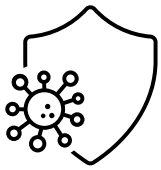


NT Pandemic Response Areas

- Emergency response workforce hub
- Border restrictions
- Infection prevention and control departments
- Rapid response teams
- Quarantine and isolation services
- Public health departments
- Communication teams

With the overarching leadership of the NT Department of Health, the Office of the Chief Nursing and Midwifery, the Chief Health Officer, the National Critical Care Trauma and Response Centre (NCCTRC) and the Emergency Operations Centre (with access to Federal and local police) a number of COVID-19 response sectors were established. With a population of approximately 233,000 people spread over a vast land area, the NT presents unique geographical and environmental challenges to the development of an effective pandemic response and despite those challenges the NT response was cited as one of the most successful in Australia.[1]

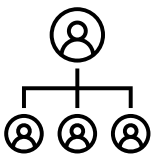
Each area of the response developed policies and processes to adapt to the COVID-19 challenge as briefly outlined here. These had to adapt to accommodate the NT plan for the expansion of Howard Springs Quarantine Facility to the Centre for National Resilience and accept up to 2000 repatriated Australians every fortnight during the height of the pandemic.

All staff in the COVID-19 pandemic response received training specific to their area as well as IPC and PPE training. They were required to adhere to the Chief Health Officers (CHO) Directions and NT DoH staff policies. Excerpts of CHO Directions relevant for the pandemic response areas have been provided as examples of mandated requirements implemented during the public health emergency period.

> *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*.[2]

The greatest challenges for the Northern Territory varied during the COVID-19 pandemic and on a very broad scale could be summarised as:

- Maintaining a surge workforce.
- Community complacency.
- Logistics of covering such a vast territory.
- Environmental factors- heat, cyclone season, monsoons.
- Remote community consultation & preparedness.



Emergency Response Workforce (ERW) Hub

The ERW hub was positioned to work in alignment with recruitment practices in place for the NT Department of Health and adapt these to facilitate a rapid recruitment process for a surge workforce. This involved scoping the current health workforce inclusive of regulated health professionals, health practitioners, and administration officers. Areas where the pandemic had or was likely to impact service delivery such as primary and allied health clinics were included. The ERW Hub team explored all possible employment strategies to ensure the NT retained the capacity to continue with acute healthcare services and stage a pandemic response. This included the following actions.

- To meet NT demand, a registration point for surge workforce was established through the NTG jobs website and NT Health social media. Recruited staff formed part of the COVID-19 emergency response and were allocated in alignment with their qualifications and sector needs i.e. quarantine facilities, border control, Point of Entry Screeners, Pandemic Clinics, Aged Care surge workforce etc.
- The Department of Health identified staff across the system who could be deployed in a surge workforce capacity.
- A cohort of public service employees was trained in contact tracing duties and to answer the NT COVID-19 advice hotline as a backup response workforce.
- Possibility of seeking assistance from interstate colleagues was established.
- Workers from industries that had effectively been shut down by the pandemic were targeted for surge workforce requirements.
- Forward planning for vaccination clinic establishment and staffing.

In addition to the above strategies, the Commissioner for Public Employment established the Assistant in Nursing/Midwifery (AINM) position which employed undergraduate student nurses (year two or three). The local university Charles Darwin University assisted with the recruitment of nursing students through their online media sites as well as newly graduated nurses who were waiting for Graduate Nurse years to commence and could commence a new-to-practice nurse role. This addition to the workforce proved highly successful.

The surge workforce were provided with infection, prevention and control training which included the use of personal protective equipment. The dedicated health educator was an experienced Registered Nurse who spent time working with each team across the response to ensure currency with priorities of learning for new staff. They were responsible for the development of online education modules, keeping up with the disease and IPC trends, responding to priority training needs and maintaining records of all completed training.

The NCCTRC initiated an aged care COVID-19 support action that reviewed each aged care facility. They provided training and information on clinical recognition of suspect cases (recognition of symptoms), the service's role in contact tracing implementation of appropriate IPC actions (acknowledging the unique environment in each residential care facility) and PPE training. This comprehensive support rollout was followed by the initiation of training an aged care support workforce to build sector capacity in the event of a COVID-19 case in the NT Aged Care sector.

A full overview of the Australian Government guidelines for resident aged care facilities can be found here.[3]

National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection (including COVID-19 and Influenza) in Residential Care Facilities. Commonwealth of Australia.

The following presents an excerpt from the pandemic response requirement implemented for the quarantine workforce as part of the CHO Directions. [4]

Public and Environmental Health Act 2011
COVID-19 Directions (No. 53) 2021:
Directions for Quarantine Workers

Part 2 Quarantine workers prohibited from working at other workplaces
5 A quarantine worker who works at a quarantine facility must not work at another workplace unless approved by me.

Part 3 Testing quarantine workers
6 A quarantine worker must submit to a COVID-19 testing procedure approved by me and conducted in accordance with these Directions.
7 The COVID-19 testing procedure must be conducted at the times, places and frequencies determined by me.
8 The employer of a quarantine worker must ensure that the worker does not attend work unless the worker complies with these Directions and any other of my COVID-19 Directions applicable to the worker.
9 A quarantine worker and the employer of a quarantine worker must provide the following information to me or an authorised officer on request:
(a) the quarantine worker's first and last name;
(b) the name of the employer of the quarantine worker;
(c) a telephone number, address, email address or other means to contact the quarantine worker and the employer;
(d) the dates and times of work for the quarantine worker;
(e) any further information necessary for the purposes of compliance with these Directions or for contact tracing.

