



3.6 Pod Teams

The Pod Teams have regular daily interaction with residents and are positioned as the first point of contact for any healthcare needs that may arise for residents in the zone (additional wellness contact points occurring with the Tele Wellbeing Team). The Pod Teams consist of nurses and administrators, and each has specific roles and responsibilities for the care of residents, they are the main staff group residents will connect with. This team steps into action on the arrival of residents with any pre-arrival information corresponded via the Resident Services and/or Tele Wellbeing team.

This section provides an overview of the main responsibilities of the Pod Team onsite and in caring for residents in quarantine and isolation.

A Pod is the base where health staff, Nurses including Assistant in Nursing (AIN's), student nurses, and administration officers, are stationed as a team to provide support to residents who are in quarantine or isolation. The Pod is staffed 24 hours 7 days a week, and has three work shifts from 7am-3:30pm, 1:45pm -10:15pm, and 9:30pm -7:30am. It contains basic equipment for emergency care, desks, computers, and scanner/printers for completion of electronic notes, scanning and printing documents. A fridge-freezer and kitchen area are provided for storing cooled water and icy poles for managing heat health and hydration (noting this model is based on Centre for National Resilience which is situated in the tropics of Northern Territory).

All new health staff are required to attend a two day orientation program run by the Education Team to ensure they are safely integrated into the site and understand their responsibilities while working for the facility. The Administration staff responsible for rostering will notify each new staff member what team they are allocated to, the pod where they will be based, and their roster.

Pods are numbered and each team allocated to the pod is given a colour to identify the team (for example Pod 8, Green team). The pod teams work in a designated zone, which is a sectioned area within the quarantine site, where the residents are in isolation or quarantine. All residents arriving at the quarantine and isolation service are cohorted and allocated to a zone with a Pod Team assigned to oversee their health and wellbeing. Cohorting of residents and detailed information about their quarantine and isolation journey is fully presented in *Section 4: Resident Care*. Cohorting of residents involves segregating residents in accordance with their arrival status and other factors, for example all repatriation residents arriving on a single flight will be cohorted into one zone area and have one Pod Team allocated to their care for the duration of their quarantine.

Zone allocation in the quarantine and isolation facility.



Section 3: Figure 10: Example of zone allocation for a Pod Team at Centre For National Resilience. Zone 8, contains 234 rooms with one point of entry exit for donning and doffing.

3.6.1 Pod and Management Structure

The Pod Teams are led by senior registered nurses and managed and supported by the Clinical Nurse Pod Manager. Pod Teams are responsible for supporting the day-to-day clinical and non-clinical needs of residents completing quarantine. The teams will trouble shoot any issues that arise with residents through review and strategizing in with their Pod Team Leader and in alignment with site standard operations of practice.

The Pods leadership and management pathway for escalation has a clear direction ending at the Director of Clinical Services and the Director of Nursing and Midwifery, noting they are referred to as the Office of the Director of Nursing and Midwifery.

The Pods leadership and management pathway for escalation



Section 3: Figure 11: The escalation for reporting or consulting used by the Pod Teams.

3.6.2 Red zone pod team

Red zone staffing comprises of Registered Nurses (RN), and Assistants in Nursing (AIN) organised in pod teams who only work in the red zone. It is recommended that the most experienced quarantine health staff are assigned to the red zone due to the higher risk associated with working with positive residents.

RNs and AINs work under their Team Leader supervision and management providing clinical care, support services, intake and discharge for all residents within the red zone.

Staff from red zone cohorts are separated from other staff as part of the site risk strategy, they will eat in different areas and are not permitted to interact with staff from other pods whilst onsite.

3.6.3 Role of Pod Team

Responsibilities of the Pod Team include;

- Managing resident's arrivals and departures.
- Managing individuals healthcare requirements and psychosocial needs.
- Actioning monitoring of disease (COVID-19) symptoms and testing.
- Facilitating transfers of confirmed positive and close contact residents within the quarantine site.
- Facilitating external transfers to acute care facilities and other jurisdictions with the use of aeromedical transportation, ambulance and taxi, (as resident needs indicate).
- Collaborating with other teams and contractors on site to ensure residents' needs are met.
- Supporting zones operational services.
- Ensuring contemporary and accurate record keeping.

