1.5 Communication approaches

A coherent approach to communication across the quarantine service is required to ensure safe site practices. In the early stages of the COVID-19 pandemic, communication was challenging for Leadership Teams with decisions often being made in a reactive rather than proactive cycle to quickly establish systems and processes. This often requires innovative use of technology and resources to develop inclusive communication strategies with access to information, clear hierarchical structures, and feedback cycles.

This section presents an overview of the communication strategies for implementation in the quarantine and isolation facilities, inclusive of communication with residents, staff and communication tools.

Approaches to communication need to be innovative and consistent. On site it is expected there will be daily Leadership Team meetings with the executive group (presented in Section 3 Health Workforce) and the resulting decisions and actions distributed across the site to the relevant teams. These meetings enable review of the pandemic response priorities occurring in other areas (which may directly impact the service), keep abreast of national and international disease trends as well as focus on the daily site functions and workforce.

Quarantine Facility Communication Tiers

Section 1: Figure 8: The tiers of communication within a quarantine and isolation facility.

Communication strategies during a pandemic also need to acknowledge two types of information which will need to be addressed divided into those aspects which are under the control of the facility and those which are not. This includes information and data that are external to the facility control such as the CHO Directions, government legalisation, or national calls for border closures. This information directly affects the site strategies and practices and can influence the number of residents and how they are managed onsite.

Internal factors such as the site's policy and processes are often directly influenced by external factors. Whether it be internal or external to the sites control, there is a responsibility to ensure all relevant news and information which will affect the staff, residents and site functionality is communicated across the quarantine facility effectively and timely.

Leadership teams can streamline how they will manage the information generated by these factors and develop the means to filter and communicate the relevant information out to the appropriate teams and residents.

Section 1: Table 8: Examples of the relationship between internal and external factors which contribute to site functionality.

External (information not controlled by the quarantine facility)	Internal (information controlled by the quarantine facility)
Disease trends (local, national and international)	Infection prevention guidelines and practices
Government legislation & CHO Directions	Length of stay in quarantine, resident intake and exit requirements and criteria
Weather reports	Site infrastructure and risk management
Commonwealth quarantine and isolation requirements	Site staffing ratios and distribution.

1.5.1 Site concierge system

The concierge system of the facility is often the first contact point for new staff coming onsite and contractors. They are situated to assist with general enquires of the site functions or redirect people and calls to the correct area and take incoming calls from residents with the site enquiry number (located in the Quarantine information booklet and in resident rooms). The concierge position is manned 24 hours a day, 7 days a week, they are responsible for answering and triaging the emergency call line. There is a wide variety of reasons residents call us, it may not always be in the scope of Northern Rise business on this site but as "Reception" you will need to know how to assist the resident with their enquiry.

The concierge position maintains the call log which is an important part of Reception/Administration. This help track call volume, assess continual problematic areas, and identify opportunities for improvement and growth. It is also a valuable tool when the site is required to look back at a previous issue/complaint.

1.5.2 Communication with staff

The Health Workforce and Pod Teams are whom the resident will interact with the most and it is therefore important that these staff remain informed with all information pertinent to resident care. As the main faces representing the quarantine facility, they need to be up to date with relevant government legislation CHO Directions, facility processes, rules and expectations for residents in quarantine. Ensuring communication of the right information to staff will install confidence with the processes and ensure the right messages are being related to residents.

Approaches to communication with staff should include:

- Leadership presence and visibility
- Responsive and timely communication of site processes and updates.
- Accessible policy and procedures with clarity for teams on what they should be accessing.
- Site newsletters and all site staff meetings (presented in *Section 3: Health Workforce*) to ensure a consistent (and anticipated) routine of communication is established.
- Acknowledge staff or teams who may be more isolated due to their roles (such as the Red Zone Teams).
- Have flexibility in the accessibility of information whilst still maintaining site confidentiality expectations.
- All relevant meeting for staff is accessible (face-to-face meetings are also online, and minutes are kept and provided promptly in a shared space).
- Opportunities and avenues for staff to voice concerns or provide feedback to management with a communication feedback cycle to acknowledge these.
- Intuitive quarantine and resident management information technology systems (RMITS), and health records.
- Public-facing information about the facility for residents and potential residents to access (inclusive of isolation requirements, site processes and routines).

1.5.3 Resident management information and technology systems (RMITS)

The site has a legal responsibility to ensure there is accurate record management for all residents entering the site. With a primary health function this needs to include confidential health records as well as a general RMITS which can be accessible and contain information for all site teams contributing to the resident stay (such as catering, cleaning, Pod Teams, Medical Team, Operations Teams).

1.5.3.1 Resident health records

It is recommended the site link with the local government health providers to implement the same health records system. This should be a client focussed electronic file management system which aims to generate one comprehensive up to date (whole of life) medical record for each resident which can be shared between the government health systems. This requires one identifying number for each resident/client only (also referred to as the hospital registration number or client identification).

This will require registered health professionals to have the training and access in order to record relevant resident information in these records (such as recording the residents daily health screening outcome or the provision of a script by the medical team). It is also recommended that where possible an additional function is added to the standard health records system for COVID assessment and treatment facilities (which would include quarantine and isolation facilities).

