



Pandemic Quarantine Facility Guide

Section 4: Resident Care

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Content Acknowledgement

This project is a result of collaboration between CDU Menzies School of Medicine and the Northern Territory Government, Department of Health. In addition, a core contributor to the establishment of the Centre for National Resilience, Howard Springs Quarantine Facility of which this toolbox is sourced is the National Critical Care and Trauma Response Centre.

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Acknowledgement to Centre for National Resilience, Howard Springs Quarantine Facility core organisations and workforce

The authors acknowledge the many government and non-government agencies and their workforce that developed and operated the facility successfully over two and half years. This includes (but is not limited to):

- Australian Defence Force
- Northern Territory Police Force
- Australian Federal Police
- Karen Shelden Catering
- Delaware North Australia, Northern Rise Village Services

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Introduction from Professor Dianne Stephens

Welcome to this open access resource that we hope will assist in the planning and operation of quarantine facilities beyond the COVID-19 pandemic. The pandemic was a once in a lifetime health emergency event that occupied our lives for more than 2 years and required rapid development of new systems and ways of working across the health system. There was rapid innovation and adaptation of facilities to accommodate quarantine, isolation, and clinical management requirements for COVID-19.

Darwin in the Northern Territory is home to the National Critical Care and Trauma Response Centre, and they were tasked with coordinating AUSMAT teams to safely evacuate Australians trapped by the lock down in Wuhan, China in February 2020. The evacuated Australians needed to be quarantined for 2 weeks and once Christmas Island proved too remote for this activity, the Howard Springs workers accommodation village in Darwin was quickly adapted to meet this need. The village became the Howard Springs Quarantine Facility and later the Centre for National Resilience as the model of quarantine care was adapted to meet evolving needs of the local, national, and international arrivals and many important lessons were learned during this time.

This research project and toolbox development has effectively distilled the model of care and lessons learned during the two-year period of operation of the Howard Springs Quarantine Facility. It is a testament to hundreds of staff that worked tirelessly over the operational life of the facility to keep the residents, fellow staff, and the community safe. Too often in health we fail to capture and translate important lessons learned during health emergencies into guidance for the future – we hope this project reflects our lived experience at the Howard Springs Quarantine Facility in a way that is helpful the next time we need to stand up quarantine facilities in this country and beyond our borders.



Professor Dianne Stephens (OAM)

NCCTRC Academic Partnerships Lead & Foundation Dean

CDU Menzies School of Medicine



Acknowledgment of Country

Charles Darwin University and the Pandemic Quarantine Facility Guide research team acknowledges and respects the many Australian First Nations traditional custodian of the lands upon which our campuses and centres are located. This extends to the land upon which the Manigurr-ma Village has been established, titled after the Larrakia name for the Stringybark tree, and where the Centre For National Resilience, Howard Springs Quarantine Facility is located.

Guide to the Pandemic Quarantine Facility Guide

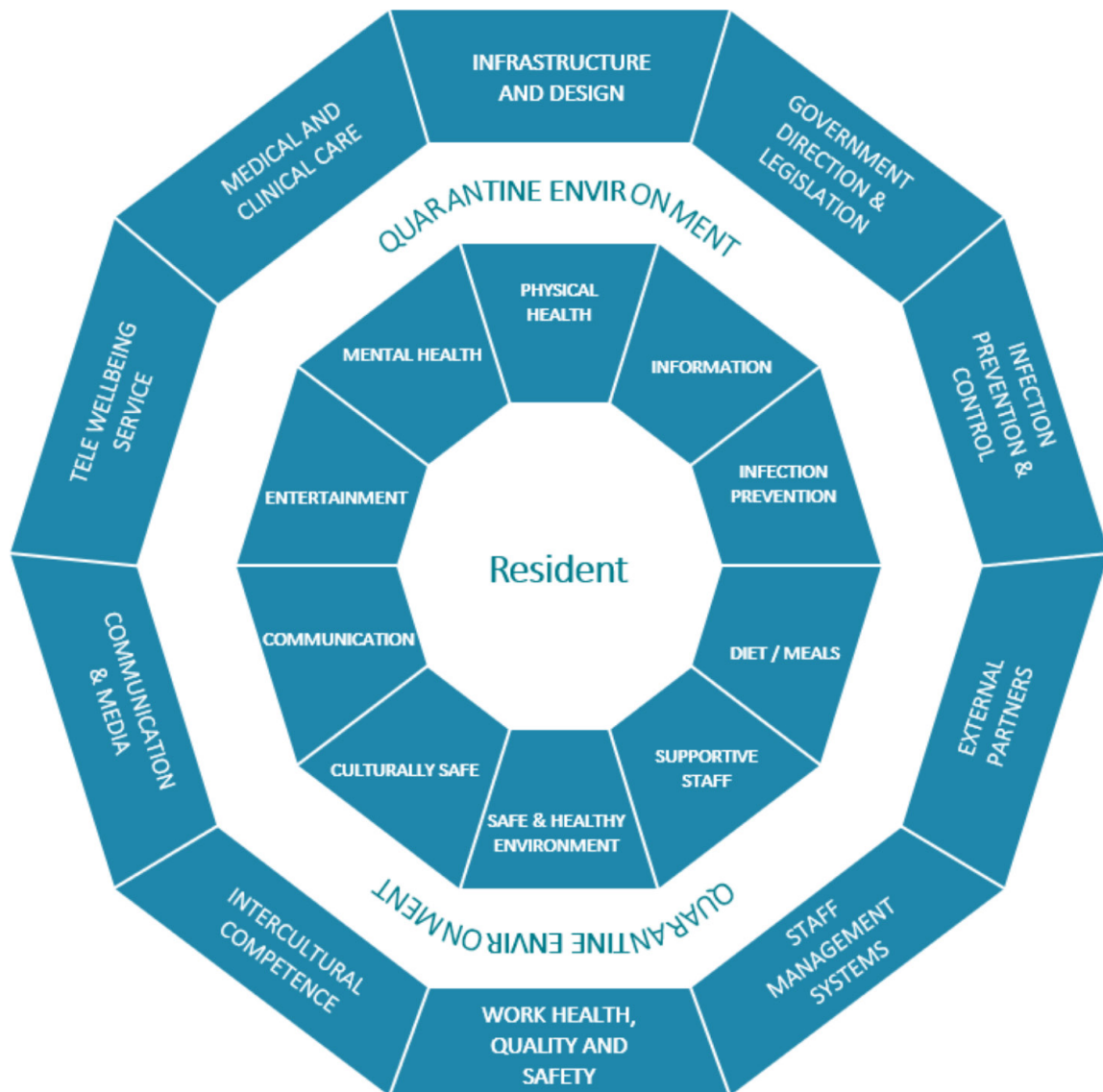
The health model of quarantine care presents a series of guides and resources freely available for use in the development of quarantine and isolation facilities.

The guides and resources have been divided to align with the six main areas of quarantine service delivery: site infrastructure, site processes, health workforce, resident care, medical and health, and infection prevention and control. Each of these core areas presents an overview of the strategies and resources with links to additional materials.

Section 1	Processes, infrastructure and communication	Logistical and environmental considerations for a quarantine service. Standard operations of practice to establish and maintain a quarantine facility.
Section 2	Infection prevention and control	Disease transmission, personal protective equipment, viral screening, vaccination, cleaning, resources and strategies.
Section 3	Health workforce	Leadership and staff team models, recruitment, education and training, and staff management and support.
Section 4	Resident care	Resident centred model of care, resident arrival, management and exit processes.
Section 5	Health, wellbeing and clinical care	Health and wellness strategies for a primary health model in quarantine.
Section 6	Northern Territory COVID-19 Response	Northern Territory pandemic response teams, Chief Health Officer Directions

Section 4 Resident Care & Management

The effective and safe care of the resident is paramount in quarantine service delivery. It is known that individuals can suffer from poor mental and physical health outcomes from isolation and in times of global pandemics there is associated fear and anxiety. The recommendations for a resident-centred model of quarantine care ensure the health and well-being of the residents are prioritised and public health, infection prevention and control and other aspects of disease management are developed around the resident's needs.



Section 4, Figure 1: Resident Centred Quarantine Care

4.1 Resident Centred Quarantine Care Model

The resident care model is presented as 10 core areas (aligned with quarantine service provision) with links to relevant resources.



4.1.1 Physical health

The physical health of people is intrinsically linked to overall mental health and well-being and is known to aid recovery from disease and prevent ill health.¹ Quarantine services have a duty of care to residents to provide for their primary health care needs. It is reasonable to expect a level of self-care from residents for their own healthcare needs but Quarantine Services must

also ensure they have easy access to primary care health support if required. The primary health services normally accessed in the community, such as a general practitioner, filling medication scripts, accessing mobility aids or specific medical diets (such as a diabetic diet) need to be provided as part of the quarantine service model of care.

Complex medical care not within the scope of the quarantine facility needs to be assessed by the health care team and where possible deferred until the quarantine is complete or arrangements are made for the care to occur in a suitable acute care setting. For acute presentations requiring urgent medical assessment and care such as chest pain and shortness of breath, a site response strategy is required with immediate referral and pathways for seamless transfer to acute care services. Further information on resident health and wellbeing is located in *Section 5: Health, wellbeing and Clinical Care*.

In quarantine, residents are restricted in the types of physical activity possible (relative to the facility characteristics) as part of disease transmission control, however physical activity should be made possible for residents and incorporated into service planning.

For quarantine services where residents have access to outdoor spaces, this may include walking around a mapped area with personal protective equipment (wearing masks). There should also be the inclusion of insect repellent and sunscreen in residents rooms to ensure they can meet basic needs whilst outdoors. A physical activity resource for residents has been prepared by CNR physiotherapists to encourage physical activity within a quarantine facility noting restricted space, personal abilities and limited resources. It is recommended this is provided for residents as part of their welcome pack. Refer to Section 4, Appendices A for the resource *Staying active in quarantine*.



4.1.2. Mental health

People in quarantine and isolation are exposed to increased stress, anxiety and poor mental health, particularly at the beginning of disease outbreaks where there is often little known about disease transmission and characteristics.² Brief daily screening of residents' health offers the opportunity for health staff to identify those who may be struggling with the quarantine setting and provide them with support and early intervention as required.

Quarantine Service mental health requirements:

- Understand that every person in quarantine is on their own journey and the reason they are in quarantine will likely affect their personal perspectives and ability to cope with isolation.
- Provide mental health services onsite (mental health nurse) with a referral pathway for teams working with residents.
- Establish pathways for acute services in case they are required, this includes access to a psychologist and identification of a close emergency department with mental health triage capabilities.
- Include observations of residents' mental health and wellbeing as part of the daily resident health and wellness checking regime conducted by the Health Team.
- Ensure Tele Wellbeing services understand site mental health referral services and understand their responsibilities if they have a concerning conversation or communication with residents.
- Include mental health support contacts in resident information packs (e.g., Lifeline, Beyond Blue).

Provide activities and recommendations to maintain mental health well-being in quarantine in resident information pack. Refer to Appendices B for the mental health resource *Keeping your mind and body healthy in isolation*.



4.1.3 Information

Having access to information on quarantine requirements and the features of the quarantine service has been identified as a priority for residents along with information on travel restrictions, public health orders, disease monitoring and surveillance (for example viral screening processes such as swabbing). Information needs to be written in clear English, interpreted where required (use an interpreter service), present core service contact points (reception, emergency, Tele Wellbeing Team) and be current. A resident handbook provided as both paper and online copies is recommended along with a public-facing website that provides quarantine facility information and links to relevant government information sites.

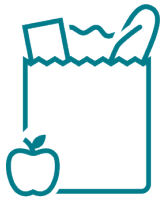
A quarantine service social media site is advised, recognising people are generally comfortable navigating these and prefer the personal approach to information. Closed groups on sites such as Facebook are easy to establish but do require constant monitoring to respond to questions, resident feedback, and removal of any potentially offensive, false or misleading posts. If in-house television is available in the quarantine facility, this presents another opportunity to provide site information, and relevant public health and health promotion messaging. The template for resident information has been presented in Appendices C Resident quarantine service information.



4.1.4 Infection prevention

The quarantine environment needs to provide a safe space for residents where they are not at risk of disease transmission. Residents need access to equipment and information to ensure they are aware of their responsibilities to prevent infection. The site requires a strategy to support residents who become positive for a disease whilst in quarantine to ensure they are mentally and physically well and not a transmission risk to others. Refer to transporting infected residents for a guide on the management of the positive resident in quarantine found in *Section 2: Infection Prevention and Control*.

Environmental approaches related to ventilation came to the forefront during the COVID-19 pandemic and highlighted measures to reduce the risk of disease transmission by utilising options such as: large open spaces with ventilation (open windows), MERV-13 air filters, portable air cleaners (with HEPA filters), and upper-room germicidal ultraviolet irradiation systems.³ High-risk activities with residents need to be planned to reduce disease transmission risk (such as conducting COVID-19 swabbing or during the resident arrival registration process). Conducting these activities outdoors is ideal with the inclusion of appropriate personal protective equipment. Refer to *Section 2 on infection prevention and control* for further IPC guides.



4.1.5 Diet meals

Food becomes an area of focus for people in quarantine and often influences their overall quarantine experience.

There are three main considerations for residents in relation to their meals: quality, choices and distribution times.

Having the quarantine site provide all meals means residents lose autonomy related to their dietary intake and this can be balanced by organising click-and-collect (food delivery) services with local supermarkets. Arrangements need to be in place to ensure items not permitted for residents onsite are not available for purchase and that food safety is maintained.

Quarantine provides an opportunity to offer healthy food options. A varied and healthy meal plan needs to accommodate standard, vegetarian, vegan, pescatarian, gluten free, lactose free diets as well as medical requirements such as diabetic meals, pregnancy safe or specific dietary requirements which allow for allergies and medical conditions. The menu should have age-dependent children's meals that incorporate a smaller portion size and child-specific favourites.

Ideally, resident dietary requirements are collected prior to or on resident arrival and are best accommodated with onsite catering services. Implementation of a welcome pack that provides a variety of snacks (not requiring refrigeration) and bottled water on arrival ensures immediate food needs are met. Residents should be advised if they are able to drink tap water recognizing they may not be aware of this.



4.1.6 Supportive workforce

The quarantine staff are vital to the provision of resident care and the resident experience. Staff require education and training to enable them to provide support and care for residents, and be empathetic to residents' circumstances. Understanding residents will often be stressed and may experience anger at being quarantined requires additional staff preparation in resilience and navigating difficult situations. ² Staff should be informed on current infection prevention measures for disease control, government legislation, quarantine facility policies and strategies and most importantly be reactive to resident health priorities.

It is recommended that one team of staff work with a cohort of residents for the duration of their quarantine where possible, this provides continuity of care, facilitates awareness of individual resident characteristics and needs, and builds trust and rapport with residents. Further information on quarantine staff can be found in *Section 3: Health workforce*.



4.1.7 Safe and healthy environment

A safe and healthy environment overlaps with every aspect presented in the resident-centred quarantine care model and includes privacy, personal safety, adequate room supplies, cleanliness and functionality of the quarantine environment.

Quarantine provides an opportunity for public health and health promotion actions and messaging. It can be viewed as a supportive environment, providing information and resources to inspire good health choices and improve health literacy, whilst protecting the greater community from disease transmission.

Most people in quarantine are not known to each other and unless people are traveling on international flights organised by the Department of Affairs, background police checks and criminal records are not accessed.

To facilitate a safe environment, the public health approach of organising residents into cohorts is recommended with three overarching actions:

1. Keeping people traveling together cohorted together (for example everyone on one international flight would be considered a cohort) or by cohorting everyone arriving on the same date (used for domestic residents), this reduced the risk of exposure to other disease variants and infecting people who are at the end of their quarantine period.
2. Separating groups within the cohort into families, couples and women traveling alone and men traveling alone.
3. Placing families, couples and women traveling alone or any identified vulnerable residents closer to the security and staff entry point.

Rooms need to provide a private, comfortable, functional and safe environment. This means spaces such as family rooms consider aspects such as choking hazards, and rooms for people living with a disability are accessible with the required ramps, handrails and space to ensure comfort and functionality. The core aspects for rooms are: private, clean, comfortable, accessible, furnished and accessorised, and ventilated to disease requirements. To aid with keeping their room environment clean it is advised residents are provided with a basic cleaning pack which should include a bucket, dustpan and brush, cleaning/disinfectant wipes, cleaning clothes, and hand sanitiser.



4.1.8 Culturally safe

Feeling culturally safe is a human right, and the quarantine facility needs to provide a service that acknowledges different cultural values. It is often beyond the scope of quarantine service provision to incorporate every individual cultural needs. It is important that staff employed in the quarantine facility are culturally competent and capable to provide safe care to all the residents. This can be achieved by adopting cultural safety training for staff and promoting an inclusive service. The use of interpreters is critical and preparing materials in key languages of the cohorts in the quarantine facility where possible should be considered.

Consultation with Australia's First Nations people is recommended to identify pathways for quarantine and isolation. In the establishment of a quarantine facility collaboration with local and national First Nations people will ensure a culturally appropriate environment is established within the quarantine facility. Staff training in the journey of health and wellbeing recognising the unique challenges for Aboriginal and Torres Strait Islander peoples is recommended.



