

Leads for mandatory quarantine - clarifying

From: Finn Romanes (DHHS) <REDACTED>
To: Braedan Hogan (DHHS) <REDACTED>, Merrin Bamert (DHHS) <REDACTED>, Chris Eagle (DELWP) <REDACTED>, Meena Naidu (DHHS) <REDACTED>, REDACTED (DHHS) <REDACTED>, Finn Romanes (DHHS) <REDACTED>
Cc: Pam Williams (DHHS) <REDACTED>, Annaliese Van Diemen (DHHS) <REDACTED>, Euan Wallace (DHHS) <REDACTED>, Andrea Spiteri (DHHS) <REDACTED>
Date: Tue, 07 Apr 2020 10:12:02 +1000

Hi colleagues

My read on arrangements is that the six roles in the TO line are the key leads (today) for decision-making around mandatory quarantine.

This follows the schema below, which I've just drafted into the DHHS Physical Distancing Plan (which is where all DHHS policy is on this detention regime) –

The following lead roles are involved in the oversight of the mandatory detention intervention:

- Compliance and public health stream
 - Deputy Chief Health Officer – overall lead and authorising environment for the mandatory detention scheme, decision to issue a detention notice or not;
 - Deputy Public Health Commander Planning – delegate of DCHO for these arrangements including initial advice to DCHO/PHC on requests where a decision is needed whether to grant leave (permission) or not detain, and for public health advice regarding the detention regime;
 - Director Health Regulation and Reform – is the Compliance Lead, for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention orders (for example including moving a person from one room to another);
- Health and welfare stream
 - Deputy State Health Coordinator – lead for healthcare provision to persons in detention;
 - Director Health Protection and Emergency Management – lead for welfare and implementation of healthcare provision to persons in detention;
- Logistics including accommodation and transport stream
 - Department of Health and Human Services Commander – lead for logistics for provision of mandatory detention involving transport and accommodation.
 - DELWP lead.

Please indicate your comfort with this characterisation, or let me know your thoughts.

In preparation for exit planning, I want to make sure the right people are involved in signing off arrangements.

Finn

Dr Finn Romanes
 Public Health Commander

Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

RE: Smoking policy - Operation Soteria

From: "Finn Romanes (DHHS)" [REDACTED]
 [REDACTED]
To: [REDACTED]
Cc: "StateEmergencyManagementCentre SEMC (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=60b3759a95354e6c85985e00267fe09c-semc@health">, "Merrin Bamert (DHHS)" [REDACTED]
Bcc: "Finn Romanes (DHHS)" [REDACTED]
Date: Mon, 30 Mar 2020 18:38:06 +1100

Hi [REDACTED]

Can you add a policy proposal intention that positive COVID-19 cases are moved to a dedicated hotel for people found to be positive. This idea of cohorting positive cases (and not requiring they stay near others in quarantine) is potentially necessary and we should all discuss it.

Finn

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

Department of Health and Human Services
 State Government of Victoria

From: Merrin Bamert (DHHS) [REDACTED]
Sent: Monday, 30 March 2020 6:07 PM
To: Finn Romanes (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: FW: Smoking policy - Operation Soteria

Hi

Just following are the nurses at the hotels allowed to swab the passengers should they require it this is not clear.

Thanks

Merrin

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

[REDACTED]

From: Merrin Bamert (DHHS)
Sent: Monday, 30 March 2020 6:02 PM
To: Finn Romanes (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Health Protection Operations & Strategy (DHHS)

<healthprotection.operations&strategy@dhhs.vic.gov.au>

Subject: RE: Smoking policy - Operation Soteria

Thanks Finn

The other issues that we need sorted is access to swabbing equipment and processes for the nursing staff should a person start showing symptom for COVID, that is those who are well enough to remain at the hotel not those who are very unwell and need a transfer to hospital.

Thanks

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
South Division

Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: Finn Romanes (DHHS) REDACTED

Sent: Monday, 30 March 2020 5:53 PM

To: Braedan Hogan (DHHS) REDACTED; Merrin Bamert (DHHS)

REDACTED

Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>

Subject: RE: Smoking policy - Operation Soteria

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

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

Finn

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

REDACTED

Department of Health and Human Services
State Government of Victoria

From: Braedan Hogan (DHHS) REDACTED

Sent: Monday, 30 March 2020 5:23 PM

To: Merrin Bamert (DHHS) REDACTED; Finn Romanes (DHHS)

REDACTED

Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>

Subject: Smoking policy - Operation Soteria

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

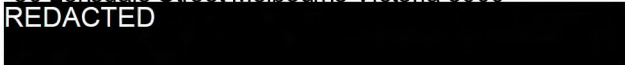
I think this need to be considered with input with AO on the ground and how this can be operationalised.

Braedan

Braedan Hogan
Deputy Director, Strategy and Policy

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

REDACTED

A solid black rectangular redaction box covers the text 'REDACTED' and extends downwards and to the right.

RE: Governance of mandatory detention implementation

From: "Merrin Bamert (DHHS)" <REDACTED>
To: "Finn Romanes (DHHS)" <REDACTED>, "Meena Naidu (DHHS)" <REDACTED>, "Louise Galloway (DHHS)" <REDACTED>
Cc: "Annaliese Van Diemen (DHHS)" <REDACTED>, "Brett Sutton (DHHS)" <REDACTED>, "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>, "Andrea Spiteri (DHHS)" <REDACTED>, "Jason Helps (DHHS)" <REDACTED>, "Nick Chiam (DHHS)" <REDACTED>
Date: Tue, 31 Mar 2020 15:26:43 +1100

Hi Finn

I am happy that we support the setting up for of the cell and role for welfare cell, and will talk to Louise about that and the health care sector

However this will not be long term, I need to go back into the EM and HP structures and regional responsibilities required of me as I have not been able to attend to any of those over the last three days.

We will be working on a future lead for this cell going forward

Regards

merrin

Merrin Bamert

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

REDACTED

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

Proposed -

Directions and exemptions

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

The following roles are involved in the oversight of the mandatory detention intervention:

- Deputy Chief Health Officer – issuing of Directions including the detention direction;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on exemption requests where allowed or relevant;
- Director Regulation and Compliance – lead for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention directions (for example including moving a person from one room to another);

- Director Health Protection and Emergency Management – lead for welfare and healthcare sector for detention sector;
- Director Primary Care - lead for medical services to people in detention.

Finn

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

REDACTED

Department of Health and Human Services
State Government of Victoria

RE: COVID-19 Draft Physical Distancing Plan

From: REDACTED (DHHS) <REDACTED>
To: "Meena Naidu (DHHS)" <REDACTED>, "Finn Romanes (DHHS)" <REDACTED>
Date: Thu, 02 Apr 2020 15:07:24 +1100

Hi Finn and Meena

We have permission from REDACTED to bring on a VPS 4 admin support for the Covid-19 Compliance team and I have put in a request to our mobility team.

Finn I was reviewing the Covid D-MIT governance structure and noted that R was in the Compliance Lead who would I speak to to get this updated to show Meena as the compliance lead? Also do you want me to work with REDACTED to ensure the governance structure for the compliance cell is included in your larger Public Health Command structure?

Cheers

REDACTED

From: Meena Naidu (DHHS) <REDACTED>
Sent: Thursday, 2 April 2020 1:07 PM
To: Finn Romanes (DHHS) <REDACTED>
Cc: REDACTED (DHHS) <REDACTED>
Subject: RE: COVID-19 Draft Physical Distancing Plan

Hi Finn

Just letting you know that I've asked REDACTED help me put some structure together for Covid Compliance team. At the moment we are operating a little randomly and I'd like to clean it up – not least so I can take a break! REDACTED also looking for some resource to help with the admin and record keeping which you have rightly pointed out is a bit of an issue

RE will probably talk to you about alignment with the command structure you have outlined just to make sure it all works properly for you and that the connections with other relevant areas also works.

Thanks

Kind regards

Meena

Meena Naidu

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

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

REDACTED

w. www.health.vic.gov.au

Executive Assistant:

REDACTED



From: Finn Romanes (DHHS) <REDACTED>
Sent: Thursday, 2 April 2020 11:13 AM
To: Meena Naidu (DHHS) <REDACTED>
Subject: RE: COVID-19 Draft Physical Distancing Plan

Hey that's great – I aim to have an even better version for you with feedback – especially and including ANYTHING you need!

Finn

Dr Finn Romanes

Deputy Public Health Commander - Planning

Novel Coronavirus Public Health Emergency

REDACTED

REDACTED

Department of Health and Human Services
State Government of Victoria

From: Meena Naidu (DHHS) <REDACTED>

Sent: Thursday, 2 April 2020 11:12 AM

To: Finn Romanes (DHHS) <REDACTED>

Subject: RE: COVID-19 Draft Physical Distancing Plan

Team working on this now – it's got good reviews. Some elements are not operationally possible at the moment. Will send back in track changes.

Everyone happy to use this as the master document to update protocols.

Kind regards

Meena

Meena Naidu

Lead Executive – COVID-19 Compliance

Director, Health and Human Services Regulation and Reform

Regulation, Health Protection and Emergency Management Division

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

REDACTED

w. www.health.vic.gov.au

Executive Assistant:

REDACTED

From: Finn Romanes (DHHS) <REDACTED>

Sent: Wednesday, 1 April 2020 8:59 PM

To: Meena Naidu (DHHS) <REDACTED>

Subject: FW: COVID-19 Draft Physical Distancing Plan

Importance: High

Much of this has become about enforcement and compliance.

So your views – straight up or consolidated – are the most significant we need to incorporate and accommodate and land.

Finn

Dr Finn Romanes

Deputy Public Health Commander - Planning

Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services

State Government of Victoria

From: Finn Romanes (DHHS) <REDACTED>

Sent: Wednesday, 1 April 2020 8:58 PM

To: Meena Naidu (DHHS) <REDACTED>; Merrin Bamert (DHHS)

<REDACTED>; John Catford (DHHS) <REDACTED>;

Matthew McCrone (DHHS) <REDACTED>; Bruce Bolam (DHHS)

<REDACTED>; Sandy Austin (DHHS) <REDACTED>; REDA

REDAC (DHHS) <REDACTED>; Charles Alpren (DHHS)

<REDACTED>; REDACTED (DHHS) <REDACTED>;

Jacinda de Witts (DHHS) <REDACTED>; REDACTED (DHHS)

<REDACTED>; REDACTED (DHHS) <REDACTED>

Cc: Simon Crouch (DHHS) <REDACTED>; Brett Sutton (DHHS)

<REDACTED>; Annaliese Van Diemen (DHHS)

<REDACTED>; Andrea Spiteri (DHHS)

<REDACTED>; Clare Looker (DHHS) <REDACTED>; REDACT

(DHHS) <REDACTED>; Mat Williams (DHHS) <REDACTED>; DHHS

EmergencyCommunications (DHHS) <em.comms@dhhs.vic.gov.au>; Noel Cleaves (DHHS)

<REDACTED>; Braedan Hogan (DHHS) <REDACTED>;

REDACTED (DHHS) <REDACTED>; REDACTED (DHHS)
<REDACTED>; REDACTED (DHHS) <REDACTED>

Subject: COVID-19 Draft Physical Distancing Plan

Importance: High

Dear colleagues

The attached draft plan is provided for your urgent review.

Please track change any areas you are recommending are changed and email me and an officer will collate and we will propose a final version to go back.

Comments requested by midday tomorrow. If not possible, your suggestions will be incorporated into Version 2 later in the week.

If possible, if you work in a team on physical distancing, coordinate your comments through your lead back to me so there are fewer rather than more comments.

Once changes come in, I will circulate formally to the DIMIT by 4pm tomorrow for provision to Deputy Chief Health Officer and Chief Health Officer for endorsement.

Regards

Finn

Dr Finn Romanes

Deputy Public Health Commander - Planning

Novel Coronavirus Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

Streamlining permissions, exceptional circumstances requests, advice on physical distancing

From: "Finn Romanes (DHHS)" <REDACTED>
 To: "Sandy Austin (DHHS)" <REDACTED>
 Cc: "Melody Bush (DHHS)" <REDACTED>, "Meena Naidu (DHHS)" <REDACTED>
 Date: Fri, 03 Apr 2020 09:49:37 +1100

Dear Sandy

I'll come up as soon as possible.

