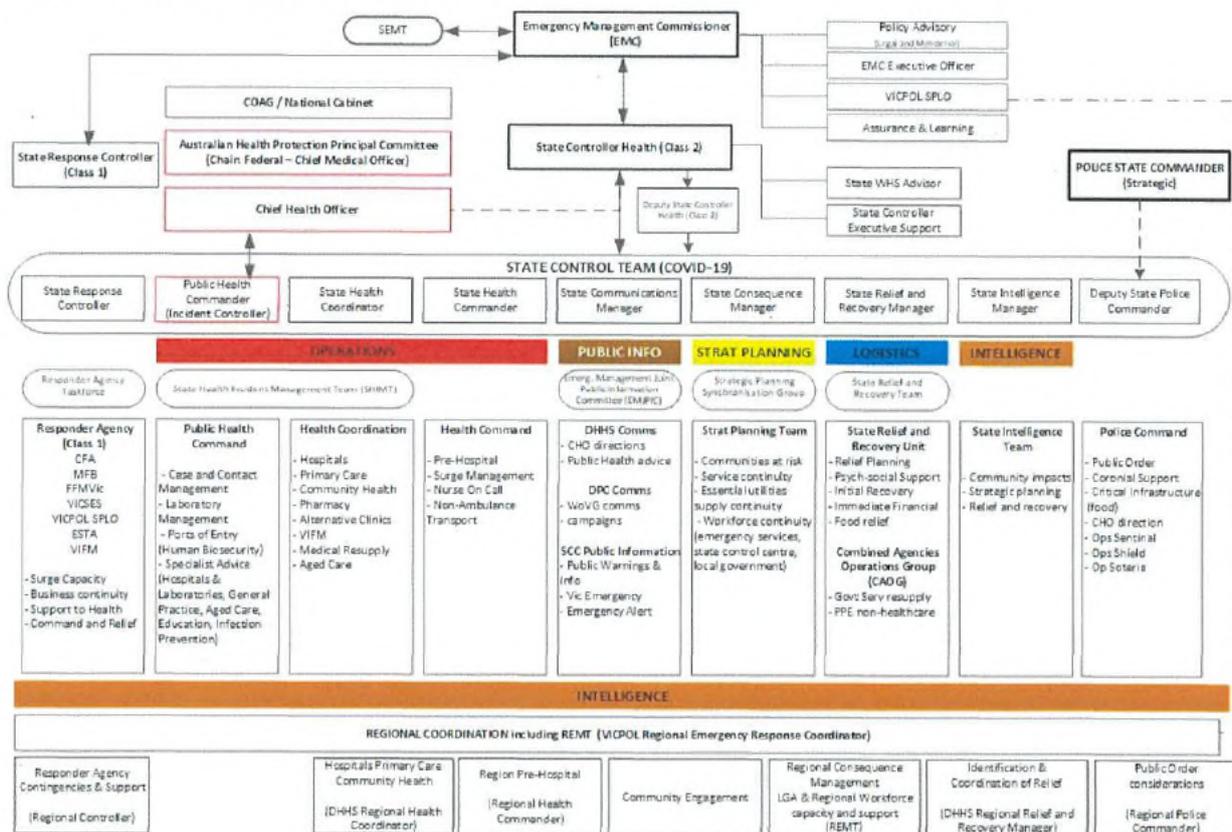


## 11. State Governance Structure

The Emergency Management Commissioner in consultation with the Chief Health Officer and Department of Health and Human Services, has established the state governance structure – class 2 health pandemic. This structure has been established to assist in the operation of the response required by government and the emergency management sector to COVID-19 pandemic.

These governance arrangements cater for the fact that the COVID-19 pandemic may be of a prolonged duration and need to be sustainable for a period of time. Therefore, this structure acknowledges the interaction with other classes (class 1, 2 and 3) of emergencies (an actual or potential) that may be related to or unconnected to the COVID-19 pandemic.

Diagram 3: State Governance Structure



## State Operational Arrangements - COVID-19



### 11.1 State Control Team COVID-19

#### Role and function

To advise and recommend strategic operational actions to the State Controller- Health on the response of emergency management agencies.

Oversee the implementation of operational actions of emergency management agencies, in the context of operational consequence management, response, relief and recovery.

#### Membership

The following representatives have been identified to form the SCT COVID-19

- Emergency Management Commissioner
- State Controller – Health (Chair)
- Chief Health Officer (CHO)
- Public Health Commander
- State Health Coordinator
- State Health Commander
- State Response Controller (SRC)
- Victoria Police, Deputy State Commander
- State Strategic Communications Manager (SSCM)
- State Relief and Recovery Manager (SRRM)
- State Consequence Manager (SCM)
- Senior Police Liaison Officer (SPLO)
- CAOG Manager
- State Intelligence Manager
- SCC Room Manager
- Emergency Management Commissioner Executive Officer (EMC EO)
- Observer: SCC Assurance and Learning
- Observer: Department of Premier and Cabinet (DPC)
- Observer: Inspector-General for Emergency Management (IGEM)

## State Operational Arrangements - COVID-19



### 11.2 Public Information Function

#### Role and structure

Clear communication across stakeholder groups and to Victorian communities will help organisations plan for and respond to a COVID-19 pandemic. It will also help communities understand the risks associated with a COVID-19 pandemic and how they should respond. Effective communication during the various stages of a pandemic is vital to help minimise transmission, provide continuity of government and essential services, and support recovery.

Victoria's whole-of-government communications for COVID-19 are led by DPC working with the EMC and DHHS as the Control Agency. Victorian state government communications are coordinated through the Emergency Management Joint Public Information Committee (EMJPIC).

Victorian government departments and agencies are responsible for using approved public health messaging for communications to their staff, stakeholders, audiences and service users and managing public information around impacts to their services. The DHHS website is to be utilised as the single point of truth for information, and disseminating via the VicEmergency channels. The State Controller is responsible for issuing public information and warnings via the VicEmergency platform to help protect the Victorian community.

#### National announcements and messages

The Australian Department of Health will coordinate national health messaging via the National Health Emergency Media Response Network (NHEMRN) to maintain consistency in public messaging.

The Commonwealth Department of Health National Incident Room provides a point of communication with the Australian Government for health incidents.

During all stages of a COVID-19 pandemic the National Incident Room will provide timely situation reports to relevant Australian Government agencies, state and territory health authorities and other relevant stakeholders.

#### 11.2.1 Key spokesperson

The nominated spokesperson will vary depending on the incident and media comment on COVID-19 may be included as part of another emergency event. The following people may potentially be spokespeople for the Victorian Government in relation to COVID-19 pandemic:

- Victorian Premier or relevant Minister
- Chief Health Officer - Victoria, (Chief Medical Officer for National)
- State Controller – Health COVID-19
- Emergency Management Commissioner

#### 11.2.2 Governance Committee

Emergency Management Joint Public Information Committee will support the public information function.

The purpose of EMJPIC

- Provide assurance that whole of Victorian Government communication planning, strategy and delivery related to emergencies has appropriate oversight
- Support agencies and departments in strengthening whole of Victorian Government communications and set priorities for EMJPIC in communications and engagement

## State Operational Arrangements - COVID-19



- Support strategic media and communication where an emergency requires multiple agency response, is the portfolio responsibility of multiple Ministers or is an incident that has the potential for significant consequences for communities.

### Membership

The following representatives have been identified to form EMJPIC.

- Executive Director, Communications DJCS (Chair)
- Senior Communications Executive(s)
- State representative of agencies responsible for the management and coordination of communications, as per the State Tier Governance Arrangements for EMJPIC.

## State Operational Arrangements - COVID-19



### 11.3 Strategic Planning Function

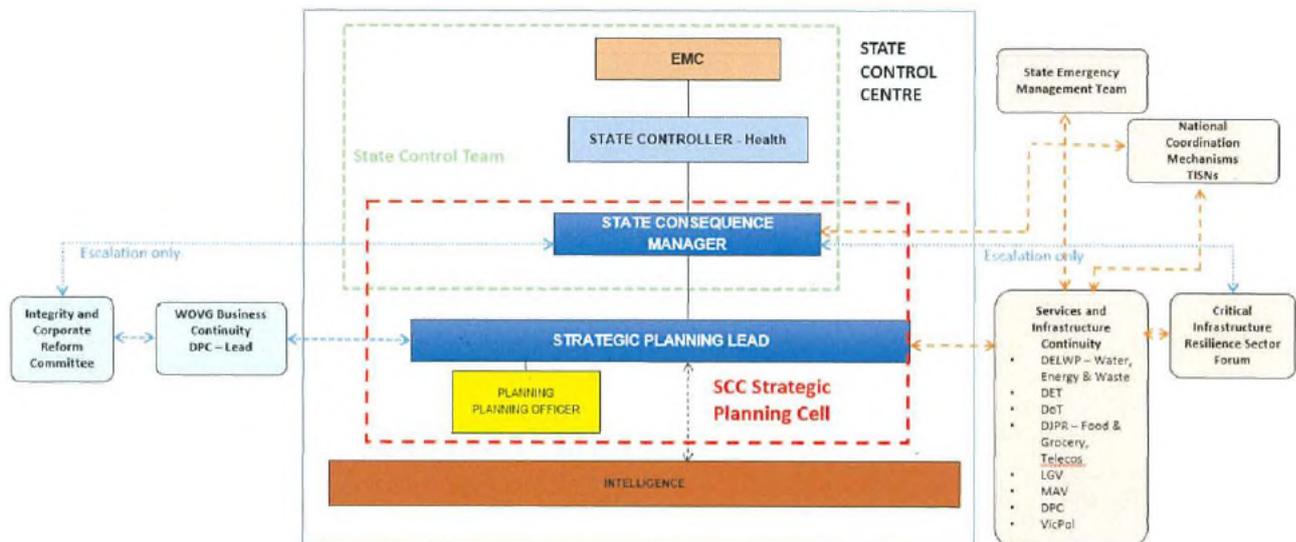
#### Role and structure

The intent of the State Strategic Planning function is to coordinate the identification, definition and monitoring of coherent mitigation actions for key emerging risks, issues and associated consequences that are not being addressed through the normal business continuity arrangements within departments, agencies, service providers, and infrastructure owners/operators.

The State Strategic Planning function will be accountable for the following tasks:

- Identify emerging risks and consequences for continuity of service delivery for WoVG and Services/Infrastructure providers (both public and private providers) by analysing available intelligence.
- Coordinate links with national coordination process operating for service/infrastructure continuity.
- Connect and exchange information with portfolio departments, and services/infrastructure providers (both public and private providers).
- Connect with State Emergency Relief Coordination and CAOG to manage risks and issues identified for essential relief needs and logistical service delivery.
- Document and maintain State Strategic Operational Plan, Issues and Risk Register and SEMT Reporting.

**Diagram 4: State Strategic Planning Structure**



#### Governance Committee

Services and Infrastructure Continuity Group will be the governance committee to support the State Strategic Planning Unit.

## State Operational Arrangements - COVID-19



### Membership

The following representatives have been identified to form the Services and Infrastructure Continuity Group.

- State Consequence Coordinator (Chair)
- Department of Health and Human Services
- Department of Land Water and Planning
- Department of Education

---

- Department of Transport
- Department of Jobs, Precincts and Regions
- Local Government Victoria
- Municipal Association of Victoria
- Department of Premier and Cabinet
- Others as required

## State Operational Arrangements - COVID-19



### 11.4 State Emergency Relief Coordination

#### Role and structure

The State Relief and Recovery Manager will lead the State Relief and Recovery Unit

The State Emergency Relief Coordination function will:

- Coordinate and support the delivery of immediate emergency relief services required in response to COVID-19.
- Deliver an agile, dynamic and solution focused function that can support the priorities defined in the State Emergency Relief Plan, in line with the State Emergency Management Priorities.
- Holistically manage risks and issues identified by the Consequence Management Unit in relation to essential relief needs and logistical service delivery.
- Assess and manage key risks and issues that are not being addressed through the normal relief or supply arrangements or through already established efficient and effective mechanisms.

#### Governance Committee

State Relief and Recovery Team (SRRT) will support the State Relief and Recovery Manager.

The Function of the SRRT

- To implement a State emergency relief plan that meets the needs of the community and ensures the coordinated delivery of relief coordination.
- To provide relief expert advice and coordination for the delivery of relief operations.
- To monitor and contribute to emergency relief situational awareness and operations, for the preservation of life and provision of essential needs.

#### Membership

State representative of agencies responsible for the management and coordination of relief and recovery functional areas.

#### 11.4.1 State Relief and Recovery Unit

##### Role and structure

The State Relief and Recovery Unit will be responsible for;

- Review and update State Emergency Relief Plan
- Gain understanding of consequences and risks from strategic planning unit
- Determine relief priority and assess if these can be addressed through existing arrangements and relief system
- Provide state coordination of the emergency food relief program including reporting.
- Work with other agencies in the longer term relief planning and contribute to the risk and issues register
- Identify financial implications of emergency relief requirements
- Reporting on emergency relief needs and uptake of programs.

#### Governance Committees

## State Operational Arrangements - COVID-19



Relief Triage Sub-Group will support the State Relief and Recovery Unit.

The Function of the Relief Triage Sub-Group

To provide advice and raise any issues in relation to the effective operation of the emergency food relief program.