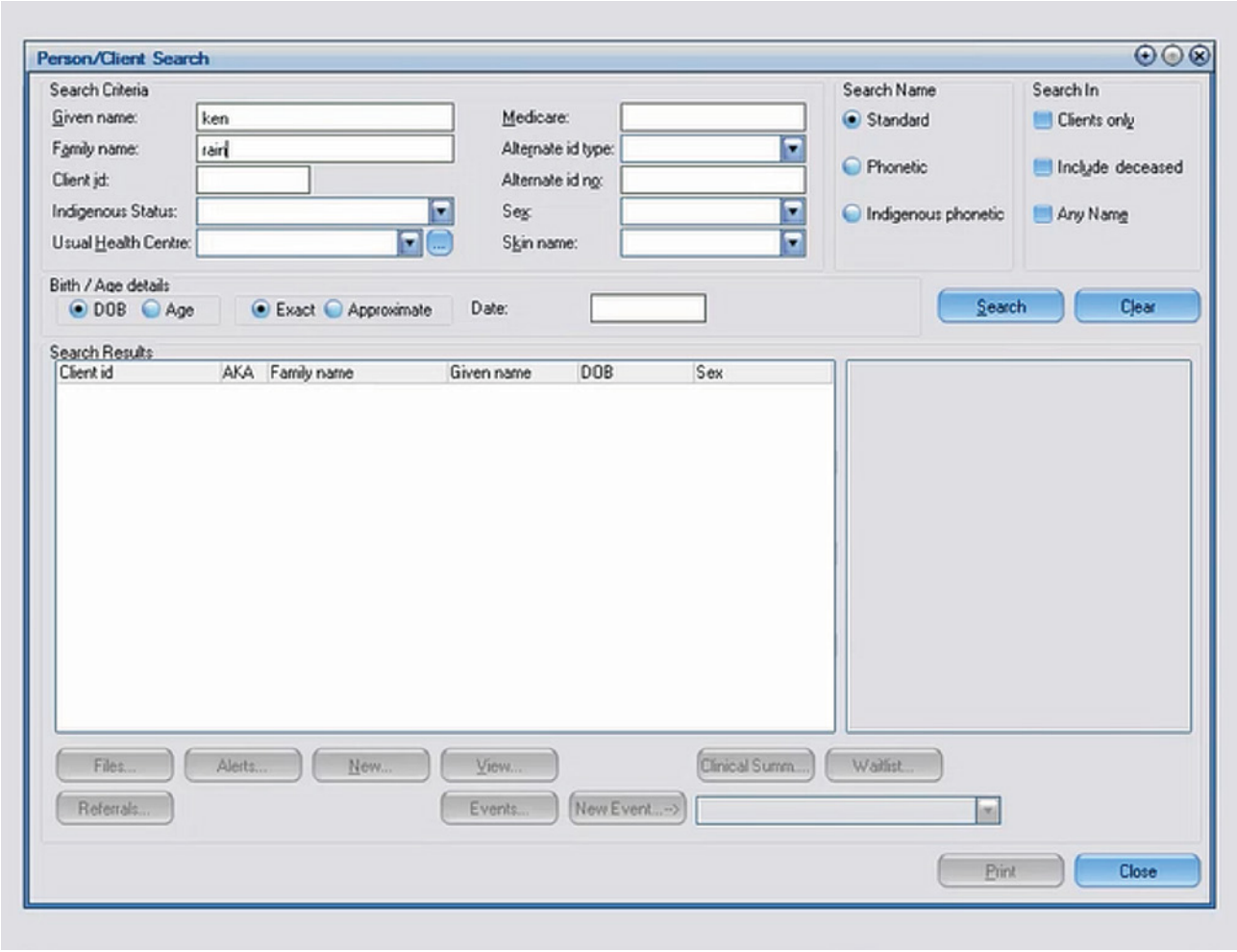
All information recorded in resident health notes is to be treated with the highest degree of privacy and confidentiality.

Confidentiality and privacy are crucial aspects of ensuring the comfort, confidence, reassurance and dignity of residents and a legal responsibility of the site and site staff.

Resident health records need to enable the ability to add or search for a resident record, insert or review a clinical summary, episode, diagnosis or problems register a visit or non-visit consultation, link to a medication chart (allows for recording of prescriptions issued as well as medication administered onsite), and flags resident alerts and allergies.

Minimal information requirements will include:

- Given and family names,
- Address
- Date of birth
- Indigenous status
- Medicare number



Section 1: Figure 9: Example of a client focussed electronic file management system.

1.5.3.2 Quarantine and isolation resident records

This system needs to record any interaction with a resident, and this will include confidential personally identifiable information about residents, therefore should only be accessed, used or shared by authorised users who have received training. These systems should also be fully auditable which means all access to the system including records viewed (and by whom) is able to be fully audited. These records do not contain any clinical information, this is all recorded in the residents health records.

The system in use at CNR was referred to as the COVID-19 compliance database (C19C) and this assisted the NT Government to manage the compliance and response to COVID-19 in the Northern Territory. This meant the records were accessed and included information pertinent to:

- Border control teams
- Quarantine management
- Compliance checks (for anyone in alternative quarantine/isolation arrangements)
- The Territory check-in app
- Contact tracing
- COVID-19 safety plans
- COVID-19 call logs (COVID-19 Hotline)
- General reporting
- (Information about the wider NT COVID-19 response including an overview of these teams is provided in Section 6: NT Pandemic Response

From a quarantine perspective, the system needs to record resident arrival, duration of quarantine stay and exit, room management, maintenance, catering and cleaning across the site. The resident record keeping commenced (when possible) at a pre-arrival stage with the Tele Wellbeing team so information was populated on the site prior to their arrival. This information aimed to confirm resident demographics, travel status (single, group, family), dietary requirements, mobility and medical assessments to link residents with medical services if required. The system was also used to communicate with residents via group SMS, email or phone. A full overview of the resident management system including examples of the pre-arrival questionnaire is presented in *Section 4: Resident Care*.