In the interim, have workshopped some key rules needed to keep this streamline that might work into a final version of the Physical Distancing etc Plan –

Noting that there are three kinds of requests –

- Permission to leave detention requests from people in detention in Victoria,
- Exceptional circumstances requests for people seeking to not be ordered into detention (who have not yet arrived in Victoria from overseas),
- All other requests for advice in relation to Victoria's Directions (including exemption requests for certain parts of Directions)

I propose for immediate action (and subsequent documentation in plan) to land three golden rules for achieving a safe and streamlined arrangement:

1. ALL requests to be redirected through the COVID Directions inbox (so they are ALL in there), regardless of source – not direct to Meena, other parties etc
2. All permissions to leave detention requests to be fast-tracked to the COVID-19.vicpol@dhhs.vic.gov.au email address to give Compliance Lead/team comprehensive and clear access to these
3. All exceptional circumstances requests for people to seek not to be ordered into detention to be triaged and assessed by your team there, with a strategic intent of a clear view that only in exceptional circumstances should these requests be allowed and passed through to Compliance Lead (via COVID-19.vicpol@dhhs.vic.gov.au)
4. All other requests should be heavily managed and triaged by your team, and rarely come through for arbitration to Compliance / Public Health Command

To reframe – please prioritise permissions requests to get through fast, but please triage heavily and only push through exceptional circumstances requests – your help in reducing the volume of these is greatly appreciated.

Thanks for this rapidly changing space and likely change in advice from me as a result of this on a regular basis – I'll call you now to discuss. Just wanted to get the ideas down clearly first.

Finn

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

REDACTED

Department of Health and Human Services
 State Government of Victoria

RE: Smoking policy - Operation Soteria

To: "Maria Bubnic (DHHS)" [REDACTED] "Noel Cleaves (DHHS)" [REDACTED], "Braedan Hogan (DHHS)" [REDACTED], "REDACTED (DHHS)" [REDACTED]

Cc: "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>, [REDACTED] (DHHS)" [REDACTED], [REDACTED] (DHHS)" [REDACTED], "Anthony J Kolmus (DHHS)" [REDACTED] (DHHS)" [REDACTED], COVID Directions <covid@dhhs.vic.gov.au>, sccvic.sctrl.health@scc.vic.gov.au, [REDACTED] (DHHS)" [REDACTED], "Meena Naidu (DHHS)" <[REDACTED]@dhhs.vic.gov.au>, "Simon Crouch (DHHS)" [REDACTED]

Bcc: "Annaliese Van Diemen (DHHS)" [REDACTED], "Brett Sutton (DHHS)" [REDACTED]

Date: Wed, 01 Apr 2020 19:50:09 +1100

Dear colleagues

Thank you for your work.

Just an important reminder: all policy and oversight of **people in detention** is being handled in a strict chain of command, from:

- Chief Health Officer to
- Deputy CHO (today – Simon Crouch) to
- Deputy Public Health Commander Planning (Finn Romanes) to
- Director Health Regulation and Reform (Meena Naidu) to
- Authorised Officers (under Noel Cleaves and some other managers).

It is important that all direction, policy, reporting and arrangements do not break this chain.

If you have any insights or advice – please provide to the individual in the chain you deem most appropriate.

No policies, directions, exemptions, reporting, meetings to agree policy on these people or other activity outside this chain please.

This strict view is vital to safeguard the wellbeing and duty of care owed by the State to these people and legal and other risks to the department and its staff.

Legal advice is being provided on a near continuous basis to Meena and myself.

Kind regards

Finn

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

Department of Health and Human Services
State Government of Victoria

From: Maria Bubnic (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 7:46 PM
To: Noel Cleaves (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED]

(DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
 Anthony J Kolmus (DHHS) [REDACTED]; [REDACTED] (DHHS)
 [REDACTED]; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; [REDACTED]
 [REDACTED] (DHHS) [REDACTED]; 'sccvic.sctrl.health@scc.vic.gov.au'
 <sccvic.sctrl.health@scc.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]
Subject: RE: Smoking policy - Operation Soteria

Thanks Noel, these are useful insights and a reminder of how challenging the current situation is for all concerned. I gather the nurses are screening all persons under quarantine to identify pre-existing health conditions, management and risks as well as those who may need further assessment for COVID etc. It would be good to include the advice re: smoking cessation options in the protocol to make this available wherever possible. We acknowledge access to smoking areas will still need to be carefully managed on a case by case basis taking account of individual needs, social distancing measures and environmental constraints.

[REDACTED]
 Assistant Director, Population Health

Regulation, Health Protection & Emergency Management Division
 50 Lonsdale Street, Melbourne VIC 3040
 t:[REDACTED] | m:[REDACTED] | e:[REDACTED]
 w. www.dhhs.vic.gov.au

EA Contact: [REDACTED] t. (03) [REDACTED] | e. [REDACTED]

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

From: Noel Cleaves (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 11:46 AM
To: Maria Bubnic (DHHS) [REDACTED]; Braedan Hogan (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED]
 [REDACTED] (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]; Anthony J Kolmus (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]; COVID Directions <COVIDdirections@dhhs.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]
Subject: RE: Smoking policy - Operation Soteria

Hi to all,

I can add that the Crown Promenade has some smoking rooms (4 or 5 from memory) they are located on a different floor. To move a smoker to that floor, potentially many times a day, requires a security guard wearing PPE to escort them to that floor. We felt that the smoker needs to also wear some PPE so that don't potentially cross-contaminate surfaces that a security guard or other people then touch. We couldn't see how we could manage that process on a regular basis so as far as I'm aware we haven't used it.

It is pretty likely that there are smokers smoking in their rooms in the bathrooms etc but obviously that runs the risk of a fire alarm being triggered. We have had a complaint from one room at the Plaza that they could smell tobacco smoke in their room.

I haven't heard anything about smoking rooms at the other two hotels.

I am aware that some of our AO's have made the call to allow two people to leave the Plaza hotel with a security guard to smoke to reduce an escalating situation.

I have also seen nicotine patches and gm at one hotel (Metropole) that is administered on request by the nurses.

Noel Cleaves

Manager Environmental Health Regulation & Compliance | Environmental Health Regulation & Compliance Unit
 Health Protection Branch | Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne 3000
 m. [REDACTED] 194 | e. [REDACTED]
 w. www.dhhs.vic.gov.au

Follow the Chief Health Officer on Twitter [@VictorianCHO](https://twitter.com/VictorianCHO)

From: Maria Bubnic (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 11:24 AM
To: Braedan Hogan (DHHS) [REDACTED]; Finn Romanes (DHHS) [REDACTED] [REDACTED] (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
 Anthony J Kolmus (DHHS) [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
 COVID Directions <COVIDdirections@dhhs.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]
Subject: RE: Smoking policy - Operation Soteria

Yes it did. We plan to finalise the physical activity policy advice today.

Maria Bubnic

Assistant Director, Population Health

[Regulation, Health Protection & Emergency Management Division](#)
 50 Lonsdale Street, Melbourne VIC 3040
 t. [REDACTED] | m. [REDACTED] | e. [REDACTED]
 w. www.dhhs.vic.gov.au

EA Contact: [REDACTED] t. [REDACTED] | e. [REDACTED]

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

From: Braedan Hogan (DHHS) [REDACTED]
Sent: Wednesday, 1 April 2020 11:22 AM
To: Finn Romanes (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; [REDACTED] (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED];
 Anthony J Kolmus (DHHS) [REDACTED]; Noel Cleaves (DHHS) [REDACTED]; [REDACTED] (DHHS) [REDACTED]
 COVID Directions <COVIDdirections@dhhs.vic.gov.au>; Maria Bubnic (DHHS) [REDACTED] (DHHS) [REDACTED]
 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

Hi all – did this progress yesterday?

Keen to land this and the physical recreation policy today as a priority.

Braedan

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

. REDACTED

e.

From: Finn Romanes (DHHS) REDACTED
Sent: Tuesday, 31 March 2020 10:35 PM
To: REDACTED (DHHS) REDACTED
Cc: Braedan Hogan (DHHS) REDACTED
 StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS)
 REDACTED; REDACTED (DHHS) REDACTED; Anthony J
 Kolmus (DHHS) REDACTED; Noel Cleaves (DHHS)
 REDACTED; REDACTED (DHHS) <REDACTED
 COVID Directions <COVIDdirections@dhhs.vic.gov.au>; Maria Bubnic (DHHS)
 REDACTED; REDACTED (DHHS) REDACTED
Subject: RE: Smoking policy - Operation Soteria

Hi REDACTED

Could you send through the smoking advice for people in detention – I can place it in the plan ASAP

Finn

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

REDACTED

Department of Health and Human Services
 State Government of Victoria

From: REDACTED (DHHS) REDACTED
Sent: Tuesday, 31 March 2020 12:04 PM
To: REDACTED (DHHS) REDACTED; COVID Directions
 <COVIDdirections@dhhs.vic.gov.au>
Cc: Braedan Hogan (DHHS) REDACTED; Finn Romanes (DHHS)
 REDACTED; StateEmergencyManagementCentre SEMC (DHHS)
 <semc@health.vic.gov.au>; REDACTED (DHHS) REDACTED; Anthony J
 Kolmus (DHHS) REDACTED; Noel Cleaves (DHHS)
 REDACTED; REDACTED (DHHS) REDACTED
 Maria Bubnic (DHHS) REDACTED; REDACTED (DHHS)
 REDACTED
Subject: RE: Smoking policy - Operation Soteria

Thanks REDACTED

We have prepared some advice that we will be sending through any second now. Our recommendation is that people will be supported to manage cravings through the provision of nicotine replacement therapy and telephone counselling.

REDACTED

Manager, Tobacco Control
 Prevention and Population Health, Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services | GPO Box 4057, Melbourne, Victoria, 3001
 p REDACTED e REDACTED
 w. www.dhhs.vic.gov.au





I acknowledge the traditional Aboriginal owners of country throughout Victoria and pay my respect to them, their culture and their Elders past, present and future

From: REDACTED (DHHS) <REDACTED>
Sent: Tuesday, 31 March 2020 11:01 AM
To: COVID Directions <COVIDdirections@dhhs.vic.gov.au>
Cc: Braedan Hogan (DHHS) <REDACTED>; Finn Romanes (DHHS) <REDACTED>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED (DHHS) <REDACTED>; REDACTED (DHHS) <REDACTED>; Anthony J Kolmus (DHHS) <REDACTED>; Noel Cleaves (DHHS) <REDACTED>
Subject: RE: Smoking policy - Operation Soteria

Hi I'm advised that the key issue is really about people leaving their rooms securely. With the hotel's cooperation establishing a designated smoking room/s (such as how high roller room operates) would be the best solution that has appropriate density and hygiene parameters. (There is exemption under s5A(2) I've copied in REDACTED the tobacco manager and those involved in compliance and enforcement.

Ming

REDACTED
 Principal Regulatory Policy Advisor Health Protection
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From: COVID Directions <COVIDdirections@dhhs.vic.gov.au>
Sent: Tuesday, 31 March 2020 10:35 AM
To: REDACTED (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; Braedan Hogan (DHHS) <REDACTED>
Subject: FW: Smoking policy - Operation Soteria

Hi REDA

I have started today monitoring the COVIC directions inbox. Nice to e-meet you.

RED advised you may be able to assist with this or point me in the direction of someone that may be able to assist?

Regards,

REDACTED
 Principal Community Recovery Officer
 Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 8-12 Seymour Street (PO Box 1661), Traralgon, Victoria, 3844
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From: Braedan Hogan (DHHS) <REDACTED>
Sent: Monday, 30 March 2020 9:26 PM
To: Finn Romanes (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>

Subject: RE: Smoking policy - Operation Soteria

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

We don't have anyone

[Braedan Hogan](#)
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000
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From: Finn Romanes (DHHS) <REDACTED>
Sent: Monday, 30 March 2020 5:53 PM
To: Braedan Hogan (DHHS) <REDACTED>; Merrin Bamert (DHHS) <REDACTED>
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

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

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

Finn

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

Department of Health and Human Services
 State Government of Victoria

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

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

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

Braedan

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

From: "Finn Romanes (DHHS)" <REDACTED>
To: "Meena Naidu (DHHS)" <REDACTED>, "Noel Cleaves (DHHS)" <REDACTED>, "Melody Bush (DHHS)" <REDACTED>, "REDACTED (DHHS)" <REDACTED>, "Clare Looker (DHHS)" <REDACTED>
Cc: "Annaliese Van Diemen (DHHS)" <REDACTED>, "Brett Sutton (DHHS)" <REDACTED>
Date: Sat, 28 Mar 2020 00:13:22 +1100
Attachments: COVID-19 DHHS Physical Distancing Plan.DOCX (314.26 kB); COVID-19 DHHS Physical Distancing Plan.tr5 (264 bytes)

Hi all

In case there is significant activity over the weekend whilst I'm off, attached and linked is the updated draft Plan.