### Membership

The following representatives have been identified to form the Relief Triage Sub-Group

- State Relief and Recovery Manager (Chair)
- Department of Health and Human Services
- Local Government Victoria
- Municipal Association of Victoria
- Victorian Council of Churches - Emergency Ministry
- Australian Red Cross
- DELWP Customer Service Centre
- State Relief and Recovery Unit

### 11.4.2 Combined Agencies Operations Group (CAOG)

#### Role and structure

The Combined Agency Operations Group will be responsible for;

- Implementing strategies for addressing the immediate humanitarian relief needs of identified individuals, households or communities.
- Identifying solutions to essential supply chain issues that cannot be addressed through normal agency arrangements and processes.
- Centralised procurement of Personal Protective Equipment (PPE) distributed in accordance with approved priorities for Government Departments (non-Health) and Agencies that are unable to be sourced through existing arrangements and on charged on a cost recovery basis
- Maintaining offers of assistance register and coordinate offers as appropriate

The following representatives have been identified as critical to the effectiveness the COAG team in addition to EMV and related SCC functions.

- CAOG Manager (Chair)
- Australian Defence Force (logistical advice)
- Department of Transport (as required for transport and warehousing)
- Department of Jobs, Precincts and Regions (supplier identification)
- Department of Premier and Cabinet (Policy and Offers of Assistance)
- Department of Treasury and Finance (Procurement)

## State Operational Arrangements - COVID-19



### 11.5 State Intelligence Team

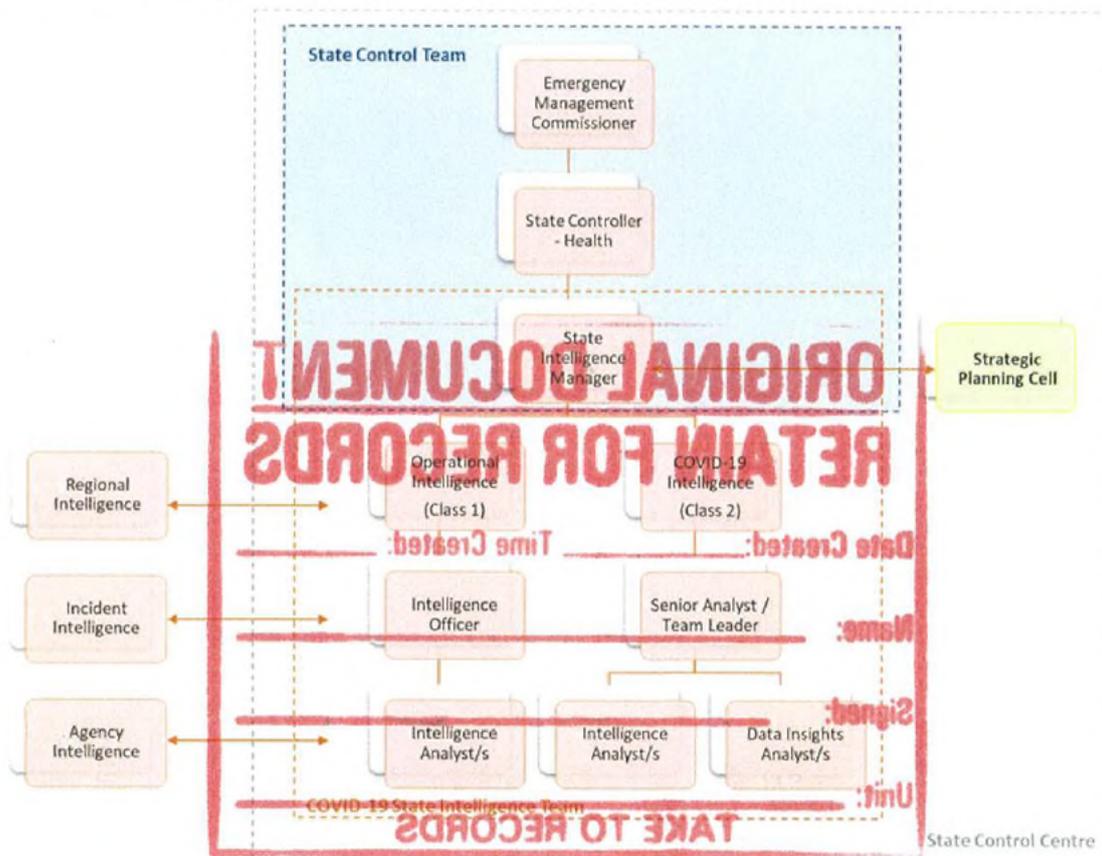
#### Role and structure

The State Intelligence Team will support the SCT and the Emergency Management Commissioner through provision of accurate, relevant and timely intelligence regarding the COVID-19 pandemic.

The State Intelligence Team is overseen by the State Intelligence Manager who is supported by the Operational and COVID-19 Intelligence Sections.

- Operational Intelligence supports the regular SCC reporting expectations and manages the workload of reporting units, focused on Class 1 emergencies.
- COVID-19 State Intelligence supports the COVID-19 specific reporting expectations.

Diagram 6: State Intelligence Team Structure



#### Governance

The activities of the State Intelligence Team will be determined by the SCT, through an endorsed work plan that is regularly reviewed and adjusted in line with changing priorities and risks relating to the COVID-19 pandemic.

The State Intelligence Manager is responsible for regularly briefing the SCT on key intelligence issues and trends, in particular any strategic insights that inform longer-term response planning.

## State Operational Arrangements - COVID-19



The SCT may issue intelligence tasks/requests to the State Intelligence Team at any time via the State Intelligence Manager.

### Membership

Composition of the State Intelligence Team will vary based on the intelligence work plan endorsed by SCT.

The State Intelligence Team is expected to develop and maintain close intelligence sharing relationships with various health and emergency services organisations, including but not limited to:

- DHHS
- Victoria Police
- Ambulance Victoria
- ESTA
- DELWP (energy and water)
- Victorian Institute of Forensic Medicine.

<b>ORIGINAL DOCUMENT RETAIN FOR RECORDS</b>	
Date Created:	<u>22/5/2020</u> Time Created: <u>1640</u>
Name:	[REDACTED]
Signed:	[REDACTED]
Unit:	<u>ON BEHALF OF EMC EO</u>
<b>TAKE TO RECORDS</b>	

State Control Team  
State Strategic Operations Plan



## State Strategic Operations Plan

For the **weekly** period

**30 March 2020 to 12 April 2020**

***Updated weekly or on significant escalation***

Release approved by:

State Response Controller		EMC	
State Response Controller - Health			
Date		Date	

Release endorsed by

Action acquittal completed by:

State Response Controller		EMC	
Date		Date	

Action acquittal endorsed by

**For Official Use Only**

This strategic summary outlines: intent; control and coordination priorities; response and situation outlook; consequences management, relief, and communications outlook; and resources implications.

State Control Team  
**State Strategic Operations Plan**



---

## Contents

1	Intent of this plan	3
2	Operational Priorities	3
3	Action Plan	4
4	Emergency situation profile	5
5	Risk controls	6
6	Essential service functions	7
7	Weekly Plan Review	7
Appendix 1.	State Control Arrangements – Class 2	8
Appendix 2.	Consequence Risk Register Management Action Plan	9
Appendix 3.	State Strategic Resources	10



## 1 Intent of this plan

To provide key strategic linkages to existing and ongoing planning and operational documents across a dynamic, complex and rapidly changing emergency response effort.

It provides a snapshot in time of the key state strategic operational considerations at that point.

## 2 Operational Priorities

### Key operational priorities specific to the upcoming period

- 1) Reduce risk to life through accurate, timely and coordinated communication supporting COVID-19 containment strategies.
- 2) Reduce risk to critical health services by establishing all government services to meet demands as reasonably practicable, focusing on the supply of critical personal protective equipment and medical consumables for hospitals and health services
- 3) Reduce risk to life by supporting the community, particularly at-risk and vulnerable groups.
- 4) Maintain essential functions that are the foundation for the social, economic and environmental wellbeing of the Victorian community.

### Ongoing operational priorities

- Progress the COVID-19 Pandemic Plan for the Victorian Health Sector (Pandemic Plan) See: <https://www2.health.vic.gov.au/about/publications/researchandreports/covid-19-pandemic-plan-for-vic>
- Implement emergency control and coordination through the governance structure outlined in the State Control Arrangements – Class 2 – Health Pandemic Emergency within the *State Operational Arrangements (COVID-19)* (unpublished). Agencies and departments will contribute to the State response through this structure as required.
- Progress and **adapt** planning documentation and frameworks as the situation unfold
- Support critical infrastructure and essential services to continue to run and have uninterrupted supply
- Appropriate management of workforce and supply chains in line with the most current advice
- Maintain services to facilitate business continuity in line with proactive social distancing actions
- Plan for reduced availability of resources due to **state-wide** plan burning program and COVID-19 social distancing arrangements **or direct impacts of Covid-19 illness**.
- Ensure coordinated and sustainable operational emergency management activities to enable protection of human life, through shared understanding of the current risk context, risk treatments across all responsibilities and sustainable resourcing.
- The COVID-19 Statement of Intent (DHHS) is to provide an effective and coordinated response to mitigate the impact of COVID-19 and ensure a safe and supported environment for the citizens of Victoria during all phases of the emergency.
- The State response is coordinated with federal level agencies, including the Department of Health and the Australian Defence Force to support supply and delivery of key materials and resources. Victoria, as with all other states, is obligated to follow the directives of the Federal Government's National Security Committee (NSC).

## 3 Action Plan

This section identifies risks to the operational management of the emergency situation and the most appropriate risk treatment identified at this time. It also provides a high-level summary of issues most relevant over the coming week.

### Considerations for this Period

- The Premier of Victoria has made a declaration under **s198 of the HEALTH AND WELLBEING ACT 2008** of a **STATE OF EMERGENCY** effective for a four week period until 13 April 2020 that will have operational impacts state-wide.
- Within Victoria, the response is being managed from:
  1. The ICC at DHHS SEMC (Lonsdale Street) with support from other state agencies.  
 The COVID-19 State Control Team at the SCC is supporting the ICC to coordinate a whole of Victoria Government response, particularly in relation to relief, consequence management and communications.
- The Premier of Victoria has announced Stage 3 restriction to come into enforce 31 March 2020.
- In accordance with the **COVID-19 Pandemic Plan for the Victorian Health Sector**, the response is now in Stage 2 (Targeted action stage) actions moving to stage 3 (Peak Action). Ongoing Stage 1 (Initial containment stage) actions continue concurrently
- Stage 2 actions aim to build upon Stage 1 actions to slow disease transmission, through social distancing, government agency coordination, increase risk reduction communications, implement resource management strategies and prioritise diagnostic testing
- Increasingly strict measures being considered, with potential wider social and economic effects across the community and key industries
- Consistency and timeliness of communications is a priority to ensure community calm and minimise adverse community reactions such as panic buying of essential items.
- Whole of community, government and emergency services approach to COVID-19 response, including:
  1. Workforce planning for resource identification, resource sharing and processes to maintain essential services to the community.
  2. Communications to ensure consistent and clear messages.
  3. Recognition and adoption of behaviour change requirements to maintain wellbeing and limit the transmission of COVID-19.
- Plan and prepare for progression into Stage 3 – Peak Action Phase of the **COVID-19 Pandemic Plan for the Victorian Health Sector**

Refer to the current Intelligence and Situation Reports available on EM-COP for further information. See: <https://files-portal.em.vic.gov.au/refdocs/SCC-Daily-Intel-Summary.pdf?v=1584249191670>

## 4 Emergency situation profile

Information in this section is only a summary of the current emergency situation and highlights cross-cutting direct and indirect risks to the operational management of this emergency situation. 'Appendix 2 - Consequence Management Action Plan COVID-19' provides the next level of detail of risks being managed by individual agencies in accordance with their legislated obligations.

For more detailed information of the situational context please refer to the links provided below or the Daily Intelligence Update and Situation Report available on EM-COP.

### COVID-19 Coronavirus

#### **Victorian Context**

The situation in Victoria is rapidly evolving with numbers of reported cases increasing daily. For updates see the DHHS website: <https://www.dhhs.vic.gov.au/coronavirus>.

The daily Chief Health Officer update is intended to provide clinicians and the Victorian public with information about the number of confirmed cases of COVID-19 <https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>

State Operational Arrangements - Covid-19 for agency emergency management planning were endorsed by the Emergency Management Commissioner on 26 March 2020. See [https://files-em.em.vic.gov.au/StatePlans/OpArrangements/StateOperationalArrangements-COVID-19-26\\_March\\_2020.pdf](https://files-em.em.vic.gov.au/StatePlans/OpArrangements/StateOperationalArrangements-COVID-19-26_March_2020.pdf)

The risks for the coming week include:

- Public not adhering to direction to social distance.
- Progression of stricter "shut down" regime across the state
- Increasing concern in the community, including unnecessary panic buying of grocery items.
- Economic impacts from continued border control measures
- A significant increase in confirmed cases of the novel coronavirus
- [Ongoing and changing local travel restrictions](#)
- Flow on economic and social impacts
- Availability of key medical consumables used in testing for COVID-19

#### **Australian context**

Significant travel restrictions in and out of Australia are now in force. Information and updates regarding travel advice can be found at <https://www.homeaffairs.gov.au/news-media/current-alerts/novel-coronavirus>

The federal government Department of Health's webpage offers current advice : <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

The latest information on the government response to the COVID-19 outbreak is available from: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/government-response-to-the-covid-19-outbreak>

#### **Global context**

On 11 March, the World Health Organisation (WHO) characterised COVID-19 as a pandemic. WHO are releasing daily situation reports that can be accessed via their webpage: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

A visual dashboard tracking global spread is presented by Johns Hopkins University: <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

## 5 Risk controls

This section outlines operational activities that are undertaken to manage the risks as identified in Section 4 and further detailed in 'Appendix 3 - Consequence Management Action Plan COVID-19'.