Border Control Team

The Border Control Team was a large team with responsibilities that reached across the Territory to implement strict border controls for all access points - by road, rail, air and sea. This required a comprehensive record-keeping system and a dedicated NT COVID hotline/phone advice line to provide information for travellers, noting that early in the pandemic any traveller entering the NT was required to quarantine at HSQF. The border restrictions did not halt the delivery of essential goods with essential service provisions requiring a border entry to be reviewed on a case-by-case basis. Exemptions were for example, considered for health services and police. The Territory's border control actions were publicly accessible online and were supported/guided by CHO Directions.

The Restrictions Team was located within at the DoH for hotline/phone and data entry management and health teams were established at Darwin International Airport and Alice Springs airport to screen airport arrivals during the COVID-19 pandemic when border restriction rules were in place. They worked alongside the Border Control Unit and screened all flights which had an origin or were potentially carrying passengers from an area identified as a COVID-19 hotspot to determine if passengers are at risk for exposure to COVID-19. In addition, Police checkpoints were established at the main NT road entry points which included the Victoria Highway, Stuart Highway and Barkly Highway with people who failed to comply to the travel regulations potentially facing a fine of up to $62,800.

Depending on the origin of the flights/border arrivals and the CHO Directions in place at the time arrivals to the NT were provided instructions on going into CNR, HSQF quarantine, home quarantine or permitted to freely travel into the NT.

The Restrictions Team recorded details of passengers arriving from:

- An open border location (No quarantine required).
- A Declared COVID-19 Hot Spot or from an international location who is required to attend mandatory supervised quarantine.
- Passengers arriving from a Declared COVID-19 Hot Spot or from an international location who are exempt from attending mandatory supervised quarantine – however must still quarantine at an alternate location.

The Border team were also working with Federal police and DFAT to welcome repatriated Australians. This required enforcement of universal standard operating procedures, physical distancing, IPC arrangements and use of PPE including donning and doffing stations and compliance. This team had to assess their airport facilities to ensure the risk of fomite spread and cross-contamination between passengers was addressed. One area which was scrutinised was the COVID-19 swabbing of passengers at airports, this was deemed a high-risk activity and was therefore completed on day one for passengers in the quarantine and isolation facility. Health screening aligned with COVID-19 signs and symptoms was carried out on their arrival with health professionals situated at every flight arrival to address any health issues or unwell passengers.

The following presents an excerpt from the Directions for Territory Border Restrictions implemented for the Border Control Team as part of the CHO Directions.[5]

Northern Territory of Australia
Public and Environmental Health Act 2011
COVID-19 Directions (No. 49) 2020
Directions for Territory Border Restrictions
24 August 2020

Part 2 Directions for declaration and screening on arrival in the Territory

9 Subject to direction 10, every person entering the Territory must, in a written or electronic form approved by me, declare the following information:

(a) details of the places where the person has been during the 28 days prior to entering the Territory;
(b) whether or not the person, during the 14 days prior to entering the Territory, was in an area that is, at the time of the person's entry, a COVID-19 hotspot;
(c) the person's contact details;
(d) details of where the person intends to stay while in the Territory;
(e) if the person is exempt under Part 4 – details of the social distancing measures the person intends to take while in the Territory.
Note for direction 9 A person may also have to submit a travel plan if required under direction 17.

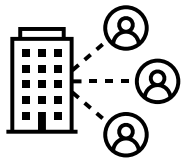
10 For a child who is entering the Territory, a parent or guardian of the child must make the declaration under direction 9 in relation to the child to the best of the parent or guardian's knowledge.

11 The form must be submitted: (a) to an authorised officer at the place of entry; or (b) to another person, or in another manner, approved by me.

12 Every person entering the Territory must submit, at the place of entry, to a screening procedure approved by me for COVID-19 conducted by an authorised officer or another person approved by me.

13 If a screening procedure shows a person is suspected of being infected with COVID-19, the person must comply with:

(a) my COVID-19 Directions (No. 21) 2020 or any subsequent Directions that replace and substantially correspond to those Directions; and
(b) these Directions, to the extent they are applicable.



Public Health Unit

The NT Health public health structure included the Public Health Directorate sitting within the Office of the Chief Health Officer, the Top End PHU and the Central Australia PHU. The Public Health Directorate was broadly responsible for strategy and policy whilst the PHUs were responsible for operations. The PHD developed the policy, approval and compliance process for COVID-19 management plans for organisations across the NT, advised on public policy and disease trends, provided leadership as the health incident controller at the EOC and supported the role of the CHO.

Monitoring COVID-19 case numbers was the responsibility of the Public Health Unit, CDC and was a mandatory national reporting requirement. These statistics provide an informed image of the NT COVID-19 response progress, along with additional data including population vaccination status, number of PCR swabs being processed (prior to the introduction of the RAT testing process) demographics of infected people and COVID-19 recovery and death rates.COVID-19 response progress, along with additional data including population vaccination status, number of PCR swabs being processed (prior to the introduction of the RAT testing process) demographics of infected people and COVID-19 recovery and death rates.

Public Health Officers and COVID-19 Safety Plans

The World Health Organisation recommended workplace representatives who have COVID-19 specific education to carry out regular risk assessments for work-related exposure to COVID-19.[7] The PHD oversaw the rollout of COVID-19 guidelines and access to IPC education and training for all businesses across the NT (both government and non-government). They provided face-to-face and site visits to assist with the initiation of COVID-19 risk management strategies and followed up with businesses to have mandated COVID-19 Management Plans. These plans presented how the business proposed to operate in a COVID-19 safe manner minimising risk to their employees and to the public, they largely incorporated standard precautions such as social distancing and hand hygiene.