Many gaps still, but substantial additional content including a holding Exemptions proposed flow in the body of the document, and evidence appendix.

Please use over weekend as needed, in confidence.

Finn

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

REDACTED

Department of Health and Human Services
State Government of Victoria

COVID-19 – DHHS Physical Distancing Plan

Confidential and internal interim draft plan

26 March 2020

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DRAFT

Background

In Victoria, the term 'physical distancing' will be used, in preference to the term 'social distancing'.

A recent summary of the value of social distancing in relation to the COVID-19 emergency was given as:

“Social distancing is one of the key measures currently being utilised to contribute to Australia’s ability to severely limit transmission of COVID-19. This reduces the burden of disease in the community, and importantly, will ensure healthcare capacity is not overwhelmed at any given time. The health sector must continue to undertake its core functions, as well as maintain the capacity to support those with COVID-19 who require more intensive care.

The overarching goal of our recommendations is to slow the spread of the virus and flatten the epidemic curve. We all have both a community and individual responsibility to maintain social distancing and minimise interactions in order to protect the people we love. The aim is a population response, to reduce transmission to protect vulnerable populations.”

Purpose

This policy intends to:

- Provide clarity to all parts of the Department of Health and Human Services' (the department's) physical distancing response to coronavirus disease 2019 (COVID-19);
- Describe the strategy and protocols for the physical distancing response;
- Inform internal and external communications collateral around physical distancing.

Scope

In scope for this policy are:

- Physical distancing interventions in Victoria;
- Quarantine and isolation interventions in Victoria implemented for any reason.

Authorising environment

Chief Health Officer

Under a state of emergency declared by the Victorian Government, the Chief Health Officer and Deputy Chief Health Officer have exercised powers to make a range of Directions that reflect physical distancing controls in Victoria, as described in Annexes to this plan.

National Cabinet

National Cabinet for COVID-19 has released statements of policy on social distancing (physical distancing). These are reported to have been based on advice from the Australian Health Protection Principal Committee (AHPPC). The AHPPC releases its advice in statements which are published online.

The following AHPPC

Victoria Police

Advice has been sought from Legal Services as to the role of Victoria Police.

Governance of physical distancing policy within the DIMT

A Physical Distancing Cell will be chaired by the Deputy Public Health Commander – Planning. This will include communications lead, enforcement and compliance lead including a directions lead, and a policy lead.

Policy and intent of action on physical distancing

AHPPC recommendations to National Cabinet

Statements by AHPPC

The Australian Health Protection Principal Committee (AHPPC) have made a number of statements on the matter of physical distancing (social distancing). These are available at TRIM location HHSF/20/7891, and on the web at <https://www.health.gov.au/news/latest-statement-from-the-australian-health-protection-principal-committee-ahppc-on-coronavirus-covid-19-0>

Statements with content directly bearing on social distancing include the following statements with media event dates and publication dates:

- Australian Health Protection Principals Committee (AHPPC) advice to National Cabinet about social distancing.
 - Dated 24 March 2020.
 - Published 25 March 2020.
- Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 22 March 2020.
 - Dated 22 March 2020.
 - Published 23 March 2020.
- Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 18 March 2020.
 - Dated 18 March 2020.
 - Published 20 March 2020.
- Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement regarding travel restrictions on 18 March 2020.
 - Dated 18 March 2020.
 - Published 20 March 2020.
- Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 17 March 2020.
 - Dated 17 March 2020.
 - Published 24 March 2020.
- Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 13 March 2020.
 - Dated 13 March 2020.
 - Published 13 March 2020.

Summary of most current AHPPC recommendations relating to physical distancing

The content from AHPPC statements constitutes the formal advice from Chief Health Officers and the Chief Medical Officer. In summary, this advice is:

Key messages:

- The AHPPC recommends limiting all unnecessary personal interactions, for people to stay at home when not engaged in employment, necessary shopping or individual outdoor exercise.
- In a given occupied space, there must be a density of no more than one person per four square metres of floor space.
- All Australians should reconsider the need for unnecessary travel. If unwell, people must stay at home, unless seeking medical care.
- National discontinuation of all non-essential gatherings will be reviewed at one month.
- The AHPPC recommends stronger enforcement of quarantine and isolation.

- AHPPC does not support full community lockdown and school closures at this time.

Indoor gatherings (businesses and undertakings):

- Closure of the following:
 - Registered and licensed clubs (excluding bottle shops attached to these venues), pubs, hotels (excluding accommodation).
 - Gyms.
 - Indoor sporting venues
 - Cinemas
 - Casinos
 - Entertainment venues
 - Restaurants and cafes (restricted to take away and/or home delivery)
 - Places of worship
 - Weddings, funerals (other than very small groups with the 4sqM per person rule to apply).
- All of these restrictions also apply to outdoor spaces associated with the above venues.
- Isolated community hubs are not included in this closure.
- Implementation of the 1 person per 4 square metre rule in all shops and businesses remaining open (customer limit, which must be displayed on a sign) with enhanced cleaning provisions in place.
- Highly discretionary services that require close and prolonged personal contact between the service provider and client, including beauty therapy, nail salons, massage parlours, body piercing services and tattoo parlours. Hair dressing is excluded but contact should be less than 30 minutes and the salon should observe the 1 person per 4 sq metre occupancy rule.
- The AHPPC further recommends closure of the following:
 - All galleries, museums and libraries.
 - All auction houses, real estate auctions and open house inspections (excluding private inspections).
 - All health clubs, fitness centres, yoga, barre and spin facilities, saunas, bathhouses and wellness centres.
 - Amusement parks, arcades and play centres.
 - Gaming or gambling venues not currently covered by the casino or licensed venue restrictions.
 - All brothels and sex on premises venues.
- Risk mitigation should be applied to gatherings of fewer than 100 people including the following:
 - For settings where there is ongoing movement and an increased number of interactions between individuals, an individual's attendance should be less than two hours duration.
 - For settings that are primarily static such as theatres, restaurants, cinemas, sporting events, an individual's attendance should be limited to four hours duration.

Outdoor gatherings:

- Cessation of outdoor gatherings, with a limit of no more than 10 persons in a related group in an outdoor gathering. This will include the closing of funfairs and fetes.
- The strong imposition of the restriction of the population density measure of no more than 1 person per 4 square metres of ground area is required as is the strong communication of the general principles of social distancing.
- Closure of all organised sporting events, including outdoor sport and swimming pools.

Schools and educational settings:

- Recommendation that universities move to online platforms and employ social distancing practices of 1 person per 4 square metre rule).
- Consideration should be given to closing student residential accommodation.

- Childcare centres are essential services which should continue at this time but with risk mitigation measures in place (e.g. reduced mixing of children by separating cohorts, exclusion of unwell staff/visitors/children, restrictions on excursions).
- Universities and other higher education centres are encouraged to provide access to online content remotely and participate in as many other classes as possible by audio-visual link or other remote means, and consider the reduction in sizes of face-to-face classes, lectures and exams.
- Decisions to remain in boarding school should consider the risks and benefits which should be shared by the school and parents, and should be documented.
- AHPPC does not support the closure of schools given the lack of evidence of significant disease in children and the lack of reported major disease spreading in schools, among other reasons.

Transport:

- Long distance bus or train services pose a higher risk, and should be reconsidered if not essential.
- Mass transport of vulnerable people, including the elderly, should be avoided or have risk mitigation strategies implemented, such as seating people at a greater distance from one another.
- For taxis and ride share vehicles, if possible, passengers should sit in the back seat, and hand sanitisers should be available for passengers and drivers to utilise. The air conditioner/heating setting should be set to external airflow, as opposed to recycled.
- Employers should strongly consider offering staggered work times and remote working arrangements to employees to reduce the risk of overcrowding at peak traffic times.
- Operators should consider increasing the frequency of transport options to reduce passenger density.

Other / social:

- Strong recommendation to limit unnecessary visitors to private homes, including private events in homes.
- Organised meetings for social, educational or recreational purposes (for example Rotary, mothers' groups, U3A, study groups). Domestic and family violence and drug and alcohol support groups are able to continue as they are part of the health portfolio and considered essential.
- Funerals with fewer than 10 people in attendance at any one time (adhering to the 1 person per 4 square metre rule) may proceed.
- Weddings may proceed with only the couple, the celebrant and witnesses present.

National requirements from National Cabinet

The National Cabinet has made announcements through the Prime Minister, including a statement relating to social distancing on **24 March 2020**. This advice is available on the web and is also captured at HHSD/20/144521.

The summary of this advice from the Prime Minister is below:

Travel restrictions

- Cannot travel overseas unless it is essential;
- Stay more than 1.5 metres from others;
- Must avoid outdoor gatherings of 500 or more people;
- Must not attend an indoor gathering of 100 or more people.

Activities that cannot continue (from midnight 25 March 2020 at midnight)

- Travelling overseas (unless exceptions apply);
- Cafes (excluding takeaway service and home delivery; Cafés or canteens at hospitals, care homes or schools; prison and military canteens; services providing food or drink to the homeless, workplace canteens can provide takeaway);
- Food courts (delivery and takeaway can remain operational);

- Auction houses;
- Real estate auctions and open house inspections (except private appointments for inspection);
- **Outdoor and indoor markets – reported as being a state decision by Prime Minister; REDACTED**
- Hairdressers and barber shops (up to 30 minute appointments and the 1 person per 4 square metre rule applies in the premises);
- Beauty therapy, tanning, waxing, nail salons, tattoo parlours;
- Spas and massage parlours;
- Cinemas, nightclubs;
- Casinos, gaming or gambling venues;
- Strip clubs, brothels and sex on premises venues;
- Concert venues, theatre, arenas, auditoriums, stadiums (live streaming of a performance by a small group could be permissible with social distancing observed);
- Amusement parks and arcades;
- Play centres (indoor and outdoor);
- Community and recreation centres (facilities may remain open for the purpose of hosting essential voluntary or public services, such as food banks or homeless services);
- Health clubs, fitness centres, yoga, barre and spin facilities, saunas, bathhouses and wellness centres;
- Boot camps, personal training operating outside and inside (for outside events, limited to groups of no more than 10 people and social distancing must be exercised);
- Social sporting-based activities;
- Swimming pools;
- **Hotels, hostels, bed and breakfasts, campsites, caravan parks, and boarding houses will be a decision for each state and territory (Excluding permanent residents and workers) – reported as state decision; REDACTED**
- Caravan and camping parks will be a decision for each state and territory (where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so);
- Galleries, museums, national institutions and historic sites;
- Libraries, community centres, and youth centres;
- Local government non-essential facilities and services (such as libraries and pools);
- Community facilities (such as community halls, clubs, RSLs, PCYCs);
- Places of worship, weddings and funerals.

Activities that can continue with restrictions

Typically with 1 person per 4 square metre rule 4m², and some with time restrictions:

- Funerals attended by a maximum of no more than 10 people and where the 1 person per 4 square metre rule applies;
- Weddings with a maximum attendance of no more than 5 people and where the 1 person per 4 square metre rule applies (the celebrant, the couple, and the witnesses);
- Cafes and restaurants operating takeaway and home delivery services;
- Cafés or canteens at hospitals, care homes or schools; prison and military canteens; services providing food or drink to the homeless, workplace canteens can provide takeaway;
- Food courts operating takeaway and delivery services;
- Private appointments for real estate auctions and open house inspections
- Hairdressers and barber shop appointments that are up to 30 minutes in duration, and where the 1 person per 4 square metre rule applies;
- Live streaming of a performance by a small group could be permissible with social distancing observed;
- Community and recreation centres may remain open for the purpose of hosting essential voluntary or public services, such as food banks or homeless services;

- Outdoor boot camps or personal training limited to groups of no more than 10 people, and social distancing must be exercised;
- Residential facilities that accommodate permanent residents and workers (decision by state); REDACTED
- Caravan and camping parks where people live permanently or are staying as interim abodes where their primary residence is not available (decision by state). REDACTED

Activities that can continue

- Shopping for food and basic supplies
- Schools
- Daily outdoor exercise with social distancing
- Essential services

Settings determined by states and territories:

- Outdoor and indoor food markets;
- Residential facilities (such as hotels, hostels, bed and breakfasts, campsites, caravan parks, and boarding houses);
- Caravan and camping parks

In addition, the Prime Minister's media statement table from 24 March is shown below, which is information above presented in a different format.