### COVID-19

Victoria's response aligns with other states, territories and the Commonwealth and is guided by the **Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)**. Four stages are defined in this response that may overlap through the course of the pandemic.

Stages of response	
<b>Stage 1</b>	Initial containment stage
<b>Stage 2</b>	Targeted action stage
<b>Stage 3</b>	Peak action stage
<b>Stage 4</b>	Stand-down and recovery stage

Specific actions to manage the COVID-19 response include:

- Implementation of the State Operational Arrangements COVID-19
- Activation of a DHHS-led ICC at Lonsdale Street to direct operations and support DHHS SEMC actions. This ICC manages confirmed and contact case tracing, monitors impacts to the health sector, plans for models of care, and ensures supply of critical personal protective equipment and medical consumables.
- DHHS coordination of planning, meetings, advice and consequence management across agencies and sectors
- Coordinated, consistent messaging to provide reassurance and advice to reduce person-to-person transmission of the virus.

#### **Communications**

The current recommended communication channels include:

- SCC media to refer media inquiries onto DHHS on 1300 170 708.
- Vic Health Chief Health Officer Health Alerts <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease--COVID-19>
- DHHS Media hub: <https://www.dhhs.vic.gov.au/media-hub-coronavirus-disease-covid-19>
- For other updates visit <https://www.dhhs.vic.gov.au/coronavirus>

For travel information: <https://www.homeaffairs.gov.au/news-media/current-alerts/novel-coronavirus>

#### **Relief**

The State Relief Plan for COVID-19 has been developed to guide government and agencies in planning, activity and delivery of community support and relief needs.

See: <https://files-em.em.vic.gov.au/StatePlans/ReliefRecovery/StateReliefPlan-COVID-19.pdf>

#### **Resources**

A resourcing strategy consistent with the overall operational strategy is defined in this plan, including key shortfalls in roles and actions to address issues identified. See Appendix 3.

#### **Combined Agencies Operations Group (CAOG)**

This is stood up again under the state relief coordinator and will support relief activities through planning and delivery operations. In the coming week focus will be on PPE and coordinating supply and distribution, to particularly support health.

## 6 Essential service functions

### Victoria's Critical Infrastructure – Essential Services List

Draft currently pending approval – to be included into future versions when confirmed.

## 7 Weekly Plan Review

### Document Management and Actions for SCT and RC

This plan will be managed as a 7-day plan, updated weekly or after significant events as required:

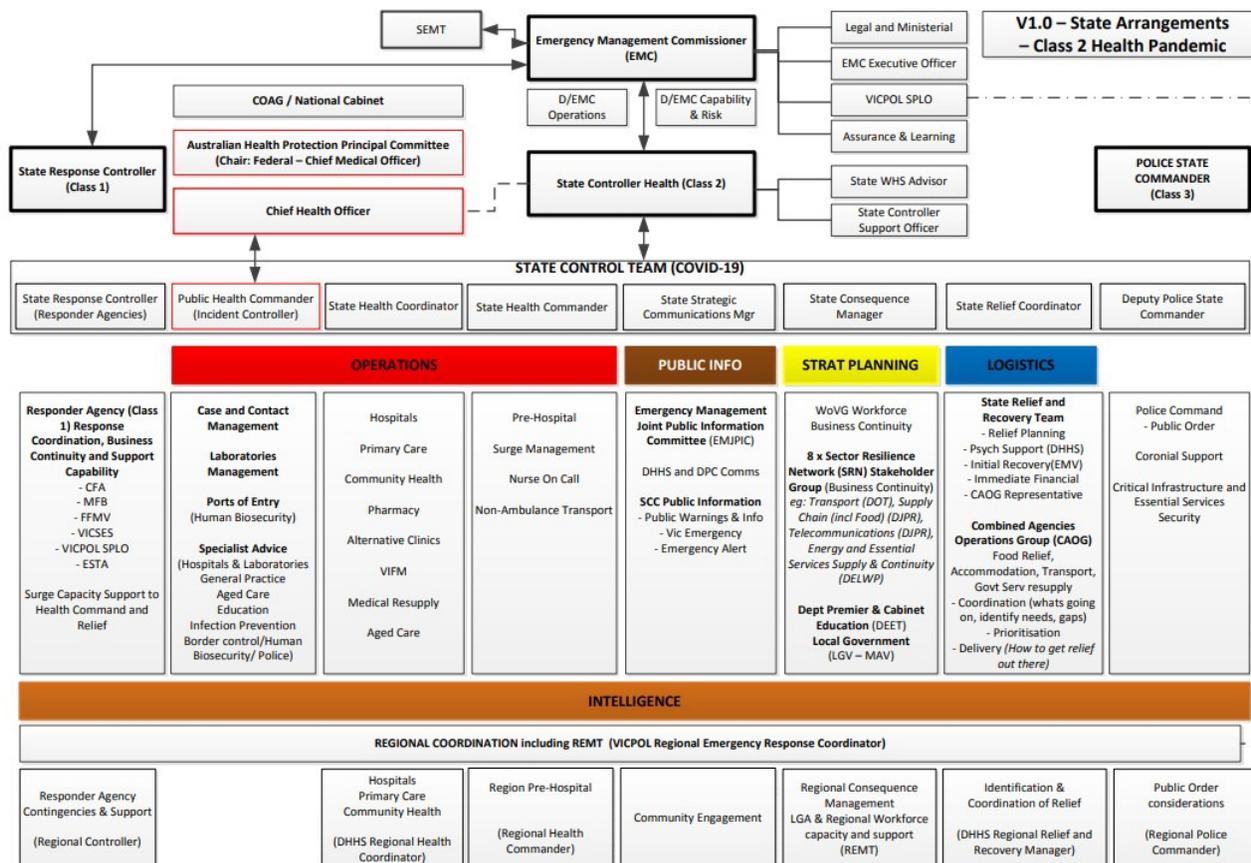
#### Weekly Business as Usual Actions

Action	Responsible	Deadline
Send reminder to Regional Controllers and SCC Units to update Plan	SCC Support	0900 Fridays
Complete updates	Regional Controllers and SCC Unit leaders	<b>1400</b> Sunday
Revised plan approved and circulated via State Control Team (SCT)	State Response Controller	<b>0700</b> Mondays

State Control Team  
State Strategic Operations Plan



## Appendix 1. State Control Arrangements – Class 2





---

## Appendix 2. Consequence Risk Register Management Action Plan

To be updated over weekend 28 and 29 March

### Coronavirus (COVID-2019)

**Consequence Management – Health** (current as at 30 March 2020, to be updated further by DHHS lead response plan week commencing 30 March).

This document is available via the Hyperlink below

<https://files-em.em.vic.gov.au/StatePlans/OperationalPlans/RiskRegister-version0.4.pdf>

## Appendix 3. State Strategic Resources

Resourcing guidance to facilitate the *State Operational Arrangements (COVID-19)* for the 7-day period stated on the front cover are presented in this section. General objectives are to:

- Attempts to provide indication of impacts on and resources capacity and impacts over a specified period in time.
- Covid-19 impacts on resources have potential to be significant. The scale of this impact is still being realised as preparations to move into the stage 3 Peak phase becomes apparent.
- highlight the need for state resources to be made available to support the COVID-19 class 2 emergency response
- this plan may be managed as a rolling 7-day plan, updated on a weekly basis on Friday by 1200hrs, for publication the following Monday

Guidance supplied through this plan should be used concurrently in addition to efforts to fulfil ad-hoc requests, which will be raised based on need. Context must be supplied if unable to meet requests to provide a better understanding of underlying resourcing challenges.

### Fatigue and mental health management

Fatigue and mental health management is a hazard to both personnel operating on the incident ground and in incident management roles. As regards Victorian emergency management personnel refer to agency procedures as well as the [SFS Fatigue management](#) and [agency protocols on mental health workforce support](#) available on EM-COP.

### Resourcing Availability and Risks

A range of factors potentially posing challenges for resource availability across the state during the next 7-day period is summarised below in Table 2.

Each factor is rated in terms of both potential impact on resource availability and the likelihood of occurrence for the next 7-day period. The likelihood ratings\* are a measure of the underlying current or potential situation as defined in Table 1: Likelihood rating scales.

**Table 1: Likelihood rating scales**

Likelihood rating	Indicative probability	Likelihood of the necessary conditions occurring during the 7-day period
Very Likely	>80%	Expected to occur in most or nearly all circumstances
Likely	65%	Expected to occur more often than not
Possible	50%	There is equal probability of occurrence and non-occurrence
Unlikely	35%	Expected to occur less often than to occur
Very Unlikely	<20%	Expected to occur in few or hardly any circumstances

Factors potentially impacting on the availability and demand for resources are listed in Table 2: Resourcing availability and risks.

## State Control Team

# State Strategic Operations Plan



**Table 2: Resourcing availability and risks**

Factor	Impacts	Potential scale of Impact	Likelihood rating (see Table 1)
Stage 3 State "shut-down"	Full shut down of all but essential services across the state of Victoria as advised via the Premier and CHO	High	Very Likely
Increased absenteeism resulting from COVID-19	Absenteeism is projected to reach levels up to 40%, while increased working from home arrangements may impact day-to-day operations.	High	Very likely
Autumn planned burning program	Autumn is a significant season for the planned burning program. Significant resources for planning, preparation and conduct of planned burns shall be required from March onwards.	High	Possible
Failure to manage operational and cumulative fatigue	Inadequate fatigue management rest periods are taken between shifts and tours of duty, resulting in compromised safety. Campaign situations further pressure agency personnel to adopt minimal rest breaks adding to cumulative fatigue impacts.	High	Very Likely
Inadequate rostering arrangements	Insufficient resources to fulfil rosters. There are instances where it is not possible to fill key State, Regional and Incident level roles due to gaps in rosters, ongoing rotations and expanded SCT/RCT requirements.	High	Very Likely
Flood Impacts	Increase in risk of landslide, debris flow and flash flood due to removed vegetation and ground cover	High	Unlikely

### Key strategic resourcing issues

- Impact of COVID-19 from illness, self-isolation and social distancing protocols
- Increase in absenteeism due to COVID-19 State of Emergency
- Prioritisation of essential service functions only
- Operational and cumulative fatigue after a long campaign fire response season.

### Key actions to address strategic resourcing issues

- Follow DHHS and agency advice on contingency plans for COVID-19

### Resourcing Prioritisation Principles

Resourcing guidance must be made in accordance with the State Emergency Management Priorities as set out in the Victorian Fire Management Operations Strategy. Resources will be assigned in line with the following:

1. Protection of life and property
2. Apply DHHS and agency COVID-19 protocols in resourcing considerations
3. Recognition and proactive management of cumulative fatigue (refer to section 4.4 for fatigue management actions)

In individual resource requests comments must clearly state specific agency requests if required.

### International and Interstate Resources

#### International and Interstate Resource Arrangements

##### Principles

The State Control Team will actively continue to discuss the need for requesting interstate and international resources into Victoria, including consideration of the Victorian capacity before requesting interstate support.

##### Current status:

- [REDACTED]
- Given the current COVID-19 global pandemic, resources to and from other jurisdictions are not anticipated.

State\_Strategic\_Operations\_Plan

Unless stamped "CONTROLLED COPY" in RED, then when printed this document is uncontrolled

Printed 30/03/2020 -16:07

## DJPR - DHHS role clarity

---

From: "Jason Helps (DHHS)" <[REDACTED]@dhhs.vic.gov.au>  
 To: "Claire Febey (DEDJTR)" <[REDACTED]@ecodev.vic.gov.au>  
 Cc: "[REDACTED] (DEDJTR)" <[REDACTED]@ecodev.vic.gov.au>, "Braedan Hogan (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Andrea Spiteri (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Chris Eagle (DELWP)" <[REDACTED]@delwp.vic.gov.au>, "[REDACTED] (DJCS)" <[REDACTED]@justice.vic.gov.au>, "Melissa Skilbeck (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Coralie Hadingham (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Michael Mefflin (DHHS)" <[REDACTED]@dhhs.vic.gov.au>  
 Date: Sun, 29 Mar 2020 16:57:53 +1100

Dear Claire,

As you are aware The Department of Health and Human Services (DHHS) is the Control Agency for the COVID-19 Pandemic, and at this time I am the State Controller – Health appointed by the Control Agency under the *Emergency Management Act*. Prof Brett Sutton is the Chief Health Officer leading the Public Health response under the *Public Health and Wellbeing Act*.

As the Control Agency, DHHS has overall responsibility for all activities undertaken in response to this emergency. The response to the direction for all passengers returning to Victoria after 11.59 p.m. 28/03/20 requiring to be quarantined in approved accommodation is being led by Dep State Controller Chris Eagle as "Operation Soteria".

As discussed today I am extremely grateful to the support DJPR have provided to date, your team have demonstrated flexibility, good planning and expertise which has contributed to making the first day as successful as it could be. I also look forward to your team continuing to support Operation Soteria.

It is important however that we clarify some roles and responsibilities and work on a transition plan over the next day or so. Chris Eagle will work with you on this. Many of the roles DJPR provided in the planning, and operationally today will need to transition to the Deputy State Controller and DHHS as the Control Agency. I would like to clarify that, at a minimum, I would request DJPR continue to provide the valuable work in procurement of hotels and the services required to support people under the direction to detain, I don't underestimate the complexity of this task in the current environment. It will be vital that DHHS make the operational decisions in regards to which hotels we utilise and when, along with other decisions which require a risk assessment by the Chief Health Officer or delegated Authorised Officer.