4.1.9 Communication

Communication with residents is central to residents feeling safe, informed and supported in their quarantine journey. Access to information before they arrive to the quarantine facility alleviates stress associated with entering an unknown environment.

Facilitating a communication cycle within the quarantine service empowers residents to have more control over their situation (even though they may be in mandated quarantine and isolation).

With the mass amount of information generated by social media in a pandemic, accessing and identifying relevant and true sources can be problematic for residents. Residents require access to current updates: local and national pandemic news, legislation and public health orders, transport arrangements, amount of time required for quarantine and exit dates. Two-way communication by means of phone, text messaging and face-to-face visits provides an opportunity for residents to be heard.

The health model of quarantine care includes a daily face-to-face health screen providing residents with opportunity to communicate any concerns. In addition, Tele Wellbeing calls or text messages are scheduled at least twice during the residents stay with provision of a 24 hour contact phone number.



4.1.10 Entertainment

Ensuring residents have something to do in quarantine is important for mental health and wellbeing. Access to entertainment in the form of television and reliable Wi-Fi systems featured heavily in CNR resident feedback accompanied by ideas on keeping children occupied, particularly when facing fourteen days of isolation. Investing in children's entertainment packs is recommended (containing age-appropriate games, books and a project such as lego or painting by numbers). There are a number of activities that can be completed safely in quarantine and a list of these has been provided and should be included in the resident's welcome pack. Appendices D presents a resource for use Activities to keep you entertained in quarantine.



4.2 The resident journey

The journey through quarantine needs to be a coordinated and supportive process for residents. It can be divided into three separate areas of: resident arrival, management whilst in quarantine and resident departure. These areas have been briefly introduced below with a more comprehensive outline of processes and considerations presented in an attached document. There are three main teams of staff contributing to the resident journey: the health workforce, Tele Wellbeing Teams (briefly outlined below) and operations staff. A full overview of their responsibilities in resident care can be found in *Section 3 Health workforce*.

The resident journey presented in this resource is modelled on the COVID-19 pandemic requiring a 14 day quarantine stay and incorporates viral screening identified as rapid antigen testing (RAT) and polymerase chain reaction (PCR).

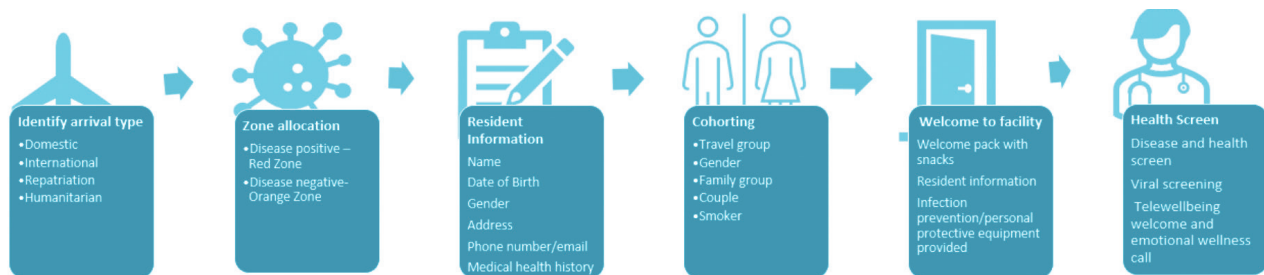


4.2.1 The Tele Wellbeing Team

The CNR utilised a Tele Wellbeing service to provide an additional layer of resident support. The Tele Wellbeing service was established offsite in the Department of Health. Tele Wellbeing Teams included non-health professionals led by a health professional/clinical team leader (such as a registered nurse) and were provided with training to navigate difficult conversations, a script for resident wellbeing checks and referral pathways, and to understand the legalities and responsibilities of resident privacy and confidentiality.

The Tele Wellbeing Team form a crucial part of the resident journey often connecting with residents prior to their arrival in pre-arranged flights (such as repatriation flights). They continue to support residents throughout their stay with non-health matters, often flagging any residents with mental or physical health concerns to be followed up by the relevant onsite health professionals.

4.2.2 The resident arrival process



Section 4, Figure 2: Resident quarantine journey- Arrival (day & day 1)

During the COVID-19 pandemic, residents arrived in quarantine both arranged as with repatriation flights or unexpectedly with flights quarantined mid-air due to changes in public health orders and government legislation or presenting a positive COVID-19 result with no suitable place to safely isolate.

The quarantine service is often presented with groups of residents to accommodate at short notice and requires a coherent approach to ensure rooms are available to facilitate cohorting, staff numbers are adequate to support residents, catering is aware and dietary requirements are accommodated. Resident welcome packs (with resident information and food) and IPC resources for residents need to be ready.

On arrival to the service (or where possible prior to arrival), residents are cohorted and any dependents or vulnerable residents are identified. Although luggage is not routinely searched a question to ensure no contraband enters the site is required. Experience from COVID-19 quarantine arrivals during the early stages of the pandemic found repatriation residents were not always open about their health issues due to fear of refusal of acceptance into quarantine. Having a health team present for resident arrivals assists with screening residents' health and identifying any who may require immediate or follow-up medical and/or mental health support.



Most importantly, online resident management information technology systems (RMITS) record every resident entering the facility with a required level of personal information adequate to keep them safe. The RMITS needs to be a live, accessible and secure site where personal information can be safely stored. It is preferable that one RMITS serves across all site inclusive of: resident arrival type (domestic, repatriation, international, humanitarian, other), room allocation, room cleaning, catering (resident meal preferences), room allocation (and any room changes), resident information (personal information), quarantine requirements, and recording of resident interactions. A separate site is recommended for resident health interactions to ensure resident confidentiality with personal health records.

4.2.3 Acceptance of residents into quarantine

A risk for quarantine services is becoming overloaded with residents or having more residents than the workforce can safely support. The process of scheduling arrivals at quarantine can be managed for repatriation residents however sites are at risk of becoming overloaded with people requiring mandatory quarantine under zone classification systems (for example everyone entering the Northern Territory (NT) from a specific state or territory is required to quarantine) or with local outbreaks. Approaches to segregate cohorts and install a screening process (application to enter the NT/ border entry passes) can assist with managing resident arrivals. Clear communication with Emergency Operations Centers to monitor resident numbers and anticipated changes in pandemic management legislation can ensure the service remains capable of adapting to anticipated resident numbers.

Agreed room allocations to meet service capabilities can prevent the number of residents from exceeding the capacity of the facility. For example, the facility with 2000 rooms may allocate rooms as outlined in Section 4: Table 1 and have support from Emergency Operations Teams to halt flights once capacity is approaching.

Section 4: Table 1: Example of resident room allocation across the quarantine facility	
Room reservation	Number of rooms allocated
Commonwealth repatriation residents	1000 rooms
Domestic residents	500 rooms
Rooms reserved for outbreak at all times	200 rooms
Special arrangements (i.e: international students, seasonal workers)	200
Rooms in the maintenance or cleaning stage at any time	100

4.2.4 Resident management IT system (RMITS) recommendations

The resident management information technology systems (RMITS) need to be a live, accessible, and secure site where residents' personal information can be safely stored. It is preferable that one RMITS serves across all site requirements inclusive of: resident arrival type (domestic, repatriation, international, humanitarian, other), room allocation, room cleaning, catering (resident meal preferences), room allocation (and any room changes), resident information (personal information), quarantine requirements, and recording of general resident interactions (phone calls, text messages, complaints).

Staff accessing the RMITS need to be adequately trained and understand responsibilities in handling personal information and resident confidentiality. The RMITS needs to be accessible across all parts of the organization and to multiple teams.

A standalone clinical health records system is recommended to record resident health management. Where possible implement the same system used by local government health services. This ensures resident confidentiality, and existing health records are accessible by the onsite Medical Team. This system is necessary for health interventions initiated onsite such as disease/viral screening (as completed with COVID-19 swabbing), recording of positive cases, and health-specific information such as allied health and mental health referrals and consultation.

4.2.5 Tele Wellbeing Team

The purpose of Tele Wellbeing's pre-arrival process is to gather critical information before residents arrive when possible (usually with repatriation residents via arrangements with the Department of Foreign Affairs (DFAT)). This can then ensure the timely and efficient processing of traveller's through the quarantine intake process with resident's specific needs known before arrival. Further, the quarantine facilities' infection control processes are more efficient to facilitate the movement of travellers through arrival/intake and to their rooms to prevent unnecessary elongated periods of congregation or exposure between travellers and/or with onsite staff as information is obtained.



The pre-arrival process works to ensure travellers feel their individual needs will be met in quarantine, settling concerns or anxiety about the 14 day quarantine period. This process facilitates information sharing about the facility to better prepare travellers for what to expect and to ensure the facility is prepared for traveller's needs and complexities. The pre-arrival process prioritises email correspondence due to time differences and the most success in information gathering has occurred when travellers are able to return information at their convenience. Telephone follow-up only occurs when it is thought an email has failed or if the traveller does not use email. Refer to Appendices E for an example of the pre-arrival email which would be sent to residents.

Resident profiles, room allocations, diet requirements, mobility requirements can all be pre-planned and entered into the resident management IT system (RMITS). When a traveller discloses a pre-existing medical condition their RMITS profile can be tagged as 'Clinical Review Required' and details emailed to the facility's health lead. All travellers with complex medical needs are alerted as soon as known, with follow-up actions prioritised to ensure timely assessment, decision-making, and support planning by Medical and Clinical Services for the traveller's arrival.

Tele Wellbeing pre-arrival process for planned resident arrivals (repatriation)

Step 1	<p>Communication with DFAT to identify flight information and gather the following traveller information (traveller not referred to resident until they are onsite):</p> <table border="0"> <tr> <td>Name</td><td>Telephone number</td></tr> <tr> <td>Date of birth</td><td>Email address</td></tr> <tr> <td>Gender</td><td>Equipment required for children</td></tr> <tr> <td>Interpreter needs and language</td><td>Flight details</td></tr> <tr> <td>Nationality</td><td>Allergies</td></tr> <tr> <td>Country of residence</td><td>Dietary preferences</td></tr> <tr> <td>Details of dependents</td><td>Mobility needs</td></tr> <tr> <td>Details of other people in travelling group</td><td>Medical conditions</td></tr> </table>	Name	Telephone number	Date of birth	Email address	Gender	Equipment required for children	Interpreter needs and language	Flight details	Nationality	Allergies	Country of residence	Dietary preferences	Details of dependents	Mobility needs	Details of other people in travelling group	Medical conditions
Name	Telephone number																
Date of birth	Email address																
Gender	Equipment required for children																
Interpreter needs and language	Flight details																
Nationality	Allergies																
Country of residence	Dietary preferences																
Details of dependents	Mobility needs																
Details of other people in travelling group	Medical conditions																
Step 2	Generate a resident profile in RMITS.																
Step 3	<p>Review submitted information to identify any reported medical, mobility, allergy, dietary and rooms equipment to ensure clarity of information and identify any information to be followed up or further clarified.</p> <p>Add medical or other alert tags on profiles as relevant to the traveller's self-identified needs.</p> <p>Escalate medical or mental health needs to the Pod/Health Team for review and liaison with onsite Medical Services and Specialists Teams for direct telephone calls (if required) to the traveller to ensure medical staff have relevant information to support the traveller's health needs</p>																
Step 4	<p>Send a quarantine facility Introductory Email (Appendices E) to support room and catering preparation for arrival;</p> <ol style="list-style-type: none"> Verify and/or clarify information provided by the traveller, particularly dietary needs and children's equipment Confirm milk preferences (full cream, skim, almond or soy) Confirm if Australian SIM is required on arrival Confirm smoking/vaping status <p>On receipt of final details from the traveller, their RMITS profile is tagged 'Ready for Arrival.'</p>																
Step 5	<p>All travellers with complex medical needs are alerted as soon as known, with follow up actions prioritised to ensure timely assessment, decision-making, and support planning by Medical and Clinical Services for the traveller's arrival.</p>																

Step 6

At seven to five days out from arrival date, send a 'Welcome to "quarantine facility title"' (Appendices F) email to all travellers listed in the flight manifest who have not responded to the 'Introductory Email' and a 'Follow-Up Email Sent' tag is added to their RMITS profile. Travellers have 48 hours to reply to this email before they are transferred to a Pre-Arrivals Call List noting where one adult may represent a family group.

The call list is allocated to Customer Services Officer who attempts to call travellers to gather relevant information requested in the Introductory Email to support their smooth intake into quarantine.

Once all necessary information is confirmed with the traveller and entered into RMITS, the traveller's profile is marked 'Ready for Arrival.'

Unsuccessful phone attempts are transferred to the following day task allocation.

Troubleshooting

Traveller who nominates another person to provide information

At times, Travellers may nominate a family member to provide information on their behalf. Pre arrivals contact records this consent on the traveller's profile and contact is made with the family member to gather the relevant information.

The Pre-arrival Team will confirm with the family member if they will support the traveller through their quarantine and if so, the same information shared with the traveller will be provided to the family member to maximise their ability to provide support.

Travellers who do not respond

If by five to four days out from arrival date, a traveller has not completed the pre-arrival questionnaire (PAQ) but are on the flight manifest, the Pre-arrival Team creates a RMITS profile based on the flight manifest to enable room allocation and meal delivery. The quarantine intake team is alerted so critical (medical and dietary) information can be gathered at the intake desk with other information gathered through the Tele Wellbeing Welcome call.

4.2.6 Resident arrival messages

When residents arrive, it is important to present a verbal welcome which includes an overview of what will now occur as residents progress to their rooms. This needs to highlight core resident behavior expectations through the screening process relating to them being honest when answering questions, particularly regarding those relating to communicable disease signs and symptoms.

Script for new arrivals to quarantine

The Health lead for the intake of new residents will be donned in full CONTACT PPE (GMEG) and will get on the bus to welcome the new residents providing an introduction to the rules that apply during their stay:

- i. Welcome
- ii. The intake process from getting off bus to reaching room and when to expect the swabbing (viral screening) team.
- iii. CHO directions with respect to PPE requirements and enforcement – emphasising the importance of physical distancing and wearing of masks.
- iv. Specifically remind parents that children over the age of two need to wear a mask and have masks available to give to parents that do not already have them.
- v. Police requirements as a restricted premises for alcohol.
- vi. Health and support services available including the role of Tele Wellbeing Team.
- vii. Resources for further information – welcome pack.
- viii. Access to Australian simcards for those without international roaming (if relevant).

Concurrently luggage will be unloaded from the bus by Ground Support Officers (GSO) and lined up next to the bus.

Trolleys are available to transport luggage to resident's room.

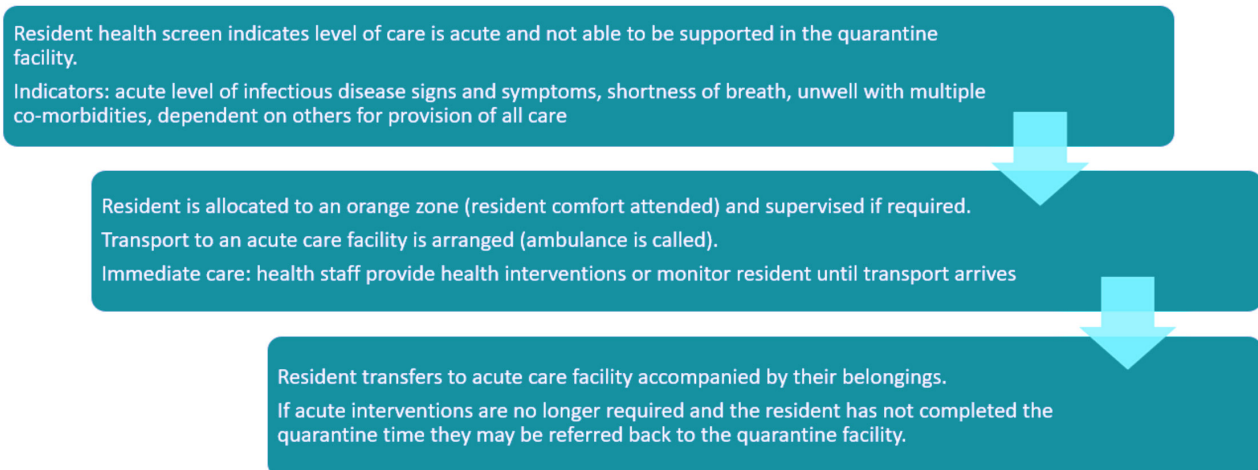
Travellers will be asked to get off the bus in small groups to minimise crowding (this also means they will be sitting comfortably and controls the flow through the site arrival team).

Operations support the intake through logistic movement of trolleys, supporting residents with luggage and maintaining PPE levels at donning stations.

4.2.7 Managing unwell residents on arrival

Quarantine facilities are not designed to provide acute care and therefore a level of resident screening is required. This is vital for residents' safety and to ensure the health workforce are not diverted to caring for a number of unwell or health dependent residents leaving other residents unattended.