Pod Team tasks include, but are not limited to;

- Daily operational tasks in keeping the Pod functional and Safe in alignment with site IPC requirements.
- Swabbing as required by CHO Direction (refer to *Section 4: Infection Prevention and Control*).
- Daily Health/Wellbeing and disease symptoms, clinical observations and temperature checks for Red Zone and Orange Zone residents.
- Medical emergency responses.
- Regular monitoring and incidental engagement with residents to respond to emerging needs.
- Clinical referrals to Medical or Specialist Teams or assistance to connect residents with external health providers.
- Clinical documentation – resident management information technology system (RMITS), online health records, handovers, communication to other departments.
- Maintain the confidentiality of all details and interactions of people within the quarantine facility.
- Provision or attendance to educational sessions.

3.6.4 Pod Shift Management

The Pod Team Leaders are responsible for ensuring all health staff sign on each shift and sign on sheets are forwarded on shift commencement to the Pod Manager so any absenteeism can be followed up and staffing numbers reviewed for the day. Pods operate on a three-shift rotating roster covering 19 shifts each roster period (152 hours) each four-week roster period. Shift Times: Hours of shifts are;

- Morning Shift 07:00 - 15:30
- Afternoon Shift 13:45 - 22:15
- Night Shift 21:30 – 07:30

Pods are staffed 07:00 to 22:15pm every day with a skeleton night shift, which consists of on call senior nurses (onsite) and medical doctor (off site) available to support residents and site staff (Operations Team, Police, Concierge (contract staff) and Security overnight

The Director of Nursing and Clinical Director will alter the numbers of staff allocated to Pods based on resident number and demands. Health Pod staff therefore will move between quarantine programs and pods based on resident numbers and workload.

Pod staff may be required to complete overtime from time to time as part of the sites emerging needs and requirements. It is recommended the facility implements the practice for the employees to seek pre-approval from the Pod Manager prior to completing any overtime onsite.

3.6.5 Pod Team Leaders Meeting

The Director Clinical Services chairs a Pod Team Leaders meeting in accompaniment with the Pod Manager. This is scheduled twice weekly and conducted via an online meeting platform (which can be recorded) to address emerging needs and requirements and provide feedback and recommendations to Pod Managers and Pod Team Leaders.

These meetings provide a valuable connection for Pods to remain current with any wider site issues and to discuss any team or resident issues with other Pod Team Leaders in a supported environment.

3.6.6 Pod Shift Huddle

Team Leaders conduct a Pod huddle at the start of each shift to update, allocate and highlight residents of concern or priority zone actions (such as any maintenance that may be occurring in their zone). This is recorded as both an electronic and hard copy document and placed in the Pods Communication Folder for accessibility and availability by all staff. If there is a change, or emerging need through a shift, the Team Leader is responsible to ensure both clinical and non-clinical staff are updated and included in planning and task allocation.

3.6.7 Pod Equipment

Pods are required to review, audit and procure clinical and non-clinical equipment they will access either on a daily basis or in times of emergency medical responses. Clinical equipment stored in pods includes;

- Automated External Defibrillator (AED)
- Buggies and charging station (if used onsite)
- Clinical backpack/ Emergency resuscitation backpack – checked daily by clinical staff
- Clinical workbox – checked daily by non-clinical staff (refer to *Section 5: Health Wellbeing & Clinical Care* for an overview of the clinical backpack and workbox)
- Pod checklist

- Personal Protective Equipment (PPE)
- Uniforms/scrubs

Pods can request clinical and non-clinical items by contacting the Operations Warehouse Team. Additional items the Pod Teams may require include:

- PPE, Hydrolytes, Sim Cards, resident loan phones, including adaptors and lost property
- Ice blocks (icy poles), bottled water (for heat and hydration management)
- Stationary and consumables
- Clinical or Medical Items through the Quality Assurance Manager

3.6.8 General zone work

Pods staff act as the key liaisons and support of residents in quarantine. This means they will enter the zones to provide individual support and information to residents to assist them to resolve matters or seek support.