Example of how Tele Wellbeing may conduct resident contact and what will be recorded in the RMITS:

Welcome Call within 24 hours after the resident has arrived.

The purpose of this is to review and verify information of reported medical, mobility, allergy, dietary, room equipment, as well as ask if residents have accessed the Quarantine Resident Information booklet. The Tele Wellbeing Team will contact residents daily during their quarantine period unless the resident has identified they prefer the daily call do not occur.

The Tele Wellbeing Team will update the resident's RMITS profile to demonstrate the call was made and any additional information of importance such as a request for a room move, or assistance with using the click-and-collect services.

Check-In Call on Day 7 after the resident has arrived or made at regular intervals if the resident requests. These calls are to inquire about the resident's wellbeing, answer questions they may have, reassure them that they can access mental health services, and receive medical and allied health attention if they are unwell.

The Tele Wellbeing Team will update the resident's RMITS profile to demonstrate the call was made and any additional information of importance such as escalating important information to the Pod Nursing Manager/Team Leader.

1.5.4 Communication with residents

The COVID-19 pandemic led to an infodemic making it difficult for people to identify what was correct and true information. With varying levels of health literacy, it is vital that the quarantine facility ensures it provides clear, concise and accurate information delivered in a method that is accessible. Ensuring there is equity in access to communication for residents can be problematic due to barriers such as language and access to technology.

Strategies to ensure clear accessible communication for residents need to include:

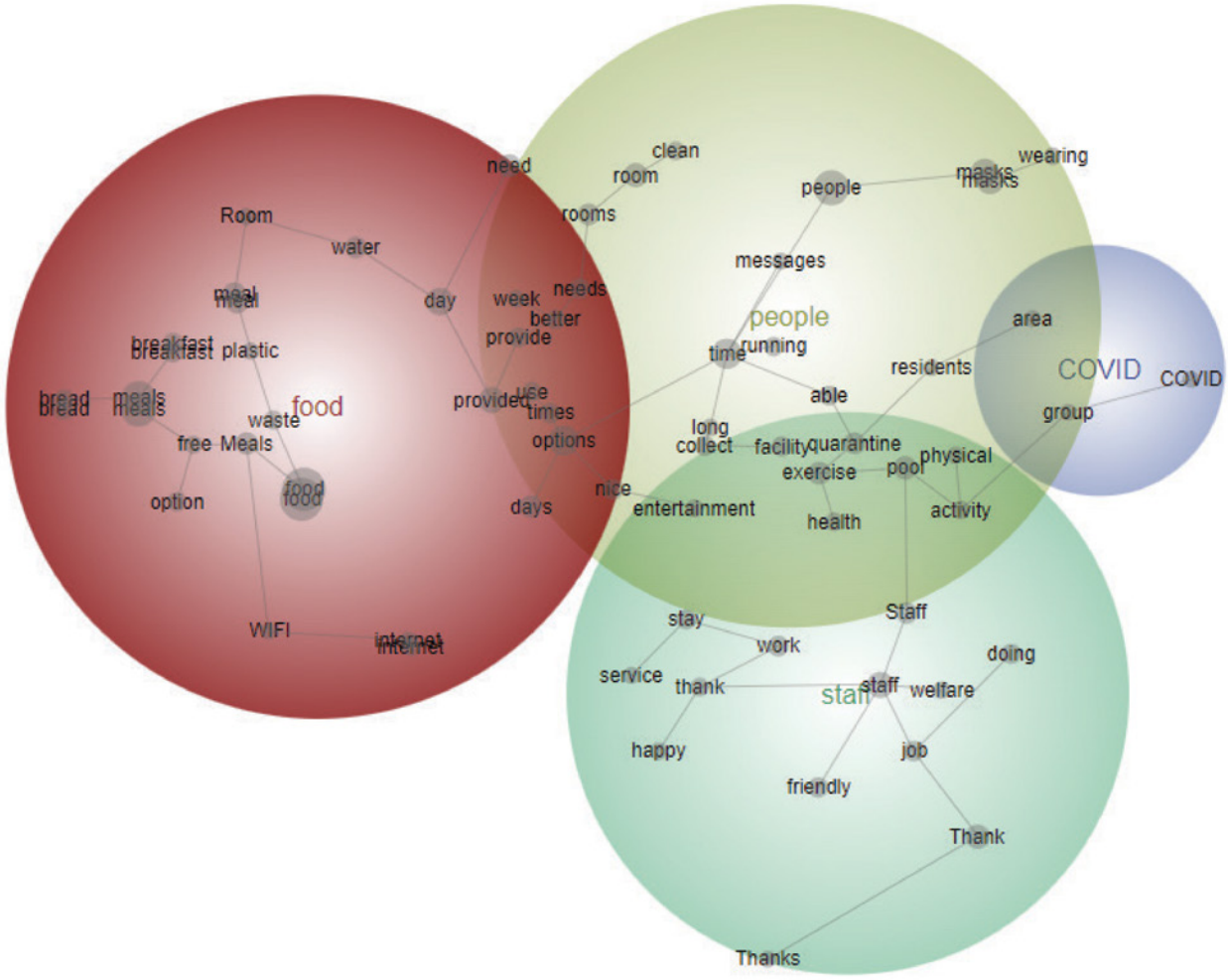
- A number of options to communicate with staff onsite (SMS, Tele Wellbeing, face to face, email, phone).
- Reliable sources of site-specific information (site website and internal hardcopy of the resident handbook).
- Online site community space (Facebook page).
- Access to Australian SIM cards if needed or loan phones.
- Daily face-to-face contact with site staff (daily health and wellbeing checks).
- Tele Wellbeing or Tele Health service (facilitation of important resident messages, point to link with services and health and wellbeing checks).
- Tele Wellbeing staff trained in basic terminology for reporting and documentation

The CNR operated with a resident-centred quarantine care model which acknowledges those factors residents have identified as being most important to their health and wellbeing and develops the quarantine structure to enable this.