It was a pleasure to discuss this with you today and I sense the value of working closely on this for both agencies.

Please contact me again if I can assist or if a resolution cannot be reached during the handover process.

Regards

### Jason Helps

Deputy Director Emergency Operations and Capability | Emergency Management Branch  
 Department of Health and Human Services

[REDACTED] | [REDACTED] | [REDACTED]  
 [REDACTED] | [REDACTED] | [REDACTED]@dhhs.vic.gov.au  
[www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) | [www.emergency.vic.gov.au](http://www.emergency.vic.gov.au) | <https://twitter.com/VicGovDHHS>

# Operation Soteria -Quarantine Hotels

## Options Analysis

24 June 2020

### Purpose

To identify options for the improved safety of operations across all quarantine hotels operating to support Operation Soteria.

### Current Situation

Current operations utilise a combination of Department of Health and Human Services (DHHS) staff, private security contractors, contract nurses and hotel support staff.

This model, whilst largely effective, has been built through a series of complex contractual arrangements across multiple departments, which include Department of Jobs, Precincts and Regions (DJPR) acting as contract procurer and manager of some operational elements. The contractual arrangements are further complicated by security subcontract arrangements.

Hotel quarantine is supported by Public Health Command and Operation Soteria Command operation policy, guidelines and an overarching plan. The plan, policy and guidelines have evolved quickly and essentially form a robust set of operational doctrine to support all elements of the hotel quarantine, from arrival to departure, including health, welfare, safety, infection control and response to other risks.

Plans, policy and guidelines have been supported with inductions, training and contractual discussions, in an attempt, to achieve compliance across all staff.

To date compliance, particularly from sections of the security staff has been *ad hoc*, incidents of noncompliance with infection prevention control, social distancing and other CHO directions has resulted in outbreaks in hotel quarantine.

The highest risk activities in hotel quarantine are:

- Failure to use PPE correctly
- Goods handling, particularly luggage
- Entry and Exits of large numbers of detainees
- Provision of fresh air, exercise breaks for detainees
- Swabbing and other medical procedures.

### Current Situation

Options for improved hotel quarantine operations are detailed in this document for consideration.

Recommendation –

#### Accept Option A

- Requiring approximately 400 per day, on average, Police resourcing (650 – 800 FTE)
- ADF logistics expertise of 50 for Operation Soteria / Hotel Quarantine

- Further use of Spotless contractors through Alfred for 'orderly' equivalent tasks as described as Customer Service Officers
- Strengthening of operational roles at hotel sites as underway and in progress
- Noting the option can be implemented by within 3 days of agreement to the provision of Police resources is provided.

Further noting all staff numbers are approximate and are calculated on an average of 20 hotels operating, the staff numbers are averaged and do not account for rostering nuances or different floor and capacity layout across our hotels. Staff numbers are calculated as FTE per week based on 38 to 40 hours per week worked (pending awards).

**Staffing elements of Options could be altered based on final allocations and agreement but provide in principle variation of options for consideration. For example, ADF and Police resources ratios could alter given similarity of roles. On any given day we utilise approximately 1000 (1200 to 1600 per week FTE) security in the current staffing model.**

All options are capable of rapid implementation, subject to staff availability and initial training the options can be implemented on a hotel by hotel or staffing cohort by cohort basis immediately.

## Additional Compliance

All models require a significant number of security staff to be employed onsite at hotels, the availability of other workforces does not reasonably allow a replacement of security for all roles. Additional compliance is required regardless of the option, whilst option A and B provide greater supervision and pairing of security staff, which of itself will increase compliance, all models require additional measures to prevent further non-compliance of the staff.

Options for improved compliance include:

- Amended contracts, requiring increased accountabilities for the contracted company, minimum standards of conduct and penalties for breaches
- Investigation by the Enforcement and Compliance Team of all breaches with a view to issuing warnings or penalties, 6 investigators required
- Direct penalty from Victoria Police for non-compliance of CHO directions (subject to discretion of Victoria Police).

## Victoria Police

Each of the options, including additional compliance measures for current rostering, require resourcing from Victoria Police. This includes Victoria Police sworn personal, PSOs and possible supplementation through the use of Sheriff's Office.

Options A and B require a substantial increase in Police, particularly option A, Victoria Police could potentially offset the impact on other operational duties using rostering options that currently exist:

- Voluntary duties
- Overtime model, like TAC funded road policing operations.

## Option A – Optimal Model

This model provides for a significant increase in trained and professional resources to support the current staffing model in hotels. Victoria Police, PSO, Sheriffs and ADF staff are trained to a higher standard, have a greater

understanding of compliance and work to a standard of discipline, they have customer service and de-escalation skills.

Drawing Customer Service Officers (CSOs) from across the hospital network, including additional nurses, orderlies and hospital ancillary staff will increase infection prevention and control standards across hotel quarantine, again they are used to compliance with policy and guidelines and have customer service and de-escalation skills.

CSO staff model can be built into the Alfred Hospital and Spotless contracts.

This model could eliminate the need for security staff.

This model provides an optimum mix of staff with skills and training in a number of disciplines to supervise and provide safe and secure detention, it provides the opportunity to eliminate or significantly reduce security staff numbers.

Staffing	Number Required	Role	Comment
<p>Victoria Police, PSO, Sheriffs [PROPOSED]</p> <p>It is preferable that Victoria Police lead the rostering of these staff with a mix of Police and PSOs, they currently roster Police and PSO and could augment the PSO's with available Sheriffs.</p> <p>A minimum of 3 sworn Police officers per shift per hotel.</p>	<p>@ 650 to 800</p> <p>Minimum 6 per shift X 20 hotels X 3 shifts X 7 days per week</p>	<p>Reporting to hotel team leader.</p> <p>Supervision and security role, support hotel detention under authority of Authorised Officers (AOs) and respond to safety and public order issues in the hotel, first response to all incidents.</p> <p>Potentially paired with CSOs for multi-disciplinary response.</p>	<p>Victoria Police at this stage are concerned at balancing this operation due to competing COVID demands.</p> <p>An offer of 30 Sheriffs for <u>4 weeks only</u> has been made which creates unacceptable uncertainty in quarantine resourcing.</p>
<p>ADF [LOGISTICS ROLE PROPOSED]</p>	<p>@ 50-100</p> <p>7 days per week</p>	<p>Support role for AOs, monitor compliance with directions.</p>	<p>ADF could complement the Police operation and/or provide logistics support to the hotel quarantine model..</p>
<p>Cluster Manager – DHHS [UNDERWAY]</p>	<p>@16</p> <p>5 hotels each X 2 day and afternoon shifts X 7 days per week.</p> <p>1 Manager across all hotels night shift X 7 days per week</p>	<p>Manage all activities across 5 hotels, roving patrols to ensure compliance and an escalation point for hotel team leaders.</p>	<p>Currently recruiting to these positions.</p>
<p>Hotel Team Leader – DHHS [IN PLACE]</p>	<p>@ 80</p> <p>1 hotel X 20 hotels X 3 shifts X 7 days per week</p>	<p>* Onsite Safety Officer</p> <p>Manage all operational activities in the hotel, manage safety, risk, operations, escalation</p>	<p>In place, currently recruiting to ongoing positions.</p>

Staffing	Number Required	Role	Comment
		point for all staff in hotels roles.	
Authorised Officers [IN PLACE and UNDERWAY]	@ 64  1 AO per hotel X day and afternoon shift  1 AO per 2 hotels night shift	Ensure compliance with CHO & DCHO orders at quarantine hotels and international ports of entry.	In place, roster challenging at present, recruiting additional AO's.
Nurses – Clinical role [IN PLACE]	Minimum – 3 per shift day and afternoon X 20 hotels X 7 days  2 per shift Night X 20 hotels X 7 days  Number may increase based on complexity of care required	Clinical nurse care	
Nurses – Mental Health [IN PLACE]	1 per shift X 3 shifts X 20 hotels X 7 days  Number may increase based on complexity of care required	Mental Health care	
Customer Service Officers – CSOs (Nurses, Orderlies, hospital ancillary staff, other) [PROPOSED]  * consideration could be given to use of airline staff currently not employed as they have relevant training and customer service skills.	@ 440  6 per shift X 20 hotels X 2 shifts (day, afternoon shift), X 7 days per week	Reporting to the hotel team leader, manage detainee contact, goods movement, fresh air and exercise breaks, respond to detainee requests.  Potentially paired with Police/PSO's for multi-disciplinary response.	Resources available through Spotless, pending contract negotiations and staff availability.
Security [PROPOSED]	Nil		Contractual obligations to be reviewed to plan exit.

## Option B – Hybrid Model

This model provides for a smaller increase in trained and professional resources to support existing security and customer service functions within hotels. Victoria Police, PSO, Sheriffs and ADF staff are trained to a higher standard, have a greater understanding of compliance and work to a standard of discipline, they have customer service and de-escalation skills.

Drawing Customer Service Officers (CSOs) from across the hospital network, including additional nurses, orderlies and hospital ancillary staff will increase infection prevention and control standards across hotel quarantine, again they are used to compliance with policy and guidelines and have customer service and de-escalation skills.

CSO staff model can be built into the Alfred Hospital contracts.

This model provides a small increased mix of staff with skills and training in a number of disciplines to supervise and support existing security, it provides the opportunity to reduce security staff numbers across all hotels.

Staffing	Number Required	Role	Comment
<p>Victoria Police, PSO, Sheriffs</p> <p>It is preferable that Victoria Police lead the rostering of these staff with a mix of Police and PSOs, they currently roster Police and PSO and could augment the PSOs with available Sheriffs.</p> <p>A minimum of 1 sworn Police officer per shift</p>	<p>@ 150</p> <p>2 per shift X 20 hotels X 3 shifts X 7 days per week</p>	<p>Reporting to hotel team leader.</p> <p>Supervision and security role, support hotel detention under authority of Authorised Officers (AOs) and respond to safety and public order issues in the hotel, first response to all incidents.</p> <p>Potentially paired with CSOs for multi-disciplinary response.</p>	
ADF	<p>@ 50 - 100</p> <p>7 days per week</p>	Support role for AOs, monitor compliance with directions	
Cluster Manager – DHHS	<p>@16</p> <p>5 hotels each X 3 shifts X 7 days per week.</p>	Manage all activities across 5 hotels, roving patrols to ensure compliance with PPE and social distancing, and an escalation point for hotel team leaders.	Currently recruiting to these positions.
Hotel Team Leader - DHHS	<p>@ 80</p> <p>1 hotel X 20 hotels X 3 shifts X 7 days per week</p>	<p>* Onsite Safety Officer</p> <p>Manage all operational activities in the hotel, manage safety, risk, operations, escalation point for all staff in hotels roles.</p>	In place, currently recruiting to ongoing positions.
Authorised Officers	<p>@ 64</p> <p>1 AO per hotel X day and afternoon shift</p> <p>1 AO per 2 hotels night shift</p>	Ensure compliance with CHO & DCHO orders at quarantine hotels and international ports of entry.	In place, roster challenging at present, recruiting additional AO's.
Nurses – Clinical role	<p>Minimum – 3 per shift day and afternoon X 20 hotels X 7 days</p> <p>2 per shift Night X 20 hotels X 7 days</p> <p>Number may increase based on complexity of care required</p>	Clinical nurse care	
Nurses – Mental Health	<p>1 per shift X 3 shifts X 20 hotels X 7 days</p> <p>Number may increase based on</p>	Mental Health care	

Staffing	Number Required	Role	Comment
	complexity of care required		
Customer Service Officers – CSOs (Nurses, Orderlies, hospital ancillary staff, other)  * consideration could be given to use of airline staff currently not employed as they have relevant training and customer service skills.	@ 440  6 per shift X 20 hotels X 2 shifts (day, afternoon shift), X 7 days per week	Reporting to the hotel team leader, paired with a security guard (day and afternoon shift), manage detainee contact, goods movement, fresh air and exercise breaks, respond to detainee calls for assistance, provide security and ensure compliance with directions, policy and guidelines	Resources available through Spotless, pending contract negotiations and staff availability.
Security	@ 750 - 900  Minimum 10 – 12 per shift X 20 hotels X 3 shifts X 7 days per week	Reporting to the hotel team leader, paired with a CSO's (day and afternoon shift), manage detainee contact, goods movement, fresh air and exercise breaks, respond to detainee calls for assistance, provide security and ensure compliance with directions, policy and guidelines.  Night shift provide security across the hotel.	In place, additional contractual obligations required.

## Option C – Current Staffing

This option keeps the current staffing mix (@1200 - 1600 security FTE) with a view to increased contractual arrangements, increased focus on staff compliance with directions, policy and guidelines and increased training and supervision. The current model could be further supported through:

- Increased tasking of Victoria Police patrols, with direct tasking requiring them to enter hotels regularly and monitor compliance
- Addition of Sheriffs rostered across all shifts in a compliance, supervision role
- Addition of a small cohort of ADF personal to work with security to improve compliance
- Increased IPC audits.

## Training and Induction

All options will require all new staff to be inducted and trained, particularly in PPE and IPC standards. This can be done rapidly with ongoing refresher training built into operational planning.