Visits into the zone, regardless of purpose should always be considered opportunities for engagement allowing residents to ask for assistance or 'have a chat' as part of addressing loneliness or a sense of isolation.

Pod Team Leaders should schedule 'zone sweeps' where staff walk through the zones to be available to residents, particularly at times when it is known residents are on their verandas. 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 controls requirements and CHO Directions for Quarantine Facilities e.g., wear a mask when outside room, remain on veranda etc.

Every afternoon shift is required to provide a handover sheet of their residents to the staff allocated to cover night shift (Senior registered nurse and the Oncall Doctor). These handovers should only be focussed on those residents who may need assistance overnight, rather than a complete list of all minor concerns in the Pod.

Section 3: Table 6: Presentation of the daily tasks for the Pod Team

Time	Daily tasks	Pod Team Leader task	Nursing task	Admin officer task
0700	Daily viral screening (swab) of morning staff	Y	Y	Y
0715	Handover/Huddle	Y	Y	Y
0720	Initial check Restock PPE donning & doffing & chlorine		Y	Y
0720	Prepare/allocate staff for morning resident health check	Y		
0800	Commence morning round		Y	Y
0900	Complete morning round		Y	Y
0910	Handover with Pod Leader identifying any concerns from welfare check RMITS and health record entry	Y	Y	Y
1000	Follow-up problems identified in rounds and follow up calls with priority residents .	Y	Y	Y
1000	Check Pod supplies and order if needed			Y
1000	Laundry			Y
1100	Follow-up resident issues identified during resident morning rounds	Y	Y	
1130	1 st Lunch*			
1200	2 nd Lunch*			
1300	Ongoing data entry (RMITS and resident health records)		Y	
1300	Restock PPE donning & doffing & chlorine			Y
1345	Afternoon staff daily viral screen (swab)	Y	Y	Y
1400	Afternoon handover/huddle	Y	Y	Y
1415	Daily PPE training/other training	Y	Y	Y
1430	Ongoing data entry as required		Y	
1500	Afternoon resident round for outstanding issues	Y	Y	Y
1600	Review updates from Tele Wellbeing Team	Y	Y	
1600	Laundry			Y
1730	Dinner rotation*			
1800	Dinner rotation*			
1900	Check the clinical backpack and clinical box Prepare staff viral screening packs (swabbing) for the next day	Y	Y	Y
2000	Data entry	Y	Y	
2100	Prepare handover for morning shift	Y		
2100	Fold laundry			Y
2130	Provide handover for oncall/overnight nurses and medical officer.	Y		
2200	Tidy up Pod and clean surfaces	Y	Y	Y
2215	Home			

* Lunch and dinner rotations are important to ensure there are staff present in the Pod to respond to any emergency resident matters.

3.6.9 Resident Arrivals

The Pod Teams liaise with the Resident Services Team to organise the zones room allocation and staffing for resident arrivals. Within the facility it is recommended there are separate teams and processes to manage repatriation/humanitarian and domestic/international resident arrivals. This is due to scheduling of repatriation/humanitarian flights by DFAT which means a more structured pre-arrival process is possible with access to residents information before they arrive onsite. This is opposed to domestic/international resident arrivals which are often unplanned in regard to numbers and resident information.



3.6.9.1 Domestic/international arrivals

The Domestic Team manages all arrivals and departures for (Australian) locals (those from interstate hot/red spots) and other criteria as determined by the Chief Health Officers Directions. They also receive International intakes for those not part of Repatriation Flights such as International Delegates, local travellers, students and seasonal workers. All domestic and interstate arrivals will be provided with a Quarantine Resident Handbook specific to their cohort in their room.

The Domestic team has a busy schedule with arrivals throughout the day and night, swabbing and health checks every day, daily exits and rapid changes to the zones they use and numbers of residents in response to local or interstate disease outbreaks which may increase their resident numbers.

It is recommended this group have their own Whats App Group and form coherent and reliable methods of communication to ensure all residents of concern, viral screening and exits are attended. Swabbing days for Domestic arrivals vary according to CHO Directions and the Domestic Pod Team need to ensure this information is confirmed and recorded for all residents.