Additional prohibited activities and venues to apply from 11.59pm (local time) 25 March 2020

Business, premises or place	Exceptions
Cafes	Takeaway service and home delivery Cafés or canteens at hospitals, care homes or schools; prison and military canteens; services providing food or drink to the homeless, workplace canteens can provide takeaway
Food courts	Delivery and takeaway can remain operational
Food and drink	
Business, premises or place	Exceptions
Auction houses	
Real estate auctions and open house inspections	Private appointments for inspection
Outdoor and indoor markets will be a decision for each state and territory	Food markets will continue to operate in all states and territories

Retail	
Business, premises or place	Exceptions
Hairdressers and barber shops	Up to 30 minute appointments and the 1 person per 4 square metre rule applies in the premises
Beauty therapy, tanning, waxing, nail salons, tattoo parlours	
Spas and massage parlours	
Beauty and personal care services	
Business, premises or place	Exceptions
Cinemas, nightclubs	
Casinos, gaming or gambling venues	
Strip clubs, brothels and sex on premises venues	
Concert venues, theatre, arenas, auditoriums, stadiums	Live streaming of a performance by a small group could be permissible with social distancing observed
Amusement parks and arcades	
Play centres (indoor and outdoor)	
Entertainment venues	
Business, premises or place	Exceptions
Community and recreation centres	Facilities may remain open for the purpose of hosting essential voluntary or public services, such as food banks or homeless services.
Health clubs, fitness centres, yoga, barre and spin facilities,	

Business, premises or place	Exceptions
saunas, bathhouses and wellness centres	
Boot camps, personal training operating outside and inside	For outside events, limited to groups of no more than 10 people and social distancing must be exercised.
Social sporting-based activities	
Swimming pools	
Leisure and recreation	
Business, premises or place	Exceptions
Hotels, hostels, bed and breakfasts, campsites, caravan parks, and boarding houses will be a decision for each state and territory	Excluding permanent residents and workers.
Residential facilities	
Business, premises or place	Exceptions
Caravan and camping parks will be a decision for each state and territory	Where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so.
Outdoor recreation	
Business, premises or place	Exceptions
Galleries, museums, national institutions and historic sites	
Libraries, community centres, and youth centres	
Local government non-essential facilities and services (such as	

Business, premises or place	Exceptions
libraries and pools)	
Community facilities (such as community halls, clubs, RSLs, PCYCs);	
Places of worship, weddings and funerals	<p>Weddings with a maximum attendance of no more than 5 people and where the 1 person per 4 square metre rule applies.</p> <p>Funerals attended by a maximum of no more than 10 people and where the 1 person per 4 square metre rule applies.</p>

Essential services versus non-essential services

As at 24 March 2020, a preliminary draft proposal for essential functions is listed as **REDACTED**

Health and medical

- medical services including general practitioners and nurse practitioners
- health services, including hospitals (whether public, denominational, multi-purpose, private or day procedure hospitals), community health centres (including Aboriginal health centres) and health services required for correctional facilities
- mental health services including telephone and online services
- alcohol and other drug services (including the Richmond safe injecting room)
- pathology services
- nursing homes
- palliative care centres
- any other residential health care facility
- dental services but only for urgent treatment
- other allied health services but only for urgent treatment
- medical supplies and equipment manufacture and providers
- medical and pharmaceutical production, wholesale, distribution, transport and logistics, sales and services
- research and laboratory services
- patient health information and support services
- health registers

Human services

- disability services
- aged care centres
- nursing homes
- home or personal care for people living with a disability or the elderly
- child protection
- out of home care
- public and social housing services
- family violence prevention and response services
- Youth services for disengaged and homeless youth
- homeless shelters and emergency housing services
- food banks and food relief services
- victims' support services
- any services funded or provided by government for the delivery of the care, protection, custody or oversight of individuals both in the community and in residential facilities

- any other critical human services agencies providing direct care or support to individuals.

Education Services

- teaching services at schools for the education of children of Essential Service Workers
- teaching services at schools for the delivery of distance learning to other students from the commencement of term 2

Child care

- child care services but only for use by Essential Service Workers

Infrastructure, utilities and waste

- energy, including electricity, gas and liquid fuels
- electricity transmission
- water
- wastewater and sewerage
- telecommunications, internet services and data centres
- waste and resource recovery services

Postage, logistics and transport

- mail services
- postal and postage services
- packet and parcel carrying services
- courier, pickup and delivery services
- freight transporting services, whether by road, rail, water or air
- ports and waterways
- logistics
- warehouse/distribution and fulfillment
- airports and airlines
- public and private transportation, including buses, trams, trains and commercial passenger vehicles
- vehicle repair and maintenance
- garages and vehicle repair, servicing and maintenance
- towing services
- removalist services

Accommodation

- hotels
- motels
- hostels
- rental premises
- other places of accommodation

Manufacturing

- chemicals
- medical equipment and instruments
- pharmaceuticals
- sanitary products
- telecommunications
- microelectronics and semi-conductor
- heating and cooling equipment
- household paper products
- building and construction materials

Agriculture, food production and supply, and animal welfare

- agriculture and farms
- agriculture chemicals
- agriculture feed production, processing and distribution

- animal saleyards
- production of food, food and beverage processing and manufacturing (including abattoirs)
- distribution, preparation and transport of food
- veterinary and livestock services but only for emergency treatment
- animal pounds and shelters
- zoos but for the purposes of animal welfare only
- pet food production, distribution, storage, transport and sales
- teaching and scientific research facilities keeping animals

Retail and household

- supermarkets and grocery stores. This includes all food and liquor stores, whether inside a shopping centre or stand-alone
- food markets, including farmer's markets
- pharmacies
- convenience stores
- petrol stations
- hardware and other building material stores
- laundromats

Registered employer and employee organisations

- registered employer and employee organisations for the purposes of discharging statutory requirements (and access to workplaces)

Food delivery

- restaurants, cafes, pubs, department stores and any other commercial kitchen, but only for purposes of take away or delivery of food

News media

Financial institutions

- banks
- credit unions
- lending services
- financial services
- insurance
- payroll
- accounting
- financial counselling
- stock exchanges
- property conveyancing or other transactions
- other services directly related to the financial markets

Outdoor recreational spaces

- outdoor recreational spaces, but only for essential maintenance and repair

Emergency services and defence

- emergency services including by the following organisations:
 - Emergency Management Victoria
 - Victoria State Emergency Service Authority,
 - Metropolitan Fire and Emergency Services Board,
 - Country Fire Authority and
 - Emergency Services Telecommunications Authority
 - Forest Fire Management Victoria
- law enforcement
- defence

Government and regulatory

- Federal and State Government
- local councils, but only to the extent to meet statutory requirements and to ensure delivery of other Essential Businesses (such as waste management)
- regulators (including associated enabling bodies (for example medical panels re WorkSafe)
- registration and licensing organisations
- public sector bodies, other than educational institutions

Public, parliamentary and judicial roles

- The Governor-in-Council and her offices
- Parliamentarians and their private offices
- Parliament
- Judges, Associate-Judges, Judicial Registrars, Magistrates and their offices for urgent or priority matters including family violence, warrants, remands, bail, vulnerable cohorts (including Specialist Courts), pre-trial hearings, indictable pleas and appeals and any other urgent or priority matters determined by the relevant head of jurisdiction
- Tribunals and dispute resolution but only in relation to urgent or priority matters including guardianship, human rights and residential tenancies lists, and any other urgent or priority matters as determined by the relevant head of jurisdiction.
- Courts Services Victoria, court support services and court registry services including security services.
- To the extent necessary to support the functioning of the judicial, tribunal and dispute services mentioned above:
 - Director of Public Prosecutions and her Office
 - Defence lawyers, Victoria Legal Aid and other legal assistance providers
 - Other legal professions as needed.
- Bail justices
- Office of the Public Advocate guardians for high priority, highly vulnerable citizens including guardians for medical treatment decisions
- All systems support, maintenance and operation services required for the Department of Justice and Community Safety and Victoria Police to support, maintain and operate fixed traffic and mobile traffic cameras and Fines Victoria systems

Funeral services

- funeral homes
- morgues and mortuary services
- crematoriums
- cemeteries
- services for the management and storage of cadavers

Essential building and business services

- fire prevention and response
- building code enforcement
- security
- building cleaners
- essential or emergency building maintenance
- installation, maintenance and repair of heating and cooling equipment
- construction
- skilled trades, including electricians and plumbers, for essential or emergency repair or safety purposes
- disinfection
- technology support for online services
- call centres and other communications channels
- wellbeing and support services for Essential Service Workers
- storage for other Essential Businesses

Correctional facilities and services

- prisons

- correctional facilities
- youth justice centres
- other places of custody
- facilities and services for parolees, people on post-sentence supervision and detention orders, and people on community corrections orders
- Adult Parole Board
- Youth Parole Board
- facilities and services for any child or young person supervised by youth justice either in the custody or community including Children's Court Youth diversion

Ancillary businesses

- businesses that deliver goods and services necessary for another Essential Business to operate.

Other permitted businesses

- any other business, or class of business, determined as a permitted business by the Chief Health Officer in writing. Such determination may be subject to certain conditions.

Legal directions in Victoria

Directions work within legal services

A team within the department's Legal Services Branch has been established, including order to draft Directions under the state of emergency, for the Chief Health Officer or Deputy Chief Health Officer. The Legal Services Branch is not available to provide third party legal advice on Directions and their compliance or otherwise.

Process for creating Directions

The process involves a number of steps, some of which are iterative as the policy underlying the Direction is developed.

These steps include – but are not limited to –

- Policy area develops a need for a Direction under the state of emergency;
- Legal services commence work to create instructions;
- Secretary finalises required directions content to Legal Services;
- Legal Services instructs parliamentary counsel to draft instructions;
- Final check undertaken with Chief Health Officer or Deputy Chief Health Officer;
- Direction is signed;
- Direction is published on the webpage.

Directions

At the current time, Directions are signed by Dr Annaliese van Diemen (Deputy Chief Health Officer) and Dr Brett Sutton (Chief Health Officer).

Consideration is being given to expanding the list of authorised officers who can sign directions to include other Senior Medical Advisors within the response who are Authorised Officers.

List of Directions

The following directions are displayed on the department's website publicly at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

- Direction on airport arrivals (Annex 1) – 18 March 2020;
- Direction on cruise ships docking (Annex 2) – 19 March 2020;
- Direction on aged care (Annex 4) – 21 March 2020;
- Direction on hospital visitors (Annex 6) – 23 March 2020;
- Direction on isolation (diagnosis) – 25 March 2020;

- Directions on prohibited gatherings – 25 March 2020;
- Directions on non-essential activities – 26 March 2020.

Summary of legally required actions in Victoria regarding physical distancing (must)

The Directions in place are available online, and at the TRIM location HHSF/20/7901.

The summary of the key requirements in all six Directions, across four themes, is below (linking to the Direction itself for more detail).

Direction on airport arrivals -18 March 2020

- Anyone who arrives at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia must self-quarantine for 14 days after arrival, if arrived after 5pm on 18 March 2020;
- Sets rules on being in quarantine – cannot leave home except in an emergency and cannot allow people to enter unless they live there.

Directions on cruise ship docking – 19 March 2020

- Anyone who disembarks at a port in Victoria from an international cruise ship or an Australian cruise ship (which is on a voyage from a port outside Australian territory) must self-quarantine for 14 days after arrival.
- Allows for some exceptions (goes interstate directly, or to hospital).