## Rostering

Whilst complex, particularly with increased staff mix and differences in IR requirements and changes in numbers of detainees in hotels, efforts should continue to be made to reduce cross over of staff between hotels. At a minimum no staff (with the exception of the cluster manager) should work across different hotels on the same or consecutive days, this will allow some time for staff to identify as unwell prior to entering a new hotel.

## completion of distribution of AO detention SOP

---

**From:** [REDACTED]

**To:** COVID-19 Authorised Officers <covid-19authorisedofficers@dhsvicgovau.onmicrosoft.com>

**Cc:** [REDACTED]

"Anthony J Kolmus (DHHS)"

**Date:** Mon, 04 May 2020 16:29:06 +1000

**Attachments:** Annex 1 Detention Authorisation\_Enforcement and Compliance command v1 final approved.docx (1.02 MB); General Info for COVID quarantine and compliance AOs.docx (493.08 kB)

---

Hello again AOs

Happy Monday!

[REDACTED] and I have now completed distribution of the AO resource folder and extra hard copies of the AO detention SOP to every hotel (circa 5 copies per site) that is currently operating.

Pan Pacific also has copies for Novotel South Wharf.

The AO resource folder consolidates copies of various documents which have been available across a number of platforms and/or difficult to access on IT devices –

- \* Weekly roster
- \* Duties of Authorised Officers
- \* Additional information for new Authorised Officers

- \* Authorised Officer detention SOP
- \* Authorised Officers hotel locations
- \* Direction and detention notice
- \* Privacy notice
- \* Guidance note how to issue a permission for temporary leave from detention
- \* Permission for temporary leave from detention
- \* Register of permissions granted
- \* COVID-19 exemptions to the 14 day mandatory quarantine period for international travellers
- \* Guidance note how to conclude a person's detainment under a Direction and detention notice
- \* End of detention notice
- \* End of detention notice confirmed and clear case
- \* Charter of human rights obligations
- \* Guidance note exceptions to the general quarantine policy
- \* Coronavirus emergency response approach
- \* Standby and overtime form
- \* Attendance record casual COVID-19

We are also now distributing hard copies of the *Compliance and welfare management system user guide (Holiday Inn on Flinders, Marriott and Stamford Plaza received copies today)* along with concertina files which have finally arrived.

Once [REDACTED] *General info for COVID quarantine and compliance AOs* is finalised we will also be able to distribute hard copies of that document.

Please let [REDACTED] if you require extra copies of anything and/or need restocking of any other supplies.

Due to a generally favourable response to my last circular, a few more tracks from my *In finem mundi mixtape* -

<https://www.youtube.com/watch?v=-Kobdb37Cwc>

<https://www.youtube.com/watch?v=zmLcp4HekUc>

<https://www.youtube.com/watch?v=auSBpRX7Gms>

<https://www.youtube.com/watch?v=CATCQzEJ5JM>

<https://www.youtube.com/watch?v=kU7A7nFjLh0>

<https://www.youtube.com/watch?v=w9TnyotblDM>

**I will be out of the office tomorrow 5 May 2020.**

**Kind Regards**

[REDACTED]

Senior Project Officer, Child Safeguarding Regulations | Human Services Regulator  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services | 50 Lonsdale Street, Melbourne, VIC 3000  
[REDACTED] [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

**Child safety  
is everyone's  
responsibility**





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.

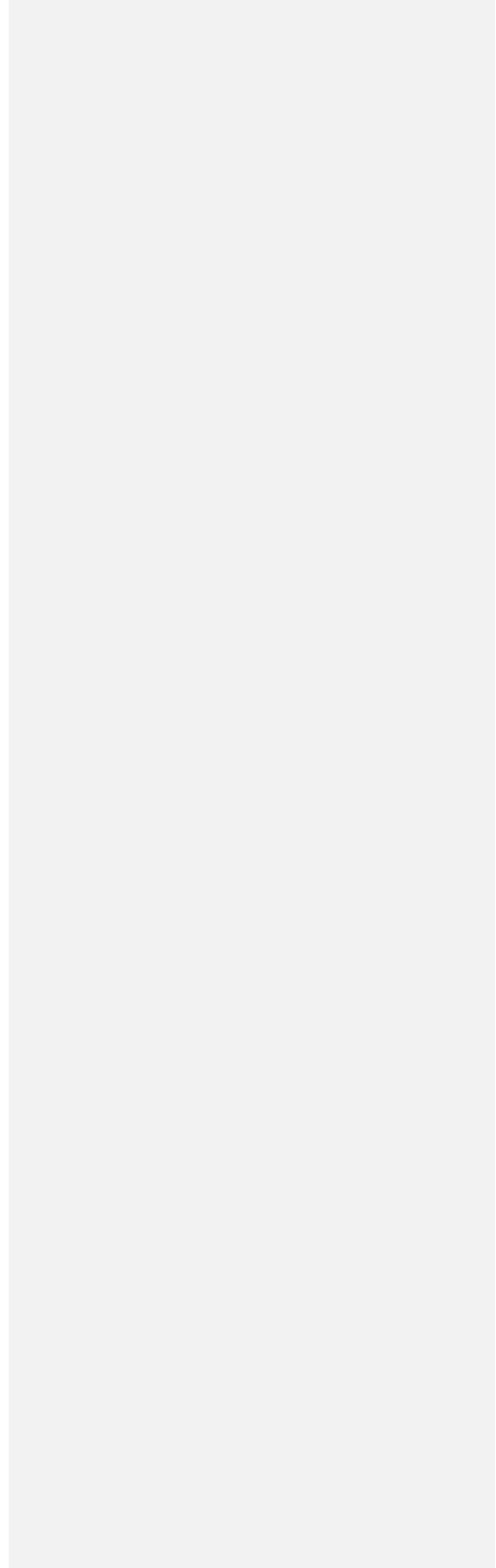
# ANNEX 1

## COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

### Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	[REDACTED]	Angie Bone	Meena Naidu	29/4/2020



## Contents

<b>1</b>	<b>Purpose and background</b>	<b>8</b>
1.1	Purpose	8
1.2	Background	8
<b>2</b>	<b>Enforcement and Compliance command / roles and responsibilities / Business system</b>	<b>9</b>
2.1	Enforcement and Compliance command structure	9
2.2	Compliance cell roles and responsibilities	10
2.3	Roles and responsibilities for other non-compliance cell staff involved in compliance	11
2.4	COVID-19 Quarantine and Welfare System Compliance Application	11
<b>3</b>	<b>Authorised officers and powers</b>	<b>12</b>
3.1	Key points	12
3.2	Authorisation under the Public Health and Wellbeing Act for the purposes of the emergency order	12
3.3	Authorised officer and Chief Health Officer obligations	13
<b>4</b>	<b>AO responsibilities at airport</b>	<b>15</b>
4.1	Key points	15
4.2	Key responsibilities	15
<b>5</b>	<b>AO responsibilities at hotels</b>	<b>18</b>
5.1	Key points	18
5.2	Shift change over	18
5.3	Hotel check-in	19
5.4	Monitoring compliance	20
5.5	Emergency health and welfare incidents	22
5.6	Clarity about role of AO	23
5.7	Daily review and reporting by the AO Review Team	23
5.8	Departure – release from mandatory detention	25
<b>6</b>	<b>Exemption requests</b>	<b>28</b>
6.1	Key points	28
6.2	5.2 Exemption requests – overview	28
6.3	Unaccompanied minors	30
<b>7</b>	<b>Permissions</b>	<b>32</b>
7.1	Key points	32
7.2	AO to make decisions on certain permission requests on case-by-case basis	32
7.3	Emergency situations	34
7.4	Procedure for a person in detention / resident to leave their room for exercise or smoking	35
7.5	Guidance for safe movement associated with permissions	35
<b>8</b>	<b>Compliance</b>	<b>37</b>
8.1	Key points	37
8.2	Options to facilitate compliance	37

8.3	Unauthorised departure from accommodation.....	38
8.4	Infringements.....	38
<b>9</b>	<b>Occupational health and safety (OHS) for Authorised Officers .....</b>	<b>40</b>
9.1	Key points.....	40
9.2	Health Emergency.....	40
9.3	OHS.....	40
9.4	Fatigue.....	40
9.5	Risk assessment before attendance -Personal Protection .....	41
9.6	Personal measures to reduce risk the risk of exposure to COVID.....	41
9.7	Measures and guides to enhance occupational health and safety .....	42
9.8	Known risks and hazards .....	43

## Appendices

Appendix 1 – Script for plane/arrival .....	41
Appendix 2 - Permission for temporary leave from detention.....	42
Appendix 3 Guidance Note: Permission for Temporary Leave from Detention .....	44
Appendix 4 Guidance: Exemptions under Commonwealth law .....	45
Appendix 5 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors).....	47
Appendix 6 Direction and Detention Notice – Solo Children .....	51
Appendix 7: End of Detention Notice .....	54
Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms) .....	56
Appendix 9:End of detention guidance note .....	58
Appendix 10: Charter of Human Rights obligations .....	59
Appendix 11 Register of permissions granted under 4(1) of the <i>Direction and Detention Notice</i> ..	61
Appendix 12 Guidance Note — Exceptions to the General Quarantine Policy.....	62

# 1 Purpose and background

## 1.1 Purpose

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

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

## 1.2 Background

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria.

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

The policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008*. The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

### 1.2.1 Objectives

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## 2 Enforcement and Compliance command / roles and responsibilities / Business system

### 2.1 Enforcement and Compliance command structure

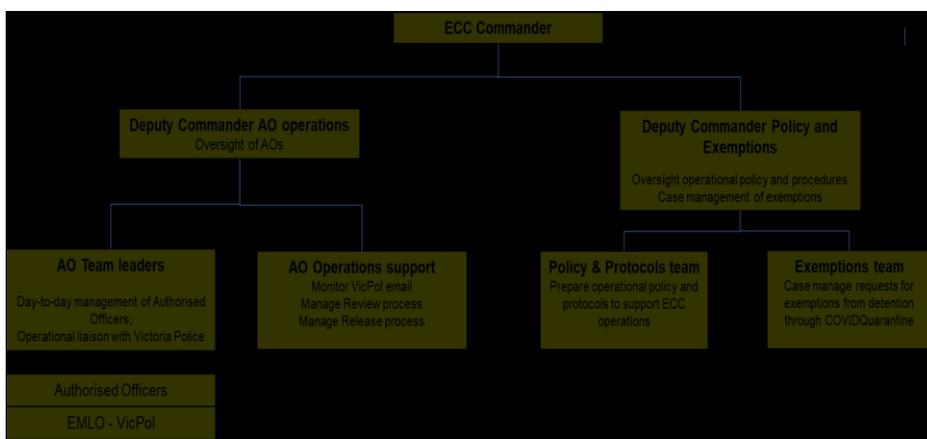


Figure { SEQ Figure \\* ARABIC }: Compliance command structure

## 2.2 Compliance cell roles and responsibilities

**Table 1 Compliance cell roles**

<b>Role</b>	<b>Responsibilities</b>
Enforcement and Compliance Commander	<ul style="list-style-type: none"> <li>• Lead and provide oversight to compliance matters under all Public Health Directions.</li> <li>• Provide advice and input into complex compliance matters.</li> <li>• Provide advice and support to the Chief Health Officer and their delegate on compliance.</li> <li>• Daily review of those subject to detention</li> </ul>
Deputy Commander AO operations	<ul style="list-style-type: none"> <li>• Provide oversight to Authorised officers</li> <li>• Lead the provision of guidance to the AO Team Leaders.</li> <li>• Report on daily review of people being detained.</li> </ul>
AO Operations support	<ul style="list-style-type: none"> <li>• Undertake rostering, recruiting and onboarding of AOs</li> <li>• Monitor VicPol email address</li> <li>• Manage Review and Release Process</li> </ul>
Senior AO	<ul style="list-style-type: none"> <li>• Provide leadership to AOs.</li> <li>• First point of call for approving permissions.</li> </ul>
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>• administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>• meeting obligations under the Public Health and Wellbeing Act</li> </ul>
EMLO VicPol	<ul style="list-style-type: none"> <li>• Liaise with Victoria Police</li> </ul>
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> <li>• Oversight of operational policy and procedures</li> <li>• Case management of exemptions</li> </ul>
Policy and Protocols team	<ul style="list-style-type: none"> <li>• Prepare operational policy and protocols to support enforcement and compliance</li> </ul>
Exemptions team	<ul style="list-style-type: none"> <li>• Case manage requests for exemptions from detention</li> <li>• Manage COVID Quarantine inbox.</li> </ul>

## 2.3 Roles and responsibilities for other non-compliance cell staff involved in compliance

**Table 2 Non-compliance cell staff at hotel**

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> <li>• Supports the health and well-being of staff.</li> <li>• Liaises with airport command and staff from the Department of Jobs Precincts and Regions represented at the hotel.</li> <li>• Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations.</li> <li>• Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required.</li> <li>• Ensures appropriate records management processes are in place.</li> </ul>
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs.</li> <li>• Deliver hyper-care (concierge) services onsite.</li> <li>• Manage contracts with accommodation providers.</li> <li>• Manage transport arrangements from the airport and other locations detainees as permissioned by AOs.</li> <li>• Manage material needs including food and drink.</li> </ul>
Nursing staff	<ul style="list-style-type: none"> <li>• Provide 24 hour on-call medical support subject to demand.</li> <li>• Provide welfare to detainees through a daily welfare check — DHHS welfare officers email \COVIDQuarantine@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues.</li> <li>• Provide a satisfaction survey for residents to complete each week.</li> </ul>
Security	<ul style="list-style-type: none"> <li>• Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.</li> </ul>

## 2.4 COVID-19 Quarantine and Welfare System Compliance Application

The COVID-19 Quarantine and Welfare System is currently comprised of two elements:

- COVID-19 Compliance Application - This application supports AOs to maintain Direction and Detention notice and permissions records.
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities and will partially accessible to certain senior team members).