The Hazard Management Authority and the Public Health Directorate collaboratively developed a plan for organisations to nominate a 'COVID Safety Officer' to participate in a Train the Trainer program and take the training back to their organisation to enable an increase in people trained in the principles of infection control and use of PPE, where required. This was followed by the NT Chief Health Officer making it a requirement for certain businesses to have a designated COVID Safety Coordinator on duty whilst the business was open to the public.

The role of a COVID Safety Coordinator

COVID Safety Coordinators have an important role to play in making sure a venue's COVID Safety Plan is understood and being followed by staff and customers who visit the venue.

The role of the COVID Safety Coordinator was to;

- Help reduce the risk of COVID-19 spreading.
- Supervise and guide staff in the principles of safe COVID-19 practices.
- Assist in increasing the customers' knowledge of the venue's policies and procedures around COVID-19 hygiene measures and physical distancing.
- Assist in identifying and eliminating any potential hazards or non-compliance within a venue.

COVID Safety Coordinators played an important role in communicating with staff and customers about any relevant changes to restrictions along with the individual business's policies and management plans involving COVID-19.

COVID Safety Coordinators ensured that all staff were inducted into the business's COVID-19 management plan and procedures. This included the COVID principles of hygiene, cleaning and sanitising, physical distancing, staying away from work if feeling sick and any other new regulatory requirements as they arose.

The NT COVID-19 Safety Coordinator was required to complete a free online course to gain a better understanding of COVID safety measures and how to apply them in their workplace. The course was structured to cover the following information.

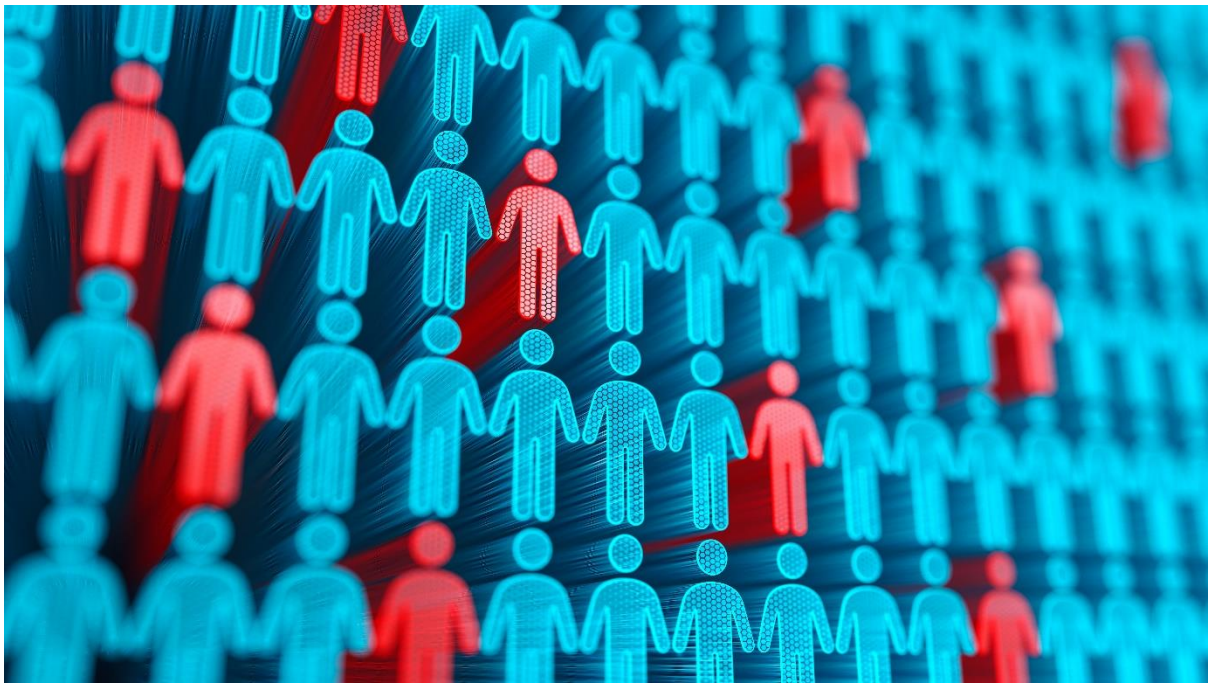
- Understanding COVID-19 and the NT perspective
- Reporting of personal health issues
- Maintaining personal hygiene practices
- Physical distancing
- Fomite transmission
- Effective cleaning and disinfection
- Managing a COVID safe venue

Contact Tracing

Comprehensive contact tracing is essential to prevent ongoing transmission of COVID-19. Staff were required to complete the Global Outbreak Alert and Response Network (GOARN) contact tracing units in preparation for the role with a focus on:[8]

- Introduction to Contact Tracing
- Mental Health and Well-being for Contact Tracers
- Social Determinants, Culture and Contact Tracing

The PHU conducted the NT's contact tracing, with the principle that all persons identified as having had contact with a confirmed case should be assessed to see if they should be classified as a close contact.



