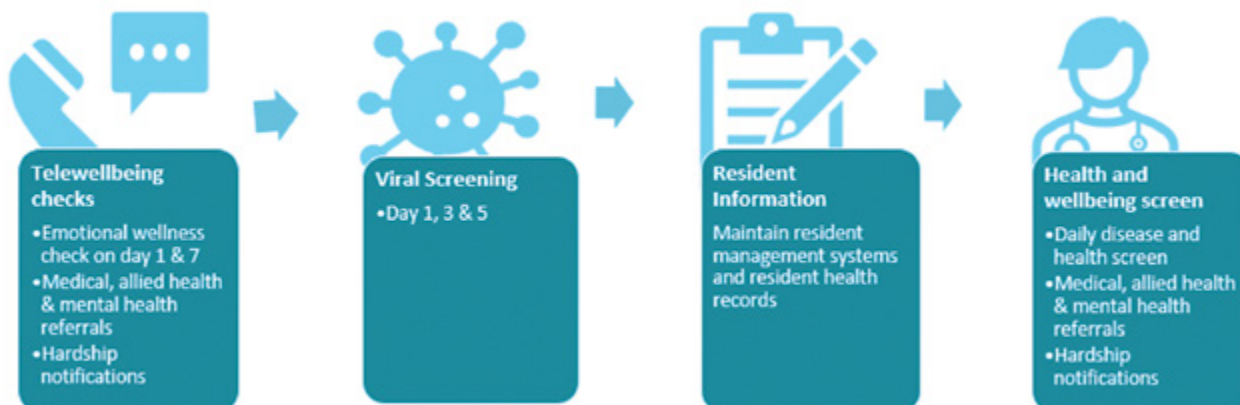


4.3 The resident management process



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 of 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's 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

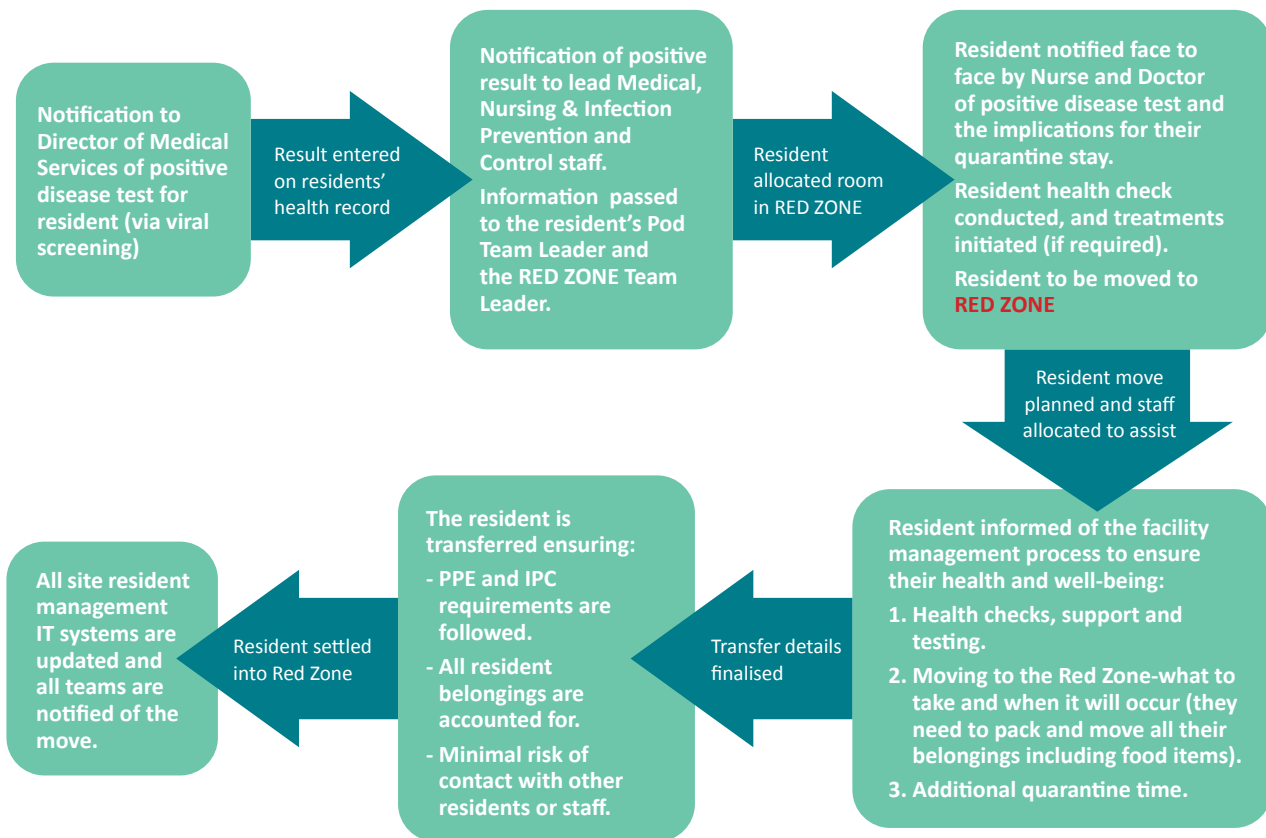
Residents may request or be required to move rooms whilst in quarantine for varying reasons presented in table 1. Moving a resident in quarantine is flagged as a transmission risk and is only undertaken in these circumstances. Where possible it is recommended to try to troubleshoot the problem before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