A third element is under development for nursing staff to be able to enter health assessment data (partially accessible certain senior team members).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

## 3 Authorised officers and powers

### 3.1 Key points

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

### 3.2 Authorisation under the Public Health and Wellbeing Act for the purposes of the emergency order

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

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date.

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

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

#### 3.2.1 Emergency Powers and Offences

The Direction and detention notice is issued under s 200 of the PHW Act (emergency powers).

It is an offence under s 203 of the HPW Act if a person refuses or fails to comply with the direction in the direction and detention notice (unless there is a reasonable excuse for failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate.

### 3.3 Authorised officer<sup>1</sup> and Chief Health Officer obligations

Sections 200(1) and 200(2) – (8) of the PHWA set out several emergency powers and obligations including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

#### 3.3.1 Mandatory obligations for AOs

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

**Table { SEQ Table \^ ARABIC } : Mandatory obligations of AOs**

Legislation	Obligations
<b>Emergency powers and general powers in the Public Health and Wellbeing Act 2008</b>	<ul style="list-style-type: none"> <li>• AO must show ID card before carrying out actions/exercising powers</li> <li>• AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable</li> <li>• AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers</li> <li>• AO must facilitate a reasonable request for communication</li> <li>• AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team)</li> <li>• AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.<sup>1</sup></li> </ul>
<b>In addition, AOs must comply with the Charter of Human Rights</b> (see also appendix 10)	<ul style="list-style-type: none"> <li>• AO must act compatibly with human rights</li> <li>• AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.</li> </ul>

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

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

### 3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice from the Deputy Commander AO Operations if they are unsure about the administration of their powers.**

### 3.3.3 Authorised officer obligations:

#### Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA
- At any time during the exercise of powers, if you are asked to show your ID card
- As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

- You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.
- Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

## 4 AO responsibilities at airport

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

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

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

### 4.1 Key points

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

### 4.2 Key responsibilities

Table 4 – AO responsibilities at the airport

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

<sup>2</sup> Noting some exemptions apply for maritime crew – see exemptions section

<sup>4</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application. Compliance policy and procedures – Detention and Direction notice

Issue notice immediately after disembarkation	<p>9. Serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (attachment xx). Unaccompanied children who are detained must be served the solo child notice (attachment XX). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>10. If practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>11. Facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation [REDACTED])</p>	Yes	Section 200(5)
Confirm details	<p>12. Ensure each direction and detention notice:</p> <ul style="list-style-type: none"> <li>i. states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>ii. contains the signature of the person being detained or their guardian as receipt of the notice</li> <li>iii. states the name and signature of the AO</li> <li>iv. contains the hotel name at which the person will be detained</li> <li>v. contains the date of commencement of detention.</li> </ul>		
Record issue of receipt	<p>13. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application<sup>4</sup>. You may be assisted by a non-AO in this task.</p> <p>14. Request person subject to detention present to AO at hotel</p>		
Check with welfare team	<p>15. Liaise with AO Team Leader and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>16. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section XX (Permissions) for further detail.</p> <p>17. Ensure the detainee understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p>		

<sup>4</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application.  
Compliance policy and procedures – Detention and Direction notice

	18. (Note: a hospital information sheet is currently being developed to assist the hospital on required and contact details. )		
	<ul style="list-style-type: none"> <li>• <b>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</b></li> </ul>		
Record	19. Record any actions in the COVID Compliance and Welfare App, including the above mandatory obligations, use of translator and any associated issues. 20.		

#### 4.2.1 Transfer of uncooperative person to be detained

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

## 5 AO responsibilities at hotels

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

### 5.1 Key points

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

### 5.2 Shift change over

Table { SEQ Table \^ ARABIC } : Key steps and AO roles and responsibilities during shift change over

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

## 5.3 Hotel check-in

The purpose of hotel check-in is to:

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

**Table { SEQ Table \^ ARABIC } : Key steps and AO roles and responsibilities – hotel check-in**

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

## 5.4 Monitoring compliance

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

**Table { SEQ Table \\* ARABIC } : Key steps and AO roles and responsibilities – monitoring compliance**

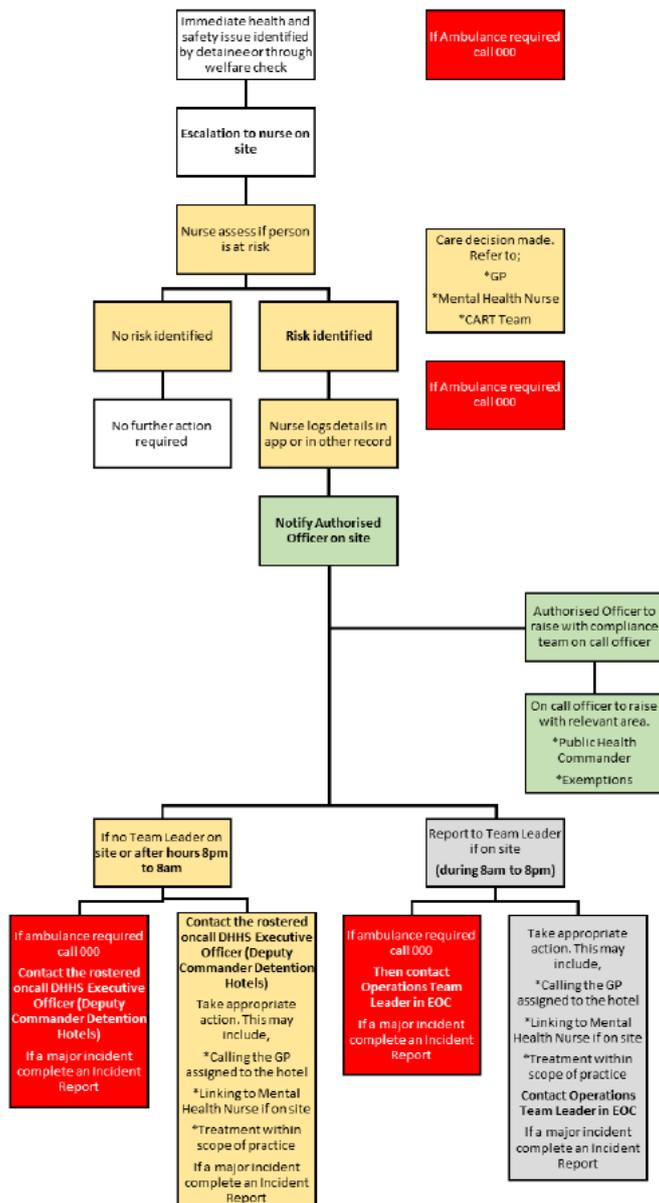
Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security are undertaking floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: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

Records	<p>9. Make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the COVID Compliance Application.</p> <p>10. Record all permissions in the permissions register and Covid Compliance App</p> <p>11. Upload photos of all amended direction notices issued while at the hotel to the COVID Compliance Application.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p>		

DRAFT

## 5.5 Emergency health and welfare incidents

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



## 5.6 Clarity about role of AO

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport"
- physically moving COVID 19 patients. Please see procedure under 'Occupational Health and safety'
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats
- monitoring or ordering PPE or other supplies

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

## 5.7 Daily review and reporting by the AO Review Team

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

**Table { SEQ Table 1 ARABIC }: Key steps and AO Review Team roles and responsibilities – daily review**

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> <li>• reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours)</li> <li>• reviewing the number of detainees present at the hotel</li> <li>• reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to</li> <li>• noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention</li> </ul>		

	<p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health</p> <p>4. Consider the human rights being impacted – refer to 'Charter of Human Rights' obligations in Appendix <b>XX</b></p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment.</p> <p>7. Consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> <li>• person's health and wellbeing</li> <li>• any breaches of self-isolation requirement</li> <li>• issues raised during welfare checks (risk of self-harm, mental health issues)</li> <li>• actions taken to address issues</li> <li>• a person having been tested and cleared of COVID-19 while in detention</li> <li>• any other material risks to the person.</li> </ul>		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Record	<p>10. Record the outcomes of their review (high level notes) (for each 24-hour period) in the <b>COVID-19 Compliance Application</b>. This allows ongoing assessment of each detainee and consideration of their entire detention history.</p>		
Prepare brief (Minister)	<p>11. Prepare brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> <li>• a person has been made subject to detention</li> <li>• following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.</li> </ul> <p>12. The notice to the CHO must include:</p> <ul style="list-style-type: none"> <li>• the name of the person being detained</li> <li>• statement as to the reason why the person is being, or continues to be, subject to detention.</li> </ul>		Sections 200(7) and (8) Section 200(9)

	13. Deputy Command AO operations to review and approve the Review and Brief		
	14. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions		

## 5.8 Departure – release from mandatory detention

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

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

### 5.8.1 Pre-check out

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

1. an End of Detention Notice, **Appendix 8;**
2. an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9**
3. **(to be supplied)**

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

### 5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained is well, symptomatic or positive.

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day detention period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to [COVIDquarantine@dhhs.vic.gov.au](mailto:COVIDquarantine@dhhs.vic.gov.au) for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form (appendix 9).
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

### 5.8.3 Day of release

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

#### 5.8.4 Check-out process overview (compliance check-out)

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

Security will bring travelling parties down to reception in stages to complete the check-out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.

DRAFT

**Table { SEQ Table 1\* ARABIC } : Key steps, roles and responsibilities at check-out (AO role unless specified)**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> <li>1. ECC Operations Support Team, to inform AO of those with</li> <li>2. confirmed COVID-19, suspects Covid cleared or close contacts. Public health will have contact each detainee in these categories to discuss arrangements post detention.</li> <li>3. AO to note and to inform security that COVID-19 cases will need separate check-out time and implement extra precautionary measures.</li> </ol>		
Check-out	<ol style="list-style-type: none"> <li>4. Request to see identification (passport) and the End of Detention notice from each person</li> <li>5. Cross check the person's identification details and room number with information on exit sheet</li> <li>6. Sign the End of Detention notice and provide back to the person</li> <li>7. Confirm the period of detention and explain detention period has ceased</li> <li>8. Confirm self-isolation requirements for all confirmed COVID cases.</li> <li>9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged</li> </ol>		
Record	<ol style="list-style-type: none"> <li>10. Provide exit list to a Release and Review team member on site for updating in the COVID-19 Compliance Application (note this may be a data entry update after the process has been completed).</li> <li>11. All exit sheets are to be returned to the Operational Support team as soon as possible</li> </ol>		

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

## 6 Exemption requests

### 6.1 Key points

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

### 6.2 5.2 Exemption requests – overview

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

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

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

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

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

**There is no blanket exemption approval**

**Table { SEQ Table \\* ARABIC } : Key steps, roles and responsibilities for exemptions prior to commencing, and during, detention**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request	<ol style="list-style-type: none"> <li>1. covidquarantine@dhhs.vic.gov.au receives a request for exemption<sup>5</sup>.</li> <li>2. Person confirms flight details and arrival information before the matter is assessed.</li> </ol>		
Assessment and decisions	<ol style="list-style-type: none"> <li>3. Exemptions Team will consider the request and refer to the ECC Commander for decision</li> <li>4. Exemptions case manager to: <ul style="list-style-type: none"> <li>• inform the AO Operation Lead if an exemption is granted so that relevant AO Airport Team Leader and AOs are informed (including correspondence)</li> <li>• Inform the EOC to arrange transport</li> <li>• Inform the CART team if required</li> <li>• arrange for compliance oversight with Victoria police</li> <li>• contact other jurisdictions (if transiting through Victoria).</li> <li>• Record all actions and supporting paperwork in the case management tool</li> </ul> </li> </ol>		
AO to issue Notice of Direction and Detention	<ol style="list-style-type: none"> <li>5. The exemption team will provide guidance to the AO about issuing the exemption paperwork</li> <li>6. AO will: <ul style="list-style-type: none"> <li>• issue a Notice of Direction and Detention for those permitted to undertake detention at an alternative location in accordance with x.x</li> <li>• permit international transit for those issued a letter</li> <li>• record details in COVID-19 Compliance Application</li> </ul> </li> </ol>		200(2) and (4) 203(1)
International transit passenger process	<ol style="list-style-type: none"> <li>7. To facilitate an exemption given to a person for international transit, the AO Team Leader will notify Airport AO and Australian Border Forces (ABF) prior to their arrival at the airport via a specific email with a specific subject title to: <ul style="list-style-type: none"> <li>• "map.border.clearance@abf.gov.au" with a cc to "NorthandWest.EOC@dhhs.vic.gov.au. A template email is below.</li> </ul> </li> </ol>		

<sup>5</sup> An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<ul style="list-style-type: none"> <li>• Email to be titled <i>Transit Passenger from Quarantine Hotel (DHHS)</i> and request assistance to collect released detainee for connecting transit flight to <b>XXX</b>. Email should include: <ul style="list-style-type: none"> <li>• full name (as per passport)</li> <li>• passport number</li> <li>• flight departure time</li> <li>• flight number</li> <li>• arrival time at T2 international departure.</li> </ul> </li> </ul>		
--	--	--	--