A close contact is defined as:

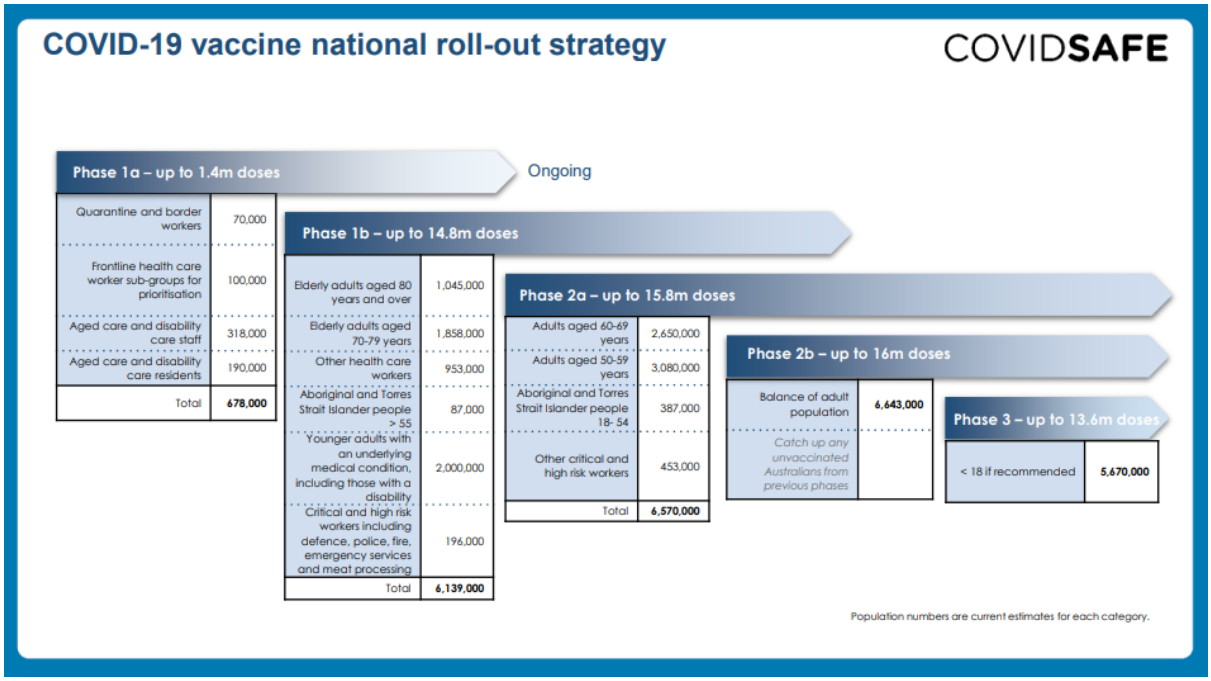
- Living in the same house or spends a lot of time together
- More than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 48 hours before onset of symptoms in the confirmed case, or
- Sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) from 48 hours before onset of symptoms in the confirmed case.

  Note that: Healthcare workers and other contacts who have taken recommended infection control precautions, including the use of full PPE, while caring for a symptomatic confirmed COVID-19 case are NOT considered to be close contacts.

Depending on the individual's circumstances contact tracers recommended close contacts to remain isolated and test frequently. If they had no safe or appropriate place to complete this they were able to isolate at HSQF. For those who did have a safe place to isolate (for example their own home), the PHU had a team of Compliance Officers who would routinely check on their well-being and compliance to remain in isolation for the required period of time (for example 7 days).

Vaccination rollout

The rollout of the COVID-19 vaccine was a step towards emerging from the public health emergency response. Given the NTs widespread and diverse demographics, implementing the vaccination of the NT community was a large operation. Australia implemented its vaccination administration in a series of phases as depicted in Figure 1.[9] This prioritised the most COVID-19 vulnerable populations which included aged care and disability residents and frontline health care workers.



Section 6: Figure 1: Phases implemented in the Australian national vaccine rollout.[9]

The Territory COVID-19 response involved:

- Jurisdictional Implementation planning and program delivery for rollout of Phases.
- Workforce and training requirements for vaccination.
- Management, monitoring and surveillance of vaccination progress.
- Clear/simple communication material development and rollout, relevant to each region/community in language.

The following presents an excerpt from the CHO Direction requirements implemented for businesses and organisations for operating whilst the COVID-19 public health emergency was in operation.[10]

Northern Territory of Australia
Public and Environmental Health Act 2011
COVID-19 Directions (No. 36) 2020
Directions for Safety Measures at Reopened Places, Businesses, Activities, Services and Premises
5 June 2020

5 A place, business, activity, service or premises to which this direction applies must:

(a) complete and submit to the Agency a COVID-19 safety plan checklist, in a form approved by me:
(i) for a place, business, activity or service referred to in direction 4(b) – before opening for the first time; or
(ii) otherwise – before reopening or resuming; and
(b) provide hand sanitiser to the public on its premises, unless handwashing facilities are available; and
(c) display signage stating that a person should consider the following principles and practices:
(i) practising physical distancing by:
(A) if possible in the circumstances – keeping 1.5m away from any person who is not a member of the person's family, a friend or an acquaintance; or (B) otherwise – keeping close contact to less than 15 minutes;
(ii) practising hand hygiene by washing hands or using hand sanitiser;
(iii) staying home if feeling unwell;
(iv) downloading the application known as COVIDSafe.

6 The signage required by direction 5(c) must be displayed in a conspicuous position at the place or on the premises as follows:

(a) if there is an area that is open to both the public and members of staff – in that area; or
(b) otherwise – in both of the following areas:
(i) an area that is open to the public;
(ii) an area that is accessible to staff.