Management of unwell resident on arrival



Section 4: Figure 3 Management of unwell residents on arrival

4.2.8 Resident arrival questionnaires

There is a level of information required from residents to ensure they can be quarantined safely. The minimal requirements are identified as:

- Full name
- Date of Birth (link to a hospital registration/health record number if known)
- Residential address (if known)
- Dietary requirements
- Mobility level
- Medical history (includes comorbidities, medications and allergies)
- Dependents they are travelling with
- Emergency contact
- Questions regarding disease specific signs and symptoms

All resident arrivals should include screening by a health professional to identify residents who have indicated they have a medical or mental health condition which has the potential to develop into a health issue whilst in quarantine. These residents will be tagged for daily nurse checks which include screening for health complications.

Another core area to verify on residents' arrival is their ability to communicate with staff (external to the daily staff face-to-face visits) if required. It was found that many residents on repatriation flights required an Australian SIM card to be provided on arrival and sites are recommended to ensure they have a supply of SIM cards for these circumstances.

4.2.9 Arrival of unaccompanied minors/dependents

A dependent includes a:

- Child under the aged of 18 years, or
- Adult to who the resident is nominated to be providing care for due to their age, disability to medical needs.

Anyone considered a dependent requires a parent, carer, guardian to remain with them during quarantine. If their parent/carer is unable to provide care during their quarantine period a dependent emergency care plan is required. This gives a clear plan of how quarantine staff will respond in activating the parents/caregiver's Emergency Plan (EP) as required. It is important that background legislation (CHO Direction) exists which requires any child to have a parent or responsible adult remain with them in quarantine to further support quarantine service actions.

Parents are responsible for ensuring their child has a parent or responsible adult to care for them during quarantine. This includes having a plan in the event the person caring for their child is unable to do so due to emergency or illness. If a resident is caring for another adult, the resident is responsible for ensuring they have a plan in the event they are unable to care due to emergency or illness. The site Health Leadership Team is responsible to approve the entry of another adult into quarantine to care for a dependent. This needs to be a formal application process providing all details of the circumstances and nominated carer for consideration.

If a person is approved to enter quarantine to care for a dependent

- A resident profile and quarantine event is created in the RMITS and their 'caring relationship' is noted.

When a parent or caregiver is no longer able to care for their dependant, the Emergency Plan will be actioned by the Health Leadership Team in conjunction with the Specialist Team (includes Social Work).

Emergency care plan initiation steps

- The Clinical or Medical Team are required to confirm inability of the person to provide care for the dependent and record how long this is likely to be for.
- -If possible, Health Leadership and Specialist Team should consult with the carer in quarantine to advise them the Emergency Plan is being activated.
- Specialist Team is to contact the person nominated as carer to advise they are required to travel to Darwin and assume care of the dependent in quarantine. The nominated carer needs to be advised;
 - They are entering quarantine for 14 days starting from the day they arrive
 - They will undergo viral screening; and
 - They must abide by the infection control rules of the facility
 - All flights, transport and accommodation costs will be met by the quarantine service (this will need to be decided by each quarantine facility)
- Clinical Director, assisted by Specialist Team to create a temporary care plan to care for the dependent by quarantine staff until nominated carer enters quarantine. The temporary care plan will be approved by the Director of Nursing and recorded on the dependent's RMITS.
- Specialist Team to contact Administration Team to advise emergency care arrangement is being activated proving the information of the nominated person to so the team can laisse directly with the person to make travel arrangements.

Infants

If the dependent is an infant (may be breastfed) and their mother is being admitted to hospital, the Director of Nursing or delegate will consult with the hospital to enable the mother and child to be admitted together.

A dependant who is able to self-care

On some occasions, a dependent may be able to meet their own care needs with frequent check in contact (telephone and in person) by quarantine staff, e.g. teenager.

A consultation between the site Health Leadership Team, and the Specialist Team (include Social Work) will occur to ensure a clear plan is developed and approved by the Executive Director.

The Specialist Team – Social Work is responsible to share the views and wishes of the dependent and their parent and once the plan is approved, talk through the plan with the resident and parent (if able) so they know how they will be supported. When the dependent is a child, a parent must consent to the plan or provide an alternative suggestion.

Any dependent meeting their own care needs will be alerted to the following areas to ensure all staff are aware and are alert to their needs or issues;

- Health staff (primary responsibility for providing support)
- Tele-Wellbeing (daily phone calls to be activated)
- Police (increase patrols around dependent's location)
- AFP/ADF (increase patrols around dependent's location)
- Catering (alert if meals are not eat/issues raised by the dependent during delivery)
- Facilities (alert if meals not eaten/advice of lockouts/issues raised during normal operations)
- The minimum contact with the dependent will be three contacts a day, in any combination agreed in the Plan.

4.2.10 Residents who are renal dialysis patients or immunosuppressed

Residents who are clinically assessed as being significantly immunocompromised are at greater risk of severe outcomes if infected with an infectious disease. Significantly immunocompromised persons may include, but are not limited to, those who:

- have had an organ transplant and are on immunosuppressive therapy
- have had a haematopoietic stem cell transplant in the past 2 years
- are on immunosuppressive therapy for graft versus host disease
- have/ had an active haematological malignancy;
- human immunodeficiency virus (HIV) infection with CD4 T-lymphocyte count below 200 cells/per mm³;
- are receiving dialysis; or
- other conditions specifically noted by the treating Medical Practitioner

At entry, these residents should be alerted to the Medical Team for review. Care must be taken in ensuring these residents are separate when possible from any disease-positive residents and infection controls strictly maintained. As soon as a resident reports any symptoms, viral screening is recommended to occur immediately so the person can be considered for any time sensitive viral treatments.



4.2.11 Resident Cohorting

The initial stage of cohorting occurs by identification of flights and arrival status, the type of quarantine (see below table 2) and whether they are considered a close contact or are known to be infected (for example COVID-19 positive).

Section 4: Table 2: Example of categorisation of quarantine types

Quarantine Type	Description
Quarantine – Other	Quarantine support (e.g. guardian of an underage minor)
Close Contacts	Use for residents with known exposure to site/case details
Repatriation Quarantine	Use for repatriation residents
COVID-19 Isolation	Use for all positive cases (trigger event: Other is used for Self-diagnosis probable positive)

To facilitate a safe environment the public health approach of organising residents into cohorts is recommended by:

- Keeping people travelling together cohorted together (for example everyone on one international flight would be considered a cohort) or by cohorting everyone arriving on the same date (used for domestic residents), this reduced the risk of exposure to other disease variants and to infecting people who are at the end of their quarantine period.
- Separating groups within the cohort into vulnerable people, families, smokers, couples and women travelling alone and men travelling alone.
- Placing families, couples and women travelling alone or any identified vulnerable residents closer to the security and staff entry point.

Vaccinated Cohorts

As COVID-19 vaccinations were initiated during the pandemic part of the routine IPC management was to separate those residents who were vaccinated to those who were not vaccinated. This is related to the increased risk of transmission recognised by those who were unvaccinated. Avoiding mandatory quarantine was also an incentive for people to vaccinate if they were travelling.

At later stages during the COVID-19 pandemic, quarantining residents in the orange zone related to their vaccination status as presented in Table 3.

Section 4: Table 3 Close contact management according to vaccination status		
Vaccinated Adults	Unvaccinated Adults	Close contacts < 18 years
Required to quarantine for 7 days	Required to quarantine for 14 days	If asymptomatic do not need to quarantine
Are required to undergo viral screening (a RAT or PCR test) within the first 3 days of entering quarantine as a close contact and again on day 6.	Are required to undergo viral screening (a RAT or PCR test) within the first 3 days of entering quarantine as a close contact, on day 6 and day 12 of quarantine as a close contact.	If symptomatic quarantine for 7 days or until symptoms resolved (whichever sooner) with viral screening (PCR test) within the first 3 days of entering quarantine and a day before exiting quarantine.
Can be exited from the quarantine facility on day 7 if they are asymptomatic and have a negative viral screening (a RAT or PCR test) on day 6. If ongoing symptoms on day 7, referral to the Medical Team will be actioned by the Pod Team Leader.	Can be exited from the quarantine facility on day 14 if they are asymptomatic and have a negative viral screening (a RAT or PCR test) on day 12. If ongoing symptoms on day 14, referral to the Medical Team will be actioned by the Pod Team Leader.	Symptomatic contacts < 18yo can be exited from the quarantine facility once asymptomatic and their previous day viral screening (PCR test) is negative. If ongoing symptoms on day 7, referral to the Medical Team will be actioned by the Pod Team Leader.

4.2.12 Room types and allocation process

Room allocation needs to be an uncomplicated process for both residents and staff. A reliable system to monitor site occupancy is required with a team dedicated to managing the arrival process. The quarantine facility is recommended to have a variety of rooms available to accommodate families, single people and those with mobility issues. A description of those rooms needs to be available to staff to ensure residents are allocated to appropriate areas.

Categories are required for a consistent and clear approach to room allocation. For example, a vulnerable person is classified as aged 70+ years of age or has medical issues. These residents are allocated rooms first to keep them closest to the entry/exit and health team (refer to room allocation process for the definition of cohorts).



Example of rooms with description

Normal Room

- 1 person per room
- 4 people per building
- Entry from the veranda, single bed, small bathroom

Family Room

- 4 people max
- 4 people per building (entire building is a family room)
- Entry from the veranda, connecting rooms, single bed in each room, small bathroom in each room

Disability Room

- 1 person
- 2 people per building
- Entry from the veranda, larger/spacious bedroom with single bed, larger/disabled bathroom, wheelchair access

Room allocation process

VULNERABLE (VUL)

VUL is 70+ years of age or has medical issues. Start with the allocation of vulnerable residents to rooms. Once allocated, highlight the letter of the room number in **YELLOW** for reference.

SINGLE MALES (SM)

Must be allocated together. Try to keep similar aged men together for company. SM are required to be separated from SF to minimise contact, such as different Laundry Blocks (if feasible). Once allocated, highlight the Resident Number in **BLUE** for reference.

SINGLE FEMALES (SF)

Must be allocated together. Try to keep similar aged women together for company. SF are required to be separated from SM to minimise contact, such as different Laundry Blocks (if feasible). SF can be placed next to families and couples if they have another SF next to them for company. Once allocated, highlight the Resident Number in **PINK** for reference.

SMOKERS

Must be kept away from other residents and grouped together while still implementing the above placement rules. If allocation is tight, they can be put in the same block as non-smokers if there is at least one room free between them. Once allocated, highlight the letter of the room number in **BLUE** for reference. Preferably, smokers need to be in a block together and as far away as possible from other residents.

FAMILY (FAM)

Must be grouped in the same blocks, while trying to keep families with similar-aged children away from each other where possible to avoid children wanting to play (increases risk of disease transmission). The oldest female in the family group is classed as the primary traveller and is allocated the first room in the building. Once allocated, highlight the Resident Number in **GREY** for reference.

Families will only go into a Family Room on a case-by-case basis, e.g. single parent with 3 children, special needs children, a family of 4 with children under 10.

COUPLES (CPL)

Should be grouped by similar age. The female is always classed as the primary traveller and is allocated the first room. Once allocated, highlight the TWB Resident Number in **PURPLE** for reference.

UNALLOCATED ROOMS

All unallocated rooms are highlighted in **GREEN** for On-Site reference.

4.2.13 Residents' belongings and contraband goods

Although luggage is not searched it is recommended to question residents on arrival to ensure no contraband enters the site. What is considered banned from the site needs to be considered in relation to personal safety and the safety of others. It is recommended that the following items are considered banned and removed from residents on arrival. These should be securely sorted and returned to residents on their departure.

- Alcohol and other recreational drugs with the exception of tobacco
- Weapons, including knives
- Cooking appliances
- Any items which would be considered hazardous as they may be shared (balls)
- Any items that may be considered hazardous for personal safety (kids swimming pools, little bikes)

Resident mail is not accepted by the facility and any mail should be returned to sender.

Delivery of goods from external parties such as family or friends are also not accepted. If there are extenuating circumstances then this needs to be considered by the Health Leadership Team for consideration.

4.2.14 Resident welcome packs

Residents' rooms need to be equipped with basic items to ensure comfort but to also minimise waste noting in a quarantine environment only items that can be fully cleaned can be reused (such as kettles and fridges). Quarantine facilities are obligated to provide PPE in accordance with IPC recommendations and should ensure residents have a continual supply as needed (minimum recommendations are for face masks and hand sanitiser).

On arrival a welcome pack ensures residents have access to snacks and information until they are able to access additional needs through a click-and-collect service (noting all regular meals are provided and delivered to the resident onsite). The snacks in the welcome packs should have long shelf life and not require refrigeration. Where possible (for expected repatriation flights for example) all residents are provided with sandwiches in their rooms which are delivered the night prior to their arrival and left in the refrigerator. All of these sandwiches are vegan to allow for specific dietary requirements.

Additional considerations are items to promote health and wellbeing (noting this is a health promotion opportunity) and tourist information about the state/territory.

General supplies within the rooms for residents arrival are recommended as:

In Room Supplies – Contains:

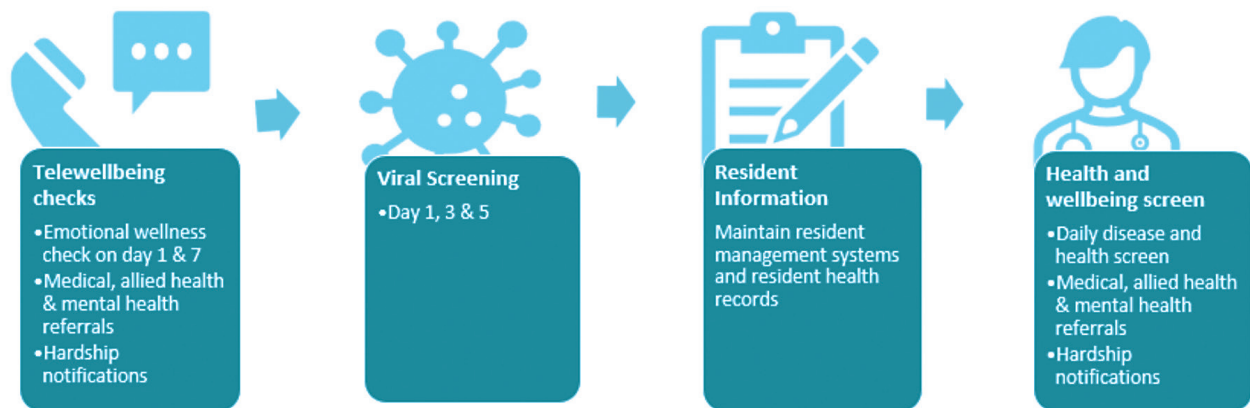
1x 1ltr U HT Milk	2x 1.5ltr Water bottles
3x Toilet rolls	1x Pack of Dettol wipes
2x Chux wipes	2x Laundry powder sachets
3x Bin liners	14x Paper cups
21x Tea bags	21x Instant Coffee
21x White sugar	1x Large soap
1x small soap	1x Rectangle container+ Lid

Welcome pack supplies provided to residents on arrival are recommended as:

Welcome Pack – Contains:

2x Noodle cup	2x Chips
2x Shapes	1x Bush bar
1x Biscuits	1x Muesli bar
1x Fruit & Nut mix	1x Popcorn
1x Lollies	10x Masks
Information booklet	Holiday guide

4.3 The resident management process



Section 4, Figure 4: Resident quarantine journey- Management (day 1-13)

Once onsite residents are considered independent and self-caring, however they will require a number of interventions to ensure they are and remain healthy and safe. The health model approach of resident management incorporates a daily face-to-face visit from nurses to screen for disease signs and symptoms and check on general health and wellbeing (inclusive of mental health wellness).

Additional resident processes include viral screening in accordance with recommendations (this may involve screening on day 1, 3 and 5 of quarantine), moving positive residents into a red zone (minimise risk to other residents), managing complaints, daily health checks and navigating requests for goods and services. Residents with special needs and hardship circumstances need to be identified and supported, which may include referral to other services such as social work or physiotherapy.

In exceptional circumstances day passes from quarantine may be issued for residents and these situations need to be navigated early to manage risk to the community. Circumstances during COVID-19 in which these were granted were:

- Social emergencies- to attend a family funeral
- Medical emergencies- visit a terminally ill relative in the hospital

The quarantine management process follows the resident arrival process. Residents in quarantine will have varying reasons for being at the facility and therefore their resilience may be varied. Facilities have a duty of care to ensure residents are safe and comfortable and have established systems in place to respond to resident's needs. These systems must be realistic and manageable for quarantine staff and teams.

The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19), identifies specific ethical considerations which relate to resident care:

Equity: *Providing care in an equitable manner, recognizing special needs, cultural values and religious beliefs of different members of the community.*

Individual liberty: *Ensuring that the rights of the individual are upheld as much as possible.*

Privacy and confidentiality of individuals: *is important and should be protected. Under extraordinary conditions during a pandemic, it may be necessary for some elements to be overridden to protect others.⁴*

4.3.1 Mandatory requirements for residents of Red and Orange Zones

The Chief Health Officer (CHO) Directions presents what residents in the Red Zone and Orange Zone must do. These directions are law which means if a person does not follow the Direction, they may be issued an Infringement Notice with a financial penalty. The rules for residents in quarantine have been established to ensure personal safety of resident and staff.