### 6.3 Unaccompanied minors

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

There are three options:

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

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

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

The State can issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. However, this is not preferred because of the welfare obligations imposed.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at [Appendix 4](#).***

**Table ( SEQ Table \\* ARABIC ): Key steps, roles and responsibilities for managing unaccompanied minors**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
<b>When an unaccompanied minor normally resides outside Victoria</b>			
AO to request approval if not already sought	1. If Exemptions team has not granted approval, AO to escalate to the Deputy Command Policy and Exemptions and cc covidquarantine		
Assessment and decision	2. Exemptions case manager to: <ul style="list-style-type: none"> <li>• inform the AO Operation Lead and AO Airport Team Leader of approval or rejection</li> <li>• contact other jurisdictions (if transiting to a location outside Victoria)</li> </ul>		

	<ul style="list-style-type: none"> <li>Advise requesting party of the risk management obligations on a domestic flight out of Victoria and seek confirmation it can be achieved.</li> </ul>		
AO to issue Notice of Direction and Detention	<p>3. AO will:</p> <ul style="list-style-type: none"> <li>issue a Notice of Direction and Detention to undertake detention at an alternative location in Victoria in accordance with the instructions and templates provided by the Exemptions case manager</li> <li>permit transit to another state if minor normally resides outside Victoria</li> <li>record details in COVID-19 Compliance Application.</li> </ul>	Yes	200(2),(4) and 203(1)
<b>When minor resides in Victoria</b>			
AO to request approval if not already sought	<p>4. If Exemptions team has not granted approval, AO to escalate to Deputy Command Policy and Exemptions and cc covidquarantine</p>		
Assessment and decision	<p>5. Exemptions case manager to:</p> <ul style="list-style-type: none"> <li>inform the AO Operation Lead and AO Airport Team Leader of approval</li> <li>alert the EOC to arrange transport</li> <li>arrange for compliance oversight with Victoria police.</li> </ul>		
AO to issue Notice of Direction and Detention	<p>6. AO to issue direction and detention notice to child through their guardian for:</p> <ul style="list-style-type: none"> <li>alternate location (home and / or parts of the home); or</li> <li>Provide advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice provided to close contacts in quarantine),</li> </ul>	Yes	200(2), (4) and 203(1)

### 6.3.1 Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- if it is after hours, contact the after-hours child protection team on 13 12 78 if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

## 7 Permissions

### 7.1 Key points

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

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

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

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

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

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

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

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

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 12 for further details).

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

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport".

Table { SEQ Table 1\* ARABIC } : Key steps, roles and responsibilities for temporary leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> <li>1. AO Team Leader to assess site for suitability of exercise and fresh air breaks.</li> <li>2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site</li> <li>3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval.</li> </ol>		
Request for temporary leave	<ol style="list-style-type: none"> <li>4. Person may seek permission directly from the AO or may email covidquarantine@dhhs.vic.gov.au and explain the grounds for temporary leave</li> </ol>		
Referral to AO	<ol style="list-style-type: none"> <li>5. Permission and Exemptions team to triage and forward to AO for decision</li> <li>6. Permission and Exemptions team to assess complex cases and inform AO</li> </ol>		
AO assessment and decision	<ol style="list-style-type: none"> <li>7. AO to make decision and consider: <ul style="list-style-type: none"> <li>• those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks)</li> <li>• willingness and availability of security to oversee and facilitate exercise or other fresh air break (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly)</li> <li>• site layout, safety and capability to ensure persons are in a cordoned off area</li> <li>• maintaining infection control, such as ensuring persons do not touch door handles or lift buttons</li> <li>• adherence to exercise and smoking procedures</li> </ul> </li> <li>8. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction.</li> </ol>		
Issue permission for temporary leave	<ol style="list-style-type: none"> <li>9. AOs to: <ul style="list-style-type: none"> <li>• instruct security on the dates and times permitted for leave</li> <li>• provide procedural guidance to security and the person in detention, such as exercising in a</li> </ul> </li> </ol>		s.203(1)

	<p>cordoned off area not accessed by members of the public</p> <ul style="list-style-type: none"> <li>• request the medical facility or hospital inform the AO prior to return (for medical temporary leave)</li> <li>• prepare a Permission for Temporary Leave from Detention form (see Appendix 2), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> <li>- a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes</li> <li>- an exercise break is for a certain time and the person must return to their room following exercise or fresh air break</li> </ul> </li> <li>• warn the person that failure to comply with these directions is an offence</li> <li>• ensure the person checks back into the hotel at specified time</li> <li>• seek feedback on implementation of temporary leave and note any issues raised</li> </ul>		
Record	<p>10. If AO approves leave be granted, the AO:</p> <ul style="list-style-type: none"> <li>• must keep records of the Permission for Temporary Leave from Detention form for the person, Appendix 2 and the Register of permissions granted under 4(1) of the Directions and Detention Notice, Appendix 11, and</li> <li>• enter details in COVID-19 Compliance Application.</li> </ul>		

### 7.3 Emergency situations

Table { SEQ Table 1 ARABIC }: Key steps, roles and responsibilities for emergency leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	<p>1. AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.</p>		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p>		

	5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application		
--	--	--	--

## 7.4 Procedure for a person in detention / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## 7.5 Guidance for safe movement associated with permissions

### 7.5.1 Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based hand sanitiser as they leave, this will require hand sanitiser to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- Return immediately to their hotel room following the break.

### 7.5.2 Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water before each break;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

### 7.5.3 Infection control considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

**In addition:**

Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.

They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.

Smokers can take up to 2 breaks per day if staffing permits.

Rostering to be initiated by the departmental staff/AO present.

DRAFT

## 8 Compliance

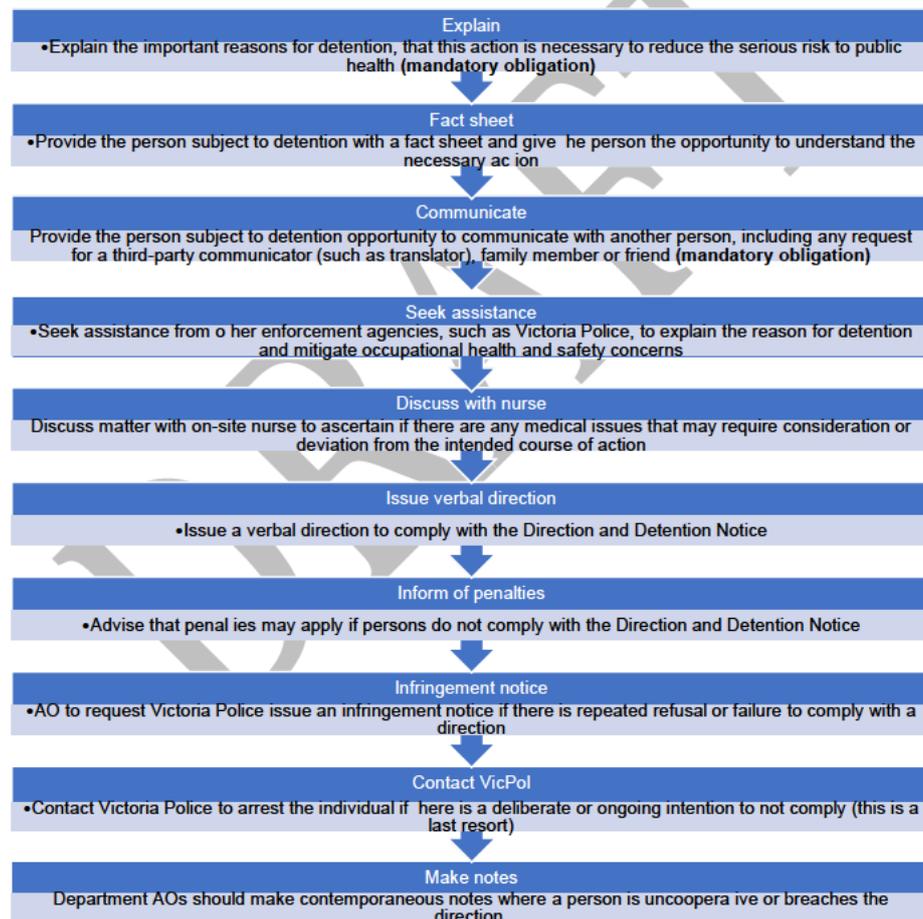
### 8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

### 8.2 Options to facilitate compliance

AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## 8.3 Unauthorised departure from accommodation

Table { SEQ Table \\* ARABIC } : Key steps, roles and responsibilities for managing unauthorised departure from accommodation

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify AO Team Leader, on-site security and hotel management and request search.		
Contact Victoria police	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> <li>• seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave</li> <li>• provide an opportunity for the person to explain the reason why they left their room</li> <li>• assess the nature and extent of the breach, for example: <ul style="list-style-type: none"> <li>- a walk to obtain fresh air</li> <li>- a deliberate intention to leave the hotel</li> <li>- mental health issues</li> <li>- escaping emotional or physical violence.</li> </ul> </li> <li>• consider issuing an official warning or infringement through Victoria Police</li> <li>• reassess security arrangements.</li> </ul>		s.203(1)

## 8.4 Infringements

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

Table 1 List of infringements

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 penalty units for a natural person and 30 penalty units for a body corporate without a reasonable excuse).	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
----------	--	--

DRAFT

## 9 Occupational health and safety (OHS) for Authorised Officers

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

### 9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the AO Team Leader or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

### 9.2 Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

### 9.3 OHS

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

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

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

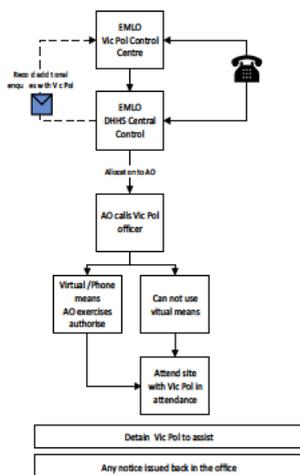
### 9.4 Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your AO Team Leader or Deputy Commander AO operations.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## 9.5 Risk assessment before attendance -Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer and a AO Team leader or the Deputy Commander AO operations or DHHS management.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measures to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

## 9.6 Personal measures to reduce risk the risk of exposure to COVID

### 9.6.1 General

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

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your AO team leader for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitiser.

### 9.6.2 AOs going onto floors of hotel

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

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### 9.6.3 Relocating a confirmed case of COVID-19

All COVID confirmed cases will be transferred to a Covid hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed covid case may wish to remain with the confirmed covid detainee and transfer to the covid hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

**The room or location change must be recorded in the compliance app by the AO**

## 9.7 Measures and guides to enhance occupational health and safety

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is suspected or confirmed case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

## 9.8 Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police or with security.
Other infectious agents		Follow personal protective measures

DRAFT

## Appendix 1 – Script for plane/arrival

### Required script before issuing a direction and detention notice

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

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

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

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

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

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

DRAFT

## Appendix 2 - Permission for temporary leave from detention

### PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

#### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

#### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

#### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

- (b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

- (c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_  
**Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

#### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

#### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

#### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 3 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

- **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for the person's physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

- **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

- **What are the requirements when you are granting a permission to a person under the age of 18?**

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

- **What other directions can you give?**

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

## Appendix 4 Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



Australian Government  
Department of Health

Coronavirus disease  
(COVID-19)

### Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigation measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

#### Aviation crew

##### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

##### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

##### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

#### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)  
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

### Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

### Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

### Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

### Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

### Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

## Appendix 5 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

### Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (2019-nCoV) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

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

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

### Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

### How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

## Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).

- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and

individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

### **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

DRAFT

## Appendix 6 Direction and Detention Notice – Solo Children

### DIRECTION AND DETENTION NOTICE

#### SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

##### Reason for this Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020..

A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.

In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.

You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.

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

You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.

The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

##### Place and time of detention

You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

##### Directions — transport to hotel

You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

### Conditions of your detention

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

you have been granted permission to do so:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for your physical or mental health; or
- on compassionate grounds; or

there is an emergency situation.

**You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

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

You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

(18) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

### Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

### Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

- We will check on your welfare throughout the day and overnight.
- We will ensure you get adequate food, either from your parents or elsewhere.
- We will make sure you can communicate with your parents regularly.
- We will try to facilitate remote education where it is being provided by your school.
- We will communicate with your parents once a day.

**Offence and penalty**

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

DRAFT

## Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

### Details of Detention Notice

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

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

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

### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by <<DETENTION END DATE>>;  
and

you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on <<DETENTION END DATE>> at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 3) (**Direction**), as amended from time to time. Pursuant to the Direction, if you live in Victoria you are required to travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

#### End of Detention Instructions

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

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

When leaving detention you **must** adhere to the following safeguards:

- if provided to you, you **must** wear personal protective equipment;
- you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
- you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and
- upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

## 2 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you *[have returned a positive test for COVID-19] or [have started displaying symptoms of respiratory illness]*.

#### 1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after midnight on 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### 2. Details of End of Detention Notice

Name of Detainee: \_\_\_\_\_

Date Notice Made: \_\_\_\_\_

Date Notice Expires: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

*(if medical care is required)*

**COVID-19 Status or respiratory illness symptoms** [tick applicable]:

COVID-19 confirmed: \_\_\_\_\_  coughing

*[insert date of test]*

fever or temperature in excess of 37.5 degrees  sore throat

congestion, in either the nasal sinuses or lungs  body aches

runny nose  fatigue

#### 3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have noticed that you *[have been diagnosed with COVID-19] or [have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) [delete as applicable]*.