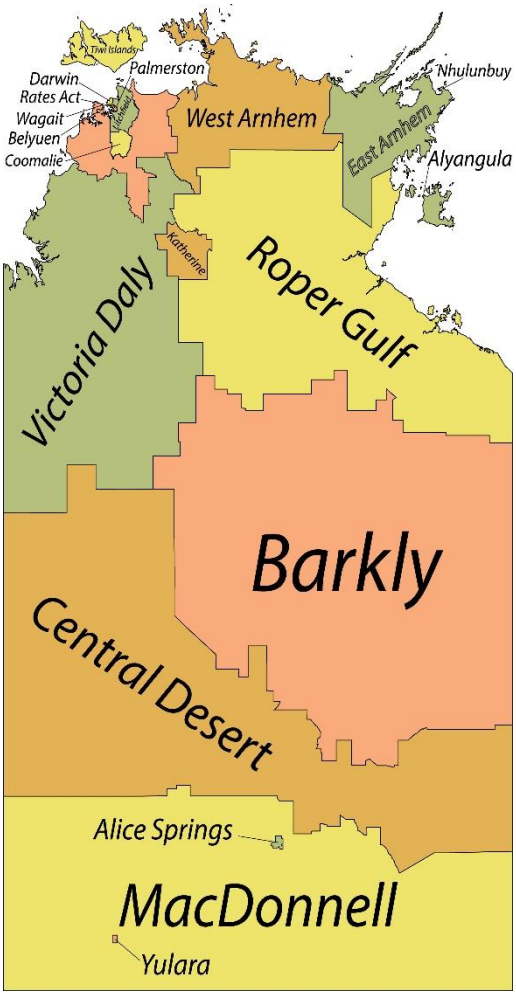
7 A place, business, activity, service or premises that completed and submitted a COVID-19 safety plan checklist, in a form approved by me, before these Directions came into force is taken to have completed and submitted a COVID-19 safety plan checklist in accordance with direction 5(a).

Rapid Response Teams (NCCTRC)

The Rapid Response Teams were implemented by the National Critical Care and Trauma Response Centre and their primary location in the Northern Territory proved to be a great asset in the NT pandemic response. With the initiation of Remote Rapid Response Training, representatives across the territory (and remote areas) were trained to operationalise, prepare and practice for remote COVID-19 outbreaks.[11]

Remote response

The basic principles for a remote community outbreak are test, trace and quarantine. In the initial plan it was decided that a remote outbreak will be declared with at least one confirmed case of COVID-19 via laboratory testing.
Logistically an outbreak in a remote community initiates a rapid assessment team activation which consists of a small group of police, health team members (doctor/nurses), logistics and an environmental health officer to work with the community in order to determine the best plan of action. In many cases, this will likely result in the need for a community to self-isolate in order to reduce community transmission.



The initial response approach needs to be done in a culturally sensitive manner with transparency and collaboration, and there is much community consultation and engagement required to occur with Aboriginal support agencies to prepare for this.

Every remote community was encouraged to have representatives attend the rapid response training (with the NCCTRC) and be supported to prepare a covid-19 emergency response plan, this meant the rapid response team can preview this prior to arrival and begin strategising and communicating with the key community people. Ultimately this results in more knowledge about the community and their strengths and weaknesses to ensure people don't get sicker due to the COVID response process.

A core consideration for the remote community response was to identify vulnerable community members as a first response measure and contact those who may need to be transferred from the community to ensure ongoing access to health and support services.
This would include for example those who may need dialysis or may be on a home aged care arrangement as is quite common in remote communities to allow people to live in a supported way with their families on their homelands.

The core concerns with the rapid response within Indigenous communities are centered on:

- The high prevalence of medical conditions that place community members at higher risk of severe disease from COVID-19.
- Environmental conditions such as overcrowding housing, that can increase disease transmission.
- A lack of access to health care services.
- Logistics in transferring of food, water, PPE equipment, as a rapid response team cannot go into a community and leach from community resources.

The following presents an excerpt from the CHO Direction requirements implemented for communities going into lockdown whilst the COVID-19 public health emergency was in operation.[12]

Public and Environmental Health Act 2011
COVID-19 Directions (No. 25) 2022:
Directions to lock down Utopia Homelands
29 January 2022

Part 3 Restricted movement within lockdown area

Division 1 Stay at home

12 A person residing in the lockdown area must not leave the premises where the person resides except for the following reasons:

(a) to receive medical treatment, including testing or vaccination related to COVID-19;
(b) if the person is an essential worker and the person is unable to attend to the person's essential functions from the premises where the person resides – to attend the person's workplace or any locations required in the course of employment;
(c) if the person is not an essential worker – a single visit to retrieve a computer or work materials from the person's workplace in order to work from the premises where the person resides;
(d) to obtain goods or services from an essential worker or from an essential business or service;
(e) to engage in outdoor exercise under the following conditions:
(i) no more than one hour in total per day; and

(ii) within 5 km of the premises where the person ordinarily resides, but not outside the lockdown area; and

(iii) while wearing a face mask; and

(iv) in the company of no one other than the following:

(A) if the person resides alone – one other person;

(B) if the person does not reside alone – one or more of the other persons residing at the same premises;

(f) to provide care or support to a family member or another person in the lockdown area who is unable to care for themselves due to health, age or disability;

(g) to provide care to an animal that is unattended;

(h) to provide the following in the lockdown area, but only to the child of an essential worker or a vulnerable child:

(i) child care;

(ii) early childhood education or education in a primary or secondary school;

(i) if the person is an essential worker or the parent or guardian of a vulnerable child – to drop off or pick up a child for the following in the lockdown area:

(i) child care;

(ii) early childhood education or education in a primary or secondary school;

(j) to attend a primary or secondary school as a student, if the student is the child of an essential worker or a vulnerable child;

(k) in an emergency;

(l) to escape a risk of harm, including harm relating to family violence;

(m) to remove or escape a hazard, including a dangerous or diseased animal;

(n) for purposes relating to the administration of justice, including attending:

(i) a police station; or

(ii) a court or other premises for a purpose relating to the justice or law enforcement system;

(o) if otherwise required or authorised by a law of the Territory or a law of the Commonwealth;

(p) to attend a funeral with no more than 9 other attendees in total, not including persons providing the funeral services;

(q) if the premises in which the person resides is in an area where there is no waste collection for the premises – to travel directly to deposit waste at a waste management facility;

(r) if the person is the parent or guardian of a child – to take the child to another parent or guardian of the child at a separate premises, whether or not there is a formal arrangement in place in relation to the custody of the child.