The examples presented in this resource are based on those rules enacted for COVID-19. These rules are clearly presented to residents on their arrival verbally by staff and in the welcome handbook.

A resident must:

- Stay in their allocated room, including on any veranda space allocated to the room; and
- when not in their room, or on their veranda, must take all reasonable measures to stay at least 1.5 metres away from any other person in the quarantine facility, except for the person's spouse, de facto partner, child or parent; and
- wear a face mask when outside their room unless an authorised exemption permits the person to remove the face mask (for example they have a medical exemption); and
- comply with any directions given by staff to avoid people congregating in a quarantine zone; and
- must not leave the quarantine zone in which the person's allocated room is located unless the person is escorted by staff, except in an emergency.

Residents in breach of the above requirements should be reported to the sites Health Leadership Team to facilitate subsequent management of infection control risk.

4.3.2 Wearing of face masks

It is recommended residents are advised to wear a face mask whilst in quarantine in the following circumstances:

- During transit to or from a quarantine facility; and
- when the person is not in the person's allocated room, unless an authorised exemption permits the person to remove the face mask; and
- if the person has a veranda attached to the person's allocated room – when the person is on the veranda; and
- otherwise – as directed by staff.

All residents must wear masks whenever answering their door or outside their room including on their balcony. This includes children over the age of 5 years as per the recommendations by the World Health Organisation (WHO).⁵ Masks may only be removed for consumption of food and beverages on the balcony. During the consumption of food and beverage with the mask removed, the resident must remain physically distanced from other residents in their block.

If a staff member approaches the balcony during their meal or beverage, the resident must put on their mask whilst the staff member is attending to them.

4.3.3 Physical distancing

A physical distance of 1.5m should be maintained by all residents from others at all times when outside their room and staff are required to ensure residents are aware of this as part of reducing the risk of disease transmission. Families and couples staying together are exempt from the physical distancing requirement, however, they should be informed that a positive viral screening result in one member of the group will result in all members of the group being classified as close contacts and may increase their quarantine period.

The only time red and orange zone residents can move off their balcony is for accessing the bins or during a medical emergency.

4.3.4 Resident daily health and wellbeing checks

It is important residents know they are in a quarantine facility with their health interests as a priority. Visits into the zone where residents are quarantined by staff, regardless of purpose should always be considered opportunities for engagement allowing residents to 'sing out' to ask for assistance or 'have a chat' as part of addressing loneliness or sense of isolation. Explanation of how zones are used for residents in quarantine is presented in *Section 2: Infection prevention and control* resource.

The health model of care implements a daily health screen of residents by nurses, assistant in nursing staff or student nurses which incorporates screening for disease by checking temperatures and asking questions specific to disease signs and symptoms. A question to check on general health and wellness follows to ascertain any other factors that residents may be concerned about health and to engage enough to gain visual and verbal analysis of resident's general health and mental wellbeing. The quarantine facility should adhere to the primary healthcare model (underpinning the public health pandemic quarantine response) when responding to resident's medical concerns and/or inquiries. Staff are required to carry master keys which open all resident doors whilst they are in the zone, this enables them to open doors for residents who are locked out or open doors in the case of an emergency or resident concern.

Script and process for daily health and wellness check conducted by the nursing workforce

Process

- All interactions with resident in the quarantine zone require the implementation of PPE and the use of the buddy system (no staff are to enter the zone alone; they must be in pairs).
- When knocking at the resident's doors the staff member calls out to ensure the resident is aware it is their daily health check.
- Staff ask the resident to exit their room (onto the open-air balcony area) and ensure the resident is wearing their mask.
- The staff member stands to the side of the resident (not directly in front of the resident) in case they cough or sneeze.
- As per the buddy system, the staff team ensure they remain in each other's view at all times.
- The staff do not enter a resident's room unless it is an emergency situation.

Script

Hello, I'm the nurse here for your health check this morning.

I'm just going to ask a few questions to see how you are feeling.

Do you have any cough, sore throat or runny nose. Is your sense of smell and taste working? Have you had any temperatures?

I'm just going to check your temperature (completed by using a non-invasive thermometer).

Are you feeling well or are there any concerns you have with your health this morning?

How are you coping with being in quarantine?

Thank you for your time this morning, we'll leave you to enjoy your day.

A medical referral is completed where further intervention is required. Health teams will contact the site physician and complete a Medical Referral form to address their concerns and request assistance. Medical referrals are to be completed by clinical health employees only and approved by the Pod Team Leader/Registered Nurse on shift. Further information regarding the resident referral process is located in *Section 5: Health, wellbeing and clinical care*.

In addition to the daily health check, scheduled 'zone sweeps' where staff walk through the zones to be available to residents, particularly at times when it is known residents are accessible (on their verandas if the facility is modelled on CNR). This is also an opportunity to check on any residents who have not picked up deliveries from their veranda or if neighbours report they have not seen the person or similar.

These sweeps are also opportunities to support resident's understanding of the infection prevention and control requirements and the rules for the quarantine facility e.g., wear a mask when outside their room, remain in veranda etc.

All health checks are entered into the resident health records. This is a designated health system usually the same system used by the local primary or secondary health systems only accessible by health staff as health records are considered confidential. Other non-clinical interactions which need to be noted (such as a resident asked to wear a mask when this is mandated) needs to be entered under the resident management IT system (RMITS).

In addition to the daily health check, scheduled 'zone sweeps' where staff walk through the zones to be available to residents, particularly at times when it is known residents are accessible (on their verandas if the facility is modelled on CNR). This is also an opportunity to check on any residents who have not picked up deliveries from their veranda or if neighbours report they have not seen the person or similar.

These sweeps are also opportunities to support resident's understanding of the infection prevention and control requirements and CHO Directions for Quarantine Facilities e.g., wear a mask when outside room, remain in veranda etc.

All health checks are entered into the resident-designated health system (usually the same system used by the local primary or secondary health systems). Other non-clinical interactions which need to be noted (such as a resident asked to wear a mask when this is mandated) needs to be entered under the resident management IT system (RMITS).



Health staff are recommended to check the resident list and note any who will be having birthdays whilst in quarantine. This can then be communicated to catering to add a cake to their daily meal. For children a gift pack can be distributed on the afternoon zone sweep.

4.3.5 When a resident does not respond to door knock

If a resident does not respond to a reasonable door knock, staff are to alert their Pod Team Leader and if concerned or advised by the senior staff to open the resident's door using the master key. Previous to opening and during, staff are required to loudly announce they are opening the door to check on the resident's wellbeing.

Staff are not encouraged to enter a resident's room (for IPC control, risk management and personal safety), however in these circumstances they may be required to enter a room to check the bathroom. The staff's buddy should position themselves so they can maintain visual contact at all times with the staff member entering the room (without entering the room themselves).

If the resident is not located within their room consider other possibilities:

- If residents are permitted to leave their immediate room/balcony for exercise this may explain their absence. Staff should return to the resident's room before they leave the zone and check for the resident again, and follow up with other contact means (phone and email) to ascertain the resident whereabouts.
- Identify if a resident has gone to do their washing (if the facility provides access to laundry for residents).
- If appropriate or possible, ask neighbours if they have seen the resident recently.
- If concerns are raised about the resident absconding then the Police should be notified as soon as possible.

4.3.6 Resident emergencies

emergency. If an issue is urgent or critical in relation to health and requires immediate assessment, a medical referral is not required and a direct phone call to the On Call Medical Phone is to occur (facility to provide a dedicated number).

If it is evident an ambulance is required for transfer to hospital for tertiary care, the ambulance is to be called immediately with site doctors and nurses to focus on the preservation of life until paramedic's arrival.

All health teams caring for staff have access to a health pack which can be taken into the zones for these emergencies which contains basic life support and first aid equipment. Full details on the health pack and initiating basic life support for a resident in quarantine can be found in *Section 5: Health, wellness and clinical care*.

4.3.7 Managing dependent/ minors in quarantine through allocation of staff supervision

If their parent/carer is unable to provide care during their quarantine period a dependent emergency care plan is required. This provides a clear plan of how quarantine staff will respond in activating the parents/caregiver's Emergency Plan (EP) as required. In the event a dependent is unable to be cared for by their nominated carer the EP is initiated, refer to the resident arrival process for a full overview of the EP.

When a quarantine staff member is required to care for children in the facility

When there is no other alternative, the quarantine facility may need to provide staff to care for a dependent. In this case, one parent must consent to this action or provide a viable alternative.

If a parent cannot or refuses to consent, the sites Health Leadership Team along with the Executive Director will need to involve the states/territory's child protection agency, to facilitate the legal authority for the quarantine service to care for the child.

It will need to be identified how many staff are required to care for the dependent:

- For when one quarantine staff/carer is required
- For when two quarantine staff/carer are required (highly complex needs)

Identification of staff

The Health Leadership Team is responsible to maintain a list of staff who are willing to provide care for a dependent within a quarantine zone and that this will require them to be in quarantine for 14 days. The involved quarantine staff/carer must declare any medical diagnosis that may make them more vulnerable if infected with COVID-19. When possible, staff/carers are to be drawn from the dependent's own Pod zone staffing.

All staff/carer must hold Working With Children's Card for the length of time they are providing care for a dependent under 18 years. The quarantine facility will provide assistance to the staff/carer member to ensure they have personal belongings for 14 days with each staff member having their own room allocated in the zone, when possible, in a different block to the dependent, for their shift periods.

Contraction of COVID-19

Should a staff/carer member contract COVID-19 due to their caring role, it will be considered a work place injury and managed through the human resources process. All supports will be provided to the staff member.

4.3.8 Allegations of abuse against a minor/dependent in quarantine

Australia implements mandatory reporting of child abuse. Any allegation of abuse will be reported to the state/territory Child Protection Reporting System by the person who first received the concern. The Health Leadership Team and Clinical Director is responsible to ensure the report has been completed.

Any report of harm to a child, by a resident or any quarantine staff member of any contractor or agency is to be immediately escalated to the sites Executive Director who will then provide all details to the Police and to the emergency operations centre.

If the concerns alleged a quarantine staff member has harmed or is a risk to a child, they are to be immediately replaced/ moved out of the zone and their access to the child's RMITS profile is to be removed.

4.3.9 Resident specialist referrals

It is recommended the site provides a specialist Allied Health Team with focus on professional advice and support in, physiotherapy, social work, mental health, and occupational therapy. If at any time a resident is having any physical or mental health issues, health teams should be able to email a Specialist referral through to the Specialist Team once completing their assessments. In addition, quarantine services need to be prepared to address welfare requirements. Specialist referrals are to be completed by clinical health employees only and approved by the Pod Team Leader/ Registered Nurse on shift.

4.3.10 Residents with hardship

The Specialist Team can assist residents who are suffering any hardship and connect them with support systems so these are in place when they are leaving the quarantine facility. This will often involve liaising with non-government organisations (NGO) to assist with financial, transport and housing needs. It is vital to establish working relationships with the NGO to identify the service provision required acknowledging many NGO's will be under additional stress during a pandemic.

Many residents will be limited with the personal items they can travel with, meaning they may arrive at quarantine with no feminine hygiene and personal hygiene products, baby formula and nappies, and clothes and shoes which are appropriate for the climate they are in. The quarantine facility should keep a supply of items onsite to provide to residents with hardship circumstances.

4.3.11 Mental and physical wellbeing

The COVID-19 pandemic demonstrated how important mental and physical health and wellbeing is for resident in quarantine and isolation. It has been identified that there are a number of ways this can be maintained for residents without increasing disease transmission risks. On the main resident care web page a number of resources have been provided.

- Staying active in quarantine- This resource was prepared by physiotherapists at the Centre for National Resilience and presents a number of exercises which can be performed in a smaller area and suitable for all levels of fitness.
- Keeping your mind and body healthy in quarantine- This resources was prepared by the social worker and Specialist Team at the Centre for National Resilience and provides a number of relaxation strategies such as mindfulness, breathing exercises, yoga, music and art and visualisation techniques.
- Activities to keep you entertained in quarantine- This resources was prepared by the social worker and Specialist Team at the Centre for National Resilience and provides a list of 50 activities that can be completed during quarantine to help keep resident occupied and entertained.

4.3.12 Viral screening- swabbing/ testing residents

Monitoring residents for disease is a core focus of the quarantine service, this ensures residents are provided with the care required if they do test positive for disease and minimises the transmission risk for other residents. Viral screening requirements need to align with recommendations from the CHO which may include different arrangements for vaccinated and unvaccinated residents.

During the COVID-19 pandemic all residents received a COVID-19 swab on day 1, day 5 and day 12. An additional swab is done if a resident displays disease symptoms at any time during their stay. Swabbing was performed both on day 1 and again on day 5 recognising that there were cases of people not testing positive to COVID-19 in the early stages of the disease and therefore a second swab was required. Understanding disease aetiology and characteristics is a core component in resident management and is covered more extensively in *Section 2: Infection prevention and control*.

Performing viral screening potentially exposes staff and equipment to aerosols and droplets from the resident and care must be taken to maintain strict infection control processes. The actual resident viral screening process is presented in the Infection prevention and control (IPC) information.

4.3.13 Resident room moves in quarantine

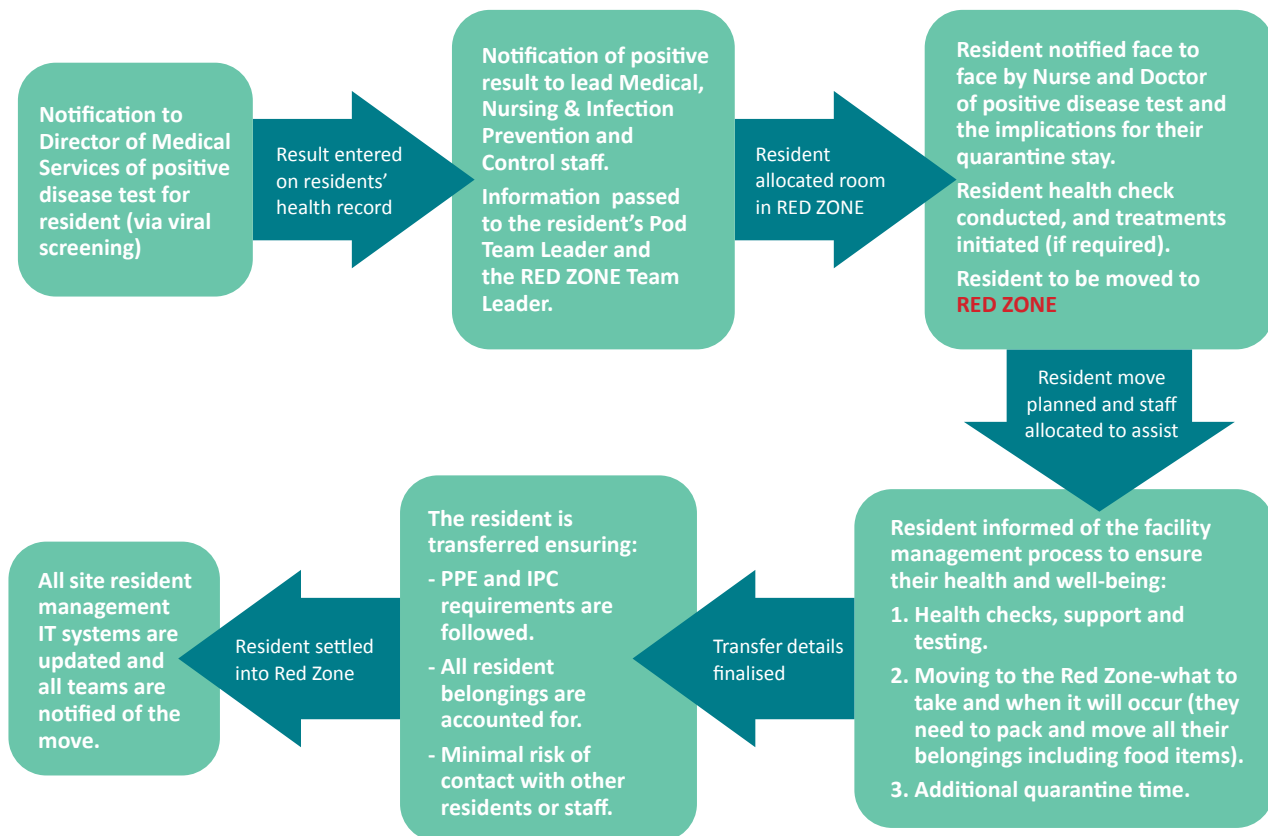
Residents may request or be required to move rooms whilst in quarantine for varying reasons presented in table 1. Moving a resident in quarantine is flagged as a transmission risk and is only undertaken in these circumstances. Where possible it is recommended to try to troubleshoot the problem before deciding to move a resident to another room.

