



5.1 The Medical Team

A quarantine facility will present a full range of medical conditions ordinarily encountered in adults, women and children's general practice. The Medical Team focuses on managing health issues on-site as much as possible to avoid unnecessary transfer into the acute care system. This recognises that all residents onsite are considered potentially infected (unless a known positive case) and thus puts the health system at risk. The Medical Team needs to be connected to the community and establish referral systems for residents to external health support (such as local general practitioner clinics). They are required to be proactive and reactive, contribute to the Quality Assurance and IPC Committees and remain current with disease trends.

The purpose of the quarantine Medical Team is to:

1. Provide medical assessment, treatment, triage and referral for unforeseen and emergency medical needs among people undertaking supervised quarantine or isolation.
2. Facilitate access to medication for residents in quarantine or isolation where this is unavailable from another source, such as a resident's usual General Practitioner (GP) or telehealth consultation with a GP.
3. Determine eligibility for viral (COVID-19) specific therapy and facilitate access to this treatment in accordance with Government Health guidelines.
4. Quality assure the quarantine and isolation exits process for quarantine residents.
5. Co-ordinate the handover and follow-up treatment of people exiting quarantine and isolation who have complex medical needs with welfare and medical teams outside of the quarantine service.

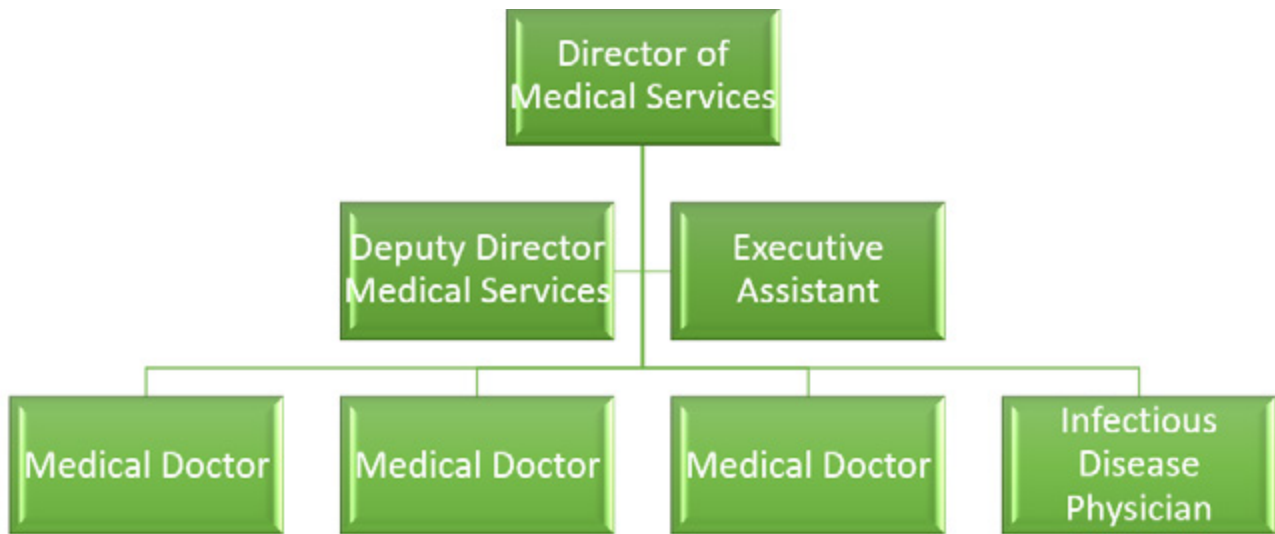
During the operation of Centre for National Resilience research was conducted on the healthcare needs of residents identifying their main health needs and priorities. This has been published and can be accessed here as an additional resource for this section.¹



Harris.H., V. L. S. K. (2022). Mandatory, supervised quarantine of international travellers: Experience from the Centre for National Resilience [Observational Study]. *The Quarterly(Q1)*, 24,25,26,27.

The Medical Team are present on site and have a number of responsibilities to support both the residents and staff. The team is led by the Director of Medical Services (DMS) who has the responsibility of overseeing their full team of Medical Officers and being available for consultation on site practices and policies as required. There is a broad range of primary healthcare issues encountered in quarantine facilities, as well as the possibility of acute health presentations such as cardiac events. In all health cases, the Medical Team are a vital asset to maintaining the health and wellbeing of those onsite.