Although quarantine aligns with a public health approach of keeping communities safe from disease transmission there is a duty of care to the resident who is quarantined. The resident-centred quarantine care model acknowledges the resident is central to service provision and prioritises their health and wellbeing above legislation.

1.5.5 Research into resident priorities at CNR, Howard Springs Quarantine Centre

The facility needs to organise the communication strategies to align with the residents needs predicting what their main concerns will be. Research into the resident experience at CNR via a review of the resident surveys (conducted August 2020 to May 2021) sought to gauge the efficiency of the site from the perspective of the residents. The main focus areas of the survey questions were based on sleep, meals, physical activity options, entertainment options, medical area, communication of information and residents perceived safety from COVID-19 whilst in quarantine and isolation. The main issues which were reported at this time were clearly food, people, staff and COVID-19. Figure 2 provides a concept map of how these were interrelated.



Section 1: Figure 10: Thematic analysis of resident surveys responses from Howard Springs Quarantine Facility (HSQF) (conducted August 2020 to May 2021) presenting main themes of open feedback as food, people, COVID-19 and staff.

Overall, the main concerns for residents were in regards to meals (43% people were very dissatisfied to neither satisfied or dissatisfied) and with entertainment options (41% people were very dissatisfied to neither satisfied or dissatisfied). All other comments on sleep, physical activity, medical care, contracting COVID-19 and remaining informed were very satisfactory. There is evidence with the cohort that they felt COVID-19 safe whilst in quarantine at the facility. This is significant given the rest of Australia were in the midst of the COVID-19 pandemic particularly Victoria who had 289 cases of hospitalised people and over 8000 cases during the time frame this survey was conducted.[24]

Section 1 Table 9: Summary of written feedback provided by residents in the resident survey conducted at Howard Springs Quarantine Facility (August 2020 to May 2021).	
Feedback focus area	**Core feedback themes (basic)**
TV/WIFI	WIFI and/or TV Systems not working Slow WIFI
Food	Quality of food Food choices Distribution of food to residents
Room matters	Cleanliness of room Room supplies
Travel Arrangements	Communication of travel related information Welfare and support
Staff	Compliments for staff
Other	Activities and exercise in quarantine Children in quarantine Supplies of good and services COVID disease transmission concerns Negative aspects of quarantine

The second part of reviewing resident communication with involved thematic analysis of resident emails to the facility and this included emails from residents, emails in direct response to a resident or emails from CNR HSQF staff in response to a resident need/request. The topical focus of emails varied across complaints, requests for goods and services and food related requests, Health workforce and health service provision by the Specialist Team, Medical Officers and Pod staff, transport request, financial assistance and miscellaneous such as flight confirmations, change of room requests.

Section 1: Table 10: Results of thematic analysis of CNR HSQF resident emails which includes emails from residents, in direct response to a resident or from CNR HSQF staff in response to a resident need.		
Core theme	**Descriptive theme**	**Example**
Health	Personal health	Requests for health services Physiotherapy, social work, mental health and medical referrals Medication access
Service	Service Provision	Welcome pack, food & water
	Family requests	Child safety regard to stairs, blind cords (choking hazards) and boiling water (kettles)
Processes	Quarantine intake process	Access to food, water and toilets
	Quarantine process issues	Unable to change rooms Unable to leave balcony for exercise Mandatory mask wearing when out of room Quarantine fees Fines for non-compliance
Diet and meals	Meals and food delivery	Meal changes requests Religious meal requirements
Information	Transport on discharge	Assistance requests for information on connecting flights & taxis to airports Financial assistance for travel
	Confusion on exit dates	Changes in CHO Directions whilst in quarantine Notification of being COVID positive or close contact extending stay
Infrastructure	Room infrastructure	Shower not draining Lack of linen Room not clean Noisy appliances
Safety	Personal safety	Non-compliance of neighbours and other residents Loss of privacy
	Infection prevention and control	Access to PPE and COVID swab results Fear of disease transmission

Communication	Staff communication channels	Inactive SIM cards a blocker to accessing goods and services Costs of calls Reliance on phone for contacting staff Concern of being missed or overlooked in facility Incorrect name used when staff conducting health and welfare checks
	Interpreter	Interpreter requests Communication and cultural barriers
Entertainment	WIFI connection	Slow or no internet Reliance on internet to work whilst onsite
	External service provision	Delays in receiving click and collect orders

1.5.6 Resident communication focus areas

From review of these resident survey and data analysis results, there are a number of core points to focus communication for and with residents.

These have been summarised as:

- Provision of a front-facing webpage which provides an overview of the service, including images of rooms and the resident quarantine environment.
- The site needs to have access to interpreters and pre-empt language requirements where possible such as with repatriation residents (a full overview of Quarantine interpreter services is presented in *Section 5 Health wellbeing and clinical care*). This includes having resident information available in different languages.
- Core numbers such as medical emergency calls, mental health and wellbeing, Tele Wellbeing and general site enquiries and concern should be presented on the first page of the resident handbook. An A4 laminated poster with emergency contact details and information was additionally displayed on the back of every resident room door.
- A resident complaint process needs to be established.
- The access pathway (referral system) to health services, Speciality Team and Medical Officers needs to be clear to ensure residents are aware of the services if they are required.
- Addition of a TV channel which presents physical exercise suitable for the quarantine environment (can be done in their room).
- Even though external factors such as CHO Directions and disease trends and transmission updates are not within the facilities control, there is an expectation that the site will be able to provide residents with this information or links to the information.
- Clear communication and information for residents in regards to isolation requirements is needed, especially in relation to the number of quarantine days required and how this might change if they are positive.
- Provision of the resident handbook (Welcome Pack) should cover all resident behaviour expectations presented and include important phone numbers, site-specific information which may impact their wellbeing (such as weather and hydration requirements), information about the disease of concern (transmission, standard precautions), quarantine requirements (for standard quarantine, close contacts, and disease positive people), fees, the health workforce they will interact with, viral screening process, exit day process and links to other information sources (such as the site Facebook page, the government information page).