Directions on visitors to aged care facilities – 21 March 2020

- Prevents entering or visiting aged care facilities unless goods and services are necessary, and if the person meets criteria for a suspected case or is ill or is not up to date with vaccination or is under 16;
- Some exemptions including employee, care and support, end of life visit.

Directions on hospital visitors – 23 March 2020

- Prohibits non-essential visits to hospitals, including for categories of patients, workers and visitors;
- Exceptions include patients. Exemptions can be granted.
- Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms,

Directions on isolation – 25 March 2020

- Prohibits movement out of isolation until DHHS clear the person, but allows a person not in their home to go directly there after diagnosis.

Directions on prohibited gatherings – 25 March 2020

- Non-essential gatherings are prohibited from midnight on 25 March 2020 – not to be organised, allowed or attended.
- Adds two additional prohibited mass gatherings which are social sport gatherings and weddings and funerals.
- Specifies a density quotient, with examples.
- A mass gathering means:
 - A gathering of five hundred or more persons in a single undivided outdoor space at the same time;
 - A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.
- Many specified exemptions, including social sport gatherings (two or more people), weddings, and funerals (no more than 10 people – indoors or outdoors), some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.
- Allows for exemptions to be asked for and granted.

Directions on non-essential activities – 25 March 2020

- Prohibits categories of non-essential activity;
- Adds requirement for signage, cleaning and disinfection on businesses that remain open;
- Includes prohibition on licensed premises, personal training facilities, outdoor personal training limited to ten persons, entertainment facilities, non-essential retail facilities, food and drink facilities, accommodation facilities, swimming pools, animal facilities, auctions;

- Exceptions include essential public services such as food banks, wedding venues, recording of performances, time-limited haircuts, delivery of goods, densely packed markets (density rule), food and drink facilities in certain places (hospitals for example); some types of accommodation facility.

Directions that have been revoked

The following Directions were **revoked** on 25 March 2020 at midnight:

Directions on mass gatherings – 21 March 2020

- *Non-essential mass gatherings are prohibited (not allowed to be organised, allowed or attended). A mass gathering means:*
 - *A gathering of five hundred or more persons in a single undivided outdoor space at the same time;*
 - *A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.*
- *In addition, the total number of persons present in the indoor space at the same time does not exceed the number calculated by dividing the total area (measured in square metres) of the indoor space by 4, meaning a limit of one person per four square metres (2x2m).*
- *Many specified exemptions, including for some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.*

Directions on non-essential business closure – 23 March 2020

- *Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms, places of worship, other specified businesses;*
- *No exemptions process is specified – it is an inclusive list.*

Summary of strong recommendations in Victoria on physical distancing (should) – top lines

In addition to Directions, the Chief Health Officer provides a number of strong recommendations around physical distancing that are considered critical for suppressing any transmission of COVID-19 in Victoria at the current time.

A summary of more detailed recommendations from the Chief Health Officer and department can be found at:

- The DHHS coronavirus webpage under the physical distancing tab;
- A document uploaded to the webpage at the physical distancing tab.

Summary of other advice on physical distancing

Other useful information on physical distancing can be located at a range of other sites.

One example site is the New Zealand site, which is at <https://covid19.govt.nz/government-actions/covid-19-alert-system/>

The top lines at the present time are:

- Play your part and do the right thing or Victorians will die.
- Wash your hands.
- Cough into your elbow.
- Keep your distance from other people. Keep 1.5 metres between yourself and others
- Stay at home.
- If you can stay home, you must stay home.
- Stay in your own house and do not go to someone else's house.
- If you don't need to go out, don't go out.
- Do not go out if you are sick except to seek medical care.
- Shop for what you need, when you need it – do not go shopping unless you have to.
- If you can work from home, you should work from home.
- If you go to work, you must follow all the social distancing rules.
- Keep a distance of 1.5 metres is between yourself and others.
- Stop shaking hands, hugging or kissing as a greeting.

- Work from home where possible.
- If you have returned from overseas you must self-isolate at home or in a hotel for 14 days.
- If you have had close contact with a confirmed case of coronavirus (COVID-19) in the previous 14 days you must self-isolate and must not participate in community gatherings including community sport.
- Stay home if you are sick and don't expose others. If you are unwell with flu-like symptoms, do not go outside your property or home, do not go to work, school or shops unless it is essential – for example to seek medical care.
- Do not travel interstate, overseas or take a cruise. Avoid unnecessary travel.
- Everyone should avoid crowds if possible. If you must be in a crowd, keep the time short.

Options for enhancing physical distancing

The department is considering the merit of further recommendations or Directions in relation to physical distancing.

Policy development and decision-making

Evidence for physical distancing policies

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures.

Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

To ensure that Victoria's approach to physical distancing is informed by the best-available evidence, an evidence summary will be produced and updated as new results emerge from the global scientific community. REDACTED

REDACTED

International and national comparisons

Reports outlining the physical distancing interventions in place in other Australian states and internationally will be developed and updated on an ongoing basis. These will be updated weekly in the first instance, however the frequency of updates may change depending on informational needs. REDACTED

Evaluation of physical distancing policies

A range of measures to evaluate the efficacy of all interventions will be developed. In the first instance, these measures will include those suggested by the AHPPC:

- Evidence for efficacy of strengthened border measures/ travel advisories: reduction in the number of imported cases detected over time;
- Evidence of efficacy of the reduction in non-essential gatherings and mixing group sizes: reduction in the average number of secondary infections per case, based on contact tracing;
- Evidence for the combined efficacy of case finding and contact quarantine measures augmented by social distancing: reduction in the rate of growth of locally acquired infected cases;
- Evidence for the effectiveness of isolation: time from symptom onset to isolation.

Development is underway of a detailed evaluation proposal / approach to evidence collation REDACTED

Compliance and enforcement

Purpose of this section

The purpose of this compliance protocol is to set out the compliance approach in relation to Deputy Chief Health Officer (D/CHO) directions under *Public Health and Wellbeing Act 2008* (PHWA).

Scope of compliance and enforcement

The scope of enforcement and compliance activity will include persons and situations listed below:

- People under quarantine for any reason, including travel or close contact;
- People under isolation for any reason, including suspected cases and confirmed cases;
- Mass gatherings and any matter relating to any Direction relating to physical distancing, including visitation restrictions.

Chain of command for enforcement and compliance

It has been agreed with the Chief Health Officer that the chain of command for matters relating to physical distancing (especially and including enforcement and compliance actions) interventions is:

- Chief Health Officer to
- Public Health Commander to
- Deputy Public Health Commander (Planning) to
- Director Health and Human Services Regulation and Reform to
- Manager Environmental Health Regulation and Compliance to
- Victoria Police.

Strategy for compliance and enforcement

Intended outcome of compliance and enforcement activity

The outcomes being sought are to reduce the transmission COVID-19 through quarantine (self-isolation) for 14 days of those returning from overseas, isolation of those suspected to have or confirmed to have COVID-19, application of restrictions on non-essential mass gatherings, restricted entry into aged care facilities where vulnerable populations reside and closure of non-essential business. Actions should focus on achieving outcomes, be risk-based and minimise transmission risks in the Victoria community.

Strategy for focus of compliance and enforcement activity

In the first instance, the focus of activity will be on:

- Spot checks by Victoria Police of people who should be in quarantine or isolation;
- Mass gathering compliance and enforcement.

These priorities will change, and likely expand into specific and more targeted risk-based compliance for highest-risk individuals in quarantine or isolation.

The department will consider enhanced monitoring arrangements, and consider indicating to Victoria Police that other methods are considered, such as tracking of individuals through mobile phones, or random sampling calls to mobile phones of individuals if agreed. These methods are not yet formally under consideration. **[Lead to be identified by Meena Naidu]**

Approach to compliance and enforcement – prioritisation framework

This will be based on a risk framework, based on public health risk.

An initial frame for Victoria Police was provided on 25 March 2020 and was:

- Cases diagnosed after midnight tonight.
- Passengers who have disclosed country visited in one of the higher risk countries? Which ones?
- Random selection of age cohorts from passenger list (of those who arrived less than 14 days ago) so that we can start to gauge which cohorts are the most likely to not comply.
- Pubs/clubs etc. (should be fairly easy to gauge with overnight crews.)
- Any allegations received from DHHS or VicPol Police Assistance Line.
- Selection of commercial premises mentioned in latest direction.

The proposed new preliminary order for focus of compliance and enforcement based on a public health risk assessment is (highest priority is first) from 26 March 2020:

- Mass gatherings that are underway where there alleged non-compliance with Directions;
- Cruise ships where there is potential or alleged non-compliance with Directions;
- Non-essential businesses where there is potential or alleged non-compliance with Directions;
- Confirmed cases who indicate they do not intend to isolate or are suspected not to be isolating;
- Known close contacts who indicate they do not intend to isolate or are suspected not to be isolating;
- Returned travellers from overseas who have indicated they do not intend to adhere to quarantine (self-isolation);
- Individuals where there is a report that a person is not adherent to quarantine or isolation;
- All other confirmed cases in relation to isolation Direction;
- All other close contacts;
- All other returned travellers within 14 days of return;
- Prohibited gatherings (other than mass gatherings) that are underway or alleged non-compliance with Directions;
- Non-essential activities that are alleged to be non-compliant with Directions.

Linking members of the public to compliance action by Victoria Police

Callers may select the social distancing advice line between 8am and 8pm at DHHS by calling 1800 675 398, and selecting option 2.

Callers may speak to Victoria Police by calling 1800 675 398, and selecting option 4.

Callers who come through to any other line should be referred to the 1800 675 398 line and advised to select option 4.

Members of the public are encouraged to call the phone line, rather than emailing their concerns.

If concerns are emailed from the public **about compliance with directions excluding those that are about close contacts and confirmed cases**, the email should be forwarded to the Victoria Police complaints inbox, which is:

COVID-19.vicpol@dhhs.vic.gov.au

Department of Health and Human Services initiating compliance action

If concerns are emailed from the public about **compliance by close contacts and confirmed cases**, the Operations Officer should oversee an investigation by the case and contact management team. If the case and contact management team assess that compliance action is required, they should contact the **DHHS EMLO on the roster** to agree how Victoria Police can assist, and may need to email details to the COVID-19 Victoria Police DHHS email address, which is COVID-19.vicpol@dhhs.vic.gov.au

Department of Health and Human Services Liaison to Victoria Police

The department has established a roster of Emergency Management Liaison Officers at the State Control Centre, associated with the Police Operations Centre.

Peer influence, education and community awareness to guide approach

It is anticipated that there will be high levels of voluntary compliance by those impacted by the Directions. This is due to high levels of community awareness, strong community support for measures to prevent transmission of COVID-19.

Exercising a direction and considerations of enforcement

DHHS authorised officers are empowered to direct a person to comply with a D/CHO Direction (exercising the emergency powers). Victoria Police can assist an authorised officer to exercise a direction. Consideration of enforcement action, such as a prosecution under the PHWA, should generally only be pursued where there is a deliberate intention to not comply and/or repeated failure to comply with a direction.

Victoria Police support

Victoria Police (VicPol) will support DHHS to respond to allegations of non-compliance with the directions. This includes:

- receiving reports of non-compliance with directions through the Victoria Police Assistance Line (1800 675 398 – option 4);
- seeking to influence compliance and behaviour through spot checks, reiterating obligations, providing education and outlining penalties for non-compliance;
- informing DHHS about alleged non-compliance and requesting DHHS support and response;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

Contacting the Victoria Police Special Operations Centre

Victoria Police Special Operations Centre private number is (03)REDACTED if a senior officer in DHHS needs to contact the SPOC directly.

The DHHS EMLO to Victoria Police is on TBC, also COVID-19.vicpol@dhhs.vic.gov.au

Victoria Police COVID 19 Taskforce

A Victoria Police taskforce of 500 officers will promote and assess compliance with directions and perform spot-checks, such as visiting those who have recently returned from overseas. The taskforce is coordinated through the Police Operations Centre. Information for spot checks can be provided directly to through Victoria Police SPOC.

Emergency Management Liaison Officer from DHHS to Victoria Police

An EMLO roster will be developed and an EMLO deployed to the State Control Centre. [Anthony Kolmus]

Data management to support compliance and enforcement

Department obtaining data on travellers for compliance

Further work is underway to request, under state of emergency powers, information on all returned travellers in the last 14 days who are resident in Victoria.