All members of the Medical Team attend the site orientation program and complete training in IPC and PPE. As with all staff, they are required to be fully vaccinated in accordance with the CHO Directions and complete daily viral screening.



Section 5: Figure 2: The Quarantine Medical Services Leadership Team

5.1.1 Primary objectives, duties and responsibilities for the medical team.

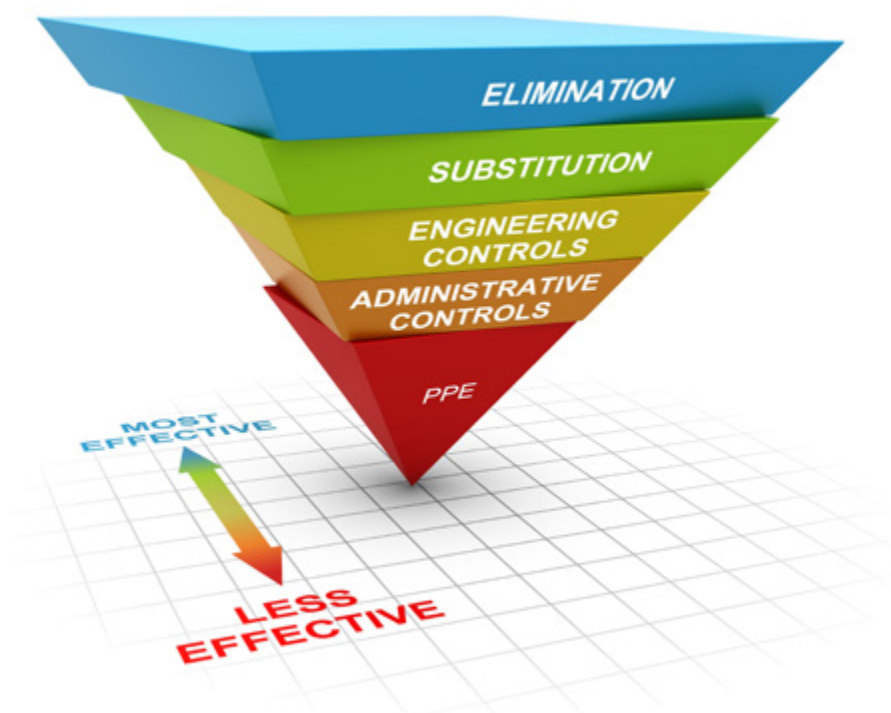
The primary role of the medical services team is to manage clinical medical issues effectively through clinical assessment, management and referral as required. While every effort is made to address resident health needs, medical issues which can be safely deferred until after quarantine is completed should be deferred. A referral to an appropriate health care provider should be provided by the site’s Medical Officer to expedite care once quarantine is completed. It is anticipated that the medical team will promote health and wellness across the site and report on any other illness such as diarrhoea or impetigo occurring onsite in addition to the disease of concern (for example COVID-19)

5.1.2 Director of Medical Services

The Director of Medical Services (DMS) for the quarantine facility reports to the Executive Director of Quarantine, and provides senior leadership and management for medical services on site and after hours. This includes liaison with specialist medical services in the acute care system to ensure the delivery of safe multidisciplinary health care in a quarantine context. The DMS provides expert advice and leadership of the quarantine clinical services, managing and coordinating clinical governance including standard operating procedures, safety and quality across the quarantine site and is an important member of the Executive Leadership group.

Key duties and responsibilities

1. Provide strategic public health and clinical services leadership at the quarantine facility.
2. Develop and deliver education for quarantine workers in the hierarchy of controls for the prevention of disease transmission.²
3. Provide clinical leadership of the facility to deliver a safe environment for staff including testing and vaccination regimes.
4. Provide a sustainable primary care-focused medical service for quarantined individuals presenting with disease (COVID-19) and non COVID-19 related health concerns.
5. Develop standard pathways and establish sustainable relationships with specialist services in the acute care system to support residents on site and minimise transfer into the acute care system.
6. Liaise with the CDC and the Office of the Chief Health Officer to ensure end-to-end systems and communication, particularly for the management of disease-positive residents and their close contacts.
7. Follow defined service quality standards, work health and safety policies and procedures relating to the work being undertaken in order to ensure high quality, safe services and workplaces.
8. Foster a positive workplace culture through exemplary leadership practices and role-modelling behaviour.