Section 4: Table 4 Reasons for resident room moves whilst in quarantine	
Resident request	Mandated room move
Resident is a non-smoker and is located next to smokers	Resident has tested positive for disease
Resident is a smoker located next to non-smokers	Resident is a close contact of a positive disease case
Resident's room has issues (blocked drain, faulty television etc)	Resident is a minor and under the care of a positive or close contact (with no other care option available)
	The resident is the carer of a dependent who is positive or a close contact
	Resident has been identified as vulnerable and is relocated closer to the Health Team
Issues to trouble shoot for possible resolution:	
a. Maintenance issues reported to relevant site maintenance team for assessment.	
b. Issues with inconsiderate neighbours (noise, smoking etc.) should be reported to the Pod TL and escalated as required.	

Core considerations prior to commencing a room move include ensuring the move has been approved by the Pod Team Leader and the residents are aware of when and why they are being moved.

1. Transfers require approval by the relevant Pod Team Leader before they occur.
2. Conduct a weather check and postpone moves if it is raining and if possible try to avoid moving residents during the hottest part of the day, or at night.
3. When transferring resident/s within the facility staff must wear GMEG or full PPE: Gown, Gloves, Mask And Eye Protection.
4. Residents over the age of 5 should wear a mask as tolerated during any transfer.
5. Residents must maintain 1.5 metres distance between themselves and other residents and avoid any contact with belongings of others.
6. Residents should be moved with all their belongings. However, family groups or residents traveling as a couple can be transferred together and their luggage can be mixed.
7. Residents are to take all food items or discard them in the bins outside the rooms before they move.
8. All equipment (for example a buggy or baggage trolleys) used in transfer must be cleaned and staff must doff and re-don between individual or family group transfers.
9. Transfers of disease-positive residents into the red zone should be led by the medical or senior Health Leadership Team.





Section 4: Figure 5 Notifying and moving a resident to the red zone when they have tested positive

As soon as a move has occurred the Pod Team Leader must update RMITS and notify all team members allocated to caring for the resident including: catering, senior health leads, Director of Operations, and Tele Wellbeing.

If the resident was receiving special care from the physiotherapist, occupational therapist, mental health nurse, Interpreter services or social worker, they should also be notified by email. In the email include; the resident(s) name, flight number (if part of a repatriation cohort), their original room number, their new room number, a simple explanation for the room move, the location of their original room's key and any other relevant information.

4.3.14 Meal deliveries

It is important that meals are regularly provided to residents and incorporate a healthy and varied meal choice aligned with any special dietary requirements. Meal requirements need to be identified on arrival, and this is set for the entirety of the residents stay (it is unrealistic for large facility to allow residents to change their meal requirements during their stay, this needs to be communicated with resident so they understand their meal choice will be applied to all their meals).

Catering services for residents and onsite staff require resident details provided by Tele Wellbeing and presented in the RMITS. These details include room numbers, dietary requirements/ preferences such as standard, vegetarian, vegan, pescatarian, gluten free, and lactose free diets. Other diet requirements may align with medical recommendations such as diabetic meals, pregnancy safe or specific dietary requirements which allow for allergies and medical conditions such as renal disease. There is also need to provide baby food and include age dependant and children's meals which are normally a smaller portion size and with occasional specific simple kids meals, ensuring they are nutritionally balanced. There also needs to be consideration of the request for Kosher meals which may require more complex preparation of meals.



Meal delivery requires strategic planning to reduce the amount of time catering staff have to spend in the zone with infected and potentially infected residents. It is recommended a maximum of 2 meals drops occur daily with aim for one meal drop if possible.

This can incorporate:

- Two meal drops per day- a breakfast and lunch meal combination and hot dinner.
- One meal drop per day- a hot dinner with breakfast and lunch provided for the next day.

Every day, a zone sweep should occur within ½ hour of the meal delivery to ensure all food packets have been picked up by residents. Since the food delivery includes meals that require refrigeration this is an action to prevent food poisoning but also to check on those people's wellbeing who have not picked up their food.

4.3.15 Click and collect & receiving of goods in quarantine

The click and collect arrangement for residents requires significant organisation and a dedicated team to manage the retail outlet and resident requirements. A service agreement is recommended with the retail outlets who will deliver click and collect items for residents. This is important so those items which are considered contraband and not permitted on site cannot be ordered. In addition, the retail outlet needs to have the capacity to cater to the residents' requests and deliver in a timely manner (given residents will likely need their items quickly). All orders need to be searched for any restricted items (as per resident welcome booklet) and if any items have been confiscated from an order, the residents should be notified via email and items passed onto operations for storage until the resident is exiting the site.

No care packages or mail should be received for residents, and if this does occur it should be marked as return to sender and not accepted onsite at all. Depending on the sites capabilities exceptions may be made for:

- Laptops (not desktop computers and screens) unless pre-approved
- Chargers for laptops
- Phone chargers, (but not phones- they can click and collect one)

The click and collect process for management by site staff is presented as:

- All resident orders are sent to both the retail outlet and a dedicated email for the quarantine service Click and Collect Team (C&C Team).
- The C&C Team receive goods from retail outlet to a specific area dedicated for this purpose.
- The C&C Team will check emails for order confirmation, and cross check with RMITS booking system to attain guests room number.
- The residents room number is recorded onto the invoice, the process ensures there is a match with the room number with the order.
- All orders need to be searched for any restricted items (as per guest handbook). If any items have been confiscated from an order, the resident should be notified via email and items passed onto the Operations Teams to be stored until the resident is exiting and then returned.
- Orders are organized into resident zones, and appropriate run sheets then created for the deliveries to keep track of good entering the site.
- The goods are loaded onto a vehicle to carry them into the zone for delivery. As per donning/doffing policy, C&C Teams are required to wear the appropriate PPE for the task at hand.
- When delivering orders, the C&C Team place them on the balcony, knock on the door, step off the balcony and wait for the resident to accept the delivery. Staff must remember to always maintain the appropriate social distance.
- Once deliveries are completed, the C&C Team proceed to the doffing station and record that the deliveries have been completed.

4.3.16 Tele Wellbeing resident care

The Tele Wellbeing Team is a consistent point of contact for residents and will contact the resident at varying times throughout their quarantine stay. The Tele Wellbeing Team can alert residents health teams of any concerns and answer questions regarding the site processes. Additionally the health team can refer residents to contact the Tele Wellbeing Team if they are needing assistance with those factors external to the Health Teams control.

This team aims to confirm resident's departure details by the day 10 of quarantine and will initiate the departure process with residents calling to ascertain details of their plans and ensure early preparation for any specific requirements (such as an early departure request, travel assistance).

4.3.17 Day pass for residents

In exceptional circumstances day passes from quarantine may be issued and these situations need to be navigated early to manage risk to the community. The recommended process is for an exemption application process in which details and evidence are provided by the resident to support the request. Circumstances during COVID-19 in which these were granted are:

- Social emergency (i.e.: attending a family funeral)
- Medical emergency (i.e.: visit a terminally ill relative in the hospital)

4.3.18 Quarantine Compliance and Enforcement Working Group

When a public health emergency declaration is in force, the Chief Health Officer (CHO) can use their emergency powers under the Act. The CHO's emergency powers mean that the CHO may take the actions (including giving oral or written directions) they consider necessary, appropriate, or desirable to alleviate the public health emergency. These are considered mandatory and law, they can therefore be enforced and anyone not complying can face penalties. The CHO Directions are important for quarantine services as they guide policy and practices.

It is recommended that a Quarantine Compliance and Enforcement Working Group is established to navigate situations of non-compliance occurring in quarantine.

It is the obligation of the quarantine facility to ensure residents understand their requirements for example to wear a facemask, physical distancing and remain in their room/on their veranda with facemask on and that failure to do so may result in the issuing of an Infringement Notice with fine penalty. The use of Translating and Interpreting Services, on site Interpreters, Aboriginal Interpreters Service and fluent languages speakers employed by the quarantine service are recommended to provide clear explanations of the requirements alongside translated written resources and text messages (when possible).

If residents are non-compliant with CHO Directions and site policies they are potentially endangering staff, residents and the wider community and immediate action is required. In the first instance, reminders and education of residents should be actioned by all staff. Onsite Police presence is required as part of the quarantine facility site process and liaison with the Police for failure to comply with Directions can then result in the Police issuing an official warning and if non-compliance behaviour continues then the issuing of an Infringement Notice.

The Quarantine Compliance and Enforcement Working Group will operate under a Terms of Reference that outlines the responsibilities of the Group to be;

- Responsible for capturing and reporting on quarantine compliance breaches at the quarantine facility from feedback from all agencies and contractors; and
- Develop and propose actions to address quarantine compliance breaches; and
- Allocate actions to responsible agencies and track outcomes of these actions; and
- Report on quarantine compliance breach actions and their effectiveness to the Executive

The Working Group members must prioritise and commit resources to join up responses to non-compliance that may include, though not limited to;

- Follow up of specific residents either for compliance reminders or issuing of formal warnings.
- Reminder text messages sent to blocks or zones of concern or to individual residents.
- Providing the relevant one page information sheet to the blocks or zones of concern.
- Increased compliance patrols and monitoring by Police.
- Increased observations by Health staff walking through the highlighted areas to increase monitoring of behaviour.

To facilitate this process staff are required to record all resident interactions which note non-compliance in the RMITS as evidence of interactions.

4.3.19 Aggressive or abusive resident management

There should always be a zero tolerance for any violent or threatening behaviour towards staff or other residents by residents in quarantine.

Functioning with an underpinning primary health approach means a zero tolerance policy approach can be implemented. This approach identifies staff have a right to attend their workplace and care for others without fear of being attacked or abused.

For any quarantine facility it is recommended that Police maintain a 24 hour presence on site and conduct resident zone patrols. They are then responsible for the security of the site and present to assist in episodes of threatening behaviours and compliance to the CHO Directions. The Police and site health teams need to have an open communication path to enable Police to gather information on any residents of concern. Pods are able to share with these members any information that will assist them in their work on site. Police are ultimately responsible for the issues of fines under the CHO Direction however all the quarantine facility should ensure staff are aware they are all responsible to support and educate residents to promote their compliance.

4.4 The resident departure process



Section 4: Figure 7 Resident quarantine journey- Departure (day 14)

Clear communication with the residents about departure plans should commence early to identify residents with mobility requirements (wheelchair-bound or unable to climb bus steps) and other unique needs such as residents with hardship. Residents need to be aware of their departure date, the time they will be leaving and transport arrangements. It is recommended that this is officially commenced by day 5 and confirmed by day 10 for a 14 day quarantine.

The quarantine facility needs to provide certification of completed quarantine, particularly for international/ repatriated residents and for those travelling on to other states and territories. The certificate is a doctor-signed statement of medical clearance from the facility and should be issued the morning of a departure.

Residents who have completed their term of quarantine are considered non-infectious and are able to leave the facility with PPE as directed by the relevant Chief Health Officer Directions. By the time they are leaving the site there should be clear understanding of how they will be departing with any residents requiring additional assistance sorted. As previously mentioned the departure planning should commence no later than day 5 of a 14 day quarantine and be fully confirmed by day 10. A fourteen day quarantine is defined as 13 nights, with exit at 12pm on day 14.

4.4.1 Resident departure communication

Clear communication with the residents and staff to ensure they are aware of their departure date, the time they will be leaving and transport arrangements is required. This is important for residents with mobility requirements (wheelchair bound or unable to climb bus steps) to identify where support will be allocated. Regionally located quarantine facilities (and those not within easy access of public transport, airports and accommodation) are required to provide a bus service on the exit day to transport residents to airports and city public transport hubs. Residents requiring these services need to be identified and allocated to buses.

Example of departure email sent to residents on the day before their departure

Tomorrow is your departure day. Your bus will leave at _____. Please be ready on your veranda 30 minutes before your bus leaves and a team member will come around and collect your bus group.

If we can kindly ask you to empty your fridges, you're more than welcome to take any food we have given you for your onwards journey. Any food items you don't want to take please put in the green bins out the front of your room.

On behalf of quarantine service name we wish you all the best.

Staff should be provided with a departure manifest which outlines the order of departure for residents (noting in large cohorts they will not be able to all leave at once), their transport arrangements (what bus they are allocated to) and if they are travelling in a group.

Traffic management needs to be considered for departure dates in relation to the site infrastructure and security systems to host a potentially large number of buses, taxis and private vehicles collecting residents.

Residents official quarantine typically ends at midday on the calculated departure day. For a standard 14 day quarantine residents must spend a minimum of 14 days and 13 nights in quarantine. This may be extended if they are a close contact, are exposed or test positive to COVID-19. This is managed on a case by case basis and if a resident's quarantine is extended, it is the medical/clinical teams responsibility to advise the affected party (parties) directly. Notification of early or late departures needs to be communicated across all site teams including catering and cleaning.

4.4.2 Certificate of Completion of Quarantine

All residents will need to be provided with a certificate to demonstrate they have completed their quarantine requirements. This should be a signed statement of medical clearance from a Medical Officer and represent the facility. The certificate should be issued on the morning of a departure and residents provided clear instructions on how to access this, noting that it is preferable to issue these electronically with a copy attached to their RMITS.

Example resident certificate

**Northern Territory Government
Mandatory Supervised Quarantine
Clearance Certificate**

This is to certify

_____resident name_____

Completed 14 days mandatory quarantine at the *Quarantine Facility Name* in the Northern Territory and tested negative for COVID-19 on day 12 of their quarantine.

From *date of arrival*- *date of completion*

Thank you for our corporation during your quarantine period in the Northern Territory. Your contribution to protecting the health and safety of the Australian community by preventing the spread of COVID-19 is appreciated. The Department of Health encourages people completing quarantine to have an additional COVID-19 test 7 days after they leave quarantine. Other states and territories also have testing requirements for people completing quarantine, please check the relevant websites if you plan to travel.

Signed by the Director of Medical Services

Quarantine Facility Name

Department of Health

4.4.3 Residents requesting early departures

Residents may apply for an early departure in extenuating circumstances such as where another flight is not possible later that day, or due to medical or social emergencies. Other early departures occur when a resident, flight crew, or commercial vessels crew are required to leave for work obligations without completing the 14 days of quarantine. These also need to be managed on a case by case basis and should not be guaranteed.

In the case of exemption request due to travel, a copy of the residents' itinerary is required to confirm an early flight booking.

In circumstances where the CHO revokes hotspot or exposure sites or a change to quarantine requirements is issued the residents are able to depart the facility and are considered non-infected. This can cause an unexpected increase of work to meet resident needs and where possible early notification to the quarantine facility by the responsible Emergency Operations Centre can ensure they are staffed and prepared for the resulting resident demands.

4.4.4 Residents experiencing hardship

Residents may be verified as experiencing hardship and this need to be registered during their quarantine to ensure the correct support services are flagged prior to their departure (this primarily falls under the specialist/ social workers team). This will initiate actions to provide assistance for factors such as quarantine fees or assistance with temporary accommodation should this be required after their quarantine has been completed. In such cases, taxis may be required to assist these residents to reach their next place of accommodation.

4.4.5 Notification processes

Departures need to be recorded in the RMITS and the information passed on to catering and cleaning services. On departure, room keys are required to be collected as residents leave and communication with relevant teams is instigated. This includes updating RMITS records are updated, the Catering Team know to cease meals preparation and delivery and cleaning services are initiated.

4.5 Resident feedback surveys

Evaluating the quarantine service provision from the resident perspective is important to understand if the resident centred model of care is effective. Surveys can be implemented during or at the completion of the residents stay and questions focussed on specific areas of the resident experience with the opportunity to provide written feedback. Areas a survey may focus on are: meals, sleep, physical activity options, medical care (if relevant), interactions with health teams, entertainment and the click and collect service. Additional areas can address personal safety (how safe residents feel in the facility) and how concerned they are with contracting the disease in the facility.

Surveys can also be used to determine the effectiveness of communication for residents and, gauge how the public health orders are being interpreted. All surveys should be anonymous and voluntary to complete.

Resident surveys can be distributed at anytime during their stay to determine how residents are settling into quarantine and highlight where the facility service and care provision needs to be reviewed. These can be provided as paper/hard copies to residents to complete and distributed/collected by the Health Team (noting paper cannot leave a red or orange zone and therefore photos of completed surveys are taken with the paper copy discarded at the doffing station). Alternately electronic versions can be emailed to residents by the Tele Wellbeing Team. It is noted that surveys are anonymous and voluntary for residents to complete.

Surveys can be used as a tool to assess how residents are adapting to border closures. For example it was observed with border closures to states with large COVID-19 outbreaks residents were travelling between states by completing a period of quarantine in the Northern Territory enabling them to then enter a state (the state allowing NT entries). Adding a question to determine the reason residents were entering quarantine provides evidence of this behaviour which can then be used to inform strategies to reduce this burden on the quarantine service.

Question examples with a ranked response

1. How satisfied are you with your sleep?
2. How satisfied are you with your meals?
3. How satisfied are you with the physical activity options?
4. How satisfied are you with the entertainment options?
5. How satisfied are you with the Welfare Outreach support provided to you?
6. How satisfied are you with the click and collect process available to you?
7. How happy are you with the medical care you are receiving?
8. How concerned are you with contracting COVID19 virus?
9. How satisfied are you that you are being protected from COVID19?
10. Is the information provided to you daily appropriate to keep you informed?

Question examples with an open response

1. Is there anything else we can consider providing you to support you during your stay?
2. Would you like to speak to one of our Health Clinicians?