Additional aspects which directly relate to resident communication and support are covered in the following sections of this toolbox.

> ***Section 3: Health workforce***- overview of the Tele Wellbeing role and model, the Pod Teams resident management and communicating with Pod Teams.
>
> ***Section 4: Resident care***- full presentation of the resident quarantine journey, including an example of the resident information booklet.
>
> ***Section 5: Health, wellbeing & clinical care***: referral process for residents.

1.5.7 Managing resident feedback

Resident feedback management requires a standard operation of practice to provide an approach and framework to ensure all resident/consumer feedback is promptly acknowledged, investigated, reported and recorded in a manner that is fair and equitable to all parties, without prejudice or assumption, with the emphasis on providing just and objective outcomes, and improving the site services where required. This ensures all consumers providing feedback are treated with respect, sensitivity and confidentiality, and to prevent exposure to discrimination or adverse consequences as a result of providing feedback.

Expected outcomes for resident feedback

- There is timely and effective management of consumer complaints.
- There is a standardised approach to consumer complaints handling across CNR.
- Staff are aware of their responsibilities in consumer complaint handling and are empowered to manage patient complaints.
- There is identification of emerging patterns of practice as well as the highlighting of system and process deficiencies, with appropriate links to service/systems improvement processes.
- Trust and support is restored for the service provider.

Consumer feedback can be in the form of a comment, a suggestion, an enquiry, a compliment or a complaint. All feedback needs to be assessed for consideration of entering the details in the Risk Management System (RMS).

Section 1: Table 11: Defining the different resident feedback modes and requirements for entry into the Risk Management System.	
Comment	A comment is something that someone says or writes that expresses their opinion. It is what we would consider general feedback. Something like 'the soup was cold' or 'I like that I have my own laundry facility' are simply comments and should be passed onto the relevant areas for review (and action if necessary) but do not require investigation and response in the way a complaint would. Comments do not need to be registered in Risk Management System (RMS).
Suggestion	A suggestion is an idea or plan put forward for consideration. Suggestions do not need to be registered in RMS but should be forwarded to the relevant areas for consideration.
Enquiry	An enquiry is simply the act of asking for information. Enquiries do not need to be registered in the RMS but should be forwarded to the appropriate area for response.
Compliment	A compliment is an expression of praise or admiration. Compliments should be recorded on the RMS by whichever staff member receives the compliment and ensure the consumer's wishes are followed as far as possible in regard to the wording of the compliment and passing on the compliment to relevant staff. As much as possible, an acknowledgement of receipt should be provided. This can be provided verbally or in writing.
Complaint	A complaint is an expression of dissatisfaction, which may be in writing or verbal in relation to the quality or delivery of services, processes/procedures or conduct. The main reasons people complain are to be heard and to ensure what happened to them won't happen to someone else. Taking the time to actively listen to their concerns, and demonstrate a genuine interest is key to resolving a complaint. The resident may not be aware of the limitations of the service and their expectations might be greater than what can be offered. It is important to be reminded that consumers may be unfamiliar with the quarantine environment and operations, and may be unwell and/or feeling stressed at the time of the complaint. This makes them more vulnerable and possibly more complex to interact with due to anxiety, pain or fatigue. Taking a step back and looking at the situation from the resident's perspective often helps understanding the situation. Another key aspect of complaint management is to address concerns or issues as soon as they arise. This avoids frustration building on the part of the consumer and demonstrates that we provide a caring and responsive service. Escalation of complaints to management can thus be avoided. All complaints should be registered in the RMS. Most complaints are due to communication issues. Problems include not getting enough information – either because it is not provided in an understandable way, or is not provided at all; and not being given correct care and attention.