13 If a person resides in more than one premises, the premises where the person resides at the time these Directions commence, is the premises where the person must remain for the duration of these Directions (unless the person is a child to whom direction 12(r) applies).

14 If a person resides in commercial visitor accommodation:

(a) subject to paragraph (b), the person's room, not any other area of the accommodation, is taken to be the premises where the person resides;

(b) if the room where the person resides is shared accommodation – the person may access common areas of the commercial visitor accommodation.

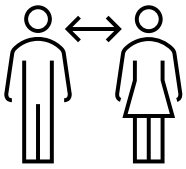
Note for direction 14 People must wear face masks and keep 1.5 m distance when using shared facilities like toilet blocks or laundries in commercial visitor accommodation.

15 Subject to direction 16, direction 12 does not apply to a person if the person:

(a) does not reside at any premises; or
(b) resides at premises that are temporarily unavailable because of a risk of harm, including harm relating to family violence.

16 If suitable premises are made available for a person mentioned in direction 15:

(a) those premises are taken to be the premises where the person resides for the remainder of the period these Directions are in force; and
(b) direction 12 applies to the person



Quarantine and Isolation Facilities

The National Critical Care and Trauma Response Centre (NCCCTRC) were vital to early COVID-19 pandemic interventions facilitating the initial repatriation of Australians from international COVID risk areas. This led to the development of a health-based model of quarantine care at the Howards Springs Quarantine Facility and the Alice Springs Quarantine Facility (later known as The Todd Quarantine Facility) in the Northern Territory. With the support of AUSMAT (Australian Medical Assistance Team) the site progressed to the Centre for National Resilience and was recognised as a world leader in evidence-based quarantine and isolation hosting thousands of people including Wuhan/Diamond Princess evacuees, Australian domestic travellers, International arrivals, Commonwealth Repatriation flights and NT remote community response.[13]

The Howard Springs Quarantine and Isolation Facility adapted standard infection control measures to effectively eliminate transmission risk onsite. Strict infection control practices, COVID-19 testing of staff and residents and training and communication were key elements of the infection control policy. Successful implementation of these practices in a quarantine and isolation facility with hundreds of staff including non-health staff across multiple agencies and organisations presents logistical challenges and requires a structured and coherent approach. Site policy, practices, infrastructure, staffing and other vital areas to a successful quarantine and isolation facility have been presented in sections 1-5 of this resource.

Coronavirus [COVID-19]

Feeling unwell?

Do you have any of these symptoms?

Fever (sweats)

Cough

Runny nose

Loss of taste and smell

Sore throat

Shortness of breath

Have you travelled outside the NT?

Have you been around anyone who is unwell?

Your safety is our priority - Keep NT COVID-19 safe

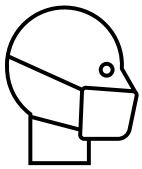
coronavirus.nt.gov.au

NORTHERN TERRITORY GOVERNMENT

TOP END ACADEMIC HEALTH PARTNERS

The following presents an excerpt from the quarantine service requirements for residents in isolation or quarantine implemented for quarantine services as part of the CHO Directions.[14]

> ***Public and Environmental Health Act 2011***
> ***COVID-19 Directions (No. 52) 2020 – Directions for Quarantine Facilities***
> ***12 September 2020***
>
> *2 These Directions apply in relation to a person if the place where the person is quarantined under my border directions is a quarantine facility.*
>
> *3 In these Directions:*
>
> ***allocated room**, for a person, means the room in a quarantine facility, including any verandah attached to the room, that is allocated to the person when the person is quarantined under my border directions.*
>
> ***border directions** means my COVID-19 Directions (No. 49) 2020, or any subsequent Directions that replace and substantially correspond to those Directions*
>
> *4 For these Directions, each of the following places is a **quarantine facility**:*
>
> *(a) Section 6128 Hundred of Bagot (Howard Springs Quarantine Facility);*
> *(b) Lot 00290 Town of Alice Springs (Todd Quarantine Facility);*
> *(c) Lot 00427 Town of Alice Springs (Ross Quarantine Facility).*
>
> *Part 2 General matters*
>
> *5 A person must stay in the person's allocated room except as permitted under:*
>
> *(a) my border directions; or*
>
> *(b) direction 6.*
>
> *6 A person may, in a 24 hour period, leave the person's allocated room for 2 periods each of 20 minutes and as directed by an authorised officer.*
>
> *7 When a person is not in the person's allocated room the person must:*
>
> *(a) take all reasonable measures to stay at least 1.5 m away from any other person in the quarantine facility, except for the person's spouse, de facto partner, child or parent; and*
>
> *(b) wear a face mask unless an authorised officer permits the person to remove the face mask.*
>
> *Note for direction 7 A person in quarantine 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. See section 53 of the Act and my COVID-19 Directions (No. 5) 2020, or any subsequent Directions that replace and substantially correspond to those Directions.*



Infection Prevention & Control (IPC) Departments

Acute care support

The Infection Prevention & Control (IPC) team was based in the acute care sector and worked across the pandemic response areas in providing process guidance, policy and services to prevent and manage COVID-19 transmission. The role of the IPC team in acute care services has not been presented here but it is noted they were supported by the Clinical Learning Education and Research Services (CLEaRS). Within the acute sector these teams established IPC and PPE training for hospital staff, created COVID-19 patient management teams and ward areas and managed staff compliance to COVID-19 standard precautions, vaccinations, testing and screening.