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Content Acknowledgement

Content in this resource has been created and, in some cases, directly copied with permission from documents and resources owned and prepared by the Northern Territory Government, Department of Health, Centre for National Resilience, Howard Springs Quarantine Facility and the National Critical Care and Trauma Response Centre.

Appendices A

Staying active in quarantine

This resource has been directly adapted and copied from the resource: Northern Territory Government, Top End Health Service, Centre for National Resilience. (n.d.) Staying Active in Quarantine.

The physiotherapy Team at Centre for National Resilience (from Top End Health) are acknowledged for the development of the original resource.



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Mental health benefits of exercise



It's a brain-health booster - exercise promotes quicker learning and better memory



Reduces stress and anxiety - exercises can lighten your mood and dull your pain



Boosts decision-making skills



Improves concentration, multitasking and planning



Helps you sleep more restfully



Improves self-esteem and self-image

Physical health benefits of exercise



Helps maintain healthy bones, muscles and joints



Increases your energy



Enhances your immune system to help fight bacteria and viruses



Improves coordination and motor skills



Helps reduce the risk of developing chronic diseases



Improves your circulation



Helps to achieve and maintain a healthy body weight

What exercise can I do in isolation?

- Breathing exercises
- Stretching
- Balance
- Upper body strengthening
- Lower body strengthening

Before you start exercising

Talk to a healthcare provider if you have any pre-existing injuries that you are worried about

Modify the exercise to suit you. You can adjust the number or repetitions, the speed, or the duration of holds.

Work within your limits.

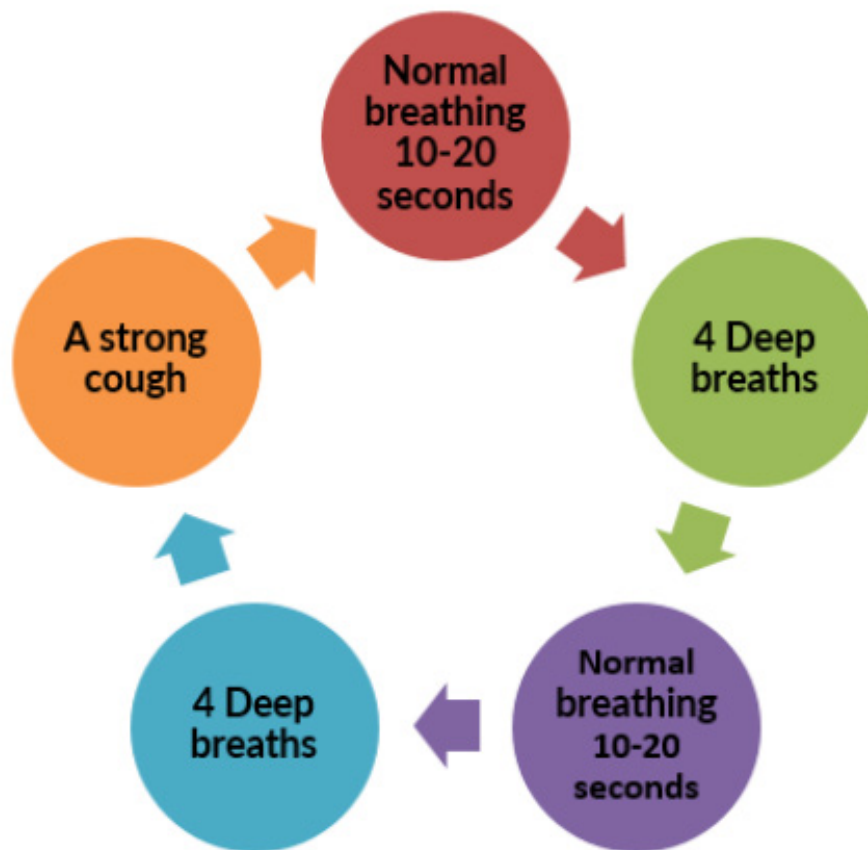
How hard should I exercise?

Using the scale below, aim to work between level 4 and level 5. You should be able to talk, but breathing heavily.

	10	EXTREMELY HARD MAX!	> Gasping for air > Sustain 5-20 seconds
	9	VERY, VERY HARD	> Breathless, very labored > Sustain ~1 minute
	8	VERY HARD	> Cannot talk, labored > Sustain a few minutes
	7	HARD	> Deep forced breathing > Sustainable
	6	MODERATELY HARD	> Deep breathing > Talking is challenging
	5	SOMEWHAT HARD	> Heavy breathing
	4	MODERATE	> Talking is uncomfortable
	3	EASY	> Light rhythmic breathing > Can maintain for hours
	2	VERY EASY	> Can talk in complete sentences
	1	VERY, VERY EASY	> Restful breathing > Can sing

Breathing exercises

This helps keep lungs well ventilated and clear. This diagram shows you the Active Cycle of Breathing Technique (ACBT).



You can do this every hour that you are awake.

It is also important to sit out in a chair and march on the spot/walk throughout the day for your overall lung health.

Maintain good cough etiquette.

Stretching



CHILD POSE

Starting in a crawl position, slowly lower your bottom towards your feet until a stretch is felt along your back and bottom.

Hold for 20 seconds



CAT AND CAMEL

Starting in a crawl position, arch your back towards the ceiling like an angry cat.

Then, arch your back the opposite direction as shown.

Hold each position for 5 seconds.

Repeat each position 4 times.



THIGH STRETCH - SIDELYING

Lie on your side.

Hold your leg at the ankle and pull your knee into a bent position until a stretch is felt along the front of your thigh.

Hold for 20 seconds.

Repeat both sides.



SIDELYING TRUNK ROTATION

Lay on your side with knees bent and arms out-stretched in front of your body. Slowly twist your upper body to the side and rotate your back as shown.

Hold for 20 seconds.

Repeat both sides.



HIP/BOTTOM STRETCH

Sitting in a chair, cross one leg on top of the other as shown.

Gently lean forward until a stretch is felt in your thigh of the crossed leg. Hold for 20 seconds.

Repeat both sides.



SEATED HAMSTRING STRETCH

Sitting in a chair, rest your heel on the floor with your knee straight. Gently lean forward until a stretch is felt behind your knee/thigh.

Hold for 20 seconds.

Repeat on both sides.



NECK STRETCH - HAND ON HEAD

Begin with your head in an upright position.

Move your head towards one side with the help of your hand for light over pressure, until you feel a stretch along the side of your neck.

Hold for 20 seconds.

Repeat both sides.



UPPER BACK STRETCH

Tuck your chin to your chest and join your fingers as shown.

Reach your hands forwards until a stretch is felt along your upper back. Hold for 20 seconds.



TRICEPS STRETCH

With one elbow bent and your hand on your shoulder, use your other hand to gently push your elbow up towards the roof until a stretch is felt along your arm.

Hold for 20 seconds.

Repeat both sides.



STANDING CALF STRETCH

Standing in front of a wall, step forward with one leg.

Keep both feet pointing forward and your back leg straight.

Lean into the wall until a gentle stretch is felt along the back of your back leg.

Hold for 20 seconds.

Repeat both sides.



GROIN STRETCH - STANDING

Standing with your feet spread wide apart.

Slowly lean towards one side keeping your other knee straight.

You should feel a stretch along your inner thigh.

Hold for 20 seconds.

Repeat both sides.

Balance

Note: Stand near a chair or bed rail for safety when doing the balance exercises.



HEEL TOE STAND

Place the heel of one foot so it is touching the toes of the other foot. Keep your balance in this position.

Hold this position for 1 minute.

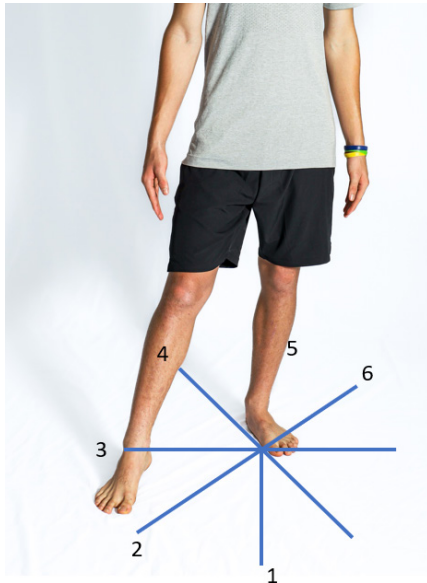
Repeat with opposite foot position.



SINGLE LEG STAND

Stand on one leg and maintain your balance.

Hold for 1 minute with each leg.



SINGLE LEG - CLOCKS

Standing on one leg. Imagine a clock on the floor surrounding your foot.

Then, lightly touch position 1 as shown with your non-stance foot.

Then return that leg to the starting position.

Next, touch position 2 and return. Continue this all the way to position 6. Stop if you get to a number you can't do.



FOOT TAPS

Place a cup in front of you as shown.

Lift one foot and tap it on the top of the cup.

Lower your foot back down and repeat with your alternate foot.

Repeat 10 times on each foot.



HEEL TOE WALK

Standing next to a wall or bed to help with balance if needed.

Take steps so that your heel strikes the ground and is touching the toes of the other foot.

Continue taking steps as you walk forward.

Complete 10 laps.

Challenge yourself

Close your eyes to make the balance exercises harder. Only do this if you can complete these exercises safely with eyes open first.

Upper limb strengthening



WALL PUSH UPS

Standing at a wall, place your arms out in front of you with your elbows straight.

Bend your elbows slowly to bring your chest closer to the wall.

Repeat 10 times.

Challenge yourself

Make wall push ups harder by doing the exercise with your hands on bed or floor.

Level 1



DIPS IN CHAIR

While sitting in a chair with hands on arm rests, push yourself upwards by straightening elbows so that you lift your bottom off the chair.

Then lower down back to normal seated position.

Repeat 10 times.

Level 2



DIPS OFF CHAIR

Hold onto the seat of a chair with straight elbows.

Bring your feet forward as shown, or bend your knees to make it easier.

Lower your bottom down towards the floor by bending your elbows.

Repeat 10 times.

Lower limb strengthening

Level 1



BRIDGING

Lie on your back with knees bent and your feet flat on the bed.

Squeeze your bottom and lift it off the bed.

Hold for 5-10 seconds, then lower down.

Repeat 10 times.

Level 2



SINGLE LEG BRIDGE

Lie on your back with one leg bent and foot flat on the bed and one leg straight.

Lift your bottom off the bed.

Hold for 5-10 seconds, then lower down.

Repeat 10 times each leg.

Challenge yourself

Place your arms across your chest before lifting your bottom. This will make the exercise harder.

Remember: DO NOT hold your breath.

Standing exercises

Note: hold onto a chair or bed rail for safety when doing standing exercises if needed.



STANDING MARCHING

While standing lift your knee up in line with your hip, then lower it back to the floor.

Repeat with other leg and continue for up to 1 minute.

Level 1



STANDING HEEL RAISES

While standing raise up on your toes lifting your heels off the ground.

Hold for 5 seconds.

Repeat 10 times.

Level 2



STANDING HEEL RAISES - SINGLE LEG

While standing on one leg, raise up on your toes and lift your heel off the ground.

Hold for 5 seconds.

Repeat 10 times on each side.



SIT TO STAND

Sitting on a chair with arms out straight, stand up.

If needed you can use arm rest to help stand.

Repeat 10 times.



FORWARD LUNGE

Standing with feet shoulder-width apart, take a step forward and lower yourself down to the ground as shown.

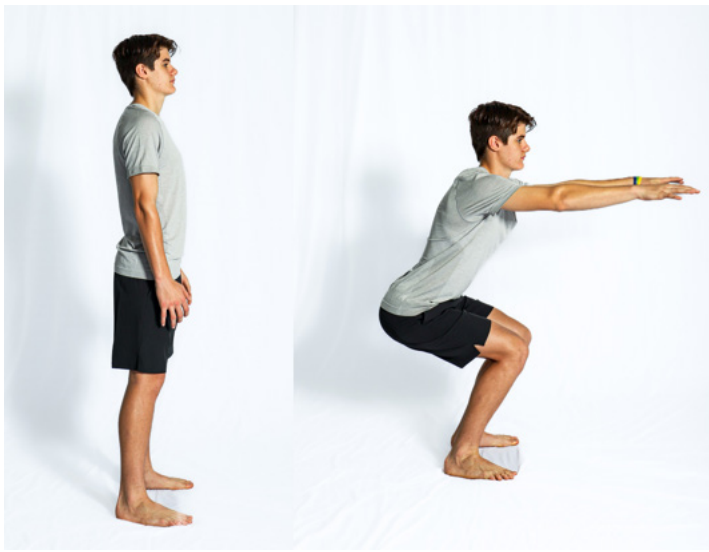
Repeat 10 times on both sides.



SIDE LUNGE

Standing with feet shoulder-width apart, step one foot to the side and lower yourself down to the ground as shown.

Repeat 10 times on both sides.



SQUAT

Stand with feet shoulder-width apart.

Bend your knees and lower your bottom towards floor keeping your back straight and bending at your hips.

Repeat 10 times.



WALL SIT

Leaning against a wall, slide your body downward into a sitting position and hold.

Hold sitting position for as long as possible, then return to standing.



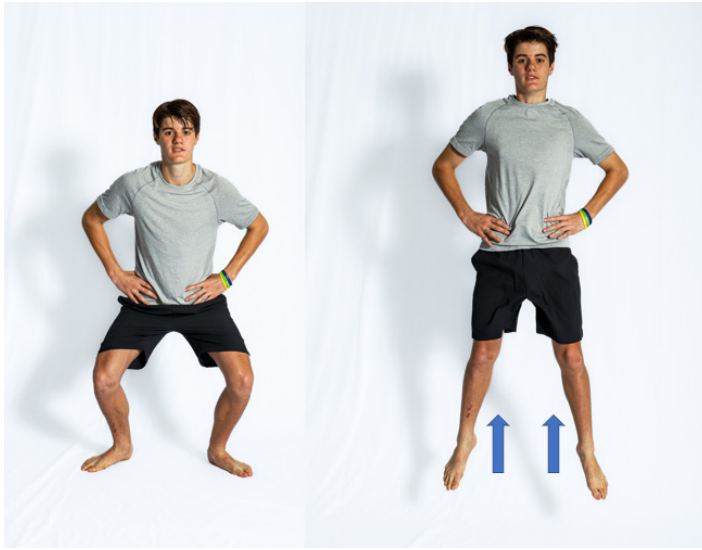
JUMPING JACKS

Start in a standing position with hands by your side and feet together.

Next, jump landing with your legs out to the side and clap your hands overhead.

Then, jump again and return your hands and feet to starting position.

Repeat 10 times.



SQUAT JUMPS

Start in a wide stance with your hands on your hips and squat down.

Once in a squat position straighten your legs and jump into the air.

As you land lower yourself back down into the squat position.

Repeat 10 times.



JOG ON THE SPOT

For up to 1 minute.

Challenge yourself

Lift your knees up to your waist height for high knee jogging.

Remember: use the scale on page 4 to guide how hard you should be working during exercise.

Appendices B

Keeping your mind and
body healthy in isolation



Acknowledgement

This resource has been directly adapted and copied from the resources:

Centre for National Resilience, Northern Territory Government, Top End Health Service, (n.d.)

- Keeping your mind and body healthy in isolation.
- Relaxation techniques

The Allied Health Team at Centre for National Resilience are acknowledged for the development of the original resource.

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Mindfulness: The Benefits of Mindfulness



How to Live in the Here and Now (and why You should).

As we try to find ways to manage stress and anxiety, Mindfulness is becoming increasingly popular as a form of meditation as it can be done anywhere and anytime and you don't need any special tools or props to do it.

Mindfulness is not about you thinking what is going to happen tomorrow. It is not about you thinking what occurred yesterday. Mindfulness is about the here and now. It helps you become aware of your surrounding - the sounds, the smells, the sights, the feeling of the surface you are sitting on or standing on, how you are feeling physically, and more.

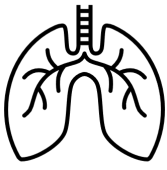
You can do this activity at any time that seems right. You can do it as you prepare for your day, before you open that laptop for work, on your veranda, in your room, on your bed, anywhere.

The goal is to get you to focus on the here and now to remove the clutter in your thoughts of what has happened and what might happen. It helps remove self-doubt and negative thoughts.

Here are some benefits of mindfulness:

- Lowered cortisol levels
- Boosted willpower
- Increased productivity
- Better emotional resiliency, which helps cope with difficult situations
- Decreased anger and rumination
- Lowered blood pressure and enhanced immune system functioning
- Slowing of the ageing process and more.

Mindful Breathing: Focus on your breath.



A big part of mindfulness is the focus on breathing. We breathe out of necessity, but breathing properly gives us strength and relaxation when we need it most.

Once You're sitting or standing in a safe place, close your eyes and take in a deep breath, expanding your abdomen, hold it for a few seconds and then let the breath slowly leave your body. Repeat this a few times while bringing your attention back to the breath every time it wanders. Dwell in the moment and fully experience every aspect of breathing deeply.



Mindfulness awareness: Live in the moment.