Section 5: Figure 3: The hierarchy of controls

5.1.3 Deputy Director Medical Services, Quarantine

Reporting to the Director Medical Services Quarantine (DMS), this position provides support to the DMS in the delivery of safe multidisciplinary health care in a quarantine context by providing expert advice and leadership of the quarantine clinical services, managing and coordinating clinical governance, safety and quality across the quarantine site as an important member of the executive leadership group.

Key duties and responsibilities

1. Provide support to the DMS in strategic public health policy, liaison across the health services, and leadership of the medical services team at the CNR
2. Participate in the clinical roster for CNR as required
3. Provide clinical leadership to deliver safe multidisciplinary clinical services for quarantined and isolated residents
4. Follow defined service quality standards, work health and safety policies and procedures relating to the work being undertaken
5. Foster a positive workplace culture through appropriate leadership role-modelling behaviour.
6. Act in the DMS role to provide for DMS leave as required

5.1.4 General Practitioner (GP) role

The GP will provide a hands-on role working with the Pod/Health Team to facilitate the health and safety of residents onsite. They report to the Deputy Director of Medical Services.

Key duties and responsibilities

1. Provide primary health care medical services to quarantined residents under the leadership of the Chief Medical Officer Quarantine.
2. Provide public health services to residents as required.
3. Follow defined service quality standards, work health and safety policies and procedures relating to the work being undertaken in order to ensure high quality, safe services and workplaces.
4. Support the Chief Medical Officer Quarantine Directions as required.
5. Liaise with the local Acute Care and Primary Health Care systems as required.
6. Foster a positive workplace culture through exemplary leadership practices and role-modelling behaviour.

The list of core responsibilities for the Medical Team are in context to the role held during the COVID-19 pandemic.

Core role focus:

- Managing asymptomatic and symptomatic disease positive residents in a dedicated red zone, liaising with the Centres for Disease Control (CDC) team about their ongoing management and planning and assessment of exit criteria parameters.
- Attending to residents in quarantine and isolation in full PPE (GMEG) to do general practice consultations on their veranda and sometimes in their rooms including minor procedures as appropriate.
- Providing telephone support after hours to senior nursing staff on-site and when necessary attending after hours to assess residents.
- Arranging transfer into the acute care system when necessary including liaising with local secondary clinical services.
- Developing and utilising referral pathways for the facility.
- Writing prescriptions for residents and utilising pharmacy referral pathways for the facility.
- Discuss residents with clinical concerns with the Medical Director or the Nursing Supervisor if out-of-hours.
- Documenting clinical care provided to residents in the resident's electronic health record.
- Accessing resident pathology results.
- Work with the Director of Medical Services to ensure that all site repatriation residents have negative results before they depart quarantine (in accordance with the CHO Directions).
- Updating, maintaining and communicating the daily clinical handover list and providing that list to the Director of Medical Services and Director of Nursing so that residents with medical issues are communicated and managed in a timely manner.

5.1.5 Prescriptions

A core role for the Medical Officer involves consulting with residents and providing scripts in situations where the resident may not have a regular general practitioner to access for script provision (such as with many repatriation residents). This includes writing prescriptions for residents where required, printing and signing these prescriptions and providing the prescription to the Medical Executive Assistant to transmit by email to the nominated pharmacy (or transmitting the prescription themselves out of hours to the pharmacy). It is also the Medical Officers' responsibility to ensure that the Health Clinic Administration Team are aware that they need to collect the prescription medication and return it to the resident.

A full overview of the pharmacy process for quarantine facilities has been provided further in *Section 5: Health, wellness and clinical care*.

5.1.6 Medical referrals (internal)

As presented, the core role of the Medical Officers is to provide primary health care for the residents who do not have access their GP, therefore an efficient referral system is required for health staff to notify Medical Officers of residents requiring this service.

The Medical Officers must maintain regular access to a generic *Medical Referral email* account to ensure visibility of medical referrals received from the Pods. They must complete timely triage, assessment and documentation of clinical assessment and action of all medical referrals on the Medical Referral template, including return of the completed Medical Referral template to the Pod Team Leader. There is also the responsibility for uploading completed referral forms as attachments to the resident's online medical record.

The referral process is guided by three triage levels presented in the below table.