Domestic Pod Teams use RMITS to record all arrivals and resident interactions of note, it is important to send any new resident arrivals notification (Name/ Diet Choices/Room number) to the Catering team (insert email), facilities manager, and the Clinical Administration Team.

When teams working with Repatriation Flights have exited their residents, they can be allocated to assist the Domestic team.

3.6.9.2 Repatriation/humanitarian arrivals

As these flights are planned, each Pod Team is notified at least 24 hours prior to their designated flight arrival with all details relating to residents sent via email to the Pod's Team Leaders to disseminate to their team.

The Pods WhatsApp group is notified of timings for the in-person resident intake briefing which is opportunity to plan for how the arriving residents will be managed, where staff will be allocated and the flagging of any residents who may need additional assistance. Time and location of the intake briefs will be confirmed in the daily morning huddles and shared with Team Leaders of receiving Pods. It is the Pod Team leader's responsibility to ensure sufficient staff are on duty to support the intake of a repatriation flight.

The Office of the DON, or as delegated, will lead the intake brief in collaboration with Pod Teams, Specialist Team, IPC Nurse Manager, Administration Team, Operations and if required Defence Force, and Federal Police. The purpose of these briefings is to ensure all parties are aware of their roles, confirm intake pathways and resolve any concerns or issues prior to resident arrival.

Pod Team Leaders should ensure all members of the team have access to pertinent flight information and that resident details are on the RMITS, and follow this up if they are not (contact Tele Wellbeing). Pod Team Leaders should send an email to Tele Wellbeing notifying who to contact in the pod for any communication with residents off the flight and include contact emails for staff, the pod phone, and Include some non-team leaders as contact people in the event team leaders are not available.

All resident arrivals require staff to wear full PPE (GMEG) no matter what their task is.

Team members in the zone need to have master keys, room direction signs, and maps of the zone, and be strategically placed to direct residents to their rooms.

The Pod Team Leader will allocate staff to direct residents to their rooms, be ready to assist if a resident's room key does not work (have master keys ready), assist with bringing back baggage trolleys, and checking temperatures as residents come off the bus. Arriving to a new place whether it be a large facility or smaller site to quarantine can be stressful and confusing and residents need guidance to locate their rooms.

On arrival, residents will be required to hand to staff any alcohol or contraband items. These are stored by the Operations Team ready for the Pod Team to pick up at exit and return to residents. All repatriated residents will have a Repatriation Residents Handbook in their room with a welcome pack.

Once all residents have arrived, they will need a care plan created on the resident health records, this often requires the creation of a new health record for repatriation and humanitarian residents.

3.6.10 Resident management

A brief overview of the resident management by the Pod team has been provided below, noting a comprehensive overview of the resident management process is presented in *Section 4: Resident Care*.

The Pod teams visit residents daily for a health, disease (Covid-19) symptoms and well-being check. Interpreters may be required to assist pod staff, support residents, and ensure they understand and follow processes. Resident assessment by nursing staff are carried and reported using the ISBAR process.

Section 3: Table 7: The ISBAR process used by the Pod nursing staff to record and handover resident information and health assessments.		
Date	Time	
I	Introduction	"I am (name and role)" "I am calling from (team colour and pod zone)" "I am calling because(if you are calling about a resident, provide the resident's full name, room number and phone number etc)"
S	Situation	What is going on with the resident? What is the situation they are calling about?
B	Background	What is the key background or context of the issue?
A	Assessment	What do I think the issue is? What is your assessment of the situation? Who needs to be contacted?
R	Recommendation	What do I recommend, or want the person I call to do about the issue? Do you need to notify anyone else? Who do you need to call?

Minimal zone entry is encouraged for management of environmental/heat health which is exacerbated with the wearing of PPE and to minimise transmission risk. The Pod Team Leaders are required to cluster tasks to reduce the amount of times staff must enter and spend in the zone. Where possible teams can contact residents by phone to resolve their issues and utilise Tele-Wellbeing services where possible.