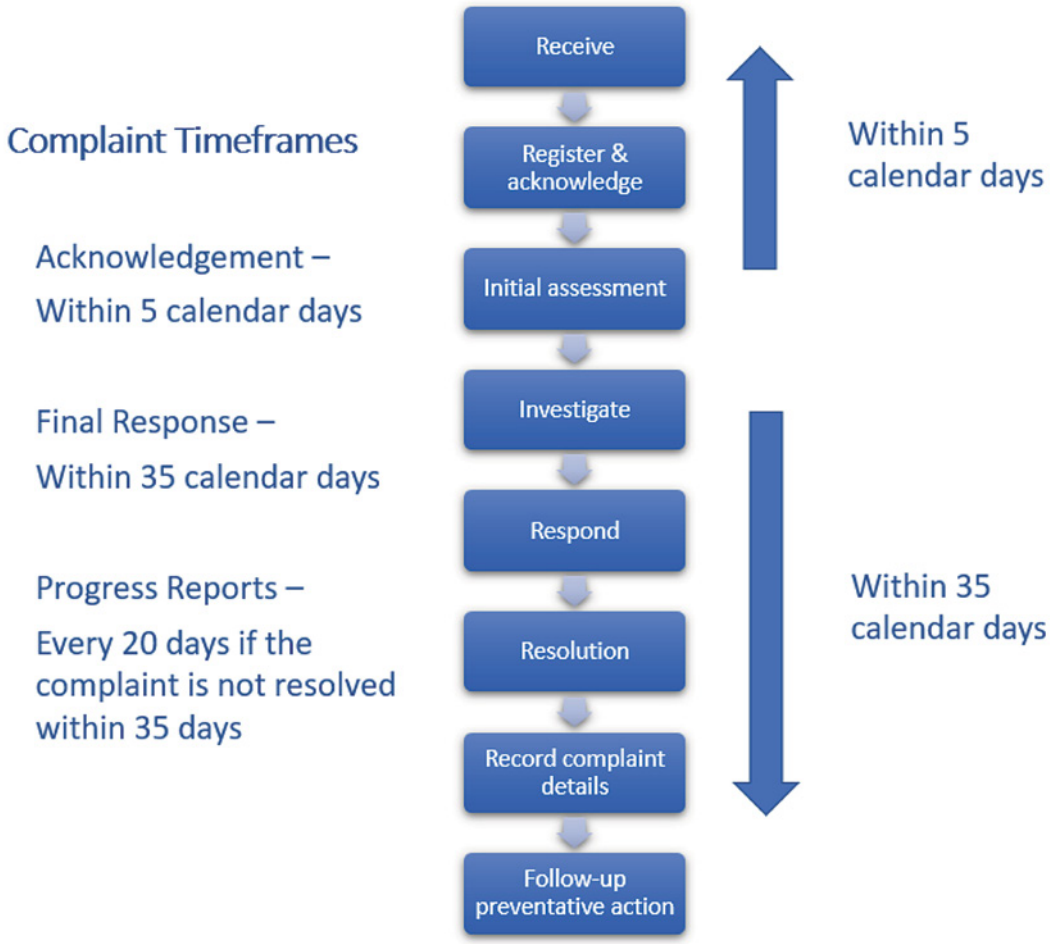
1.5.8 Managing resident complaints

Formal complaints can be made by a resident/consumer, in writing, directly to the service provider or through another agency (such as via a contracting agency or straight to the Department of Health). All complaints should be directed to the Executive Team for review with consideration for the need to develop a unit for complaint management (depending on the number of residents aligned with the volume of complaints).

Complaints should be escalated if they:

- Remain unresolved.
- Involve serious consequences.
- Involve complex issues, a number of different staff or different agencies.
- Need action that is beyond the point of responsibility of the staff at the point of service.
- Require reporting to an external agency or legislative authority.
- A conflict of interest has been identified.

A realistic timeframe needs to be established to acknowledge and respond to the complaint which facilitates a fair and thorough investigative process.



Section 1: Figure 11: Quarantine facility resident timeline for complaint management

Section 1: Table 12: Stages in managing a resident complaint.	
Initial handling	The complaint is delegated to the appropriate action officer. If the complaint relates to more than one service, respective officers will work collaboratively to assess and manage the complaint. The complaint is registered in the RMS and coded appropriately. Managers are responsible for ensuring that the RMS entries are complete, accurate and that the severity rating allocated is appropriate.
Acknowledgement	A verbal or written acknowledgement of receipt of the complaint is provided to the complainant (resident) within five days of the complaint being lodged. The following information should be provided with the acknowledgement: • An explanation of the complaints process • Contact details for the person handling the complaint • Expected timeframes and what might be requested from the complainant.
Initial assessment	The purpose of the assessment process is to: • Determine the severity of the complaint • Identify the parties involved – if individual staff are identified they must be advised of the complaint. • The severity of the complaint is determined using the Complaint Severity Rating and helps determine: • A plan of investigation is devised.
Investigation	A methodical and thorough approach is taken to the complaint investigation. Each investigation is different and depends on the nature of the complaint. The following elements are, however, common to each investigation: • Relevant people are asked to provide information relevant to the complaint. • All those involved in the investigation process are afforded natural justice and fairness. • The complaint is treated as confidential and the privacy of the complainant is respected.
Progress updates	If, at 35 calendar days from the date of receipt, the investigation is still ongoing, the complainant should be contacted by phone or in writing and provided with: • An apology for the delay • A full explanation of the delay • Details of results of the investigation to date and if possible the date by which a full response can be expected. Should a complaint response be delayed further, written updates will be sent every 20 days until the final response is sent, unless otherwise indicated (It may be the case, for example, that a letter would incite aggression from the complainant, would be seen as harassing the complainant, or it is not appropriate as litigation is involved).

Response	The person managing the complaint makes findings and recommendations for action. Actions to resolve a complaint should be based on the evidence, address any system, process or staff issues, and are informed by the principles of public interest and good governance. Options for appropriate action could include: • Offering an apology • Waiving fees (appropriate delegation by CE or Minister may be required) • Develop or amend policy/procedure/training education for staff/public • Modification of the environment • Requesting a formal review • Ongoing monitoring of an issue • Mediation • No action recommended. The outcome and recommendations should be clearly communicated to the complainant, staff and management. Actions to prevent a similar complaint arising should be integrated into quality improvement systems through appropriate implementation and subsequent review of effectiveness. If the complaint cannot be resolved, the consumer should be provided with information about independent external review bodies and the RMS entry should be updated to reflect this.

1.5.9 Communication tools

Across the quarantine and isolation facility, a number of different communication tools are likely to be needed. This might include the use of social media sites to host a social community that links residents into a social network as well as providing important information about the site. In this section, the following tools which were utilised at CNR will be presented with practical considerations and guides: mobile phones, iPads, two way radios and open access/social media sites.