Section 5: Table 1: Instructions for levels of triage for resident referrals to the Medical Team	
Triage Level	Instruction
Non-urgent referral - resident needs to be seen within 24 hours.	Email this form to "designated Medical Team referral email address"
Urgent referral - resident needs to be seen today	Call the on-call doctor Email this form to "designated Medical Team referral email address"
Emergency referral - resident has a life-threatening emergency Immediate medical health is required	Call '000' (emergency phone number for your jurisdiction) Call the on-call doctor Call the Pod Team Leader

The Medical Team are responsible to ensure adequate education of health /nursing staff regarding the process for resident referrals. This may include following up on referrals where inadequate information has been received. The medical referral form has been presented below.

5.1.6.1 Full medical referral form

The Medical Officers are required to complete the form in Microsoft word and email it directly to the designated email address for the Medical Team. This email address needs to be consistently monitored with any emergency referrals to be phoned through first in order to alert the Medical Team.

Section 5: Table 2: Medical Referral Form - used for Health teams to refer residents to the Medical Team for health interventions.	
Triage Level	Instruction
Non-urgent referral- resident needs to be seen within 24 hours.	Email this form to “designated Medical Team referral email address”
Urgent referral- resident needs to be seen today	Call the on-call doctor Email this form to “designated Medical Team referral email address”
Emergency referral- resident has a life threatening emergency Immediate medical health is required	Call 000 (emergency phone number for your jurisdiction) Call the on-call doctor Call the Pod Team Leader

Resident Information

Name of Person referring resident:		Pod contact details:	
Date of referral:	HRN:	DOB:	
Residents first name:		Resident family name:	
Pod number:		Block number:	
		Room number:	
Resident category			
Domestic <input type="checkbox"/> International <input type="checkbox"/> Repatriation <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/>			
Description:			
Arrival date:		Departure date:	
Resident telephone:		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Interpreter required:		Language spoken:	
Known alerts (allergies, risks):			
Cognitive status: Normal <input type="checkbox"/> Impaired <input type="checkbox"/>		Mobility: Normal <input type="checkbox"/> Impaired <input type="checkbox"/>	
(e.g. dementia)		(e.g. needs walking stick)	
Description:		Description:	
Relevant past medical or surgical history:			
Current health issue:			

Nursing assessment

Date of assessment:
Observations: Temp: BP: HR: SaO2: RR:
Nursing assessment (including examination findings):
Plan: (what does the resident need?)

Medical assessment

Date:
Assessment by: Telephone: <input type="checkbox"/> In-person: <input type="checkbox"/> Both: <input type="checkbox"/>
Assessment details:
Plan:
The Medical Team: <ol style="list-style-type: none">1. Complete this referral and notify the Pod Team leaders of the outcomes2. Email the completed form to the Pod team leader and the Medical Team administration officer for filing.3. Medical staff to complete relevant details to the resident medical records.

5.1.7 Medical referrals (external)

Once the quarantine service is established there will be a collaboration with external health services and this may result in referrals of patients to enter the quarantine service on their discharge from the health services due to a disease-positive status.

This may occur due to:

- The patient is in shared accommodation and cannot isolate safely from others.
- The patient has no suitable place to isolate due to homelessness.
- The patient does not live locally and is unable to travel due to their positive disease status.
- The patient has been discharged but is required to stay locally to attend follow-up clinical care.

In addition to health services, there may be times when a remote community requires assistance to isolate positive community members. This involves a larger scale operation and referral and needs to be organised/coordinated with the pandemic Emergency Operations Centre.

There is a duty of care for the health facility to obtain permission from the patient to be transferred to the quarantine centre (unless otherwise instructed by CHO or other legislation) and provide the quarantine service with notification of the patient's arrival. It is important the Medical team is aware of any health concerns the service should be aware of to ensure the safety of the resident.

The following presents the Transfer Form used to transfer a patient to the quarantine service. This has been left in context to COVID-19 for clarity of information requirements.

Section 5: Table 3: Form used for transferring a patient from the hospital/acute care sector into the quarantine facility.

This form is for single-patient referrals by Health staff only.

Bulk patient referrals e.g. from remote communities are processed by EOC.