Dataset of required information was requested from the Australian Border Force on 21 March 2020 and further liaison is underway through the Commonwealth and with Australian Border Force REDACTED, Meena Naidu].

The proposal is for a full dataset to be provided by ABF, entered on PHESS, and individual details provided to Victoria Police for compliance and enforcement according to the risk framework on a daily basis.

A further option is to proceed with obtaining and entering all incoming passenger declarations.

Provision of compliance and enforcement direction and data to Victoria Police

- How Victoria Police will obtain arrivals data (from ABF, or from DHHS)

Provision of data on agreed priority groups to Victoria for enforcement and compliance purposes

On the direction of the Chief Health Officer, the Intelligence Officer has established a secure data portal for DHHS-Victoria Police data secure data sharing and provided a limited number of named Victoria Police officers in the COVID-19 response access. An information sharing agreement is under development.

Once each day, the Intelligence Officer or delegate will upload the following to the data portal:

- Instructions on the use of the data;
- All active close contacts;
- All non-recovered confirmed cases;
- All new arrivals via scanned and uploaded Isolation Declaration Cards.

In coming days, data will be widened to include other groups if authorised by the Chief Health Officer.

- **How DHHS will recommend priorities for compliance and enforcement**
- **How DHHS will communicate exemptions and record these and publish these**

Specific procedures

- **How Victoria police stay safe – source of PPE**
- **How AOs stay safe – source of PPE**
- **Approach to compliance of allegedly non-compliant suspected or confirmed cases**
- **Approach to homeless cases, if they occur**
- **Approach to non-compliant person once directed to be compliant**

Digital platforms to aid contact tracing and enforcement and compliance

The department will be implementing a new contact system to send daily health monitoring SMS messages to close contacts of confirmed COVID-19 cases and recently returned travellers who must isolate for fourteen days.

This system will use an Australian based system called Whispir to send messages to contacts in the department's public health monitoring systems.

People who receive these messages will be required to check in daily to:

- Confirm that they are in quarantine
- Whether they are well or experiencing COVID-19 symptoms
- Whether they have been tested and waiting for results.

Close contacts and returned travellers who are not isolating will be flagged by the system and can be further followed up as required.

This will be active from 26 March 2020.

Further work is underway to explore other systems for automating case and contact tracing. **[Fiona Sparks]**

Management of exemption requests and exemptions

Exemption requests are now being discouraged.

Authorised Officer should provide advice to Requestor consistent with the *COVID -19 DHHS Physical Distancing Plan*.

Further information and consultation for an exemption of physical distancing can be contacted on 1800 675 398

The process for management of exemption of Physical Distancing/ essential services requests is as follows:

- Explanations to parties should emphasise the Directions and rules and how to stay safe.

- Requestor can be advised to make submission for exemption of Physical Distancing/ essential services through COVIDdirections@dhhs.vic.gov.au
- All submissions for exemption should be in writing, to that email address. *[Note This email is currently monitored 8am-8pm daily by executive managers and authorised officers situated on level 17. These managers and authorised officers (serving as team leaders/expert advisors) are overseeing the staff manning the phone lines for option 2 of the 1800 number.]*
- In considering an exemption, an Authorised Officer will then consider the application and may contact the Requestor to ascertain further information. In reviewing the request, the Authorised Officer will consider the extent to which there is a risk of transmission associated with the proposed exemption, across factors including:
 - Compliance – compliance with measures is an important factor for higher risk groups
 - Proximity of people - possibly the next most important factor
 - Frequency of interactions - possibly the next most important factor
 - Likelihood of surface touching - reason for hand hygiene focus
 - Air environment (affecting likelihood of 'jumping' across) - reason outdoors is less risky – droplets less likely to travel
- The Authorised Officer will submit a template by email to the Deputy Public Health Commander (Planning) for pre-assessment **[Attachment A]**.
- The Deputy Public Health Commander (Planning) will review and make a recommendation to the Public Health Commander.
- Decision documented in writing and saved at HHSF/20/8134 PUBLIC HEALTH - HEALTH PROTECTION - COVID-19 Requests for Exemption from Directions under State of Emergency
- The Authorised Officer must then notify the requestor in writing the outcome of the decision of the Public Health Commander.
- Police will then be advised where exemptions are granted by the Public Health Commander via the COVID-19.vicpol@dhhs.vic.gov.au.
- **Formal documentation made.**
- **Audit of requests to check responses given.**

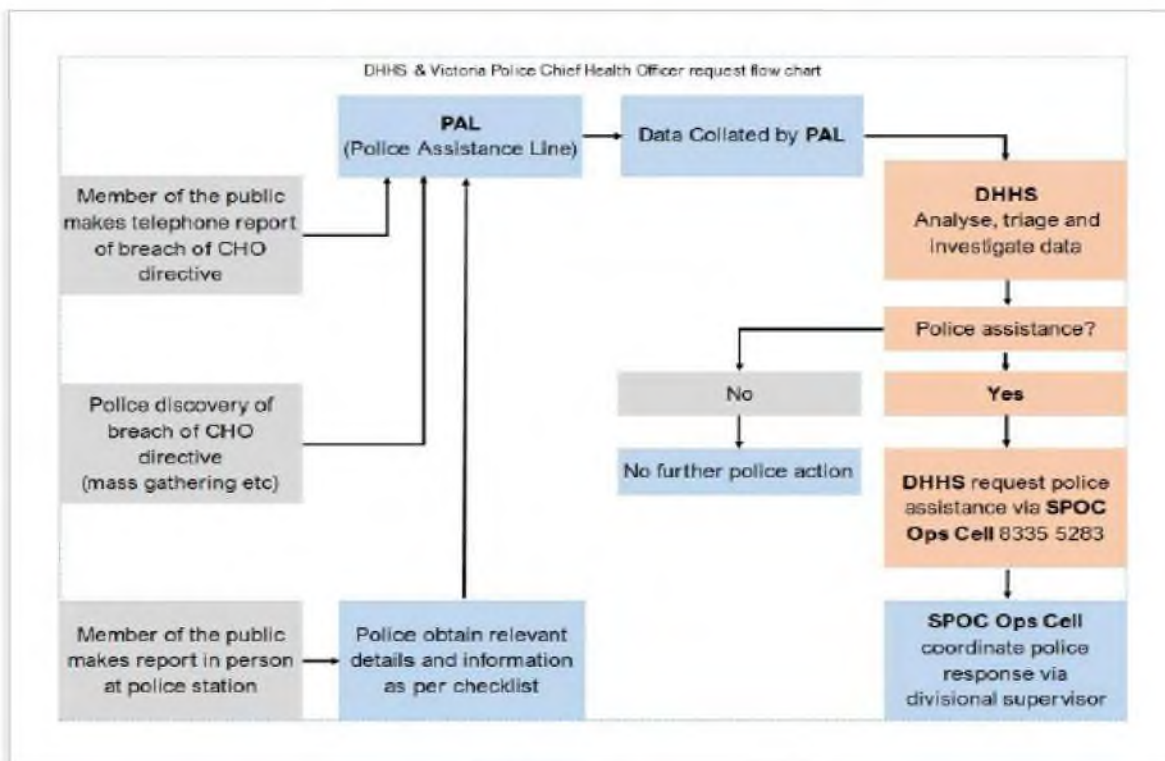
Protocol for investigating and managing a potential breaches of Directions

General procedure

A script for serving warnings for authorised officers will also be included [Meena Naidu]

The following flow diagram outlines a general process flow for managing alleged breaches of a direction. It excludes education and spot checks performed by the Victoria Police COVID-19 taskforce.

Diagram 1 Flow diagram for managing alleged breaches



Airport Arrivals

Recording of details and initial assessment

Reports of an alleged breach of the Airport Arrivals Direction will be referred to the Victoria Police Advice Line 131 444. Victoria Police will seek the:

- contact details of the caller
- name, address, contact details of the person allegedly breaching the direction
- relationship to the caller
- reasons why the report is being made
- where the person allegedly breaching the order resides or can be located (which may include permanent or non-permanent residency).

International incoming arrivals data and spot checks by Victoria Police

To support compliance with the Airport Arrivals Direction, Victoria Police, Department of Home Affairs, Australian Border Force will provide international incoming arrivals data in an electronic form to DHHS to be entered in Public Health Events Surveillance System (PHESS). [REDACTED], Meena Naidu]

Workshop upload to PHESS approach in consultation with Intelligence Officer / Intelligence. [REDACTED]

This will enable a 'real time' assessment of compliance and facilitates spot checks performed by Victoria Police. Spot checks should focus on travellers returning from countries where COVID-19 incidences are high, such as the United States.

If VicPol determines a matter warrants further action, Victoria Police will refer the matter to DHHS via COVID-19.vicpol@dhhs.vic.gov.au.

Persons will be selected on the basis of the prioritisation framework listed earlier.

DHHS to provide a direction or information to support compliance

Following confirmation that a person has arrived from overseas in the past 14 days and an assessment of the nature and extent of the breach, DHHS will:

- provide a verbal or written direction (through an authorised officer) if there is no reasonable indication the person will comply with self-isolation requirements; or
- provide information about obligations through a phone call, email or standard letter if the breach is inadvertent or low risk in nature and future compliance is likely; or
- seek a response to the allegation including confirmation:
 - there will be self-isolation in accordance with the direction;
 - that the restrictions are not applicable, for example, the self-isolation period has ceased or an exemption applies, such as flight crew.

Mass Gatherings No.2

Recording of details and initial assessment

Reports of an alleged breach of the Mass Gatherings Direction (No.2) will be referred to the Victoria Police Advice Line 131 444.

Following a report of an alleged mass gathering, Victoria Police will seek the following details:

- contact details of the caller
- name, address, contact details of the person allegedly breaching the direction such as the organiser of the mass gathering and/or the person who owns, controls or operates the premises
- relationship to the caller
- location, time and description of the gathering, e.g. private residence or public place, name of venue or operator
- estimated number of people planned for, or at, the gathering
- place and intended time of the mass gathering
- whether the gathering is indoors or outdoors.

Consideration should also be given to:

- whether the circumstances meet the definition of a mass gathering¹ and exclusions including less than 100 people in a single undivided indoor space and there is not more than one person per 4 metres squared
- whether a mass gathering is planned, currently occurring or finished

Action to achieve compliance and address non-compliance

Planned mass gatherings

Following a report of a planned mass gathering, Victoria Police will refer the matter to DHHS via COVID-19.vicpol@dhhs.vic.gov.au. Or to the DHHS EMLO at the SPOC. The DHHS EMLO at the SPOC needs to work with the compliance and enforcement team to enact further action. **[INSERT NUMBER TO REACH COMPLIANCE TEAM/AOs] [Meena Naidu – determine if 24 hours as well]**

DHHS will then:

- **urgently** email or phone the organiser and/or person who owns, controls or operates the premises to deter the mass gathering from occurring. DHHS will reiterate obligations, outline penalties for non-compliance and advise assistance may be sought from Victoria Police if the mass gathering proceeds.
- seek confirmation that the mass gathering will be cancelled
- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to the organiser and/or person who owns, controls or operates the premises to cancel the mass gathering if:

¹ Please refer to Mass Gatherings direction for the definition and exemptions.

- a high risk is identified
- there is no reasonable indication the mass gathering will be cancelled
- seek assistance of Victoria Police through Victoria Police SPOC operation cell 8335 5283 if DHHS determines a site visit and issuing a direction on site is needed.

Currently occurring or recurring mass gatherings

Following a report of a currently occurring mass gathering, Victoria Police will determine if attendance is feasible. If Victoria Police attends, Victoria Police will:

- contact DHHS via the DHHS EMLO at the SPOC
- seek to identify a person who:
 - owns, controls or operates the premises; and/or
 - is organising the mass gathering
- seek to influence compliance by reiterating obligations, providing education such as a fact sheet and outlining penalties for non-compliance.

Noting DHHS has limited capacity to attend a mass gathering while it is occurring (particularly after hours), DHHS will:

- consider the risk of the mass gathering including location, density of people present or likely to be present, flow or movement of persons or any social distancing factors
- consider providing information about obligations through a phone call, email or standard letter if breach is inadvertent or low risk in nature and future compliance is likely
- consider issuing a verbal or written direction (through an authorised officer) to stop the mass gathering. For a written direction, this may be undertaken after the mass gathering has finished
- seek confirmation that the mass gathering will be stopped or does not breach the direction in future
- consider a site visit and seek assistance from Victoria Police through SPOC operation cell 8335 5283 to stop the mass gathering if:
 - a high risk is identified
 - there is no reasonable indication the mass gathering will be stopped.