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- a) *[if applicable]* You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is suitable

for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;

- b) *[if applicable]* You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and
- c) You are ordinarily a resident in Victoria.

Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable]*.

The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

#### 4. Conditions

- You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]* by an Authorised Officer. You may / will *[delete as appropriate]* be supervised during transit.
- While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.
- You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.

#### 5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable]*, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 9: End of detention guidance note

**How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detention, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge each person
- if a person's detention is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

It is preferable that an End of Detention Notice be issued the day before a person's detention is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.

A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify the person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

## Appendix 10: Charter of Human Rights obligations

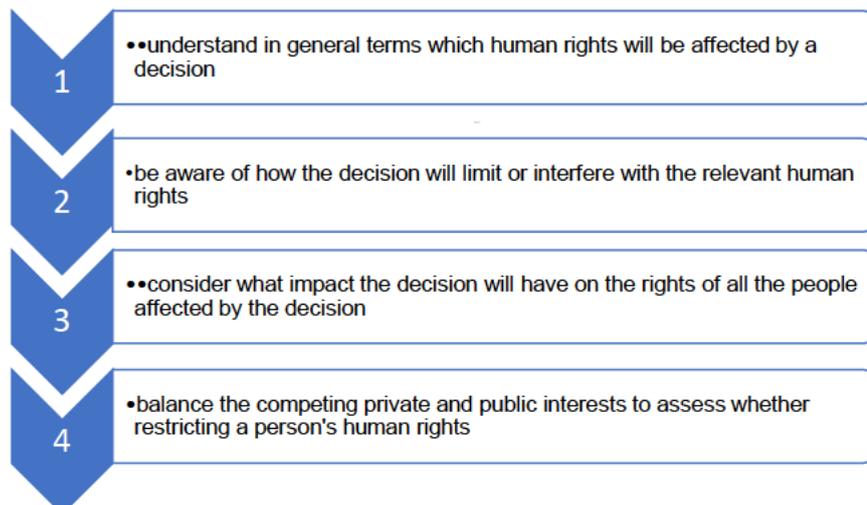
### Key points

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

### Department AO obligations under the Charter of Human Rights and Responsibilities Act 2006

Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

### How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
Right to life	<ul style="list-style-type: none"> <li>• This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life</li> </ul>

<b>Right to protection from torture and cruel, inhuman or degrading treatment</b>	<ul style="list-style-type: none"> <li>This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>
<b>Right to freedom of movement</b>	<ul style="list-style-type: none"> <li>while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas</li> </ul>
<b>Right to privacy and reputation</b>	<ul style="list-style-type: none"> <li>this includes protecting the personal information of persons in detention and storing it securely</li> </ul>
<b>Right to protection of families and children</b>	<ul style="list-style-type: none"> <li>this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>
<b>Property Rights</b>	<ul style="list-style-type: none"> <li>this includes ensuring the property of a person in detention is protected</li> </ul>
<b>Right to liberty and security of person</b>	this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
<b>Rights to humane treatment when deprived of liberty</b>	this includes treating persons in detention humanely.

# Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

Ref No.	Date	Name of detained person	Reason	Time-Out	Time-In

## Appendix 12 Guidance Note — Exceptions to the General Quarantine Policy

### Summary

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

This guidance note has been prepared to assist you to carry out your functions in determining whether individual persons arriving in Victoria from overseas should be exempt from being made subject to a detention notice requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) (the **general quarantine policy**). This policy is in place because people returning from overseas are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return and because the earlier requirement to isolate at home was not uniformly complied with.

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

1. released from quarantine in Victoria (because they are medically cleared or will be subject to another jurisdiction's regime); or
2. required to complete their quarantine in another location in Victoria (at home or in another facility), in which case they would be subject to the same conditions that apply to other international arrivals under the standard direction and detention notice, including monitoring and penalties for non-compliance.

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

1. International transit (for example, transit in Victoria from New Zealand en route to Europe or vice versa).
2. Interstate transit (with the approval of the receiving jurisdiction, usually for compassionate reasons or as an unaccompanied minor).
3. Unaccompanied minors whose legal guardians are unable to reside with them at the hotel (for example, due to other caring responsibilities).
4. Compassionate or medical grounds (for example, if the person suffers from anaphylaxis).
5. Previous confirmed cases with medical clearance who no longer require quarantine.
6. Key workers.

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

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

### Your obligations under the Charter

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

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (these rights are set out below and differ depending on the exception);
- **second**, seriously turn your mind to the possible impact of your decision on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights is justified in the circumstances.

### Exceptions **[Ensure consistency with Aus Government policy re exceptions to mandatory quarantine]**

#### 1. International transit

*Description of category*

*Relevant factors*

**[DHHS to please provide]**

*Relevant human rights*

#### 2. Interstate transit

*Description of category*

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

*Relevant factors*

[DHHS to please provide]

Relevant human rights

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

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

**4. Compassionate or medical grounds**

Description of category

[Refer to previous assessments for ██████████ and ██████████]

Relevant factors

[DHHS to please provide]

Relevant human rights

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

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

**6. Key workers**

Description of category

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

Relevant factors

[DHHS to please provide]

Relevant human rights

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

# General information – COVID19 Quarantine Authorised Officers

As at 02/05/2020

## Contents

<a href="#">General information – COVID19 Quarantine Authorised Officers</a>	1
<a href="#">Introduction</a>	1
<a href="#">IT access</a>	2
<a href="#">Compliance App</a>	3
<a href="#">Devices</a>	3
<a href="#">Parking</a>	3
<a href="#">Payroll matters</a>	4
<a href="#">Pay period</a>	4
<a href="#">Penalties, Allowances and Costs</a>	4
<a href="#">Timesheets</a>	5
<a href="#">Payslips</a>	6
<a href="#">Queries</a>	6

## Introduction

Please note general information below, based on queries received from Department of Health and Human Services (DHHS) Authorised Officers (AOs) working in COVID-19 quarantine hotels.

This information will be update and circulated as required.

It will also be maintained in the COVID compliance Teams site ([access coming](#)), link below:

<https://teams.microsoft.com/l/team/19%3a95d5f1c76a9d4fd687ba31ee649a30d7%40thread.tacv2/conversations?groupId=78809a3c-56b9-4ad8-ae93-328ed1ed2305&tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28>

Please advise [REDACTED] by email at <[REDACTED]> if you cannot access the site ([remember access coming](#) ☐).

**Note:** correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers [COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com](mailto:COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com).

You must have set up your DHHS email address to be include on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal email address will be used until a DHHS email address is available (information and set up details are below).

## IT access

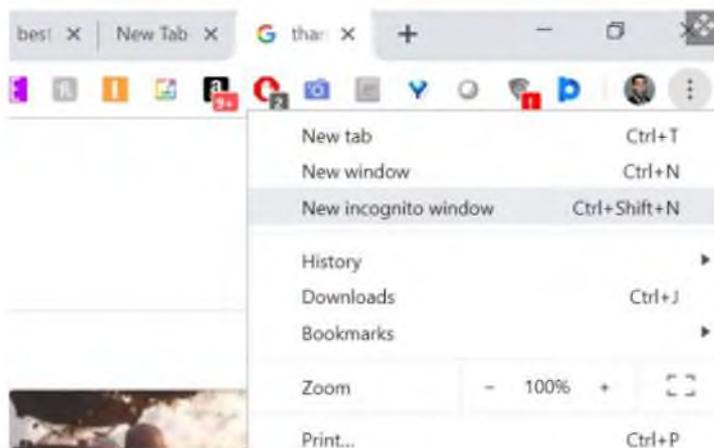
You will receive an email from [REDACTED] or on [REDACTED] behalf, with your DHHS email address and initial log in details.

You must undertake the following steps:

1. Log into Office 365 by: go to into [www.office.com](http://www.office.com) and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: [www.aka.ms/mfasetup](http://www.aka.ms/mfasetup)
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

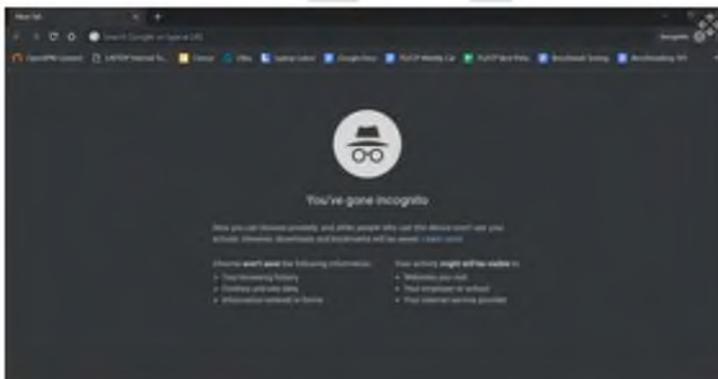
If you are accessing from another department/statutory body device and it defaults to a non-DHHS email, please undertake the following steps to go 'incognito' before logging back into office.com.

1. Step 1: To open incognito mode, start **Chrome** and click the **three-dotted icon in the top right corner** of the screen.



You're only a few seconds away from browsing in incognito mode.

2. Step 2: Click **New Incognito Window** and start browsing. Alternatively, you can press **Ctrl + Shift + N** to bring up a new tab in incognito mode without entering the Chrome settings menu.



If you have any access issues, please email [REDACTED] at <[REDACTED]>

## Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App.

Please contact [REDACTED] via email at <[REDACTED]> for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled three times a week: Monday, Wednesday and Friday at 11am.

Enhancement releases are scheduled some evenings and deployment occurs during the scheduled outage time of 9pm to 9:30pm.

User guides are updated to reflect the new functionality post released and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: 1300 799 470, Menu option 5
- Email support: [REDACTED]@dhhs.vic.gov.au

## Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- log off, restart or shut down the device at the end of your shift to ensure your colleague can access during their shift.

## Parking

Parking is available at hotels, though some may charge a fee. You can claim reimbursement through your personal tax or from DHHS.

The form to claim reimbursement from DHHS is below.



Business-Expense-claim-form\_20160218.d

In terms of parking in Melbourne city please note the following.

Staff are able to park in 'green sign' parking bays (for example 1hr or 2hr zones) indefinitely so long as they pay the initial maximum amount. That is, if they park in a 1hr green signed parking space, they have to pay for the first hour but will not be fined for leaving their car there beyond the signed maximum time so long as the parking bay does not convert at any time to a:

- No standing zone
- No stopping zone
- Clearway zone.

Staff must not park:

- In a loading zone
- In a disabled access parking bay without a permit
- In a way that blocks driveways, clearways or lanes
- Too close to intersections
- In resident permit zones (without a permit).

Please ensure you park safely and if you do adhere to the above and still get a fine, please contact the City of Melbourne Infringement Review Team: [infringements@melbourne.vic.gov.au](mailto:infringements@melbourne.vic.gov.au) should you wish for the fine to be reviewed.

## Payroll matters

Information about payroll matters are below.

### Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights.

Specific timesheet information is below.



2020 Calendar.xls

## Penalties, Allowances and Costs

Hours outside of the standards 7am – 7pm, Monday to Friday timespan attract penalty rates and allowances.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

Parking fees (not fines for incorrect parking) can be claimed on personal tax or through DHHS as above.

Cabcharges are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

Staff may reflect their travel time on their timesheet in the following circumstances:

- If you are regional based staff member travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

## Timesheets

There are three timesheets and the scenarios are outlined below.

In all cases, timesheets must be legible, signed (electronic fine), fully completed with name, employee ID (where available), pay period etc.

Timesheets must be submitted to Payroll by midday Tuesday on a NON-pay week. This is a hard deadline.

As approved timesheets are due before midday on Tuesday of non-pay week, timesheets **for seconded and fixed term staff** must be submitted to [REDACTED] via the dedicated inbox (below) by the Friday before.

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via OurService.

Send your timesheets to [REDACTED] at COVID-AO Timesheet (DHHS) [REDACTED]@dhhs.vic.gov.au (this ensures your timesheet does not get 'hidden' amongst the other emails being received).

### Casual timesheet

The casual timesheet, below, is for staff on a casual contract.



Copy of COVID-19  
Timesheet Casual\_xls

### Overtime and standby timesheet

The overtime and standby timesheet, below, is for staff who are undertaking their usual number of hours (whether full or part time) between the 7am – 7pm Monday to Friday timespan, but have also undertaken additional hours as overtime or due to being on call.



Copy of COVID-19  
Overtime and Standby

### Roster timesheet

The roster timesheet, below, is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements.

Most AOs working in the hotels will be using this timesheet.

The second version is with kudos and thanks to [REDACTED], who “fixed it up so it calculates lunch breaks, shift times and auto populates the dates etc. You just have to enter the shifts in 24-hour format (i.e. 16:00 start 24:00 end etc). Regarding the date, you just need to enter the first Sunday date and the rest takes care of itself. Life’s too short for unnecessary data entry ☐ “ I hear you [REDACTED] and thanks!



Copy of Timesheet Template Timesheet  
COVID-19 Roster\_xls COVID-19 Roster\_upc

## Payslips

Payslips are generated each pay fortnight. Employees with ESS access can view their payslips online. Employees without ESS access will have a copy of their payslip sent to the employees nominated residential address.

### **Employees with ESS access (ongoing DHHS staff)**

Your payslip will be available to you through ESS on Monday of the pay week via ESS.

### **Employees without access to ESS (fixed term and seconded staff)**

For those employees that do not have access to ESS, payslips are available via your personal or DHHS email address.

## Queries

If you have any queries, please contact [REDACTED] via email at <[REDACTED]>