Living in the moment is something we may think we're doing, but mindfulness living in the moment is different. Living in the moment means thinking about what you are experiencing right then and there.

Are you brushing your teeth? Sitting on your bed? Sitting on the chair on your veranda? Taking your laundry to the laundry room? What do you see? What do you feel? What do you hear? What

do you smell?

Take the time to absorb what your senses are telling you, blocking thoughts of what you were doing just before or what you must do next.

Mindfulness observation: Pay attention to the details.



If you're biting into a sandwich, how does it taste? What textures can you feel in your mouth? Is it sour, sweet or both? You are sitting on your veranda and looking at a tree. How does the tree appear to you? What are the colours and shapes that you see? Are the leaves swaying back and forth in the breeze? Can you hear any birds singing?

Mindful observation is an easy exercise you can incorporate into even the smallest moment of Your everyday quarantine life.

Mindful immersion: Pay attention to your actions.

Whether you are cleaning your room, washing your hands or brushing your hair, immerse yourself in the activity. Pay attention to the details. Note how the activity makes your muscles feel, how your hands are working and the sounds you hear. By paying attention to the activity, your mind is less likely to wander.

Breathing exercise



Box breathing, also known as square breathing, is a technique of taking slow, deep breaths to use as a powerful stress reliever that can help provide a sense of calm and relaxation in the mind and body.

Before you get started, make sure you are seated upright in a comfortable chair with your feet flat on the floor.

Keep your hands relaxed in Your lap with Your palms facing up, focus on your posture. You should sit up straight as this will help you take deep breaths.

Step 1: Slowly exhale through your mouth, getting all the oxygen out of your lungs.

Step 2: Slowly inhale deeply through your nose to the count of four in your head. Feel the air fill your lungs, one section at a time, until your lungs are completely full and the air moves into your abdomen.

Step 3: Hold your breath for another slow count of four.

Step 4: Exhale through your mouth to the count of four, expelling the air from your lungs and abdomen.

Step 5: Hold your breath to the count of four before repeating this process.

Yoga



Yoga can help manage anxiety or depressive symptoms associated with difficult life decisions or situations.

Yoga can help improve general wellness by relieving stress, supporting good health habits and improving mental/emotional health and sleep.

Yoga can help relieve low-back pain and neck pain.

You can do your yoga on your balcony, maintaining social distance with your neighbours.

Keeping your mind and body healthy in Isolation

Talk to your health care provider if you have any pre-existing injuries that you are worried about. Modify the exercise to suit you.

- Provide links to online free yoga apps

Music and art



Studies show that art and music therapies boast a whole host of benefits, including improving mindfulness and lowering anxiety and depression. It's also a good way to distract yourself and to pass some time.

Try setting time aside to listen to some music, pick out a few of your favourite songs and listen to them. Make a playlist of music that makes you feel good.

Drawing, writing or colouring can also be a good way to distract yourself, keep busy and in turn make you feel more relaxed. Staff can provide pens, pencils, paper and colouring in work if you need these.

Visualisation techniques



Another way to engage the body's natural relaxation response is to use visualization exercises. These techniques rely on using mental images to create a sense of well-being in the body, which can reduce stress and can help with people who are struggling to fall asleep.

Body scans are a type of visualisation that feature a slow, focused attention to different parts of the body. Once you're lying comfortably in bed, try these steps for a body scan:

1. Start by taking a few deep breaths, to get your body into a relaxed state.
2. Bring your attention to your feet, noticing any sensations in your toes and if you're holding any tension in this part of the body.
3. If you notice discomfort here, acknowledge it and try to let go of any thoughts you have. Visualise the tension leaving the body through your breath.
4. When you're ready, move your focus to your calf muscles, repeating the process of noticing sensations, letting go of thoughts, and visualising the tension leaving through your breath.
5. Move your attention to each part of your body, one-by one, moving from your feet to your forehead until you've scanned your entire body.

Appendices C

Template and guide for resident information pack

How to use this template

This template has been directly modelled on the version used at Centre for National Resilience for residents arriving into the quarantine facility. The context of COVID-19 has been kept to demonstrate where disease information is represented and how this can be presented to residents. This represents a 14 day quarantine stay.

Comments have been added to provide a rational or context to certain information, this has been presented in highlighted boxes.

Text boxes have been used to present rationales and explanations for certain information in the information

Areas where referral to Centre for National Resilience, emails, dates or information specific to the site which will need to be replaced has been highlighted in grey to indicate this will need to be updated. An example is presented below.

Site name Telephone numbers

In a Medical Emergency call - 08 xxxxxxxxx

For all other matters call 08 xxxxxxxx

Email addresses will appear as xxxxxx@emailaddress

Contact Details

Site Telephone numbers

In a Medical Emergency call - 08 xxxxxxxx

For all other matters call 08 xxxxxxxx

- In an emergency **press x**
- For **Click and Collect** and pharmacy orders **press x**
- For **Tele Wellbeing** (8:30am to 9pm daily) regarding arrival/departures, lost property, general quarantine inquires, catering or referral to services and on site supports **press x**
- For all other matters including **room lock outs**, rooms supplies and similar **please hold the line**

Important contact information needs to be at the front of the document. This is recognised as the information residents will most likely need to use.

Mental Health and Wellbeing

- **TeamTALK (8 am to 10 pm) xxxxxxxxxx (Quarantine facility's external counselling and support line)**
- Lifeline – Call 13 11 14
- Beyond Blue – Call 1300 224 636
- Samaritans Crisis Line – Call 13 52 47
- Suicide Call Back Service – Call 1300 659 467

TeamTALK is an external mental health service funded by the quarantine facility

Email addresses

Click and Collect and Pharmacy orders @emailaddress

Tele Wellbeing (8:30am and 9pm) @email address

Welcome notice

Dear Resident

Welcome to the **title of quarantine facility**.

The **title of quarantine facility** is a provide a description of who the service is led by (for example the Northern Territory Department of Health) and the key agencies which contribute to the facility. We are supported by numerous local suppliers and contractors all working together to make your quarantine successful.

Provide a paragraph on general information about the establishment of the quarantine facility.

A very important part of quarantine is the infection control rules that we all must comply with. We will talk through any worries you may have, but testing requirements and infection control rules will not be changed.

Address the main infection prevention and control behaviour expectations and rules for residents

Infection controls are in place to keep you, your fellow residents, and our entire staff **COVID** safe. Most of these 'rules' are very well known, as they are the same as those required of us in the community. Wear a mask, physically distance and hand hygiene.

You must wear a facemask at any time you are out of your room or when talking to any staff member within or at the door of your room. You must always put on a mask when requested by any staff member. You also must physically distance from anyone who is not in your immediate family.

Please know, we do want to help, but we will not change our infection controls or testing schedule – they are in place to protect all and work to ensure people are **COVID** free at their exit.

We are here to support you through your stay - there are emails and numbers throughout this booklet. Further, it is important to stay connected, reach out to family, friends, and others in your network you can be in contact with during your quarantine.

Thank you for your cooperation and remember – masks on and physically distance when outside!

title of quarantine facility

Welcome to quarantine in the XXXXXXXXXXXXXXX

You are completing your quarantine within **provide the Indigenous title of the land**, the **XXXXXXX people** are the traditional owners of this region and have a deep, spiritual connection with country and are responsible for making sure it is respected by all those who use it.

Provide an overview of the Traditional Owners of the land and the local weather noting this may not be known by many residents

Heavy monsoonal downpours, spectacular lightning displays, and increased cyclone activity typically commence from late November to early December and can go through until March/April. Like all weather, it can be unpredictable and we ask you to prioritise your safety by not moving about site during storms and to not touch metal infrastructure (poles, veranda railing). In the instance of heavy rain, drainage on site may fill. Swimming and playing in drains is not permitted. It is quite common for the lightning and thunder to be extremely loud. In the event of a severe weather event (including cyclone), we will provide guidance to you at the time. Please be vigilant in supervision of children during storms and severe weather events.

From May we enter 'the Dry' where your experience of autumn and winter will be azure blue skies and balmy weather. During this time, back burning occurs around Darwin so on some days you will smell a light 'bush smoke' as you feel our winter 'cold lows' of 23 degrees. We track the local fires and have a relationship with the Emergency Operations Centre so whilst there may be lots of smoke and plumes around, be assured Fire and Emergency know the site and our operation.

If you would like to monitor the weather events, please go to www.bom.gov.au and search for the Darwin (Berrimah) Radar and this is the link <https://www.pfes.nt.gov.au/incidentmap> to tracking the fires around the Territory.

What health information will residents need to know about the weather (noting this may not be significant for certain areas).

In the tropical climate, it is important to drink plenty of fluids, two to three litres of water per day even during our winter. Winter days can get up to 34 degrees so please be mindful of your hydration, especially if you are not used to our type of heat.

Information about COVID-19

It is extremely important to provide clear outlines of the disease of concern, including symptoms, the way it is transmitted, how residents should protect themselves from this and the specific rules and expectations for them to be disease safe whilst in quarantine.

COVID-19 is a new disease, so there is no existing immunity in our community. It is a very infectious virus that has spread widely and quickly. Coronavirus (COVID-19) symptoms include:

Fever (a temperature of 37.5°C or higher)	Cough
Chills or night sweats	Sore throat
Tiredness (fatigue)	Difficulty breathing
Headache	Muscle pain
Loss of sense of smell and/or taste	Nausea and vomiting
Joint pain	Loss of appetite
Runny nose	Acute blocked nose

How does COVID-19 spread?

The coronavirus that causes COVID-19 is spread between people through droplets and it can survive on surfaces. There are simple measures to prevent the spread of the disease;

- Avoid close contact with people, physically distance – anyone who has been in a place with community transmission and become infected, can transmit the virus even before they know that they have it
- Avoid close contact with an unwell person – move away from anyone who does not take appropriate precautions when coughing or sneezing
- Avoid touching potentially contaminated objects or surfaces (such as door-knobs or tables) and then touching the mouth or face
- Practice good hand hygiene that can be effectively done with thorough hand washing with soap
-

What is 'physical distancing'?

Physical distancing is the term to describe keeping 1.5 metres from others during the COVID-19 pandemic. You can be physically distanced, but still social.

It is important you stay in touch with their family and friends for your own mental health and wellbeing. Phone and video calls and social media help you stay connected with loved ones.

Why you cannot share things with other residents outside your family group

The Delta and Omicron variants are highly transmissible meaning it can very easily pass from one person to another through 'fleeting' contact.

Do not share any items or goods with any resident other than your family group. This includes but not limited to, books, balls, cards, pencils, devices, children's toys, food, brush and pan or similar.

Do not play games with any other residents outside your family group that shares items like, balls, cricket, card games, crossword puzzle/Sudoku books, scrabble or similar.

COVID safe behaviour

COVID safe behaviours included in a Chief Health Officer Directions **provide a link to webpage here** therefore they are a legal obligation of people who quarantine.

All residents are provided with surgical masks that you must use:

- When you are out of your room, including when on your veranda
- When talking with any staff member within, or at the door of your room
- When any staff member asks you to put on a mask
- Exercising at any time outside your room on your veranda
- If you attend a medical appointment away from your room
- When you go to the laundry to wash/collect your clothes according to the schedule

If residents do not follow the infection control rules the Chief Health Officer (CHO) has directed regarding masks and physical distancing, the Police may issue fines **(provide additional information about what these are)**.

Quarantine centre staff will remind you however, the responsibility to avoid a fine by physically distancing and wearing a mask is yours. Please make sure you practice high levels of personal hygiene, wash your hands regularly, and apply physical distancing of 1.5 metres at all times.

Staff will provide re-usable masks for young children on request.

Daily symptom and wellbeing checks

Health will conduct daily checks for COVID-19 respiratory symptoms and for other health/wellbeing concerns including referral to a medical or allied health consultation if required. You are able to talk with these staff about any concerns or worries you may have so we can reach out to help you.

How to calculate your quarantine period

Understanding how long they will be in quarantine was a core information request for residents. Ensure this information is presented and is relevant to their circumstance.

Border arrivals

Residents quarantining due to border restrictions, are required to quarantine for 14 days. Your 'day zero' is the day you crossed the Northern Territory border and ends on your 14th day at midday.

An easy way to work this out is if you arrive on a Sunday, you leave on Sunday two weeks.

Close Contacts

Residents quarantining due to being close contacts are required to remain in quarantine;

- 7 days if vaccinated
- 14 days if not vaccinated

A close contact's 'day zero' is the day they last had contact with a COVID-19 positive person, or the date the positive person's quarantine period started if they and the close contact are quarantining in the same place.

If you have COVID like symptoms, contact Health on 08 xxxxxxxx to organise a RAT test. Once we confirm COVID, you will start your COVID isolation.

If a RAT test is returned positive, a you are required by CHO Direction to register the positive result on line through the rapid antigen test registration located on this page **provide a link to the relevant webpage or include this information here** and to tell the onsite Health staff by calling **08 xxxxxxxx**.

Once the positive RAT test form has been completed you will be texted a COVID-19 assessment form to complete. This information is to assist Health to assess risks and best supports during your recovery.

If you cannot lodge your positive test on line, Health staff will do this for you and follow up with you to complete the assessment.

COVID positive

Residents isolating due to being COVID positive are required to remain isolated;

- 7 days if vaccinated
- 10 days if not vaccinated

A person with COVID's quarantine 'day zero' is the day they completed the RAT or PCR test that showed they were positive for COVID19. If you took a PCR on Monday but did not get the positive result notice until Wednesday, your 'day zero' is Monday.

While the CHO Direction sets the isolation days, sometimes COVID illness remains longer. This is more likely if you have other health concerns. It is very important that if you still have symptoms at day 7 and ten, you tell Health staff as it is likely you have a more severe form of COVID and need ongoing medical care. COVID affects people differently – if you have symptoms you remain unwell and may still need medical advice and care.

Quarantine fees

Provide information about quarantine fees here. Ensure a contact point is provided (email or phone) so residents can be referred to a consistent source of information.

Supervised quarantine and support

This section provides information on the quarantine service routine and expectations for residents

On arrival Health will take you through an intake process and guide you to your room. All residents are required to move their own luggage.

To assist in room allocation and support, you will complete an intake form that includes things like smokers, families, medical conditions, disabilities, and dietary requirements.

On site staff

During your stay, you will notice our staff are dressed in PPE and will physically distance from you. This is because we have COVID-19 safe rules for how we provide services and support you. During your stay, you may hear us to ask you to step back, to put on a mask, or go into your room if we need to do something near your veranda.

Our infection control rules include making sure the time staff spend in quarantine zones is carefully tracked, so at times, you may ask for something but we will not bring it to you (if it is not urgent) until later in the day when we do all our deliveries at once.

Our Click and Collect and Catering staff deliver at set times to reduce the amount of time in PPE, particularly during summer/wet season as part of our Heat Management procedures.

Unless your goods are urgent, immediate individual deliveries will not occur.

Our quarantine team are onsite 24/7 to provide support and connect you with the services and essential items that you may need when possible.

A television streaming service allows communication of important information and consistent access to information for residents.

Channels 910 and 911 on your TV sometimes stream updated messages about Quarantine.

Tele Wellbeing

This information needs to be representative of the model of phone support provided by the quarantine service.

The Tele Wellbeing model recommended consists of a supportive service for residents led by health professionals and staffed by non-health staff who had access to guides and scripts to direct phone calls and text interactions with residents.

Tele Wellbeing, who operate off site, contact residents via phone, email or sms. The team's calls come from NT Government phone lines so will show as 'Private Number' on your mobile - please do answer. They will check on your wellbeing, help problem solve issues and provide advice on supports available. We are here to help as best we can but may not be able to resolve all of your issues or concerns while in quarantine.

Keep in mind infection control and COVID19 management are our priorities, offered solutions to your concerns may not be exactly what you want but it is best we can do within the quarantine environment.

The Team also sends individual and/or broadcast text messages to help keep you up to date and share important messages.

Non-urgent queries about quarantine, support services, medical needs, or COVID-19 can be sent to **Provide an email contact here**

What everyone must do

Provide a clear outline of the quarantine service expectations from residents. This will include disease monitoring and screening and resident behaviours.

Monitor symptoms

You must regularly check for symptoms of COVID-19, including fever, coughing, sore throat, muscular pains, shortness of breath, unexpected tiredness, loss of and altered sense of taste and loss of sense of smell.

Provide a weblink to the local government website presenting COVID-19 signs and symptoms

If any of these symptoms present, tell the daily visiting Nurses or contact **08995 5960** and select number 4.

Be COVID safe

CHO Direction 52 says what a resident must to make sure there is good infection control.

Residents must wear a face mask;

- during transit to or from a quarantine facility
- when they are not in their allocated room, unless an authorised officer permits them to remove the face mask
- When they are on the veranda attached to the person's allocated room
- When directed by an authorised officer.

A person must stay in the person's allocated room, including any veranda attached to their room.

When a person is not in their room as permitted by an authorised officer, including any veranda attached to the room, they must;

- take all reasonable measures to stay at least 1.5 metres away from any other person in the quarantine facility, except for the person's spouse, de facto partner, child or parent
- follow any direction given by an authorised officer to avoid people congregating in a quarantine zone

Residents may be subject to further specific instructions from an authorised officer regarding the person's behaviour or the manner in which the person is to be quarantined.