Finished mass gatherings

Following a report of a finished mass gathering, Victoria Police will refer the matter to DHHS via for action. DHHS will:

- contact the organiser and/or person who owns, controls or operates the premises to:
 - obtain reasons why the mass gathering occurred
 - reiterate obligations, provide further education and penalties
 - seek confirmation there will be no breach of the direction in the future
- consider the risk of the mass gathering including location, density of people, flow or movement of persons or any social distancing factors
- consider issuing a verbal or written direction (through an authorised officer) to prevent a further mass gathering if the mass gathering is high risk in nature and there is a likelihood the mass gathering will recur.

Aged Care Facilities

Recording of details and initial assessment

Reports of an alleged breach of the Aged Care Facilities Direction will be referred to the Victoria Police Advice Line 131 444. Victoria Police will seek to obtain:

- contact details of the caller

- name, address and contact details of the person allegedly breaching the direction
- description of the breach
- relationship to the caller.

Actions to achieve compliance and address non-compliance

Following a report of a breach of the Aged Care Facilities Direction, Victoria Police will refer the matter to DHHS via COVID-19.vicpol@dhhs.vic.gov.au for action. DHHS will:

- contact the operator of the aged care facility to reiterate obligations, provide further education and outline penalties
- contact the person breaching the direction to reiterate obligations, provide further education and outline penalties
- seek confirmation there will be no breach of the direction in the future
- consider issuing a verbal or written direction (through an authorised officer) if:
 - a high risk is identified
 - there is an indication the breach will recur

Non-essential business closure

Recording of details and initial assessment

Reports of an alleged breach of the non-essential business closure will be referred to the Victoria Police Advice Line 131 444. Following a report, Victoria Police will seek the following details:

- contact details of the caller
- name and address of the non-essential business
- details of the alleged breach, such as the type of business and when it is operating

Actions to achieve compliance and address non-compliance

Following a report of an alleged operation of a non-essential business, DHHS will:

- contact the person who owns, controls or operates the business to provide a verbal or written direction (through an authorised officer) if;
 - a high risk is identified
 - there is no reasonable indication the person will comply; or
- provide information about obligations through a phone call, email or standard letter if the breach is inadvertent or low risk in nature and future compliance is likely
- seek a response to the allegation including confirmation there will be ongoing compliance with the direction.

Repeated breaches and deliberate intentions to not comply

Following allegations of repeated breaches and/or a deliberate intention to not comply with any of the directions, DHHS will:

- obtain further information about the reason for alleged breach
- phone the person to further reiterate obligations, reason for self-isolation penalties and subsequently issue a verbal or written direction (through an authorised officer)
- consider a site visit to issue the direction with the assistance of Victoria Police by contacting the SPOC operation cell **REDACTED**

Opportunistic identification of non-compliance

There may be times when Victoria Police identifies a breach of the direction through the normal course of business. For example:

- a person in a public place voluntarily identifies as having returned from overseas within 14 days;
- a mass gathering;

- operation of a non-essential business.

In this instance, Victoria Police should seek to influence compliance by reiterating obligations, providing education and outlining penalties for non-compliance. Victoria Police should ensure the details are recorded through the Police Advice Line and referred to DHHS COVID-19.vicpol@dhhs.vic.gov.au if follow up is needed.

Additional materials to be worked on and added:

Reporting and evaluation of compliance and enforcement

The department proposes a range of checks or surveys of individuals who are directed to be in quarantine or isolation, including checks or surveys, and key metrics for evaluation. [Meena Naidu]

DRAFT

Communication and education

Call centre for physical distancing queries

A call centre for public advice on physical distancing has been established. This will be staffed by authorised officers and managed by a Director.

The internal number is **(03) 9096 0609**, and it is open for calls from 8am to 8pm seven days a week. Members of the public should call 1800 675 398, and select Option 2.

Current communications with the Victorian public and health sector

The current collateral for the Victorian public and health sector to communicate on physical distancing requirements in Victoria includes:

- Tile on physical distancing, including web content by setting;
- Uploadable Victorian physical distancing document in keeping with that tile's web content, located at TRIM HHSD/20/142098 – **REDACTED** / Finn Romanes]
- Content under the State of Emergency tab – Directions;
- Content under 'About Coronavirus' tab;
- Interviews and press conferences by the Chief Health Officer;
- Social media posts on physical distancing;
- **Video of the Chief Health Officer talking to all Victorians on physical distancing, being a close contact and being in quarantine or isolation [PIO]**

Proposed communications on physical distancing

Critical and urgent proposed collateral:

- **Advertising campaign out of DPC / DHHS – [Merita Tabain – expected 26/3]**
- **Top line messages on physical distancing [PIO / Finn Romanes]**
- **Top Ten Questions from Secretary and DPC on physical distancing [REDACTED]**
- **Physical distancing for healthcare workers – HHSD/20/143571 [Finn Romanes]**
- **Physical distancing for DET and education staff - HHSD/20/143564 [Finn Romanes]**
- **Physical distancing for primary care [Finn Romanes]**

Additional communications tools and platforms

More materials under development.

Appendix 1 - Premier Statement on 16 March 2020

The first direction from the Chief Health Officer under these new powers will include banning non-essential mass gatherings of over 500 people such as cultural events, sporting events or conferences.

A number of our state's largest cultural institutions including the National Gallery of Victoria, the State Library and Museums Victoria have also announced temporary closures, and events such as the Melbourne Comedy Festival and Melbourne Food and Wine Festival have already been postponed.

Gatherings that are deemed essential and may continue include public transport, food markets and workplaces. Schools, TAFEs and universities will remain open for now but have been asked to restrict mass gatherings such as assemblies and lectures of over 500 people.

At this stage spaces or locations where 500 or more people may be in transit, such as Federation Square or Bourke Street Mall, are excluded from the ban on mass gatherings. However, if it is deemed necessary to protect public health, the powers can also be used in future to quarantine entire suburbs, businesses or professions – rather than just individuals.

DRAFT

Appendix 2 - Premier Statement on 22 March 2020

Statement from Premier Daniel Andrews on 22/3/20 about shutdown of all non-essential activity across our state to combat the spread of Coronavirus.

I will inform National Cabinet tonight that Victoria will proceed over the next 48 hours to implement a shutdown of all non-essential activity across our state to combat the spread of Coronavirus.

Victorians will still be able to go to the supermarket, the bank, the pharmacy and other essential stores, like petrol stations and convenience stores. Freight, logistics and home delivery are also considered essential and will remain open.

I will also inform National Cabinet that school holidays will be brought forward in Victoria, starting on Tuesday 24 March.

The shutdown will be in place effective midday today (23 March 2020).

In order to reduce the risk of coronavirus (COVID-19), the following non-essential activities and services will be closed and/or have restrictions:

- gyms and indoor sporting venues
- pubs, cafes, restaurants (takeaway food or delivery permitted only)
- clubs, nightclubs, casinos and licensed premises
- churches and places of worship (not including small weddings or funerals that otherwise comply with density restrictions)

Victorians will still be able to go to the supermarket, the bank, the pharmacy and access other essential stores, like petrol stations and convenience stores.

Essential services, including rubbish collection, power, water and mail delivery, will continue to operate.

Appendix 3 – Premier Statement on 23 March 2020

Victoria Police has established a coronavirus enforcement squad of 500 officers to ensure containment measures that have been put in place to combat coronavirus are followed.

Coordinated through the Police Operations Centre, the officers will be out in the community doing spot checks on returning travellers who are in 14-day isolation, as well as enforcing the bans on indoor and outdoor gatherings.

This includes the decision of the National Cabinet to implement Stage 1 of a shutdown of non-essential activity across the country from midday today which is aimed at slowing the spread of coronavirus.

The businesses that will close due to the Stage 1 shutdown include pubs, clubs, nightclubs, Crown Casino, and licensed venues in hotels and pubs. It also includes gyms, indoor sporting venues, places of worship, cinemas and entertainment venues. Restaurants and cafes will only be allowed to provide home delivery or takeaway services.

The Government can also confirm that school holidays for government schools in Victoria will be brought forward, starting on Tuesday 24 March. Schools will use this time to support teachers and staff plan for flexible and remote learning in the event schools need to move to that method of teaching.

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Appendix 4 - Standard emails and letter advice for compliance and enforcement

The following templates are generic and educative in nature. DHHS officers should adapt the tone and content according to risk and individual circumstances.

Airport arrivals

Dear (insert name),

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.

We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Airport Arrivals direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that: a person who arrives between 5 pm on 18 March 2020 and midnight on 13 April 2020 at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia:

- must travel from the airport to a premises that is suitable for you to reside in for 14 days; and/or
- except in exceptional circumstances, must reside in a suitable premises for the period beginning on the day of your arrival and ending at midnight on the fourteenth (14th) day after arrival);
- must not leave the premises except:
 - for the purposes of obtaining medical care or medical supplies
 - in any other emergency situation circumstances where it is possible to avoid close contact with other persons; and
- must not permit any other person to enter the premises unless that other person usually lives at the premises, or the other person is also complying with this direction for the same 14 day period, or for medical or emergency purposes also complying with the CHO direction, or for medical or emergency purposes).

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this email/letter.

Why it is important to comply with the Chief Health Officer's direction

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

Persons entering Victoria are at an increased risk of COVID-19. That is why a person entering Victoria from overseas must self-isolate for a period of 14 days in accordance with the Deputy Chief Health Officer's direction. Failure to self-isolate in accordance with the Deputy Chief Health Officer's direction may increase transmission of COVID 19 within our community.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

Mass gatherings

Dear (insert name)

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.

We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Mass Gatherings direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that:

- A person who owns, controls or operates premises in Victoria must not allow a mass gathering to occur on premises
- A person must not organise a mass gathering on premises in Victoria.

A mass gathering means:

- A gathering of five hundred (500) or more persons in a single undivided outdoor space at the same time; or
- A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.

A number of exclusions exist such as at an airport and a hotel, motel or other accommodation facility that is necessary for the normal operation of accommodation services.

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this letter/email.

Why it is important to comply with the Deputy Chief Health Officer's direction

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

The restrictions are designed to limit transmission of COVID in places where there is high density of individuals in close proximity. This is because many individuals have been identified as being infected with COVID-19 and more cases are expected.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

Aged Care Directions Facilities

More content to be added. **REDACTED**

Non-essential business closure

More content to be added. **REDACTED**

Appendix 5 - Evidence regarding physical distancing interventions for reducing the impact of COVID-19 - Version 1

27th March 2020

This document provides a review of evidence regarding the effectiveness of physical distancing interventions on the COVID-19 epidemic. As evidence is rapidly emerging this document may not contain all relevant available information. It also contains some references to reports and pre-prints that have not undergone peer-review. Therefore, caution should be taken in interpretation. Furthermore, as new evidence emerges the picture of the effectiveness will change. This document will be updated to reflect the changing evidence base.

Introduction

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. It is an example of a non-pharmaceutical intervention (NPI) that can be employed to control a disease outbreak. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures. Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

This review consists of three parts:

1. A review of the epidemiological features of COVID-19 and their implications for physical distancing in COVID-19
2. A review of modelling analyses estimating the effects of physical distancing on the COVID-19 epidemic
3. A review of evidence regarding physical distancing measures in the setting of pandemic influenza

1. Epidemiological features of COVID-19 that impact the effectiveness of physical distancing measures

1.1 Reproductive number

The basic reproductive number (R_0) is the number of individuals a single infected individual will infect in an otherwise fully susceptible population. This value will be influenced by features inherent to the pathogen, and characteristics of the population, such as population density and the nature and frequency of human-human interactions. As such, there is no single true value of R_0 for any disease, including COVID-19, as it will be influenced by population-specific factors.