A copy of the resident handbook provided to residents at CNR has been provided in *Section 4: Resident Care* along with other resources focussed on activities to do whilst in quarantine and keeping the mind and body health in quarantine (includes exercise examples and directions).

With any communication occurring in the resident zones using two-way radios or mobile phones there are important infection, prevention and control considerations.

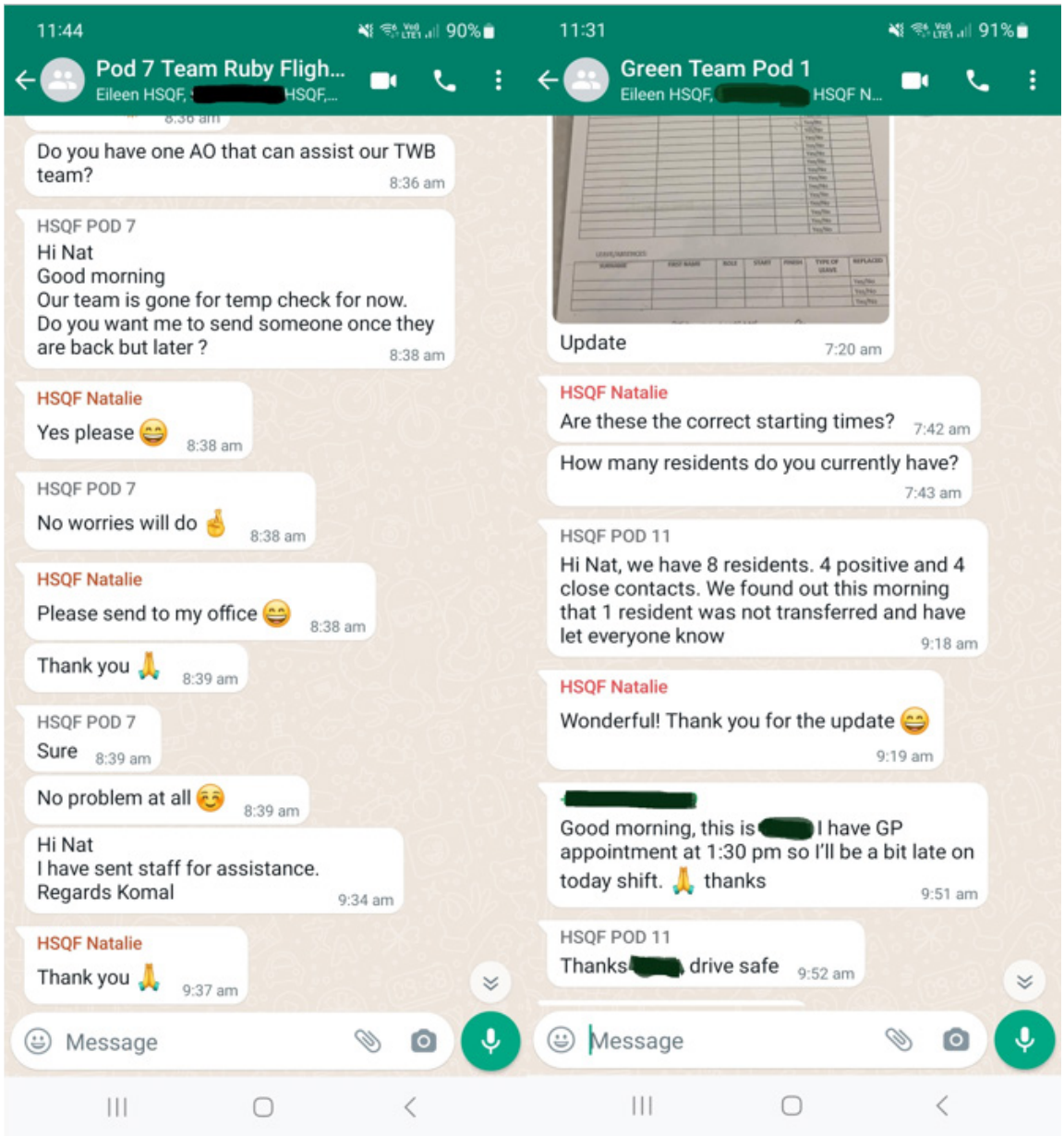
These include:

- Mobile phones should have the site emergency and core numbers pre-set.
- Phone and two-way radios are not to be held against or close to the face or the ear.
- Phone and two-way radios are not to be put in pockets when in the zone, they are to remain in staff hands to ensure there is no IPC breach/contamination transferred to staff.
- Staff need to be aware of where conversations are taking place to ensure confidentiality is maintained (noting other residents may be listening into conversations).
- Any device taken into the zone needs to be cleaned in accordance with IPC standards on exiting the zone.

1.5.9.1 Mobile phones & iPads

The Pod Teams were issued a mobile phone (along with landline numbers) and iPads which could be taken into the zone area. This allowed images to be taken of any paper-based documents (noting paper/cardboard was not to be taken out of the zone as it could not be safely cleaned in accordance with IPC requirements). Records from the images could then be transcribed or transferred and saved (as an image) to the RMITS or resident health records. The mobile phones were pre-set with emergency and core numbers. There are important IPC requirements for taking phones into the orange and red zones which included holding the phone at all times (they were not to be put in pockets as reaching for these once in the zone is considered a breach of IPC).

A Whats App group was created for each Pod Team and was used for quick relaying of messages between team members. This included sending updates of sign-in sheets to the Pod Managers and confirming important duties had been carried out, such as exiting residents from the site. This also allowed for urgent updates of information teams should know immediately such as a snake sighting near their zone or a storm warning which required all staff to exit the zone.