Referral date:	Current location:	Reason for referral: <input type="checkbox"/> COVID-19 case <input type="checkbox"/> Date positive ___/___/___
Referring practitioner:	Referring service:	<input type="checkbox"/> COVID-19 close contact <input type="checkbox"/> Date last contact if known ___/___/___ Date of previous COVID infection (if applicable – may not qualify as case/contact under CHO Directions) ___/___/___
Is patient < 18 years? <input type="checkbox"/> No <input type="checkbox"/> Yes → Responsible adult must enter CNR with patient Name of responsible adult: _____ DOB: ___/___/___ HRN _____ Note: This may initiate the Emergency Care Plans for Dependents		
Acute, non-COVID-19 diagnosis (reason for hospital attendance):		Patient aware of CNR referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications: Referring clinician <i>must</i> supply 3 days of medication Meds supplied <input type="checkbox"/> Yes <input type="checkbox"/> No		Interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes Language _____
Candidate for COVID-19 therapies? Eg Paxlovid, molnupiravir, sotrovimab <input type="checkbox"/> Yes <input type="checkbox"/> No If eligible, have therapies been arranged? <input type="checkbox"/> Yes <input type="checkbox"/> No		COVID-19 vaccination status <input type="checkbox"/> ≥2 vaccinations <input type="checkbox"/> 0 – 1 vaccinations <input type="checkbox"/> Other e.g. ineligible etc _____

Medical issues requiring active treatment: e.g. wounds, medication	
Alerts – Any non-COVID-19 alerts:	
<p>**Functional criteria for CNR admission**</p> <p><input type="checkbox"/> Patient can walk several hundred metres unassisted & climb 6 steps independently</p> <p><input type="checkbox"/> Patient is ambulant without gait aids e.g. 4WW, pick-up frame</p> <p><input type="checkbox"/> Patient can bathe, shower, toilet, feed themselves independently</p> <p><input type="checkbox"/> Patient administers their own medication</p> <p><input type="checkbox"/> Patient has at least 3 days medication supply</p> <p><input type="checkbox"/> Patient can communicate by telephone</p>	<p>**Medical criteria for CNR admission**</p> <p><input type="checkbox"/> Patient’s clinical conditions are sufficiently stable for independent management in the community by the patient themselves</p> <p><input type="checkbox"/> Patient does not require oxygen or CPAP</p> <p><input type="checkbox"/> Patient does not have an acute mental health condition</p> <p><input type="checkbox"/> Patient does not have confusion, dementia or disorientation</p>

CHECKLIST FOR REFERRERS	
	Answered “YES” to ALL of the Functional & Medical Criteria? (CHECK BOX FOR YES)
	COVID CARE NT Registration form complete?
	Meets close-contact or positive case criteria under current CHO Directions?

Answered “YES” to all Functional & Medical Criteria
<ol style="list-style-type: none"> 1) Book transport to CNR 2) Email this referral and any relevant discharge information to: <u><i>Nominated email address</i></u> 3) Confirm CNR intakes have received referral by calling <i>nominate phone number</i> (7am–10pm) <ul style="list-style-type: none"> • Quarantine facility intake team will prepare room at Quarantine facility, reception and food on arrival etc

Answered “NO” to one or more Functional & Medical Criteria
<ol style="list-style-type: none"> 1) Patient may not be suitable for Quarantine facility – must discuss with Quarantine facility Doctor <i>nominate phone number</i> 2) Email this referral and any discharge information to: <u><i>Nominated email address</i></u> <p>Name of accepting Quarantine facility doctor: _____</p>

5.1.8 Issuing personal alarms

The Medical Team has access to personal alarms to issue to residents they deem suitable. These may be issued in the case of health vulnerabilities such as:

- A resident is self-caring but is deemed a high fall risk.
- The resident is being monitored for a health reason which does not warrant transfer to an acute health facility.
- The resident has safety concerns associated with being in quarantine.

These alarms do not emit a loud sound when activated (as many are designed to do) but are linked to the on-call phone number which is carried by a Health Team Leader at all times. An alternative to personal alarms is the provision (loan) of mobile phones for emergency use by vulnerable residents. These phones can be pre-set with the required numbers for residents to use whilst in quarantine.

5.1.9 Working with positive residents

The DMS is notified of a positive viral screening result for a resident either by the designated pathology department or by the Pod Team completing the viral screening as soon as it has been confirmed. This notification then initiates the Medical Officer to complete the following duties:

- The Medical Officer on duty will attend the resident in person to give or re-confirm the news of a positive result, explain the next step and answer any questions the resident may have.
- During COVID-19 there was a series of questions provided by the CDC to profile positive COVID cases, the Medical Officer is responsible for completing this screening process with the resident.
- The Health Team will organise the transfer of the resident from the orange to the red zone and this process is covered in Section 2: Infection Prevention and Control.
- Once the resident has been related to the red zone, the Medical Officer is to continue to monitor the resident's health, this is primarily the responsibility of the Pod Health Team who will refer any concerns back to the Medical Team for follow-up.