Published estimates of R_0 for COVID-19 have ranged between 2.1 and 3.58. (1–6)

1.2 Modes of transmission

Early evidence suggests that SARS-CoV-2 (the virus that causes COVID-19) is primarily transmitted via respiratory droplets transmitted during close contact, and via fomites. (7) However, there is evidence of viral shedding in faeces (8) and viral persistence in aerosols (9,10), suggesting that aerosol and faecal-oral transmission may also occur. Transmission may also be possible via ocular surfaces. (11)

1.3 Timing of transmission

Analyses of viral shedding suggest that the time of peak viral load is early in the course of illness, around the time that symptoms develop, and that viral load then reduces over time. (10) The median duration of detected viral shedding of 191 patients in Wuhan was 20.0 days (IQR: 17.0-24.0 days) in survivors. (12) Importantly, these measurements of viral load cannot distinguish infectious from non-infectious virus. Although the two types of virus are often correlated early in influenza, we cannot say for sure for whether the same holds for COVID-19 at this stage.

Evidence from case and cluster reports (13–15), and several epidemiological analyses (16–19) suggest that COVID-19 can be transmitted prior to the onset of symptoms.

1.4 Incubation period

An analysis of 55,924 laboratory-confirmed cases, found the mean incubation period was estimated to be 5.5 days. (7) Another analysis of 181 confirmed cases outside of Hubei Province found the mean incubation period to be 5.1 days (95% CI: 4.5-5.8 days). (20)

1.5 Duration of illness

An analysis of the clinical course of 52 critically ill adult patients with SARS-CoV-2 pneumonia who were admitted to the intensive care unit (ICU) of a Chinese hospital in late December 2019 and January 2020, found the median time from symptom onset to death was calculated to be 18 days. (21)

1.6 Demographic features of COVID-19

In general, COVID-19 causes a much more severe illness in older people, with case-fatality rates increasing with age, particularly for those aged 80 years and older. (7,22)

Children have thus far accounted for few cases of COVID-19 and are unlikely to have severe illness. (23) However, the role of children in transmission of COVID-19 remains unclear. In a pre-print analysis of household contacts of cases, it was found that children were infected at the same rate as older household contacts. (24) In the report of the WHO-China joint mission it was noted that children accounted for 2.4% of cases, that infected children had largely been identified through contact tracing, and there was no recollection of episodes of transmission from child to adult. (7)

1.7 Overview of the impact of key epidemiological features for physical distancing interventions

Key points arising from these epidemiological features are:

1. COVID-19 is highly transmissible, and although close contact is more likely to result in transmission, transmission may be possible from minor contact, or through contact with infectious surfaces
2. The COVID-19 epidemic in many areas is following exponential growth patterns, so case counts can be expected to rise rapidly
3. As evidence suggests that people can transmit COVID-19 prior to the onset of symptoms, and because infectiousness appears to be highest at the time of symptom onset, isolating cases at the point of symptom onset may be inadequate to prevent transmission

4. As there is a delay between infection and symptom onset and a delay between symptom onset and case detection, there will be a delay (of roughly 10 days) between implementation of an intervention and seeing its impact on case counts
5. As there is a delay between symptom onset and death, there will be an even longer delay to seeing the impact of interventions on death rates (up to two weeks)
6. The role of children in COVID-19 transmission remains unclear and would have significant implications for the effect of school closures on the epidemic

2. Modelling studies evaluating the potential impact of physical distancing interventions for COVID-19

2.1 Modelling the impact of physical distancing interventions

2.1.1 Imperial College report on non-pharmaceutical interventions

Ferguson et al of Imperial College published a report estimating the impact of a range of non-pharmaceutical interventions (physical distancing interventions) on the COVID-19 epidemic in the UK and the US. (26) Effects of different combinations of population-level interventions were reviewed. The report describes two alternative strategies: suppression and mitigation. It describes suppression as aiming to reduce the R value to less than 1, resulting in transmission ceasing in the population. Mitigation, however, aims to reduce the impact of the epidemic, whilst infection builds up in the community, rather than causing transmission to cease. Actions towards mitigation would include preventing infection amongst those most vulnerable to severe disease and slowing the rate of infection.

The report suggests that an approach of mitigation would result in the critical care capacity being overwhelmed many times over, resulting in hundreds of thousands of deaths. Only a combination of very strong measures taken together (including case isolation, household quarantine, general social distancing, school and university closure) is predicted to avoid critical care capacity being overwhelmed.

The report suggested that if suppression is being pursued, then earlier implementation is better, but if mitigation is being pursued then it is better to implement interventions closer to the peak of the epidemic. School closures were estimated to have a greater role on a suppression strategy, rather than mitigation. The modelling also suggested that relaxing the intervention whilst the population remained susceptible would result in a later, large peak that would also overwhelm critical care capacity, suggesting that policies may need to remain until a vaccine was available.

The report concluded that suppression seemed the only viable option, given that mitigation would result in health care capacity being overwhelmed many times over. However, they noted the uncertainty in whether a suppression approach could be achieved, as well as the uncertainty in modelling estimates.

2.1.2 Early modelling analysis from Australia

A modeling analysis, published as a pre-print, conducted by Australian researchers, Chang et al (27) suggested that the best intervention strategy is a combination of restriction on international arrivals to Australia, case isolation, and social distancing with at least 80-90% compliance for a duration of 13 weeks. They noted that compliance levels below this would lengthen the duration of required suppression measures. They also note that resurgence of disease is possible once interventions cease, and their analysis does not attempt to quantify the impact of measures beyond the 28-week horizon of analysis.

Another Australian pre-print analysis by Di Lauro et al (28) reviewed the optimal timing for “one shot interventions”, interventions that are assumed to only be able to be implemented once in the course of an epidemic and for a finite time period. This suggested that optimal timing depended on the aim of the intervention; that to minimise the total number infected the intervention should start close to the epidemic peak to avoid rebound once the intervention is stopped, while to minimise the peak prevalence, it should start earlier, allowing two peaks of comparable size rather than one very large peak.

2.1.3 Modelling the impact of physical distancing interventions in China

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. The median daily reproduction number (R_t) in Wuhan declined from 2.35 (95% CI 1.15–4.77) 1 week before travel restrictions were introduced on Jan 23, 2020, to 1.05 (0.41–2.39) 1 week after.

An pre-print analysis by Lai et al (30) suggested that without the non-pharmaceutical intervention implemented in China (early detection and isolation of cases, travel restrictions and reduction of interpersonal interactions) the number of infections in Wuhan would have been many fold higher. They suggested that had the NPIs been conducted one week, two weeks, or three weeks earlier in China, cases could have been reduced by 66%, 86%, and 95%, respectively. They also suggested that social distancing interventions should be continued for the next few months to prevent case numbers increasing again after travel restrictions were lifted on February 17, 2020.

A pre-print analysis by Prem et al (31) reviewed the impact of China’s interventions on social-mixing patterns and estimated the effects of different approaches to lifting the interventions. They suggested that control measures aimed at reducing social mixing can be effective in reducing the magnitude and delaying the epidemic peak. They suggested the interventions would have the most impact if continued until April, and if return to work was staggered. These results were sensitive to the duration of infectiousness and the infectiousness of children.

2.2 Modelling the potential impact of case isolation and contact tracing

An analysis by Hellewell et al (32) considered the possibility of controlling a COVID-19 outbreak with contact tracing and case isolation alone. Under some parameter assumptions it was possible to control the outbreak without the need for physical distancing measures. However, the probability of controlling the outbreak in this way decreased with an R_0 of 2.5 or 3.5, when there was a larger initial infectious population, a longer delay to case detection and a larger proportion of pre-symptomatic transmission. The study concludes that “in most plausible outbreak scenarios, case isolation and contact tracing alone is insufficient to control outbreaks, and that in some scenarios even near perfect contact tracing will still be insufficient, and further interventions would be required to achieve control.”

A pre-print analysis by Kretzschmar et al (33), suggests it is unlikely that case isolation and contact tracing alone could control a COVID-19 outbreak. They note that if delay between onset of infectiousness and isolation is more than 4 to 6 days, or the proportion of asymptomatic cases is greater than 40% the outbreak cannot be controlled even with perfect tracing. However, they note that contact tracing efforts can still be a valuable tool in mitigating the epidemic impact.

2.3 Modelling the impact of school closures for COVID-19

An early report from Di Domenico et al (34), used data from three French towns with COVID-19 outbreaks and assumed children had a susceptibility to COVID-19 of 20% relative to adults and relative infectiousness of 50%. With these assumptions they suggested that school closure alone would have limited benefit in reducing the peak

incidence (less than 10% reduction with 8-week school closure for regions in the early phase of the epidemic). However, when coupled with 25% adults teleworking, 8-week school closure would be enough to delay the peak by almost 2 months with an approximately 40% reduction of the case incidence at the peak.

3. Evidence from the use of physical distancing measures for pandemic influenza

There are important differences between the COVID-19 pandemic and previous influenza pandemics. Three important differences are:

- It is well established that school children play a major role in spreading influenza virus because of higher person-to-person contact rates, higher susceptibility to infection, and greater infectiousness than adults. In contrast, children have accounted for fewer cases in the COVID-19 pandemic and their role in transmission is unclear.
- Pandemic influenza is thought to have a shorter incubation period (approximately 2 days) compared to COVID-19 (approximately 5 days).
- There is likely a greater proportion of severe and critical cases of COVID-19, than in pandemic influenza. (35)

However, the evidence regarding physical distancing measures on influenza pandemics may still provide some insight into the role they may play in the response to COVID-19.

A recent review (prior to the COVID-19 outbreak) by Fong et al (36) surveyed the evidence for NPIs in pandemic influenza, in particular the effects of school closures, workplace measures and avoiding crowding.

3.1 School closures

They found compelling evidence that school closure can reduce influenza transmission, especially among school aged children. However, the duration and optimal timing of closure were not clear because of heterogeneity of data, and transmission tended to increase when schools reopened.

A correlation analysis between weekly mortality rates and interventions (which included school closure) during the 1918–19 pandemic in cities in the United States estimated that early and sustained interventions reduced mortality rates by $\leq 25\%$. (37)

Two studies conducted in Hong Kong as a public health response to the 2009 influenza A(H1N1) pandemic estimated that school closures, followed by planned school holidays, reduced influenza transmission. (38,39)

Two studies conducted in Japan estimated that due to reactive school closures the peak number of cases and the cumulative number of cases in the 2009 pandemic were reduced by $\approx 24\%$ (40) and 20% (41). However, two studies (one evaluating the response to the 2009 pandemic and the other seasonal influenza) estimated that reactive school closures had no effect in reducing the total attack rate and duration of school outbreaks, and the spread of influenza. (42,43)

It is important to note that school closures can have a disproportionate impact on vulnerable groups (eg low-income families), particularly when meals are provided by schools. This could be ameliorated by dismissing classes but allowing some children to attend schools for meals or enable parents to work. It has also been noted that school closures may have an impact on health workforce availability, as health care workers may have to care for children.

3.2 Workplace interventions

A systematic review of workplace measures by Ahmed et al (44) concluded that there was evidence, albeit weak, to indicate that such measures could slow transmission, reduce overall attack rates or peak attack rates, and delay the epidemic peak. In this review, epidemiological studies reviewed the effects of segregating persons into small subgroups and working from home. Modelling studies most frequently simulated the effects of workplace measures as reducing contacts by 50%.

In this review, for studies modelling $R_0 \leq 1.9$, workplace social distancing measures alone (single intervention) showed a median reduction of 23% in the cumulative influenza attack rate in the general population. Workplace social distancing measures combined with other nonpharmaceutical interventions showed a median reduction of 75% in the general population. However, the effectiveness was estimated to decline with higher R_0 values, delayed triggering of workplace social distancing, or lower compliance.

Paid sick leave could improve compliance with a recommendation to stay away from work while ill. (45,46)

3.3 Avoiding crowding

The review by Fong et al (36) identified three studies that assessed the effects of measures to avoid crowding (such as bans on public gatherings, closure of theatres) in pandemic influenza. These suggested that such measures helped to reduce excess mortality in the 1918 pandemic and a natural study comparing the effect of accommodating pilgrims for World Youth Day in smaller groups rather than a large hall reduced transmission in 2008.

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Annex 1 - Direction on airport arrivals

Annex 2 - Direction on cruise ships docking

Annex 3 - Direction on mass gatherings

Annex 4 - Direction on aged care

Annex 5 - Direction on non-essential business closure

Annex 6 - Direction on hospital visitors

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