3.6.10.1 Resident not responding to staff checks

If a resident does not respond to a reasonable door knock, staff are to alert their Team Leader and then may proceed to open the resident's door using the master key. Prior to opening and during, staff must loudly announce they are opening the door to check on the resident's wellbeing. If the resident is found unresponsive radio code blue and commence DRABCDE.

3.6.10.2 Resident viral screening

On viral screening days, the Pod Team Leader may request staff to swap shifts to ensure appropriate staffing levels are met (larger numbers of staff are required). Clinical health employees are deemed competent in viral screening once approved by the Education Team during their training and orientation to the site. Only RN's, EN's or AINs and Student Nurse's supervised by an RN or EN are able to viral screen residents (this is recommended as a site policy). AINs and

student nurses can only swab people aged 12 years and above. If any staff do not feel confident viral screening a child, staff should liaise with the Pod Team Leader for assistance.

Any resident non-compliant with viral screening will be recorded and reported to the Pod Manager who reports to the Office of the DON. From time to time, viral screening teams will be joined by senior nurses to audit and mentor. Any resident who represents with disease symptoms during their quarantine is to be tested at that time. The sites Administration team will provide pods with staff and resident viral screening packs or RATs.

The Pod Team Leader will be notified of any disease (COVID-19) positive people in their zone, as well as close contacts. Any residents who fit this criterion will be managed as outlined in *Section 4: Resident Care*.

3.6.10.3 Medical referrals

The quarantine facility modelled on CNR aligns to a foundational provision of primary healthcare and provides onsite responses to resident's medical concerns and/or inquiries, referring to acute services as needed. A General Practitioner (GP) is on site between 8.00am and 5.00pm with an on-call availability overnight.

Residents who require a health review (separate to a scheduled daily health and wellbeing screening visit) will be attended by Pod nurses, who are supported by administration staff to perform a nursing assessment within their scope of practice.

The nurse will complete a Medical Referral form (and call the site GP in more emergency cases) in cases where consultation with the Pod Team Leader results in further review and medical team intervention is required. Medical referrals are to be completed by clinical health employees and approved by Team Leader/Registered Nurse on shift. Consultation with the on-call doctor can also occur at the request of the nursing staff on night shift.

All Medical referrals are sent via email to the Medical Teams generic email and include pods team leaders in the email. If required, the Doctor will return to the site. However, it is more probable that telephone consultations will be sufficient.

3.6.11 Food delivery

Every day, a zone sweep by the Pod Team should occur within ½ hour of the meal delivery to ensure all food packets have been picked up by residents. Since the food drop includes two meals that require refrigeration this is an action to prevent food poisoning but also to check on those people who have not picked up their food. This is also a good opportunity to conduct a welfare check on residents if food has not been collected.

3.6.12 Incident/hazard reports

A dedicated data base is required for staff to report incidents, hazards, accidents and near misses which occur onsite.

All incidents reported are reviewed by the sites Work Health and Safety (WHS) team and the Quality and Safety Manager, who will provide feedback and advice. Pod Teams are required to report all reportable incidents, including but not limited to;

- PPE breaches, the reporting of breaches (even minor such as a glove tear) can indicate where PPE equipment is not up to standard or more staff training is required.
- WHS concerns i.e. trip hazards, electrical issues, pod hazards or any site hazard, near miss or accident.
- Medication errors or near misses.
- Injury to resident, visitor or staff member, or near miss of the same.
- Buggy accidents, or near misses.
- Action or omission by a staff member that caused injury to resident, visitor or staff member, or near miss.
- Car accidents, or near misses.
- Series of events when taken in total presented a risk to resident, visitor or staff.
- Death of resident, visitor or staff member.
- Environmental incident (bush fire etc.) that increased risk, or caused injury to resident, visitor or staff member.

3.6.13 Resident departures

Near completion of quarantine, residents will receive a phone call from the Tele Wellbeing team to arrange their departure. A departure manifest, trolley request and bus signage will be emailed to the Pod Teams, at least 24 hours prior to the exit date.