Point of Entry Team (POET)

The Point of Entry Team (POET) consisted of a group of staff recruited to perform COVID-19 screening of staff, contractors and visitors to Top End Health Services. These services included: acute care facilities, primary care services, mental health services and allied health services.

The screening program aimed to decrease COVID-19 transmission through early symptom identification and exclusion of infected individuals, protecting essential workers, patients, clients and the community. The program also presented an opportunity to educate and raise awareness of workers and visitors, contributing to behavioural change in alignment with COVID-19 standard precautions. The screening process was comprised of a series of questions relevant to COVID-19 symptoms, and where feasible, supported by a temperature check.

Coronavirus
[COVID-19]

SURVEILLANCE TESTING

For Novel Coronavirus

Royal Darwin Hospital

Testing

We are testing any person with a fever of unknown origin or respiratory tract infection

Cautious

We are being cautious in order to prevent a hospital outbreak

Thank you

Thank you for your understanding and support

Interpreter

If you need an interpreter when reading this poster, please ask a staff member.

For more information
Public Health Unit 1800 008 002
coronavirus.nt.gov.au

SecureNT

NORTHERN TERRITORY GOVERNMENT

TOP END ACADEMIC HEALTH PARTNERS

POET SCREENING QUESTIONS The following presents the standard script used by POET staff when screening staff and visitors entering any of the Top End Health Service areas.

Good morning / Good afternoon / Hello….

I just have to take your temperature and ask you a few questions.

- **Have you travelled outside the NT in the last 14 days?**
- **(HCW?) Have you had a COVID-19 Swab prior to returning to work?**
- **Is there anyone staying with you that has come from interstate recently**?
- **Have you had close contact with a confirmed COVID-19 case in the last 14 days?**

Do you have a:

- **History of fever?** (night sweats or chills)
- **Coughing?**
- **Shortness of Breath?**
- **Sore Throat?**
- **Loss of Taste or Smell?**

All the healthcare facility entrances were decreased to single or minimal points of access to position screening points at these entrances.

Screening points must;

1. Allow individuals to be screened one a time
2. Enable a safe waiting distance of 1.5 metres for those waiting for screening
3. Ensure safety of staff performing the screening by creating an environment that enables;
    a. Maintaining a physical distance of 1.5 meters from others
    b. Approaching individuals from the side when taking a temperature to avoid direct line of droplet spray if an individual coughs or sneezes
    c. The screener to wear a surgical mask and eye protection if a 1.5 metre distance cannot be maintained
4. Separate individuals who are suspected of COVID-19 through the screening process from others whilst awaiting further management processes to be undertaken.
5. Be cleaned in accordance with COVID-19 IPC guidelines

Section 6: Table 1: Point of Entry team COVID-19 screening criteria	
Clinical Criteria	Epidemiological Criteria
- Fever ≥37.5°C - History of fever (e.g. night sweats, chills) - Acute respiratory infection (e.g. cough, shortness of breath, sore throat) - Loss of smell or loss of taste	Within the last 14 days; - Close contact (see definition) with a confirmed or probable case - International travel - Interstate travel to an identified 'hot spot'

Pandemic clinic

The Pandemic Clinic, Swabbing Outreach Service, Staff Self Swabbing Clinic and Drive through Swabbing Service were managed together with a focus to provide the health workforce and community with COVID-19 swabbing and COVID-19 education during the swabbing process.

Patients/community members were able to make an appointment with the allocated clinic for COVID-19 swabbing (provided free of charge). For patients who were unable to travel or not recommended to attend a pandemic clinic (due to increased risk associated with vulnerability factors), a Swabbing Outreach Service was provided to conduct home swabbing visits.

The health service also provided a staff self-swabbing clinic located onsite for all health staff (acute or primary services) to attend for COVID-19 swabbing.

The following presents an excerpt from the CHO Direction requirements implemented for people entering high-risk places whilst the COVID-19 public health emergency was in operation.[15]

Public and Environmental Health Act 2011
COVID-19 Directions (No. 41) 2022:
Directions for high risk places
11 March 2022

3 These Directions apply to the following high risk places:

(a) a hospital;
(b) a residential facility within the meaning of section 2 of the Disability Services Act 1993;
(c) a custodial correctional facility within the meaning of section 11 of the Correctional Services Act 2014;
(d) a detention centre within the meaning of section 5 of the Youth Justice Act 2005;
(e) an aged care facility;
(f) a renal hostel;
(g) a family violence shelter;
(h) a sobering up shelter;
(i) a homeless shelter.

4 A worker must not enter or remain on the premises of a high risk place where the worker works unless:

(a) the worker has received at least 3 doses of an approved COVID-19 vaccine; or
(b) the worker has received 2 doses of an approved COVID-19 vaccine but less than 16 weeks has elapsed since the worker received the 2nd dose of an approved COVID-19 vaccine; or
(c) the worker is exempt.

