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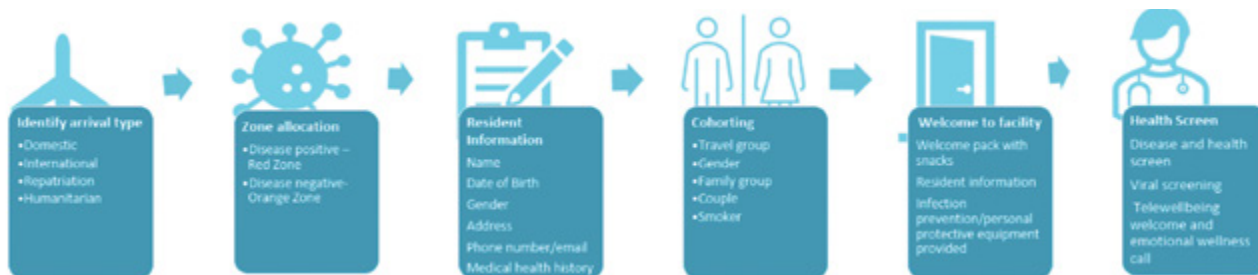
Section 4, Figure 2: Resident quarantine journey- Arrival (day & day 1)

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.

TOP END ACADEMIC
HEALTH PARTNERS

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	Communication with DFAT to identify flight information and gather the following traveller information (traveller not referred to resident until they are onsite):

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	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. Add medical or other alert tags on profiles as relevant to the traveller's self-identified needs. 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

Step 4	Send a quarantine facility Introductory Email (Appendices E) to support room and catering preparation for arrival;
	
	    i. Verify and/or clarify information provided by the traveller, particularly dietary needs and children's equipment
	    ii. Confirm milk preferences (full cream, skim, almond or soy)
	    iii. Confirm if Australian SIM is required on arrival
	    iv. Confirm smoking/vaping status
	
	On receipt of final details from the traveller, their RMITS profile is tagged 'Ready for Arrival.

Step 5	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.

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. |

TOP END ACADEMIC HEALTH PARTNERS

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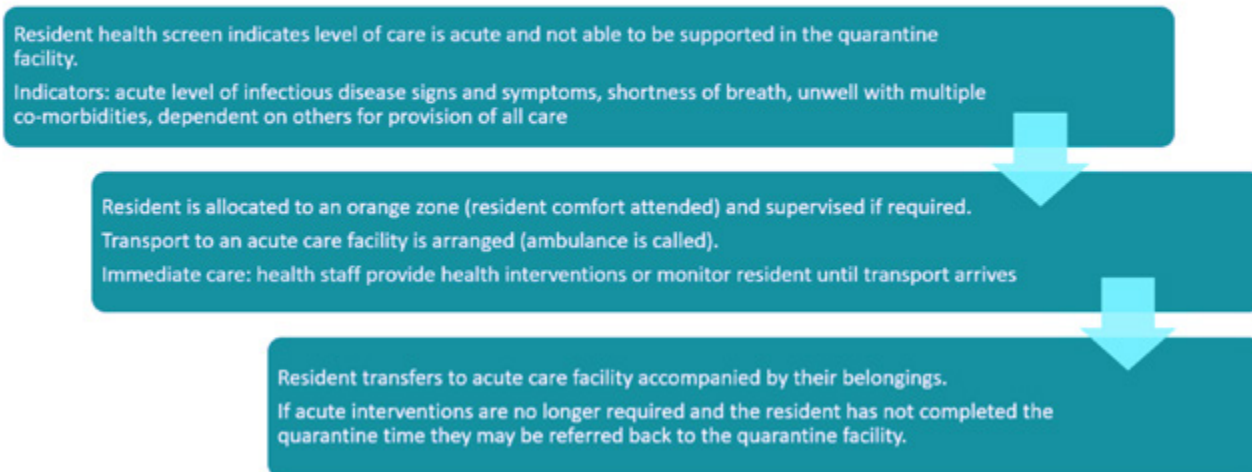
Travellers will be asked to get off the bus in small groups to minimise crowding (this also means they will be sitting comfortably and controls the flow through the site arrival team).

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

Resident health screen indicates level of care is acute and not able to be supported in the quarantine facility.
Indicators: acute level of infectious disease signs and symptoms, shortness of breath, unwell with multiple co-morbidities, dependent on others for provision of all care

Resident is allocated to an orange zone (resident comfort attended) and supervised if required.
Transport to an acute care facility is arranged (ambulance is called).
Immediate care: health staff provide health interventions or monitor resident until transport arrives

Resident transfers to acute care facility accompanied by their belongings.
If acute interventions are no longer required and the resident has not completed the quarantine time they may be referred back to the quarantine facility.

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 mm^3;
- 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.

TOP END ACADEMIC
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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.

TOP END ACADEMIC
HEALTH PARTNERS

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.

TOP END ACADEMIC HEALTH PARTNERS

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.

TOP END ACADEMIC HEALTH PARTNERS

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 lltr 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 Papercups
21.x 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

TOP END ACADEMIC HEALTH PARTNERS

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

TOP END ACADEMIC HEALTH PARTNERS

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: xxxxxxxxxxx

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 xxxxxxxxxxxxx, 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

TOP END ACADEMIC
HEALTH PARTNERS