Pods will inform residents of their departure details during daily well-being checks and deliver trolleys the night before exiting. Additional visits to residents may be required to clarify information or share updates as requested by Tele Wellbeing.

It is the responsibility of the Pod Teams to obtain residents' declared items (alcohol, electrical cooking appliances etc) from the Operations office on the morning of the departure.

Team Leaders will allocate roles and responsibilities for tasks including;

- Manifest checklist – confirming right resident on right bus
- Pod allocation – two in zone with checklists, one on desk checking return of lanyard and room key
- Notification – Team Leader to text Tele-wellbeing number of residents on Bus and Bus number as it departs.

Once residents have departed the site the Pod Team will conduct a final sweep of the resident zone (which is now considered a green zone) and complete a full Pod clean in preparation for the next groups of residents or next team which may rotate to that Pod.



3.6.14 Police and Australian Defence Force

The onsite Police maintain a 24-hour presence at the facility and conduct zone patrols. They are responsible for the security of the site and assist in compliance to the CHO Directions.

Police, Federal Police and Defence Force members may visit your pods to gather information on needs, residents of concern and similar. Pods can share with these members any information that will assist them in their work on site.

The onsite Police are responsible for the issues of fines under the CHO Direction however all staff are responsible to support and educate residents to promote compliance.

3.6.15 Communication with Pod Teams

Pods are reliant on, and responsible for timely, clear and concise communication. To enable effective and appropriate communication and interactions within and across the site, the following resources are recommended;

- ISBAR communication tool.
- A dedicated Pod/site mobile as a primary source of contact, this is primarily held by the Pod Team Leader.
- Landline phones in the Pod Offices.
- Radios (CB) and information using NATO phonetic alphabet.
- Whats App group identified by Team colour, Flight and Pod number.
- Generic email addresses between Department of Health Teams and Contractors.

Site employees, agencies and contractors utilise the Whats App platform to provide notifications, updates and information to Pods. These may include;

- Catering
- Operations
- Pod Teams (All Team Leaders)
- Senior Nurse Team (DON / Pod managers / Education / IPC / Quality Assurance)

Pod generic email addresses facilitate correspondence of relevant matters directly with the associated department/service. All inboxes are monitored throughout the day, though not continuously;

Contractors: Catering, Security and Facilities manager

Operations: Resident Services and Tele Wellbeing

Nursing specialist: Education and Infection Prevention and Control and Quality Assurance

Medical Team: Medical Doctors

Clinical Administration: Administration

Allied Health: Specialist Team

Rostering and pay issues: Rostering Team

3.6.16 Education and Training

Face to face and group educational sessions are offered and recommended to ensure all pods are kept up to date and competence in site PPE and IPC practices. These sessions enable appropriate and effective knowledge sharing, collaboration and transparency of site processes. All training sessions require attendance sheets to support contemporary record keeping.

During any education and/or training sessions in the site's education area (away from the Pod), a minimum of two (2) health employees will be required to remain in the Pod to respond to resident needs with the buggy, phone, and radio.

3.6.16.1 Orientation

All site Health staff are required to attend a two-day induction and orientation program that is fully outlined in the Orientation section of this section. Where possible new staff will be provided opportunity to meet their Pod Leader and teams at the end of orientation so they know where they will be working and gain some familiarity with the Pod prior to their first shift. Pod Managers are responsible for ensuring their teams have completed their induction, PPE, auditing training and additional training as identified by the Education and Training Team.

3.6.16.2 PPE Refreshers

At the commencement of every Pod shift, the Pod Team Leader runs a PPE refresher training with all staff on shift. All staff attending this refresher signs the sheet to confirm they have completed the session.

When it is assessed by a Team Leader that additional support is required by a staff member in PPE donning /doffing, they are to alert the Education Team for more in-depth sessions to be scheduled. An example of PPE refresher session has been presented in the Appendices of *Section 2 Infection Prevention and Control*.

3.6.16.3 On-Line Learning

The Department of Health will have an extensive online training library covering administration, systems and whole of government knowledge as well as role specific courses. All site employees are encouraged to complete as many of the relevant training sessions offered in accompaniment with any essential/mandatory courses.