1.5.9.2 Open access community page - Facebook site

Using social media as a contact point for residents to ask questions about the site and share their experiences is likely to happen whether it is facilitated by the quarantine facility or commenced by a group of residents. It is recommended the site establishes an open-access community page for the quarantine facility which will then allow comment review and moderation (if required) and ensures the accuracy of information being posted and opportunity to address questions or concerns by residents.

A number of different Facebook sites were established by residents at CNR, on review these provided great insight into what the residents wanted to know before they arrived and portrayed their views on their quarantine experience. These posts can provide insight to what the residents priorities and concerns are.

On review of the Facebook posts across two sites commenced by residents the following information was attained which can then be addressed in SMS messages to all residents by Tele Wellbeing to alleviate concerns or a responding post can be added to the Facebook site.

- Commencement of Facebook support group for Darwin residents who tested COVID positive as community felt there was a lack of advice available online on managing symptoms.
- Confusion over different CHO Directions across different states and territories in regard to quarantine and vaccination status.
- Access to COVID-19 swabs results.
- Questions about ability to contact Doctor onsite for scripts.
- Queries over whether a Quarantine Assistance SMS was actually spam or a legitimate text message (it wasn't).
- Request to residents from a planned repatriation resident for a description of the airport and quarantine process.
- Sharing of ideas on how to entertain children and queries regarding children's mattresses and other essentials.
- Accolades for meals and questions regarding special diet requirements.
- Confirmation on how much baggage is permitted and other flight information.
- Types of electrical equipment allowed and items banned onsite -alcohol, electrical food equipment, balls and kids' pools.
- Questions on obtaining quarantine completion certificates and quarantine bills.
- Advice sought as to what they should bring into quarantine: cutlery as bamboo spoons break and taste funny; scissors and screwdrivers; snacks; coffee and plunger; power board; water play equipment for kids; photos etc.

1.5.9.3 Resident loan phones

As a safety measure, the site should have a number of loan phones available in cases where residents have no other form of contact. These phones require a new SIM card for each user to ensure privacy and confidentiality between users. The phones are provided for the duration of the resident quarantine stay and collected the night before the resident is due to exit.

Additionally, a supply of SIM cards was kept for distribution to repatriation residents if required noting they often did not have a SIM card that was compatible with Australian systems or oversea SIMs charged excessive fees.

1.5.9.4 Radio Use (two-way radios)

The use of radios onsite is an effective method to manage aspects of the resident journey such as the resident arrival process and health and wellbeing checks. Radios were used consistently across the site at CNR between Pod Teams entering resident zones and to manage larger-scale processes. For security and to maintain confidentiality, two-way radios should be digitally programmed to minimise external access to the used channel.

- Two way radio communication was an efficient and secure way to communicate between team members in the zone and their Team leader located back in the Pod area. During daily health checks and routine zone walk through, this enabled instant communication to follow up on resident questions or concerns.
- During resident arrivals and departures, the two-way radios enabled a team to effectively relay progress of resident moving into their rooms between Team Leaders.

There are a number of basic radio etiquette rules when using radios and this acknowledges the international radio language is English. It is recommended the user decides what they are going say and to whom it is meant for making the conversations as concise, precise, and clear as possible. Avoid long and complicated sentences and if the message is long, divide it into separate shorter messages. It is always best to speak in short simple phrases on the radio and toss the conversion back and forth with the word “OVER.”. Don’t speak immediately when you press the PTT (push to talk refer to the image of the two-way radio for context). Refer to Appendices A for a poster on using the two-way radio as well as the International Phonetic Alphabet used when communicating with radios.

When using a two-way radio, you cannot speak and listen at the same time, as you can with a phone, so you do not interrupt if you hear other people talking and leave a second or two between “hand-offs” to give others a chance to break in.

Golden Rules of Radio Communication

Clarity: Your voice should be clear. Speak a little slower than normal. Speak in a normal tone, do not shout.

Simplicity: Keep your message simple enough for intended listeners to understand.

Brevity: Be precise and to the point.

Security: Do not transmit confidential information on a radio. Remember, frequencies are shared, you do not have exclusive use of the frequency. Go to Mobile Phone for confidential information.

Section 1: Figure 12: Basic instructions for radio use

Section 1: Table 13: Guide to using the radio in quarantine, common phrases and accepted language.	
Word/Phrase	**Meaning**
This is	When you call identify yourself by using your allocated call sign. You would use the call sign of who you want to speak to first, followed by your call sign. For example Orange Zone TL THIS IS Red Team Leader
Over	Transmission finished. I have finished speaking and it is your turn to reply
Out	Communication is over and the channel is available for others
Radio Check	This is to check others can hear you, if you hear someone say Radio Check they expect you to reply- such as loud and clear or ……
OK/Roger	This shows you have received and understood a message delivered over the radio Sometimes people reply by saying copy that which means the same
Message	This means a person has a message for you (or you have a message)- and are waiting for confirmation the receiver is ready to receive that message
Send	I am ready to receive your message
More to Follow	The message is not complete but checking to see you have received and understood everything said so far
Say again	Re-transmit your message - Used to ask for a repeat of information. Example Say again resident room number
Acknowledge	Used to confirm that the receiver has understood the message being delivered. If you were sent a message to show you have received and understood this you would reply back to acknowledge Roger or OK
Stand-by	Transmission has been acknowledged, but I am unable to respond now
I spell	Is a request to repeat the word and then spell it out. This might be used to confirm room numbers.
Affirmative	Yes
Negative	No
OPS	Operations
Zone Coordinator	Zone Coordinator is the duty Operations Officer in the zone supporting resident intake
Team Leader	Person in the Team Leaders role in the pod
Security gatehouse	Front gatehouse security