5 Despite direction 4, a worker may enter or remain on the premises of a high risk place where the worker works if:

(a) the worker was unable to receive the 3rd dose of an approved COVID-19 vaccine within 16 weeks of receiving the 2nd dose of an approved COVID-19 vaccine because the worker was infected with COVID-19 or was in quarantine; and
(b) in the case of the worker who was infected with COVID-19 – less than 16 weeks have elapsed since last returning a positive result from a COVID-19 testing procedure; and
(c) in the case of the worker who was in quarantine – less than 2 weeks have elapsed since the end of the worker's quarantine period.

6 A worker must, on request by the person in charge of the high risk place where the worker works, provide evidence the person needs to determine whether the worker meets the criteria of direction 4 or 5.

Examples for direction 6
1 A vaccination certificate showing a 3rd dose or the date of the second dose.
2 A Commonwealth certificate certifying the person's contraindication to all approved COVID-19 vaccines.
3 A copy of the notice requiring the person to isolate or quarantine.
4 A copy of a positive polymerase chain reaction (PCR) test result or a copy of an online declaration of a positive rapid antigen test (RAT) result.

7 The person in charge of a high risk place must take reasonable steps to determine the extent to which any worker who performs work at the high risk place meets the criteria of direction 4 or 5.

8 The person in charge of a high risk place must take all reasonable measures to ensure that a worker does not enter or remain on the premises of the high risk place if the worker is prohibited from doing so under these Directions or any of my other COVID-19 Directions.

9 Every worker entering the premises of a high risk place must submit to the measures established by the person in charge under direction 8.

10 The person in charge of a high risk place must keep a register of the following information:

> *(a) the extent to which each worker who performs work at the high risk place is vaccinated with an approved COVID-19 vaccine;*
> *(b) whether a worker is exempt;*
> *(c) the steps taken under direction 7.*

References

1. Australian Bureau of Statistics. (2022, Jun 28). Snapshot of Northern Territory. https://www.abs.gov.au/articles/snapshot-nt-2021

2. Chief Health Officer Directions. https://coronavirus.nt.gov.au/chief-health-officer-directions

3. Australian Government, Department of Health and Aged Care. (2022). National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection (including COVID-19 and Influenza) in Residential Care Facilities. *Commonwealth of Australia.* https://www.health.gov.au/resources/publications/national-guidelines-for-the-prevention-control-and-public-health-management-of-outbreaks-of-acute-respiratory-infection-including-covid-19-and-influenza-in-residential-care-facilities?language=en

4. Public and Environmental Health Act 2011. COVID-19 Directions (No. 53) 2021: Directions for Quarantine Workers. OFFICE OF THE PARLIAMENTARY COUNSEL. 4/10/2021. https://health.nt.gov.au/__data/assets/pdf_file/0006/1057047/cho-directions-no53-2021-directions-quarantine-workers.pdf

5. Public and Environmental Health Act 2011. COVID-19 Directions (No. 49) 2020: Directions for Territory Border Restrictions https://health.nt.gov.au/__data/assets/pdf_file/0004/924610/cho-directions-no-49-directions-territory-border-restrictions.pdf

6. Coronavirus Disease 2019 (COVID-19). CDNA National Guidelines for Public Health Units. Version 2.3. Accessed on 25/03/2020 at: https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm

7. World Health Organisation (WHO). (2020, Jun 26). Coronavirus disease (COVID-19): Health and safety in the workplace. https://www.who.int/news-room/q-a-detail/q-a-tips-for-health-and-safetyat-the-workplace-in-the-context-of covid19?gclid=Cj0KCQjwxNT8BRD9ARIsAJ8S5xZf2bopkjqKQ89xHUQcLcEoTbwGfr9HjTMyB0rQgPF6pOdfrdMxTocaAo2zEALw_wcB

8. Global Outbreak Alert and Response Network (GOARN). https://goarn.who.int/

9. Australian Government. Australia's COVID-19 vaccine national roll-out strategy. https://www.health.gov.au/sites/default/files/documents/2021/01/covid-19-vaccination-australia-s-covid-19-vaccine-national-roll-out-strategy.pdf

10. Public and Environmental Health Act 2011. COVID-19 Directions (No. 36) 2020:Directions for Safety Measures at Reopened Places, Businesses, Activities, Services and Premises. https://health.nt.gov.au/__data/assets/pdf_file/0004/888367/cho-directions-no-36.pdf

11. National Critical Care and Trauma Response Centre. 2020 – Remote Training – COVID-19. https://nationaltraumacentre.gov.au/deployment/covid19-remote-training/

12. Public and Environmental Health Act 2011. COVID-19 Directions (No. 25) 2022:Directions to lock down Utopia Homelands https://health.nt.gov.au/__data/assets/pdf_file/0011/1083098/cho-directions-no-25-2022-directions-to-lock-down-utopia-homelands.pdf

13. National Critical Care and Trauma Response Centre. 2020 – Howard Springs NT – COVID-19 International Quarantine. https://nationaltraumacentre.gov.au/deployment/covid19-international-quarantine-howard-springs-nt/

14. Public and Environmental Health Act 2011. COVID-19 Directions (No. 53) 2021: Directions for Quarantine Workers. OFFICE OF THE PARLIAMENTARY COUNSEL. 4/10/2021. https://health.nt.gov.au/__data/assets/pdf_file/0006/1057047/cho-directions-no53-2021-directions-quarantine-workers.pdf

15. Public and Environmental Health Act 2011. COVID-19 Directions (No. 41) 2022: Directions for high-risk places. https://health.nt.gov.au/__data/assets/pdf_file/0006/1088196/cho-directions-no-41-of-2022-directions-for-high-risk-places.pdf

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