Failure to comply with the quarantine requirements may result in a fine to the person in quarantine.

Further information and copies of the Chief Health Officer Directions can be accessed at the **Provide a weblink to the CHO Directions**

COVID-19 Testing and exit arrangements

Rapid antigen tests (RAT) detect whether proteins of the COVID-19 coronavirus are present in your body. RATs require taking a nasal swab and placing it into a chemical solution. The result will display on a testing pad within 15 to 20 minutes.

RATs are used as a monitoring tool and you will be tested using RAT on the days required by the CHO.

Health staff will advise of the process when delivering your test and there is an information sheet on doing a RAT test is at the end of this handbook.

Polymerase chain reaction (PCR) tests will only be conducted if required by Health clinicians. You will not routinely be notified of the results for a PCR test unless they are positive or inconclusive (and need to be repeated)

Unapproved entries

If you are an unapproved entry to the state/territory, you will be RAT tested on arrival however, you must immediately make arrangements to leave the Territory.

Send your exit flight details to **provide the site administration email address** and arrangements will be made to return you to the airport in time for your flight.

Unvaccinated

All border arrival quarantine residents will have a RAT test on days one, five and 12 to exit on day 14 after midday.

If you refuse a test, seven days will be added to your quarantine time in accordance with the CHO Direction with this time being at your expense.

If you test positive in quarantine, you will commence your COVID positive quarantine on the day of the positive RAT test.

If you become a close contact because a family member quarantined with you tests COVID positive, you will commence your close contact quarantine on the day your family member tested positive.

Leaving before the end of the 14 days

If you are not a close contact or a COVID positive resident, you are able to leave quarantine at any time before the 14 days, if you are leaving the Territory directly. This means you must travel directly from **quarantine service name** to Darwin airport and board a flight that goes directly out of the Territory (not via Alice Springs or Nhulunbuy).

If you wish to leave, you need to provide evidence of your exit from the Territory by way of an itinerary that is sent to **provide the site administration email address** with at least 12 hours' notice so transport arrangements can be made. No action is taken to organise your exit until the itinerary is sent.

COVID taxis were used by CNR for residents who were still within their quarantine period but had to travel. Ensure arrangements are established with these services prior to advising residents of their availability

Because you are still within your quarantine period, a 'COVID Taxi' will be ordered by **quarantine service name** with a driver wearing appropriate PPE who will clean down their car according to NT Health requirements after you get out. No other transport other than a COVID Taxi can be used.

This taxi is at your own cost.

Close contacts testing and exit

Vaccinated

Vaccinated close contacts will be RAT tested on arrival and will leave quarantine on day 7 after midday if they do not test positive on the day 6 RAT test.

Unvaccinated

Unvaccinated close contacts will be tested on arrival, day 6 and day 12. If a resident's day 12 test is negative, they will leave quarantine on day 14 after midday.

COVID positive exit

No further testing will occur during your COVID positive quarantine unless required by a Health clinician as part of treatment.

Don't risk sending an infectious person into the community, ensure residents are aware that ongoing signs and symptoms of infection may indicate an ongoing possibility of being infectious to others

While the CHO Direction sets the isolation days, sometimes COVID illness remains longer. This is more likely if you have other health concerns. It is very important that if you still have symptoms at day 7 and ten, you tell Health staff as you have a more severe form of COVID. COVID affects people differently – if you have symptoms, you remain unwell and may still need medical advice and care.

Vaccinated

Vaccinated positive residents leave quarantine on day 7 after midday if they do not have symptoms.

On day 6, Health will conduct a symptom check to determine if you are able to exit on day 7, you are obligated under the CHO Direction to be truthful in reporting COVID19 symptoms.

If you continue to have symptoms, you will remain in quarantine for an additional three days (total of 10 days).

Unvaccinated

Unvaccinated positive residents leave quarantine on day 10 after midday.

Leaving

Planning

Tele Wellbeing or onsite support will contact you about your exit arrangements before the end of your quarantine period.

If residents live locally to the quarantine service they will likely want friends or family to collect them. If there is a large number of local residents leaving in one day this can cause a traffic jam for the site. Make sure these arrangements are all considered so they do not affect the overall function and safe activities for the quarantine service.

If you are local, Tele Wellbeing will confirm if you are to make arrangements for your pick up to be from the **quarantine service name** or from another central location. This decision depends on resident numbers leaving on your day. Do not confirm your travel away from **quarantine service name** until Tele Wellbeing has contacted you as we work to make sure people arriving to quarantine do not cross paths with people leaving and to limit the amount of traffic on the site at the one time.

Departures are generally done in groups based on resident's location within **quarantine service name**.

Tele Wellbeing will ask you:

- If you are not on your own, the number of people travelling in your group
- Who will be picking you up – private transport with family/friend, or taxi.

To ensure that your exit process is as smooth as possible, no changes are made to your arrangements after you have told us. All efforts are made to have timely exits, please be packed and ready for your nominated exit time.

In bad weather, exits may be delayed as the safety of residents and staff takes precedence.

Exit day

Please place used sheets and towels in the provided laundry bag and leave it in your room.

Health will collect you for your exit, you will need to:

- Keep your mask on for the exit process
- **Bring your room key with you**
- Follow the guidance of staff for prompt exit processes

You will be able to collect any goods stored for you during your stay.

After leaving quarantine – close contacts and COVID positive

These instructions should align with the current CHO Directions

For seven days after you exit isolation you must:

- Wear a mask when outside of your home
- Wear a mask when you cannot maintain a distance of 1.5 metres from someone you do not reside with
- Do not enter a high risk facility

You do not need to wear a mask when exercising or eating and drinking.

Children under 12 years of age are not required to wear a mask.

Your room information

Provide some information here about the service which may be relevant to the resident. This might include site design, room structure and facilities.

Please be mindful that this site was not built as quarantine accommodation but has been repurposed in response to COVID-19. The site consists of blocks of four single bed (king single) rooms, connected by the one, open veranda, and set of stairs per block. Most rooms are the same.

Important considerations:

- **If you are outside your room and the door closes, it will automatically lock and you will be locked out. Keep your room card on you at all times. If locked out call 08 xxxxxxxxxx**
- Sun and mobile phones de-magnetise room cards stopping them from working. Take care not to leave your card in the sun or next to your phone
- No electrical appliances are to be used in rooms or on balconies. They are a fire hazard and contravene fire regulations. This includes items such as electric fryers, rice cookers, sandwich presses, induction cookers, toasters, wax pots or diffusers etc.
- The kettle in your room is to boil water only

Rooms are allocated by Health based on family size, gender, single or couples. Subject to availability, families will be allocated additional rooms within a block for sleeping, bag storage or play areas on the veranda space.

You are encouraged to adhere to the 9.30pm excessive noise curfew for the comfort of your fellow residents.

While showering, please ensure that your bathroom door is closed and the exhaust fan is on. **Failing to do so may result in the activation of your fire alarm.**

Please report any maintenance issues with your room to **08 xxxxxxxxxx**.

Residents with dependents and children

Any information specific to having children at the facility needs to in written form. This should correlate with rules around children under the age of 18 years are considered minors and require a carer present with them in quarantine

All children under 18 years of age must have a responsible person with them in quarantine. Please tell our staff at intake if you entering quarantine as a carer. Parents or carers are solely responsible for their child's supervision, care and needs. **quarantine service name** does not provide child-minding service.

Cots and mattresses for children's sleeping arrangements and baby care like bottle warmers, sterilising tablets and high chairs are available by contacting **08 xxxxxxxxxxxx**.

Information about catering for babies and small children can be provided to **08 xxxxxxxxxx**. **quarantine service name** does not stock all forms and variants of infant formula, therefore if you may need to access Click and Collect.

Additional goods and nappies can be purchased through Click and Collect.

Amenities

The following is included with your room:

- Two bottles of water on arrival. The tap water is safe to drink so you can refill the bottles or purchase water through Click and Collect if you wish.
- Tea, coffee, sugar and milk
- Disposable cups
- Television
- Air conditioning
- Masks

Provide the wifi password and any information about the television, additional channels, provided entertainment service etc here

Wi-Fi is available free of charge at **quarantine service name**. There are times when the service may be intermittent due to the nature of the location or excessive demand.

PLEASE DO NOT UNPLUG OR REMOVE THE NETWORK ACCESS DEVICE IN YOUR ROOM.

Appendices D

Activities to keep you entertained in quarantine

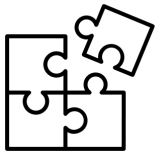
Acknowledgement

This resource has been directly adapted and copied from the resources:

Centre for National Resilience, Northern Territory Government, Top End Health Service, (n.d.)

- Keeping your mind and body healthy in isolation.

The Allied Health Team at Centre for National Resilience are acknowledged for the development of the original resource.



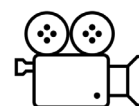
Below is a list of ideas to keep yourself, and Your family entertained and relaxed during your 2 weeks of quarantine.

See how many from the list below You are able to do/accomplish during your stay:

1. Complete a puzzle: the more pieces the better. If You are more of a words person, consider a crossword puzzle!
2. Start a journal or a blog. This can be about your time in the quarantine facility but it could also be focused on a specific interest from playing board games to cheese.
3. Text a friend you have not heard from in a while that you have wanted to chat with but have not had the time.
4. Write poetry. It can be a rhyme, a haiku or something without structure.
5. Create a shared playlist on Spotify and ask all the people you love to add a few songs for you to listen to in quiet moments.
6. Read or listen to a book you have always wanted to read but never had the time to.
7. Write actual letters to family and friends. Send them when you get out of quarantine or deliver it to them.
8. Write thank you notes to service people who you remember went out of their way for you. (This could be one of our staff members). The letter can be given once you finish quarantine.
9. Listen to an uplifting podcast.
10. Make a list of the annoying tasks you have to do in the next little while and try to schedule them e. g skin check, blood tests, combine your super accounts.
11. Do a “spring clean” of your computer. Clean out emails and back up any documents that you haven’t done in a while.
12. Make a list of all the museums, sporting events and concerts you want to visit when they finally reopen.
13. Unsubscribe from any email subscriptions you no longer want or need.
14. Attempt things with your non-dominant hand whether that be brushing your teeth or writing a note. Prepare to be frustrated.



15. Watch all the films that have won an Oscar for best picture.
16. Update your resume and CV so the next time you see a job listing that inspires you, you can be the first to apply.
17. Do a list of things you want to do when you get out of quarantine. Make sure you have what you will eat as well.
18. Use zoom, skype, FaceTime, Google Handouts or Marco Polo to video chat with long distance family and friends.
19. Don't have a first aid kit? Order one online now.
20. Take time to reflect: What have you accomplished in the last year? What goals are you setting for yourself in the next year?

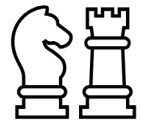


Write a short story about your experience in quarantine. It may be "fun" to read it again in a few years.

21. Watch your favourite TV series from start to finish again. There's nothing wrong with that! If you want to feel less guilty and more productive, try watching it in another language.
22. Sing or dance (in the shower counts!)
23. Read your horoscope (for the day, month or even year).
24. Learn how to braid a fishtail or french braid via YouTube.
25. Interview your mum, dad or grandparents over the phone and save the audio. This will be so nice for memories.
26. Go through your camera roll, pick your favourite pics from the past year and make a photo book or order framed versions online.
27. Make a list of all the things you are grateful for.
28. Do a veranda picnic with your family or friends and invite others around you. Of-course they will need to sit on their own verandas
29. Arrange a zumba with your neighbours on your verandas.
30. Challenge your brain with agility games to keep your mind active and boost your cognition and memory.
31. On your laundry day, do lunges while walking to and from the laundry.
32. Learn calligraphy. You never know when this skill will come in handy.
33. Watch a funny YouTube video eg: talking cats, funnies home videos etc.
34. Take a virtual tour through some of the world's natural wonders on google earth, not just of natural landscapes but also museums, amusement rides and zoo enclosure tours.
35. Have a date night with your partner on your veranda.
36. As a couple or family, watch a movie together. Take turns to pick a movie.
37. Tell your partner or children something you love about them every day.
38. Create a tik-tok. If You're travelling in a group, include your partner or family.
39. PAINT OFF - order some markers, crayons, water colours or even random pens and challenge each other.
40. Do a fun cardio workout on your veranda to a Billy Ray Cyrus, Bon Jovi or Taylor Swift Song.



- 41. Watch the sunrise from your veranda.
- 42. See how many birds you can spot from your room.
- 43. Learn a new language by downloading Duolingo. Available for iOS and Android.
- 44. Play guessing games like I SPY, Hangman or 20 questions.



Learn a new skill such as chess, a card game, or Tai Chi.

- 45. Download an audiobook app and listen to an audiobook on your phone or tablet.
- 46. Reuse your lunch bags and learn the art of origami.
- 47. Learn about the Traditional owners of the land you are staying on.
- 48. Make up a series of knock knock jokes and tell them to the quarantine staff every day.

Appendices E

Quarantine Facility Introductory Email

Dear Traveller,

Thank you for taking the time to complete your pre-arrival form through the XXXX link. I am XXXX from the “Quarantine Facility Title” Tele Wellbeing Team. Our team will support you through your quarantine journey, starting now to when you leave the “Quarantine Facility Title”.

To assist the “Quarantine Facility Title” being ready for your arrival, and to make this as stress free as possible, we would like to confirm information provided and make sure we have some of the small, but very important preferences you may have.

Dietary Requirements

- Smoker/Non-Smoker
- Travelling with family/friends
- Medical Conditions
- Milk preference: full cream/skim/ lactose free/almond/soy.
- Room Equipment: If traveling with children will you need a, Baby Cot/ Child Mattress/ Highchair?
- Do you need an Australian SIM Card? *

Please confirm with your international mobile provider (e.g. Orange, Virgin etc.) if your phone if you intend to use international roaming on your current mobile plan. “Quarantine Facility Title” will provide an Australian SIM on arrival however it may take a few days to activate. “Quarantine Facility Title” does have Wi-Fi able to support Wi-Fi audio and video calling.

Attached is our Resident Information Handbook that will help you prepare for quarantine with us at “Quarantine Facility Title”. It is very detailed in its information and we hope it answers many of your questions. Throughout your quarantine journey we are contactable on +61 xxxxxxxxxx, select option x or via this email address.

Please reply to this email updating with your preferred contact details and we look forward to welcoming you back to Australia.

Kind Regards,

XXXX- Tele-Wellbeing Team

Appendices F

Welcome to the “Quarantine Facility Title” email

Dear Travellers,

Welcome home to Australia and to the “Quarantine Facility Title” Our goal is to safely assist you through your quarantine so our community remains healthy and COVID-19 free.

Everyone’s experience of quarantine is different, some days are easy and fly by, other days are harder either due to missing our loved ones, or because where we can go and what we do is limited.

All of our contact with you will be in a COVID-19 safe way – we will be wearing personal protective equipment, we will be reminding you to wear masks, to physically distance and will give you very clear instructions when we complete daily health checks and viral screening.

We are more than happy to explain any of this during your quarantine. For now, this email is to ask you to share important information so we can best prepare for your arrival. The more we know, the better we can help within the infection controls rules of quarantine.

“Flight name” has already sent you a link for an online form - please only complete this online form if you have not already done so. This form needs to be completed for every traveller therefore if you are travelling with dependents please fill out on their behalf. You can email us directly if you need to change or update information leading up to your arrival.

If you have not already done so, please click this link and fill out the details for each of your travelling companions into the following link: xxxxxxxxxxxx

To assist “Quarantine Facility Title” being ready for your arrival, and to make this as stress free as possible, we would like to have some information about the small, but very important preferences you may have.

- Dietary Requirements
- Smoker/Non-Smoker
- Travelling with family/friends
- Medical Conditions
- Milk preference: full cream/skim/ lactose free/almond/soy.
- Room Equipment: If traveling with children will you need a, Baby Cot/ Child Mattress/ Highchair?
- Do you need an Australian SIM Card?

Please confirm with your international mobile provider (e.g. Orange, Virgin etc.) if your phone if you intend to use international roaming on your current mobile plan. “Quarantine Facility Title” will provide an Australian SIM on arrival however it may take a few days to activate. “Quarantine Facility Title” does have Wi-Fi able to support Wi-Fi audio and video calling.

In order to be fully prepared, we would like this information back as soon as possible. Due to the different needs of everyone on your flight, we do not make last minute changes to room allocations so the information sought is very important for us to be able to help you.

Attached is our Resident Information Handbook that will help you prepare for quarantine with us at “Quarantine Facility Title”. It is very detailed in its information and we hope it answers many of your questions. Throughout your quarantine journey we are contactable on +61 xxxxxxxxxxxx, select option x or via this email address.

We are privileged to be able to assist in your return to Australia. Please keep in mind during your stay, everything we do and the rules we have, is about keeping everyone safe with the goal of you leaving quarantine and reuniting with your family and friends in Australia.

Please reply to this email updating with your preferred contact details and we look forward to welcoming you back to Australia.

Kind Regards

XXXX - Tele Wellbeing Team

